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Title:
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Date:
2017-07-01

Citation:
Baekkeskov, E. & Rubin, O. (2017). Information Dilemmas and Blame-Avoidance Strategies: From Secrecy to Lightning Rods in Chinese Health Crises. Governance, 30 (3), pp.425-443. https://doi.org/10.1111/gove.12244.

Information Dilemmas and Blame-Avoidance Strategies: From Secrecy to Lightning Rods in Chinese Health Crises

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Abstract

China and other authoritarian states notoriously keep mum about disasters. Yet two recent but dissimilar Chinese responses to infectious disease epidemics show that authoritarian crisis management can shift from secrecy to openness. China maintained prolonged secrecy during 2003 SARS, yet was open from day one about 2009 H1N1 flu. To explore why, this paper links crisis information dilemmas to blame-avoidance concepts from democratic political theories. We argue that greater Chinese transparency about infectious disease response reflects evolution in blame-avoidance, from heavy reliance on information control to insulating leaders by using technical experts and agencies as "lightning rods". In 2003, the Chinese strategy of information containment and secrecy backfired, and the Chinese leadership eventually received blame at home and internationally for crisis mismanagement. In 2009, China put in place public health specialists and institutions as responsible for H1N1 information and responses, thereby insulating the top-tier leadership.

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This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version record. Please cite this article as doi:10.1111/gove.12244.

Introduction

China and other authoritarian states are notorious for the secrecy that surrounds their disaster responses and outcomes. Yet China's responses to two epidemics in 2003 and 2009, respectively, show that Chinese policy can shift from secrecy to openness when dealing with public health threats. This paper analyzes why a quintessential authoritarian regime may adopt greater transparency in the realm of infectious disease epidemic response.

Official secrecy characterized the Severe Acute Respiratory Syndromes (SARS) epidemic that emerged in China's Guangdong Province in November 2002. During the epidemic's first several months, authorities complied with regulations that defined public health crises as a state secret (Huang, 2004). Public rumors of a dreadful new disease quickly spread, however. Local health officials broke their silence briefly in February 2003. But official secrecy and misinformation were reasserted; public officials continuously played down the risk, and official media attention ceased (see analysis section). None shared timely or complete information with China's general public, with the World Health Organization (WHO) or with health authorities in other countries (Huang, 2004). The regime's secrecy exacerbated the SARS epidemic by delaying control.

In contrast, Chinese authorities pursued transparency during 2009's 'swine' influenza epidemic (H1N1). In early May 2009, China detected initial domestic incidents of pandemic H1N1 flu. Chinese official media reported immediately and continually on 2009 H1N1 (see analysis section). In addition, Chinese health authorities complied diligently with WHO regulations and reporting systems (Schwartz &

Schwartz, 2010). Indeed, international officials praised China's "unusual openness to sharing information about H1N1 with its citizens and other governments" (Wong, 2009). Moreover, China's new epidemic openness was repeated. In 2013, when novel H7N9 avian flu broke out among poultry workers in China, the WHO Director-General in her address to the World Health Assembly thanked China "for collecting and communicating such a wealth of information, and for collaborating so closely with WHO" (WHO, 2013).

This paper argues that Chinese leaders became more open because secrecy failed as a blame-avoidance strategy for epidemics. Secrecy usually protects support for governments. During 2003 SARS, however, secrecy exacerbated the threat that crises pose to regime legitimacy. The ruling Communist Party of China (CPC) was pushed to insulate its regime from blame in new ways. Concretely, focusing on the organizational level, the Chinese regime made greater use during 2009 H1N1 than in 2003 of health professional authorities such as the *Ministry of Health* and the *Chinese Centers for Disease Control and Prevention* as 'lightning rods' for criticism. This indicates political strategic change from blame-avoidance through secrecy and information control toward 'lightning rod'-strategies that make technocratic 'agents' publicly responsible for error-prone policies (for which crises are notorious; Boin *et al.*, 2005). Thus, the paper posits that the Chinese shift to greater transparency about health crises reflects an evolution in the national government's approach to blame-avoidance.

Linking the Chinese regime's changing epidemic information management to shifting blame-avoidance strategy moves literature on blame-avoidance away from its

current near-exclusive focus on democracies (Weaver, 1986; Ellis, 1994; Brändström & Kuipers, 2003; Elgie, 2006; Svensson et al., 2006; Giger & Nelson, 2011; Mortensen, 2012; Hood et al., 2015). The literature on how politicians and bureaucrats in democracies avoid blame and shape or sustain positive popular images can also be applied to China's quintessential authoritarian regime (and other authoritarian polities), particularly if secrecy fails to prevent public blame.

The paper first discusses three key characteristics of crisis information that amount to dilemmas for China's rulers, and outlines analytical implications for blame avoidance. Second, the paper analyzes China's public information management and blame avoidance strategies during 2003 SARS and 2009 H1N1, and discusses implications of this move away from secrecy.

The Crisis Information Dilemma

The Chinese regime faces, as do many authoritarian regimes, a stark *information dilemma* during crises. Timely and reliable information enables effective public policy responses; free flowing information provides valid information on challenges and bureaucratic performance. But information can also undermine regime legitimacy by exposing flawed policies and engendering public debates and critiques (Egorov, Guriev & Sonin, 2009; Göbel, 2013; Lorenzen, 2014). For instance, investigative journalism can provide vital information about crises and their effects but also call into question governments' handling of crises and expose deficient policies. Hence, Jean Dréze and Amartya Sen conclude: "newspaper reports and public protests carry not only

information that authorities can use, but also elements of pressure that may make it politically compelling to respond to these danger signals" (Dréze & Sen, 1991: 263).

Three political dynamics are likely to make the information dilemma during crises vitally important for China's and other authoritarian regimes.

First, authoritarian regimes often control mass media (Stier, 2015). In democracies, media control is usually legitimate only in circumscribed policy situations (most notably, in foreign policy and national security). In contrast, authoritarian regimes generally restrict and direct public reporting. International organizations monitoring press and information freedom unanimously point to China as one of the least transparent polities in world (Human Rights Watch, 2015; Reporters Without Borders, 2015; Freedom House, 2013). Freedom House (2013) describes China's information policing as "the world's most sophisticated and multilayered apparatus for censuring, monitoring and manipulating online content." Propaganda divisions in every provincial and city government produce public information supportive of CPC rule, and more than a dozen national government bodies enforce laws on and review information flows within, into, and from China (Council of Foreign Relations, 2015). Citizens risk prosecution if they challenge CPC interests. Several thousand government employees screen and censor online content and guide online discussions. Censorship targets analyses, comments and opinions that might spur social mobilization and collective action (King *et al.*, 2013).

A second political dynamic is growing information demands due to institutional reforms (Gehlbach & Keefer, 2011: 2). The Chinese government has evolved from

former CPC Chairman Mao's dictatorship to an autocratic oligarchy. After Mao's death in 1976, key CPC members reformed party institutions to accommodate the needs of elites. They abolished the dreaded Red Guard and transferred power from the CPC leader to its organization. In the 1980s, the CPC introduced village elections, participatory practices and administrative reforms (He & Warren, 2011). China enacted "open-government" regulations in 2008 that increased information disclosure all the way down to townships (through annual reports, supervision and public appraisals at all levels of government). The reforms also established clearer lines of authority within the CPC. More party members gained access to evaluations, and political documents now circulate to provincial and local party leaders. Hence, information flows enable the CPC oligarchy's collective actions and allow checks and balances between leaders (Gehlbach & Keefer, 2011). Besley and Kudamatsu (2007: 37-39) highlight strong influences of broader elites on China's leadership. Accordingly, some scholars now characterize China as an example of *deliberative authoritarianism* with flourishing communicative and participatory practices (albeit limited in scope) in particular dimensions of governance (He & Warren, 2011).

A third political dynamic that makes the crisis information dilemma vital for China and other authoritarian polities is regime (rather than government) vulnerability to information. In democracies, loss of popular support for a government is no challenge to the political order, that is, to democracy. Rather, democracies accommodate popularity through general elections. In authoritarian states, government and regime are one and the same. Hence, damage to popular support for the government simultaneously challenges the whole political order's legitimacy.

Authoritarian regimes build legitimacy on popular beliefs in government's benevolent caretaking abilities, and unmanageable crises threaten that perception (Rubin, 2016). Hence, publicized epidemic policy mistakes can threaten authoritarian political stability. In addition, transparency can enhance civic engagement (Bauhr, Grimes & Harring, 2010). China treats political civic engagement as a serious threat. Possible engagement and coordination around popular dissatisfaction may constitute the biggest challenge to China's authoritarian order (Shirky, 2011). Hence, China routinely manipulates public information to show the CPC government as capable and effective. Indeed, Lawson & Xu (2007: 219) argue that the Chinese government needs to respond aggressively to epidemics to support the CPC's image as "the people's guardian."

China's rulers do not always successfully contain or direct information related to potential embarrassments (hence the embarrassing incidents studied here). Rather, the three dynamics above show that Chinese authorities face hard choices about distributing information on epidemics and government responses.

The Information Dilemma as a *Blame-Avoidance* Problem

Secrecy is common in Chinese governance (and has affected disaster response at least since the Great Famine of 1959-61; Dréze & Sen, 1991; Gráda, 2009). Yet governments can mitigate the information dilemma in several other ways. Transparency mostly threatens popular support if publics blame national leaderships for policy failures.

Considerable literatures in political science (Weaver, 1986; Ellis, 1994; Pierson, 1996; Hood, 2007, 2011) and crisis management studies (Olson, 2000; Brändström &

Kuipers, 2003; Boin *et al.*, 2005; Svensson *et al.*, 2006; Boin *et al.*, 2008; Moynihan, 2012) show that political leaders often take decisions that reduce risks of public blame. Blame-avoidance scholars tend to study democratic contexts (Weaver, 1986; Ellis, 1994; Brändström & Kuipers, 2003; Elgie, 2006; Svensson *et al.*, 2006; Giger & Nelson, 2011; Mortensen, 2012; Hood *et al.*, 2015). Elected leaders need direct popular support. Hence, political parties in democracies expend considerable efforts to control their own public messages and affect public agendas (e.g., mass media reporting frequency and framing). But unlike their authoritarian peers, elected leaders cannot in general legally use state institutions to limit or direct media reporting and other information flows. For instance, crises may be managed tightly even in democracies; but post-crisis debates in democracies are open season on leaders in charge (Boin *et al.,* 2008).

To avoid blame for policy mistakes, democratic politicians have developed alternatives to outright secrecy and state information controls. Richard Ellis introduced the 'lightning-rods' concept to describe one key blame-avoidance strategy (Ellis, 1994). Ellis shows that US Presidents from Dwight Eisenhower to George Bush repeatedly and consistently let policy advisors and other government experts present particular policy initiatives in public. Consequently, in the US public discourse, these individuals were responsible for any policy mistakes; and, in many cases, took the fall for them. Hence, deploying 'lightning rods' has helped US Presidents to protect their popularity from adverse effects of policy mistakes.

More recently, Chris Hood has reviewed Ellis and others to define three ideal-type blame avoidance strategies: (i) presentation, (ii) policy and (iii) agency (Hood,

2011). Hood's *presentational strategy* is concerned with manipulating public opinion by way of publicized information. Democratic politicians use media priming and framing tactics. For authoritarian regimes, presentation also equates to secrecy or direct and coercive control of media. The *policy strategy* includes avoiding popularity damage (and by extension blame) by only making incremental changes that are difficult to notice. During crises, however, incrementalism might backfire: swift and noticeable action is required for effective disaster management, and perceived political apathy in times of extreme hardship may generate substantial blame. Hood's *agency strategy* includes lightning rods. Here, politicians and other leaders "find a scapegoat" such as technical experts or government agencies for any policy that goes wrong (Hood, 2011: 18). Conceptually, scapegoating differs from framing (and 'agency' from 'presentation') when leaders delegate real policy responsibility to their lightning rods. Hood thus expands Ellis' perspective to encompass government organizations in addition to individual advisors. The agency strategy also takes analysis into public administration by focusing on organization rather than policy content.

While real policy often blends ideal types, Hood's blame-avoidance categories make clear that the information dilemma can be solved by replacing secrecy with lightning rods in the shapes of advisors and other technical specialists who are publicly responsible for crisis responses. Indeed, using experts has the added appeal of giving policy scientific authority. Though the political leadership is ultimately responsible, it can credibly blame mistakes on bad advice (or poor science) when the technical experts have so obviously been 'in charge.' This displaces blame from the government itself. For authoritarian states, such insulation adds the crucial promise of protecting

regime legitimacy. Hence, making technical experts and agencies publicly responsible for public health crisis management enables China to solve information dilemmas and embrace transparency.

Strictly, 'lightning rods' can be instances of either presentational or agency blame-avoidance. The distinction is whether publicly responsible agencies really make policy (i.e., are autonomous) or merely do so nominally (i.e., due to framing).[1] In democracies, independent journalism and freedom of information actions make such distinctions discoverable. In authoritarian contexts, actual power in policy-making is mostly opaque. As shown, real and nominal 'lightning rods' allow the same informational change: that authoritarian rulers can abandon secrecy with little added (and as we will see, probably less) risk of blame.

Designing the Comparative Study of Blame Avoidance

Methodologically, the paper exploits the unusual empirical occurrence that China faced two similar exogenous shocks in a relative short time-span but reacted to them differently (i.e., most-similar systems; Bennett, 2004; Gerring, 2006; Landman, 2008). This facilitates comparative analysis of information dilemma solutions and blame avoidance strategies pursued by Chinese leaders. While public information varied between secrecy and openness, the 2003 SARS and 2009 H1N1 epidemics had near-identical contexts (e.g., political regime and socio-economic environment; the next section documents information flows).

[1] We thank one of our anonymous reviewers for suggesting this issue.

As shocks, 2003 SARS and 2009 H1N1 were also similar. Both were respiratory diseases. Hindsight shows that SARS was more lethal but less easily transmitted than H1N1. However, when authorities in China (and elsewhere) began responses to the two diseases, little was known about transmissibility and deadliness. SARS actually spread from Guangdong in China to other Chinese cities, and to cities abroad such as Hanoi, Singapore and Toronto (Health Canada, 2003). In turn, the 2009 H1N1 outbreak was attended by significant uncertainty about its severity (e.g., WHO, 2011: 100-103; Baekkeskov, 2016). Many countries began responses by assuming 'worst cases' like H5N1 avian flu; they received mixed signals on H1N1 severity from the initial Mexican and US outbreaks; and many feared that second waves would prove far more lethal than domestic outbreaks were. Finally, 2009 H1N1 spread to China very rapidly, giving authorities in that country little time to learn about the disease before addressing it. The WHO's PHEIC declaration was made on 25 April 2009, Hong Kong detected its first case on 1 May, and mainland China detected its first case on 11 May (e.g., MacPhail, 2014). Hence, SARS and H1N1 were quite similar as policy 'problems', especially during their early months.

In public blame terms, one potential differentiator between cases is disease origins. 2003 SARS started within mainland China. 2009 H1N1 spread from overseas. However, both cases exposed the Chinese regime to blame risk. Domestic authorities in China could be blamed for the spread of 2003 SARS within the country and to locations abroad. Conversely, China's border protection authorities could be blamed for 'allowing' H1N1 to cross Chinese borders in 2009. In both epidemics (though admittedly by different avenues), the national leadership could have been seen to

'fail'. Hence, rather than either epidemic being merely bureau-political, both put the CPC leadership's public reputation and legitimacy in play.

The case studies employ (i) scholarly and other secondary sources that describe sequences of events surrounding epidemic responses and the Chinese leadership's involvement; (ii) quantitative and qualitative content analysis of coverage by China's official English language news agency, *Xinhua General News Service* (*Xinhua*). *Xinhua* is closely associated with China's national government and the CPC (its president, Cai Mingzhao, is also a member of the 18th CPC Central Committee). The agency distributes important national and international news to most domestic Chinese mass media (Zeng *et al.*, 2015). Many studies use *Xinhua*'s coverage to indicate how China controls and disseminates information (e.g., Zeng *et al.*, 2015; Murphy & Vilceanu, 2014; Hong, 2013; Chen, 2005). Content analyses of *Xinhua*'s articles can thus provide pertinent information about the Chinese regime's information flows and blame-avoidance strategies during epidemics. Local newspaper information is not included in our quantitative analysis, as such source is not central to our analysis: the purpose is not to provide comprehensive overviews of two epidemic responses; rather, it is to analyze the Chinese regime's attempt to control and influence information regarding the health crises. In that regard, *Xinhua* constitutes an essential source due to its symbiotic relationship with the CPC.

Pertinent *Xinhua* articles were identified and obtained through the *Lexis-Nexis Academic* database (see appendix for search terms). Ten-month periods were searched for each case, starting from the respective outbreak months (SARS: 1 Nov 2002 - 31 Aug 2003; H1N1: 1 Apr 2009 – 31 Jan 2010). In addition, because China's 2009 H1N1

response has received limited attention in previous policy analyses, 167 articles making first mentions of new 2009 H1N1 interventions were identified from among all selected *Xinhua* articles. These 167 selected texts were manually coded and analyzed using *HyperResearch* software. The next sections review the within-case analyses and comparisons.

Information Flow Differences between Chinese Epidemic Responses

Epidemic infectious diseases make the information dilemma an urgent political concern. Epidemics are 'silent' disasters: treatments and response policies depend on timely and reliable bottom-up information. To treat the disease, health care providers need to hear from patients. To make response policy, health authorities need timely and accurate reports from health care providers. National authorities need such reports from local authorities. International organizations need reports from national authorities. In the absence of information, care and policy are likely to be delayed and inadequate.

In addition, epidemic infectious diseases possess traits that make secrecy a difficult goal. Infectious diseases tend to spread within and between populations. Hence, they are likely to have wide geographical scope and international repercussions. Information about epidemics is thus inherently difficult to contain within a specific region, much less one government stratum. In addition, public health experts routinely trace pathways of disease spread, complicating efforts to conceal where and when epidemics originate. Finally, external demand for credible and timely

epidemic intelligence can add pressure for transparency on local and national governments.

Despite these conditions, the Chinese regime attempted secrecy during 2003 SARS. Figure 1 uses identified *Xinhua* texts (see previous section) to indicate information flow differences between 2003 SARS and 2009 H1N1. *Xinhua* was silent about SARS until February 2003, which was month four of the epidemic. Coverage of SARS' progress in mainland China (rather than Hong Kong and Macao) only became marked in April 2003 (i.e., month 6; see subsequent sections). In contrast, *Xinhua*'s attention to 2009 H1N1 began immediately when the WHO declared a 'Public Health Emergency of International Concern' (PHEIC) on 25 April (April 2009 = month 1). Indeed, where coverage of SARS peaked in months 6 and 7, coverage of H1N1 peaked in months 1 and 2. Hence, aggregate analysis of official media coverage timing suggests that secrecy characterized China's response to SARS while transparency characterized its response to H1N1.

Figure 1. Timing of Official Media Coverage of SARS and H1N1 in China (distribution of *Xinhua General News Service* articles)

[FIGURE 1 ABOUT HERE]

The ten-month comparative analysis in Figure 1 above also reveals that there were fewer *Xinhua* articles relating to H1N1 during 2009 (n=276) than to SARS in 2003 (n=2288). As described further below, this dramatic difference developed as SARS coverage ballooned once the secret was out, and suggests the regime's strong reaction

to the debacle. The subsequent sections will analyze the two health crises responses in greater detail.

Case 1: Chinese secrecy during 2003 SARS

SARS broke out in China's Guangdong Province in November 2002 and triggered the crisis information dilemma. On-time information could have made the fight against SARS far less burdensome, particularly outside of Guangdong Province. But free flowing information could demonstrate to the general public (and perhaps to superiors in Beijing) that SARS surprised and severely strained the (provincial) government.

China's secrecy about SARS is infamous. Because the WHO had not been notified by Chinese authorities, the international community first learned of SARS from cases in Hanoi, Vietnam, in late February 2003 (Health Canada, 2003). On 12 March, the WHO issued a global alert based on the Hanoi outbreak. Though SARS was then traced to China, Chinese authorities in subsequent months denied any wrongdoing or cover-up (Tai & Sun, 2011). Local authorities were slow to pass messages on to national authorities, and national authorities suppressed information to the public (Huang, 2004; Tai & Sun, 2007). Chinese authorities gave WHO experts some access to SARS patients at hospitals and other treatment locations from 2 April 2003 (Huang, 2004). But domestically and publicly, the epidemic remained downplayed or secret outright. In a press conference as late as 3 April, China's Minister of Health insisted that China was managing SARS effectively (Tai & Sun, 2011). Provincial authorities also sought to keep critical voices out of mass media, and allowed articles ridiculing the idea that anything out of the ordinary was happening (Saich, 2003). The public

blackout included news of the WHO global alert about SARS, which did not appear in mainland Chinese mass media (Zhang, 2003). In addition, Chinese authorities sought to restrict access to SARS cases from the WHO and other foreign authorities. For instance, 31 hospital employees with SARS were hidden from the WHO inspection team, and provincial governments were directed to keep any information about SARS away from foreign media or the general public (*Time*, 2003).

As proposed in the theoretical section, information suppression faced difficult conditions. First, SARS spread and blindsided numerous health care and public health systems, with unnecessarily severe effects on public health. Health care capacities were strained in major population centers with strong links to mainland China, including Hanoi, Hong Kong, Singapore and Toronto. During late February and March 2003, care facilities in those cities filled up with people suffering severely from an 'unknown' respiratory illness. Second, ICT made information controls ineffectual. A retired military doctor, Jiang Yanyong, broke the public silence on SARS within China. Jiang learned from his personal observations at a Beijing military hospital that authorities were understating the situation's severity. On 8 April 2003 he defied the risk of prosecution by emailing his situation report directly to Germany's *Der Spiegel* and *Time Magazine* in the US. In turn, these newspapers' online coverage spread to China's general public (Tai & Sun, 2007, 2011).

On 17 April 2003, the CPC's national leadership (the Politburo) finally acknowledged publicly that China had made mistakes. It then declared "Anti-SARS People's War", and publicly mobilized government agencies, local communities and mass media (Tai & Sun 2011). The Politburo also demanded publicly that all local

officials make regular, accurate and honest reports on SARS' spread. It vowed to punish cover-ups. Subsequently, official figures for infected cases jumped more than tenfold, as did official media articles on SARS (see Figure 1, and below). The regime's new public stance also had consequences for specific leading officials. China's Health Minister and Beijing's Mayor were dismissed on 20 April for mismanaging the disease (Chan-Yeung & Xu, 2003).

The ten-month comparative analysis in Figure 1 above indicates the development of Chinese regime publicity on SARS. China's decision to launch its "People's War" more than 5 months after SARS broke out in Guangdong Province triggered mass coverage in the media. The surge in *Xinhua* articles about SARS from this time and forward was as consistent with CPC national leadership messaging as the period of secrecy that preceded it. Once the secret was out, the population needed to be reassured that the regime was taking effective action (Tai & Sun, 2011). Reframing response policy as a 'war' publicly signaled that government was making an all-out effort to protect public safety.

The leadership's appetite for free flowing information and discussion remained limited, however. In mid-May, one month after the Chinese regime announced its 'war' on SARS, the WHO still had to struggle to obtain reliable information (Zhang, 2003). As the true pandemic threat receded in June, Chinese authorities began to warn mass media and academics against further inquiries into or analyses of China's SARS management.

Official Media Coverage of SARS

Xinhua's 2003 SARS coverage is consistent with the account reviewed above. As described previously, no *Xinhua* reports on SARS or related search terms were identified from between November 2002 (when the disease emerged) and early February 2003 (see Figure 1). The news agency's first article mentioning an "atypical pneumonia" (not "SARS") in Guangdong appeared on 12 February 2003. This coincided with China's first report to the WHO (on 11 Feb.) of an 'unusual pneumonia' in Guangdong (Chan-Yeung & Xu, 2003). However, the spurt of *Xinhua* coverage ended on 18 February with a report that Guangdong authorities had identified Chlamydia (a common venereal disease) as the culprit, and had the outbreak under control.

Xinhua's coverage resumed on 13 March 2003 with descriptions of "atypical" or "mystery pneumonia" in Hong Kong (Figure 2), and a few days, later in locations outside of China (Singapore, Hanoi, etc.). The first *Xinhua* mention of SARS by name was in a 17 March report on Singapore's epidemic. When *Xinhua*'s coverage of SARS increased during March 2003 (Figure 1), much domestic SARS coverage focused on Hong Kong rather than mainland China, despite Guangdong's pivotal role in the epidemic (Figure 2).

Figure 2. Number of *Xinhua General News Service* articles mentioning the key search terms, by mention of key Chinese regions

[FIGURE 2 ABOUT HERE]

Xinhua's inattention to mainland China and SARS mentions ended on 28 March. China had first officially reported on mainland SARS (in name) cases to the WHO on 26 March (Chan-Yeung & Xu, 2003). From 2 April, *Xinhua* began to report almost daily on official mainland SARS case and fatality statistics. However, as exemplified previously, the agency also repeatedly reported that the disease was "under control", or at least "controllable." Such public assurances placed not just health officials but also national peak leaders in the limelight (rather than health officials). For instance, a 2 April report linked China's State Council to SARS response, and on 6 April, Prime Minister Wen Jiaobao was quoted as "confident" that China could control SARS.

Finally, China's leadership (rather than health authorities) declared the "People's War" on SARS on 17 April. *Xinhua* cited a CPC Central Committee meeting: "SARS control is having a significant impact on the health and lives of the people and on the overall situation of China's reform, development and stability." In addition, China's leadership focused attention on the political apparatus and "urged the CPC and government organizations at all levels to be fully aware of the extreme importance of SARS control and to treat it as a priority in their work." On 19 April, Prime Minister Wen Jiabao was quoted directly: "anyone who covers up SARS cases or delays the release of information will be harshly punished as this matter concerns the people's health and safety."

Chinese leaders' handling of SARS was thus consistent with theory: authoritarian regimes tend to pursue a presentational blame avoidance strategy by keeping potential embarrassments secret. The Chinese regime reacted to the 2003 SARS outbreak (as to many other crises) by suppressing publicity. Secrecy may also have existed between levels of government as local authorities stymied information flows to the center on SARS' effects. Certainly, neither local nor national health authorities shared timely or complete information with China's general public, with the WHO or with health authorities in other countries.

SARS made China infamous because secrecy failed as political strategy. Rather than insulating local or national officials from embarrassment, secrecy caused blame because China's public had to rely on whistleblowers and sources in foreign media, which in turn were spurred on by international experiences of being blindsided by China's official quiescence. The CPC regime's reputation as the Chinese people's caretaker had been put at risk, as well as China's international good name. As described, specific political consequences included dismissals of specific officials, and an enormous publicity campaign indicated by the massive increase in *Xinhua*'s domestic SARS coverage from late March 2003. Conceptually, China's information strategy changed secrecy to almost the exact opposite: making the regime's full-scale war on SARS as vocal as possible. As a blame-avoidance strategy, secrecy had backfired because information control proved difficult to exercise effectively in epidemics. Indeed, for the next infectious disease epidemic in 2009, a new Chinese blame-avoidance strategy was in evidence.

Case 2: Chinese 'lightning rods' during the 2009 H1N1 Influenza

Chinese official transparency about more recent infectious disease outbreaks offers a sharp contrast to the secrecy of the past. While SARS drew great attention from media and scholars alike in the wake China's failed attempt at secrecy, little attention has surrounded China's transparency (cf. MacPhail, 2014).

As described, mainland China detected and officially and publicly reported its first 2009 H1N1 incident on 11 May (WHO, 2009; Schwartz & Schwartz, 2010). Hence, rather than delaying or restricting health information as it had done during SARS and many other crises, China complied with the WHO's International Health Regulations and reported on 2009 H1N1's progress through the WHO's incident reporting system from day one. In addition, as the next subsection will show in detail, China's official media copiously reported on H1N1 and government responses to it while they happened (see also Figure 1).

Official Media Coverage of H1N1

Xinhua's H1N1 coverage began exactly with the WHO's 25 April 2009 PHEIC announcement. *Xinhua* also reported the first mainland China cases on 11 May (i.e., when WHO was notified; see above). The coverage of H1N1 peaked during May and June (months 2 and 3), rather than much later (Figure 1). Hence, publicity by the Chinese government's official news agency coincided with the spread of the disease.

In addition, *Xinhua* reported on blame-prone issues, such as case numbers and response policies. As described in the methods section, the study identified 167 articles in its selection that mention new government interventions (i.e., not previously

mentioned). Content analysis of these 167 texts shows *Xinhua* reporting on case numbers and locations. *Xinhua* stories also show in detail how China responded. 317 separate interventions are mentioned (categorized in Figure 3; interventions are ordered by type, starting from pharmaceutical interventions across targeting of identified individuals to general behavioral restrictions or recommendations). Described interventions included contact tracing, that is, what authorities did to track down lone infected travelers and trace those with whom they were in close contact. Stories also detailed other interventions by national and local authorities, such as quarantine and isolation measures (notably, toward foreign travelers); school closings in towns and cities; anti-viral and alternative medicines; the national vaccination campaign; and hygienic measures such as hand washing campaigns (cf. Baekkeskov, 2015).

Xinhua's intervention coverage was most intense during two periods, from late April through June, and August to October. These periods overlap with the first and second 'waves' of H1N1 (the second – fall – wave unfolded from late October; WHO, 2011). Qualitatively, articles in the first period focus on quarantine, contact-tracing, case isolation and other "containment" interventions; articles in the second tend to describe preparations for mass vaccination and other "mitigation" interventions. This pattern and timing corresponds closely to the general international deployment of 2009 H1N1 interventions (WHO, 2011). That is, *Xinhua* covered the spread of 2009 H1N1 and government responses more or less when they occurred.

Figure 3. *Xinhua General News Service* mentions of new Chinese H1N1 interventions (n=317)

[FIGURE 3 ABOUT HERE]

In summary, *Xinhua*'s coverage indicates that the Chinese regime published its 2009 H1N1 experience and actions as they happened. Other sources show that China complied fully with the 2005 International Health Regulations. For 2009 H1N1, China by all accounts embraced transparency. The next section will offer detail on people and bodies publicly in charge of China's 2009 H1N1 response and comparison to the country's 2003 SARS response.

The Change of Blame Avoidance Strategy

China's timely and extensive publicity on 2009 H1N1 contrasts with its secrecy about 2003 SARS. If avoiding embarrassment (i.e., blame) remained a key concern for Chinese officials in 2009, and given the information dilemma, how could China embrace transparency? The shift from secrecy as a presentational blame-avoidance strategy to lightning rods (arguably, an agency strategy) can answer this question, and can also explicate what Chinese leaders learned from the SARS debacle in 2003.

In addition to the Ministry of Health (MoH) and related departments, a potential Chinese 'lightning rod' for critiques of public health policy failures emerged with the creation in 2002 of the Chinese Centers for Disease Control and Prevention (CCDC). A few months after the SARS crisis, a group of health experts from China and the US described the models for Chinese public health's new institutions (Peng *et al.*,

2003). The CCDC was modeled on Shanghai CDC, which in turn sought to emulate the US CDC - widely recognized as probably the world's premier public health institution (Peng *et al.*, 2003). The CCDC was thus designed and composed according to global best practice. Having the CCDC, China could put public health experts front and center in national government attempts to mitigate infectious diseases. In particular, by following internationally recognized standards, delegating disease policy responsibilities could arguably be the Chinese leadership's best choice for public health. Hence, by delegating public responsibility to the MoH, CCDC and related experts, Chinese leaders could credibly claim to be doing all that was possible.

Delegation to 'the' experts may in fact yield the most effective epidemic responses. But doing so publicly is also politically convenient because experts can then be lightning rods for popular and international criticism. Consequently, much as their counterparts in democratic polities, Chinese political leaders who officially delegate epidemic response to the experts and expert agencies are much less likely to be threatened by failed epidemic interventions.

As previously described, the SARS debacle drew in China's national leadership, which took public charge from late March 2003. In 2009 H1N1, who led China's responses? The contents analysis of *Xinhua* coverage offers indications (Figure 4). In total, the previously described 167 articles on Chinese pandemic interventions mention government bodies and other authorities 556 times. These range from the national executive across various national ministries and agencies to local authorities. Articles also mention authority not linked directly to government, notably 'experts' and 'science'; that is, appeals to epistemic rather than political legitimacy.

Figure 4. Distribution of authorities referenced in *Xinhua General News Service* 2009 H1N1 Chinese intervention coverage (n=556)

[FIGURE 4 ABOUT HERE]

Among government bodies, the CCDC, local public health agencies or individual experts were mentioned most (182 mentions, 33% of all authority mentions). Regional or local authorities were mentioned 117 times (21%). The national MoH or its minister were mentioned 97 times (17%). Other public health authorities, including the national medicines regulator and international agencies such as the WHO, were mentioned 64 times in total (11%). General national authorities were mentioned much less. The national chief executive or the leadership were mentioned 28 times (5%), and a national crisis committee had two mentions. Finally, where the CPC had been centrally in charge of the 'people's war' on SARS (see previous section), there were no mentions of the CPC in the identified *Xinhua* coverage of new 2009 H1N1 interventions.

Xinhua coverage thus suggests that 2009 H1N1 was a technical or local government matter. For instance, consider how *Xinhua* presented China's Minister of Health, China's top leaders' roles and the technocratic bodies on the day that Hong Kong reported its first case (1 May 2009) (Xinhua, 2009). The contrasts to China's official silence during the first several months of SARS, and *Xinhua*'s eventual focus in 2003 on national rather than health authority leadership, are remarkable. First, Minister of Health Chen Zhu becomes a medical expert with international credentials (emphases added):

"Minister Chen, a doctor-turned official, asked local health authorities to designate hospitals to make all necessary preparations for any patients who might contaminate the new flu virus variant […] Chen, a recognized hematologist who is also foreign associate of the U.S. National Academy of Sciences, said nationwide medical workers should closely monitor outpatients who have pneumonia or flu-like symptoms […]"
(Xinhua, 2009).

Then, top national leaders delegate responsibility to technocratic bodies:

"As the [WHO] continuously spiraled up global alerts on the flu virus, Premier Wen Jiabao set up three days ago an inter-agency coordination mechanism, grouping the Ministry of Health, the General Administration of Quality Supervision, Inspection and Quarantine, and the Ministry of Agriculture. […] Vice Premier Li Keqiang moved to Beijing's Capital International Airport and the [China CDC] for work inspection"
(Xinhua, 2009).

Finally, the expert bodies take over:

"Li Dexin, a principal investigator at the China CDC, said in an interview with Xinhua that China is capable of diagnosing influenza A/H1N1-infected people within 24 hours. Li estimated that the influenza A/H1N1 epidemic would be almost surely more vigorous than previous epidemics such as [SARS] and the human bird flu. Yang Weizhong, vice director of the China CDC, said it is hard to predict where in the Chinese mainland the first influenza A/H1N1 case would be confirmed. "In any case," Yang said, "China has switched on the nationwide epidemic monitoring web as well as kept frequent contact with the United States and the WHO on early verification and control of a national pandemic threat." At the same time, the State Food and Drug Administration opened a green channel for testing and approving A/H1N1 vaccines"
(Xinhua, 2009).

When combined with the previously described timely publicity about the problem and government interventions, such public delegation of responsibility supports that China had learned from its political 'secrecy' failure in 2003 and adopted a 'lightning rod' strategy to mitigate blame risk in 2009 epidemic management. As a

side effect of this innovation, China could embrace transparency and thus move past the crisis information dilemma.

The comparison is summarized in Table 1. China's change in blame-avoidance strategy is shown by content analysis of publicized responsibilities for SARS and H1N1 responses. The analysis uses all epidemic-related *Xinhua* English language articles from 2003 and 2009 that reference China and that also mention national leaders and previously described 'lightning rods'.[2] The leadership category includes mentions of China's top leadership: President, CPC General Secretaries and Premiers. It indicates how much official media associated political leaders with epidemic management. The lightning rod category indicates the extent to which health-specialized government bodies (the CCDC, health ministers, the Ministry of Health) were publicized as responsible for managing the epidemics.

Table 1. Leadership or Lightning Rod – *Xinhua General News Service* inclusions of agency during SARS and H1N1 (see appendix for full list of search terms)

[TABLE 1 ABOUT HERE]

While specialized health authorities played substantial public parts in both epidemics, official media evidently shifted responsibility from political leaders to health authorities between SARS and H1N1. *Xinhua*'s relative attention to the leadership was reduced by nearly two-thirds, while its attention to health departments and agencies increased commensurately.

[2] Hence, whereas the previous H1N1 analysis started from mentions of new interventions (figure 4), the Table 1 selection starts from mentions of specific public leaders and authorities.

In summary, the analyses have shown that China shifted abruptly from secrecy to damage control led by national leaders during 2003 SARS, indicated by the sudden explosion in publicity in the epidemic's month 6 and 7 (Figure 1). They have shown that China approached 2009 H1N1 by disseminating copious and timely information, and publicly sourced responses to technical experts and agencies rather than government leaders (e.g., Table 1). Hence, the comparison and within-case analyses support that China's infectious epidemic disease governance shifted from blame-avoidance by secrecy (pure presentational strategy) to blame-avoidance by lightning rods (resembling agency strategy).

Discussion and Conclusion

China's leadership remains at risk from uncontrollable information flows. Egorov, Guriev & Sonin (2009) argue that decentralizing authority and introducing elections at the municipal and provincial levels can keep the threat in check. Lorentzen (2014) describes how China has recently addressed the information dilemma by allowing a limited degree of investigative reporting of low levels of government, as cost-effective information sources from local areas and as pre-emptive measures for sharing information that is likely to surface eventually. He and Warren (2011) also outline a possible trajectory for China towards incremental advances in democratic empowerment because of progressively institutionalized deliberations.

This paper's findings point to information dilemma solutions that have hitherto not received much scholarly attention. Instead of theorizing solutions as stark dichotomies between information suppression and embarking on democratization,

blame-avoidance can offer a more accurate theoretical framework for explanations of Chinese and other authoritarian governments' uses of secrecy and transparency. Thus, rather than strengthening coercive measures (which is expensive) or embarking on pluralistic reforms (which undermines CPC control), the dilemma can be solved by delegation to credible technical experts who can subsequently act as lightning rods. At first glance, such delegation may seem similar to decentralization. However, key differences are that delegation to technical experts 'depoliticizes' policy and adds scientific authority to that of the state. As an added benefit, technical experts may actually offer more effective solutions to some problems than national or local politicians are able to, in particular with respect to gauging policy complexity and establishing credible commitments to policy outcomes (Elgie, 2006).

Research has emphasized the institutional modernization that has taken place within the overarching Chinese authoritarian structures, from a traditional dictatorship under Chairman Mao to an autocratic oligarchy (or even deliberative autocracy) today (Gehlbach & Keefer, 2011; Keefer, Neumayer & Plümper, 2011; He and Warren, 2011). These institutional reforms, with some checks and balances and participatory practices, appear to have increased the adaptive capacity of the regime. While it took years for the Chinese regime during the Great Famine to take corrective action to mitigate the humanitarian catastrophe (and decades before any information about the famine became public), the modern Chinese regime appears to have been driven to display greater flexibility in the two recent health crises. The regime changed information strategy within months from secrecy to openness, and reorganized government bodies within a few years to allow for a delegation of responsibility in

similar types of health crises. This willingness and capacity of the Chinese regime to adopt new political strategies to address threats to legitimacy on a case-to-case basis might make it more resilient to fundamental political reforms (of either increased openness or coercion) than traditionally envisaged.

Theoretically, Hood's 'presentational' and 'agency' ideal types of blame-avoidance elucidate the moves made by Chinese leaders from secrecy as a political strategy to 'lightning-rods'. Scapegoating is not new. But unlike many democratic counterparts, Chinese leaders are unhampered by public access to the inner workings of government. While moves toward 'agency' strategies for blame avoidance are likely to encounter opposition in democratic regimes from informed publics or government bureaucrats wary of losing power, China's rulers can delegate public responsibility more easily.[3] In addition, they could credibly 'agencify' epidemic response because, at least by 2009, respectable scientific experts and bodies were placed to be made publicly responsible. In addition to the Ministry of Health, China from late 2002 had the CCDC, which was built explicitly on global best practice. SARS showed during 2003 that secrecy is a highly risky strategy for crises that spread by their very nature in this age of ICT. But advances in the 'technology' of blame avoidance enabled new solutions.

As we have argued, scapegoating credible expert agencies could thus solve China's political challenge from epidemic response. Serendipitously, the shift toward lightning rods also solved the information dilemma and enabled China to be transparent about epidemics and responses to them (regardless of whether expert

[3] We thank one of our anonymous reviewers for bringing our attention to this argument.

bodies' autonomy was real or nominal). Hence, wider lesson for other areas of Chinese policy-making and for authoritarian rulers more generally may be that blame can feasibly be avoided by means other than secrecy (or pure 'presentation') when technocratic agencies have sufficient status by way of science or best-practices to be credible lightning-rods (enabling strategies that resemble 'agency').

Empirically, the documented shift to a lightning-rod-strategy is specific to one or more epidemic contexts. Secrecy may remain China's general default blame avoidance approach. In 2008, for instance, a toxic industrial chemical contaminated powdered milk from multiple Chinese producers, and the regime responded by suppressing vital information (Lasseter, 2012; Spencer, 2008). When the story finally broke in September, an estimated 300,000 babies had fallen ill and several had died. Yet restrictions on coverage continued after the exposure as journalists were directed only to publish information obtained from official sources and critical blogs were blocked. Hence, SARS was no "China's Chernobyl" leading to generally accelerating openness and transparency (*The Economist,* 2003).

Finally, as mentioned in the introduction, 'lightning-rods' may be permanent within Chinese infectious disease governance. During the 2013 outbreak of homegrown H7N9 avian influenza, Chinese authorities again openly shared timely and reliable information. Hence, through flexible and adaptive blame-avoidance strategy, China appears equipped to solve the crisis information dilemma that increasingly dogs contemporary authoritarian regimes.

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APPENDIX

The analyses are based on data obtained through searches of the Lexis-Nexis Academic database's archive of *Xinhua General News Service* (English language) articles. Search terms have included:

2003 SARS: *SARS* OR "severe acute respiratory syndrome" OR "mystery pneumonia" OR "atypical pneumonia"*

2009 H1N1: *(H1N1 OR "swine flu") AND pandemic*

Leadership 2003: *(SARS* OR "severe acute respiratory syndrome" OR "mystery pneumonia" OR "atypical pneumonia") AND ("Zhu Rongji" OR "Wen Jiabao" OR "Hu Jintao" OR "Jiang Zemin")*

Lightning rods 2003: *(SARS* OR "severe acute respiratory syndrome" OR "mystery pneumonia" OR "atypical pneumonia") AND ("Zhang Wenkang" OR "Wu Yi")*

(SARS OR "severe acute respiratory syndrome" OR "mystery pneumonia" OR "atypical pneumonia") AND ("Chinese Center for Disease Control and Prevention" OR "Chinese CDC" OR "CCDC")*

(SARS OR "severe acute respiratory syndrome" OR "mystery pneumonia" OR "atypical pneumonia") AND ("Ministry of Health" OR "MoH")*

Leadership 2009: *((H1N1 OR "swine flu") AND pandemic) AND ("Wen Jiabao" OR "Hu Jintao")*

Lightning rods 2009: *((H1N1 OR "swine flu") AND pandemic) AND "Chen Zhu"*

((H1N1 OR "swine flu") AND pandemic) AND ("Chinese Center for Disease Control and Prevention" OR "Chinese CDC" OR "CCDC")

((H1N1 OR "swine flu") AND pandemic) AND ("Ministry of Health" OR "MoH")

Table 1. Leadership or Lightning Rod – *Xinhua General News Service* inclusions of agency during SARS and H1N1 (see appendix for full list of search terms)

	Identifying terms	**2003**	**2009**
Leadership	Presidents, CPC general secretaries, Premiers	33%	12%
Lightning rod	Minister(s) of health, Ministry of health, Chinese CDC	67%	88%
Total		*100%* *n=728*	*100%* *n=126*
10 Month Period		*1 Nov 2002 to 31 Aug 2003*	*1 Apr 2009 to 31 Jan 2010*

FIGURES for Information Dilemmas and Blame-Avoidance Strategies: From Secrecy to Lightning Rods in Chinese Health Crises

Figure 1. Timing of Official Media Coverage of SARS and H1N1 in China (distribution of *Xinhua General News Service* articles)

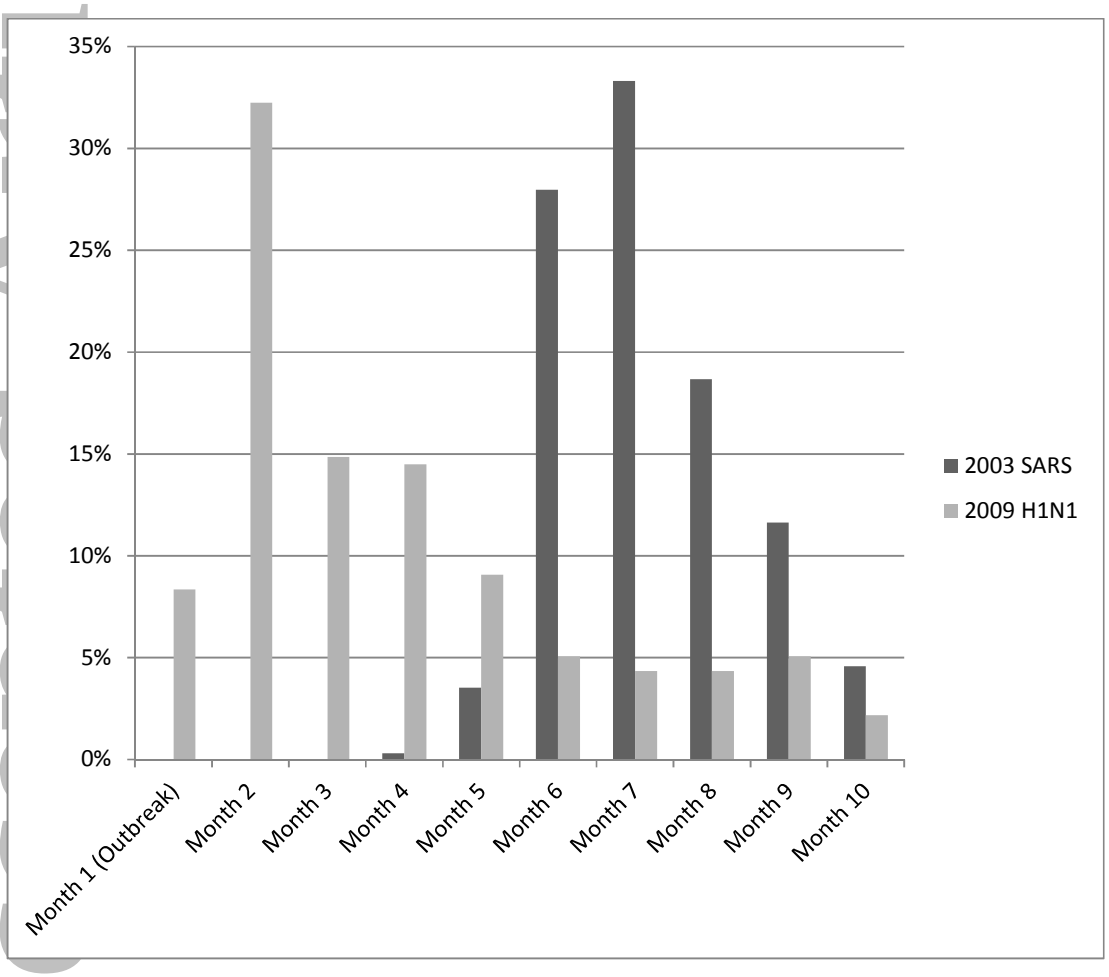

Figure 2. Number of *Xinhua General News Service* articles mentioning the key search terms, by mention of key Chinese regions

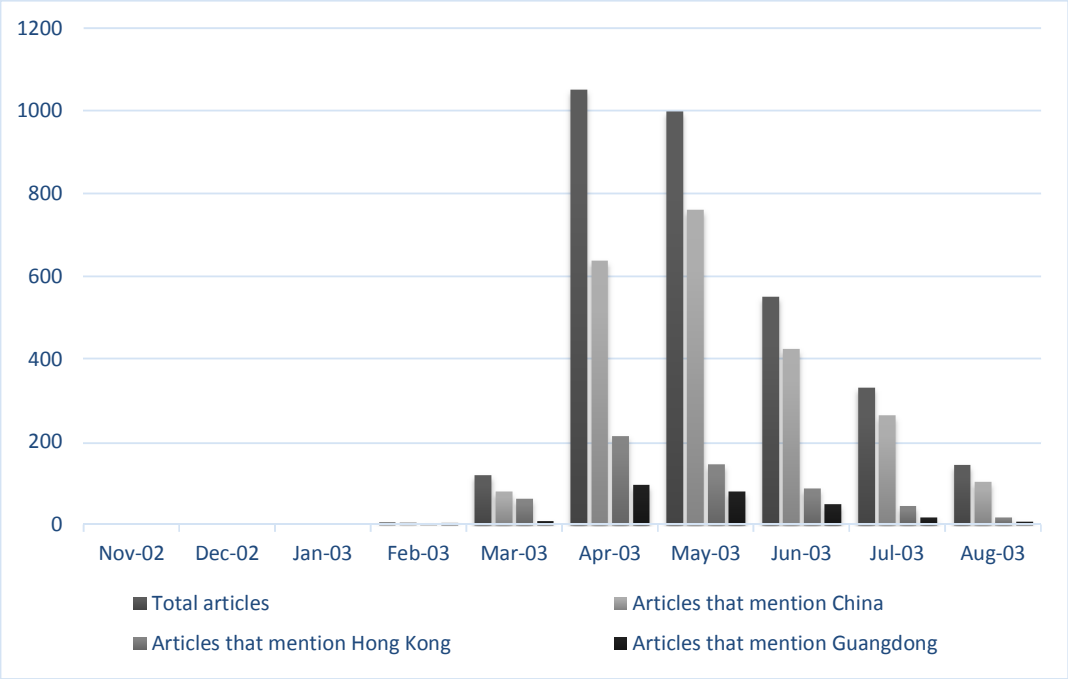

Figure 3. *Xinhua General News Service* mentions of Chinese interventions to mitigate H1N1 (n=317)

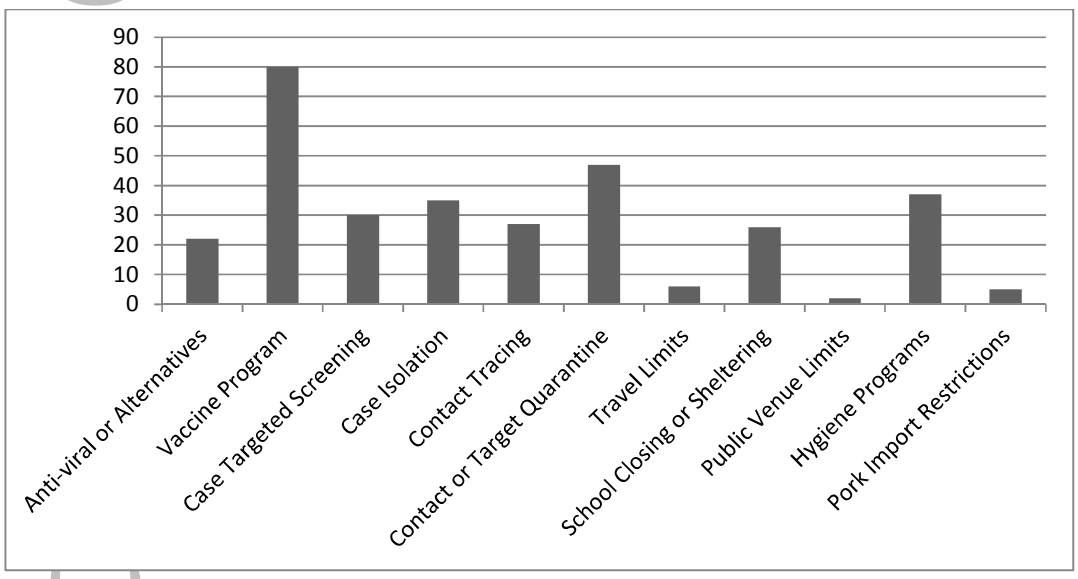

Figure 4. Distribution of authorities referenced in *Xinhua General News Service* 2009 H1N1 Chinese intervention coverage (n=556)