Graves in One’s Heart: 
Grassroots Memorialization 
of Dr. Li Wenliang during the 
COVID-19 Outbreak in China 

This article studies how Chinese internet users mobilized online to participate in actions and articulate social and political disaffection during the COVID-19 outbreak in China after the death of Dr. Li Wenliang in early 2020. Dr. Li saved many people’s lives by sending early warnings in late 2019 and ultimately died of the new coronavirus on February 6, 2020. When collectively mourning Dr. Li’s death, Chinese people commemorated him as a folk hero, which worked to build a “virtual utopia” through which they could go through the crisis together. This process illustrates the changing tension between state control and individual agency within particular contexts during the COVID-19 outbreak in early 2020 in China.

Keywords 
AFS ETHNOGRAPHIC THESAURUS: Pandemic, death, memorials, grief, politics, internet, public health

Since the seventeenth century, Western countries have undergone a very complicated transformation of mechanisms of power, summarized by Michel Foucault as “a tendency to align itself [the right of death] with the exigencies of a life-administering power and to define itself accordingly. This death that was based on the right of the sovereign is now manifested as simply the reverse of the right of the social body to ensure, maintain, or develop its life” (1978:136). Foucault defines biopower as “a power that exerts a positive influence on life, that endeavors to administer, optimize, and multiply it, subjecting it to precise controls and comprehensive regulations” (1978:137). Biopower spreads with modernization and globalization. For Foucault, far from offering a mode of greater individual freedom and progress, the new regime of disciplinarity brought by modernity signals a profound form of domination. The COVID-19 pandemic in 2020 has exaggerated the domination of biopower and has

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brought life and death under state control in China and some other countries. The tension between biopower and individual freedom was intensified in China and other countries during the global pandemic in 2020. Without losing the insights of Foucault, we examine discursive voices and spaces created by ordinary people within the simultaneous emergence of “local” histories and “global” forms of biopower during the COVID-19 pandemic. We highlight unequal relations of power and knowledge in regional, national, and transnational contexts, as well as processes through which meanings are contested in specific locations.

This paper brings up the Chinese government’s central control as both positive and negative. It was oppressive, and it discouraged dissent and reprimanded whistleblowers. On the one hand, it was this negative control that instigated the original anger and grief around Dr. Li Wenliang’s death and thus the spontaneous memorialization during the COVID-19 outbreak in early 2020. On the other hand, it was that same top-down, powerful centralized government that was effective at getting people to quarantine, wear masks, and socially distance, which helped minimize the impact of the new coronavirus in China. Our goal is to obtain nuanced understandings of the tension between state control and individual agency within particular contexts during the COVID-19 outbreak in 2020 in China.

Graves in One’s Heart

In the late evening of February 6, 2020, 34-year-old doctor Li Wenliang died of the new coronavirus in Wuhan, China. The official media reported that he died in the early morning of February 7. Despite the confusion about the time of death, Li’s death aroused deep sorrow and anger among people from all social classes across China. They quickly took to social media to express their gratitude for Li’s courage as one of the eight whistleblowers who warned people about the outbreak of the coronavirus on December 30, 2019.1 The police reprimanded the whistleblowers on January 3, 2020, for spreading “rumors” about the epidemic. Soon after, the city of Wuhan was locked down, on January 23, 2020. Millions of quarantined people remained sleepless as rumors spread on the night of Dr. Li’s death, and internet users held a virtual national funeral for Dr. Li right after his death. Though there was a short period when people posted freely online on social media in China, many posts were deleted quickly afterward. Despite the Chinese government’s strict censorship of the internet, ordinary Chinese people commemorated Li Wenliang as a national hero, and they “built graves in their hearts.” As a result of public pressure, Chinese authorities eventually apologized to Dr. Li’s family and dropped their reprimand 6 weeks after his death. In this paper, we examine the Chinese people’s online memorialization of Dr. Li Wenliang to illustrate the grassroots agency in coping with this public health crisis and explore how ordinary people used virtual means to enhance their sense of solidarity and sociability and advocate for social change in a time of crisis.

This essay centers on narratives that have contributed to the construction of social life and self during the COVID-19 outbreak in China. Folklorists have played important roles in the “narrative turn” and the growing interest in local knowledge
production in contemporary academic fields and public discourses, and they have contributed to our understanding of the intersection of folklore, health, and trauma as well as the grassroots agency in public health (Blank and Kitta 2015; Kitta 2019; Goldstein 2015). Disease is often intertwined with social and cultural issues, and folklorists have formed new ways of engaging with public health professionals and local communities. Michael Dylan Foster proposes that the knowledge and participation of scientists, medical workers, and public health professionals are crucial during the pandemic, whereas in “a post-pandemic society,” the role of cultural professionals, including folklorists and others, will be critical (Foster 2020). We argue that folklorists and other cultural professionals could play important roles in local, regional, national, and international politics, both in the age of the pandemic and after. In *Diagnosing Folklore: Perspectives on Disability, Health, and Trauma*, Trevor J. Blank and Andrea Kitta emphasize the need for folklorists to “act as more than ventriloquists, making sure that the primary purpose of their scholarship aligns with the intent of their participants” (2015:4). They also call for a more expansive examination of the roles of stigma, disability, and power relationships in the study of health and medicine from folkloric perspectives, since the “need for scholarship in these areas is not only theoretical, but also practical” (2015:14). Our research answers the call and provides a middle ground for further dialogues between folklorists and Chinese communities, especially online communities, no matter whether it is when we are facing the pandemic together, or when we will create a more equal and inclusive “post-pandemic society” together.

In his pioneering project, *Surviving Katrina and Rita in Houston* (SKRH), Carl Lindahl (2012) recognizes that disaster survivors often depict and praise their peers’ heroism, compassion, and generosity when facing a disaster. He documented accounts of people repeatedly saving others from the destructive hurricanes even though they themselves were in danger, yet these heroic acts were rarely reported in the media. Therefore, a major goal of the SKRH project was to celebrate the heroism of disaster survivors by documenting and disseminating their stories through publications and public media. Lindahl writes: “Surrounded by life-threatening circumstances or facing great hardship and deprivation, survivors tend to act selflessly and heroically to create makeshift utopias” (2012:161). Similarly, during the COVID-19 outbreak, health care workers and other essential workers have been praised as everyday heroes as they take up the responsibilities of caring for other people in a time of crisis, which puts themselves at greater risk. As the COVID-19 global pandemic affected all aspects of social life and exaggerated various conflicts, Chinese people commemorated their beloved heroes and created a beautiful utopia online.

In February 2020, Yan Lianke, a novelist, said in a lecture at Hong Kong University of Science and Technology: “If we can't become a whistle-blower like Li Wenliang, then let's be a person who can hear the whistle blowing. . . . If we can't speak out loud, then let's become a whisperer. If we can't be a whisperer, then let's become a silent person who remembers and keeps memories. . . . Let's become a person with graves in our heart.” Many Chinese people have built “graves” in their hearts, and want to ensure that the future generations have them too. By building a “virtual utopia” on Dr. Li's Sina Weibo, a Chinese microblogging website similar to Twitter, and continuing to commemorate
him, Chinese people have created their own history about the COVID-19 outbreak in China in 2020 and have worked together to fight against the global pandemic.

**Method**

In order to understand ordinary people’s experiences of and reflections on the COVID-19 pandemic, we conducted virtual qualitative, structured, narrative interviews with 71 people as part of a larger project examining the impacts of the COVID-19 pandemic. This project was led by Wang Xiaokui at the Southern University of Science and Technology (Shenzhen, China). There were 37 participants recruited by the research team in China between February and October 2020; nine of them talked about Dr. Li Wenliang voluntarily. Of these nine, six were recruited from Wuhan during the city’s lockdown between January 23 and April 8, 2020. Thirty-four Chinese and Chinese Americans in the United States were recruited by the first author between May and August 2020, when the COVID-19 pandemic hit almost everyone globally. Of these 34, twenty-four were asked to talk about their thoughts on Dr. Li Wenliang’s role during the COVID-19 outbreak, and they all provided their personal interpretations of Dr. Li’s influence. In the end, thirty-three people talked explicitly about Dr. Li, which are the interviews we discuss in this essay.

The participants were recruited through online groups, online postings, local Chinese school networks, and snowball sampling. They ranged in age from 19 to 65 years old. Their educational backgrounds ranged from completing high school to holding doctoral degrees. Their occupations ranged from living on unemployment compensation to working as doctors or professors. Of the 33 participants that we focus on here, 31 were born in Mainland China and two were born in Taiwan. All the interviews were conducted virtually in Mandarin Chinese, and each interview lasted between 1 and 2 hours. In addition to the interviews, we reviewed global media reports and social media platforms. To protect confidentiality, study participants have been given pseudonyms, and letters are used to anonymize participants’ names. The first author translated the interviews and online posts from Chinese into English.

**Dr. Li Wenliang as a Whistleblower**

In global media reports, Dr. Li Wenliang is widely reviewed as one of the eight whistleblowers who sounded the alarm about the coronavirus when it first emerged in Wuhan, where he worked as an ophthalmologist at Wuhan Central Hospital. On December 30, 2019, he sent a message to fellow doctors in a private group of his medical school classmates on the social media platform popular in China, WeChat group. He shared the picture of an internal diagnostic report of a new virus that looked like SARS, the virus that had led to the global epidemic in 2003. The report originated from Dr. Ai Fen, director of the emergency department at Wuhan Central Hospital, who was alarmed about the new virus and had circled “SARS coronavirus” in red marker (Gong 2020). Dr. Ai had shared the report with her colleague at another hospital in Wuhan. It quickly spread among medical professionals in the city, which is how it reached Dr. Li. In his private messages, Dr. Li wrote: “7 confirmed cases of
SARS from Huanan Seafood Market were reported [to hospital].” He shared the report from Dr. Ai Fen and added: “The latest news is that it has been confirmed that they are coronavirus infections, but the exact virus strain is being subtyped” (Tan 2020). Dr. Li asked the WeChat group members to notify their families and friends to take protective measures to avoid being infected.

The screenshots of Dr. Li’s WeChat messages were quickly and widely shared on Chinese social media. Based on Wuhan resident XW’s interview on March 31, 2020, these WeChat screenshots were the first source for many Chinese people to know about the existence and severity of the new coronavirus.

In our interviews, all of the 33 participants knew that Dr. Li was reprimanded by police and forced to sign an admonition letter in the Public Security Bureau in early January. Dr. Li shared the admonition letter on January 31 on Sina Weibo. His post went viral, and internet users questioned why the doctors who gave earlier warnings were punished by the authorities. Most interviewees expressed that the treatment of Dr. Li was unfair, and some felt very angry about it. MY and YZJ commented that Dr. Li was the first person to reveal that the new coronavirus could be transmitted from human to human. In contrast, official experts had said that there was no evidence of this until Dr. Zhong Nanshan officially confirmed its human-to-human transmission on January 20, 2020 (Chen and Zhao 2020). Most participants appreciated what Dr. Li did. YZJ commented that Dr. Li did what he was supposed to do as a professional doctor and had upheld the principle of doing good acts, which was enough in itself; YZJ expressed that it did not matter how other people might have responded to what Dr. Li did.

Contributor LY (a doctor in Wuhan) mentioned that many doctors warned countless people about the outbreak around December 31, but they did not send warnings on social media. They primarily spread the information orally. According to LY, among medical professionals, there were many people like Dr. Li Wenliang. What made Dr. Li extraordinary was that he shared messages on social media, that he was admonished by police afterward, and that he died shortly after because of the coronavirus.

**Coronavirus Infection and Dr. Li Wenliang’s Death**

According to what he documented on Sina Weibo, Dr. Li Wenliang contracted the new coronavirus from one of his patients at Wuhan Central Hospital on January 8, 2020. He was hospitalized on January 12 and tested positive for the coronavirus on January 30. He announced his confirmed case on Sina Weibo on February 1, 2020, which was the last message he posted there.

There is confusion about Dr. Li Wenliang’s exact death time. *Global Times, People’s Daily*, and other Chinese media sources reported Dr. Li’s death at 21:30 p.m. local time on Thursday, February 6. The news triggered the expression of a huge wave of grief among Chinese people on social media. However, Chinese official media then said that Dr. Li had been given a treatment known as ECMO (extra-corporeal membrane oxygenation) that keeps a person’s heart pumping and blood oxygenated without it going through their lungs. Eventually, Wuhan Central Hospital announced that Dr. Li had died at 2:58 a.m. local time on Friday, February 7 (BBC News 2020).
Despite the confusion about Dr. Li’s death time, many Chinese internet users had difficulty sleeping on the evening of February 6. Li’s death aroused deep grief and anger among Chinese people not only in China but also worldwide. XW in Wuhan clearly remembered his sleepless night and commented about it on March 31, 2020:

Why did I stay up all night? On the one hand, it was really too disturbing to see the news, and I couldn’t sleep myself. On the other hand, there is a particularly important funeral custom here [in Wuhan]. I don’t know if you all have such a custom in your hometowns. That is, on the day when a person dies, his or her relatives and friends must stay up for the night as a way to guard the deceased. That is to say, at this time, we don’t think the person has left us, but is still living among us. All the relatives must stay beside the deceased and accompany him or her to go through this last stage. So, I wanted to express my memorial to (his) death in this way.

When traumatic deaths or events take place, individuals often create memorials to express grief and social discontent, and to protest and advocate for social change (Santino 2006; Grider 2007; Margry and Sánchez-Carretero 2011; Dobler 2009). Peter Jan Margry and Cristina Sánchez-Carretero use the term “grassroots memorialization” to refer to “the process by which groups of people, imagined communities, or specific individuals bring grievances into action by creating an improvised and temporary memorial with the aim of changing or ameliorating a particular situation” (2011:2). “Grassroots” here marks the new shift in memorialization and social action studies, and shows the significance of ordinary people’s responses and resistance to authorities when facing traumatic deaths. Dr. Li’s death became a remarkable moment for most of our contributors. Contributor Z in Wuhan composed two poems to commemorate Li’s death on the early morning of February 7, local time on WeChat, one of which has been widely shared online since its composition:

The Light of Civilization, the Whistle of Wuchang
—Dedicated to Dr. Li Wenliang, who died heroically for a beautiful China!

Dr. Wenliang, have a good journey!
Please do not look back,
Look at this world that admonishes you.
But please believe that,
Your love will be passed on from individual to individual,
Your courage will be passed on from individual to individual,
(They) will be passed on to, on the earth,
All the lives with dignity.
By that time,
Please look back,
Look at your beautiful wife,
Look at your adorable children,
Look at the relatives and friends you care about,
Look at your beautiful hometown,
Look at what belongs to you,
The heroic Wuchang City!5
Dr. Li’s death triggered deep sorrow among Chinese people, especially because most of them were quarantined in their homes at that moment, and a number of others had tested positive for the new coronavirus. Contributor YSM was a doctor in a Wuhan hospital. She was quarantined after testing positive. The interview with her was conducted by one of our collaborators, Chen Xiangjun at South-Central University for Nationalities (Wuhan, China), on February 28, 2020. YSM said that she felt both shocked and scared at Dr. Li’s death. As both a doctor and patient, YSM reflected on Dr. Li’s death and her own unknown fate, wishing that an alarm system for the epidemic could have been established earlier.

YSM’s experience and reflection resonate with records that the patient Sun Yingchun shared online (Yi 2020). Sun Yingchun is a well-known professor of journalism and communication at the Communication University of China (Beijing). He tested positive for the coronavirus on January 24, 2020, and was the 35th confirmed COVID-19 patient in Beijing. He was hospitalized for 28 days. During that time, he used his camera to record what he experienced in the hospital and posted his pictures on social media. He shared what he experienced at the time of Dr. Li’s death with a journalist:

The night when he saw the news of Dr. Li Wenliang’s death was the most difficult ten hours for Sun Yingchun in the Intensive Care Unit (ICU). He kept crying and couldn’t help it. The next morning, the doctor found that the oxygen level in his blood had dropped and became a little angry. “He saw that my eyes were red, so he asked what happened to me. I told the doctor that it was because of Li Wenliang.” The doctor also sighed.

Sun Yingchun said that he knew that negative emotions would have an impact on his sickness, but the emotions at that time were completely uncontrollable.

“I believe that everyone who cried for Li Wenliang that night was the same, not only for Li Wenliang, but also for themselves and for this society.”

Sun Yingchun has a student group of more than 100 members (on WeChat). On February 7, when Li Wenliang left, he first disclosed his situation in the Intensive Care Unit to the students, “I said that today I was not telling you that I was in the hospital, instead I want everyone to remember that today, a doctor named Li Wenliang left; I hope you can remember him.”

Some students asked him, “Professor, we are all confused. What should we do?” He wrote a message in the group: “I hope that when you are at school you can read really useful books, do really useful thinking, and write really useful papers; when you work in the future, do really useful things.”

On that day, Sun Yingchun asked several doctors and nurses: “If Li Wenliang were here, would his life have been saved?” Everyone told him: “Yes, definitely.” (Yi 2020)

Sun’s sentiments were shared by many Chinese people. At the time of Dr. Li’s death, China was experiencing the worst period in the pandemic. The new confirmed cases ranged from 2,652 to 3,694 that week, and the total number of confirmed cases reached 34,546 by February 7, 2020 (Tu zhuxi 2020). On social media, internet users witnessed the corruption, ineptitude, and inefficiency of the local governments and bureaucratic systems almost every day. Dr. Li’s death made Chinese people realize the seriousness of the COVID-19 virus along with the costs of misinformation and poor governance,
which thus triggered their anger. Just as Sun Yingchun said, many Chinese people cried that night, not only for Dr. Li Wenliang, but also for themselves and for the whole society. Despite their fear, anger, and sorrow, they were united to fight against the unknown coronavirus.

Memorialization of Dr. Li Wenliang as a Folk Hero

When examining grassroots agency in public health, we focus on the role of ordinary people in dealing with a public health crisis, echoing “the turn toward local knowledge” advocated by ordinary people at least since the 1950s (Goldstein 2015:127). Since the 1990s, as various disasters at the local, regional, national, and global level have spread, ordinary people and grassroots organizations, particularly in public health, environmentalism, and development, have used a combination of the ideas of lay people and experts to advocate for new forms of political participation and knowledge production (Goldstein 2015). In her book Folk Literati, Contested Tradition, and Heritage in Contemporary China: Incense Is Kept Burning, Ziying You (2020) examines grassroots agency in tradition making and heritage production, and presents the important role the folk literati play in continuing, transforming, and reproducing local beliefs within local communities in rural Shanxi, China, especially when facing disastrous political situations. In Minjian: The Rise of China’s Grassroots Intellectuals, Sebastian Veg (2019) presents the rise of grassroots intellectuals and how they have profoundly transformed China’s public culture since the 1989 democracy movement. Through case studies of amateur historians, independent documentarians, grassroots lawyers, and NGO workers, Veg documents how grassroots thinker-activists use their knowledge to deal with various complicated issues encountered by marginalized and underrepresented populations in contemporary China. Despite his groundbreaking transdisciplinary exploration, Veg neglects the important field of public health. Our research fills the gap in the existing scholarship about folk literati and grassroots intellectuals and contributes to the understanding of grassroots agency in responding to the COVID-19 outbreak in early 2020 in China.

Dr. Li Wenliang is known for challenging people to think more deeply about socio-political issues in the COVID-19 outbreak in China, and he perpetuated the historical role of the folk hero to speak truth to power and spark social change (D’Antuono 2014). In the national wave of memorialization in early 2020, Dr. Li Wenliang was widely extolled as a folk hero. The slogan “Heroes are not those who descend from the sky, but the ordinary people who bravely step forward” was shared widely on social media, and people used different ways to commemorate Dr. Li both online and offline. Dr. Li offered models of behavior both recognizable to ordinary people and adaptable to their situation in their country (Roberts 1989). Millions of Chinese internet users left posts on social media to commemorate Dr. Li from the late evening of February 6 to the early morning of February 7 local time. The top trending hashtags on Sina Weibo were “Dr. Li Wenliang died” and “We want freedom of speech.” But soon those hashtags were censored and deleted. One internet user left this message on Sina Weibo at 1:00 a.m. on February 7: “The whistleblower is dead, but we must protect the whistle. . . . We will remember him, and remember the whistle that he blew but disappeared. . . . At the next moment when it needs to be sounded, I still believe that
there will be someone who is not a hero, and s/he will blow it after struggling for a long time, or in a state of innocence. . . . I just hope that by then, the whistle will be heard” (Lu 2020).

On the evening of February 7, Wuhan residents launched an activity titled “I blew a whistle for Wuhan tonight,” where participants turned off all the lights in their homes between 8:55 p.m. and 9:00 p.m., after which they blew whistles and threw glitter outside their windows from 9:00 p.m. to 9:05 p.m. When mourning Dr. Li, the participants also mourned all those who died during the COVID-19 outbreak in China (RFI 2020). Some Wuhan residents also placed flowers and blew whistles at the hospital where Dr. Li had worked and died. Outside Wuhan, one man wrote the words “Farewell to Li Wenliang” on the snow-covered bank of the downtown Tonghui River in Beijing. After seeing these words, a Beijing resident even laid down directly on the right side of Dr. Li Wenliang’s name, making an exclamation mark with his body. The pictures were shared widely on Sina Weibo, and the images made many Chinese people cry. People posted various comments on the picture. One message said: “Some people covered it with snow, others shouted with snow.” Another asked, “Will it be forgotten as usual when the snow is melted?” (Yahoo News 2020). In addition, many people left messages in response to Li’s last post on Sina Weibo, some lamenting his death and some wishing him the best in heaven.

Most of our participants emphasized that Dr. Li was an ordinary person, like everyone else, but was forced to become a hero in an unprecedented time of crisis. Some saw themselves in Dr. Li and used the online memorialization to express their own feelings. XY in the United States narrated her experience in our interview on May 27:

I think this incident had a great impact on me at that time. It was mainly because I remember that on the day after his death, I also posted on Facebook. Anyway, I mainly said that it was full of sorrow and anger that day in China, in reality and online. Why? I think he was really just, possibly, a very good or ordinary doctor. He was just a man who was talkative, soon to be father of two children. He was such an ordinary man, but forced to become a hero by the current events. I feel, at that moment, that what he did originally was so ordinary, so reasonable, and so worthwhile, but he turned out to be a tragic hero. I think, you know, Galileo once said that “unhappy the land that is in need of heroes.” That’s how I felt at that moment. I think that he was originally one of us. I really feel like that part of us died when he died. . . . I think that everyone feels that he is really one of us. His death made everyone suddenly realize a kind of void. People realized a deep sorrow that your own voice could not be heard, and that your own voice could not be smoothly or freely conveyed.

XY’s comments echoed many other internet users’ sentiments. They commented on Dr. Li’s death to convey their own voice and express their own deep feelings. During the chaotic time when nobody in China was sure if they could survive the harsh winter of 2020, Dr. Li was like “the light” in the darkness that gave people hope. WML used this metaphor in our interview on May 18, 2020:

I think that everyone thinks that he is like a light which lightened the darkness of the epidemic in Wuhan at that time, right? People feel very grateful to him, very grateful that he sounded the alarm for everyone and reminded everyone to protect themselves
to avoid infection. He is just like us, very ordinary, but he has a loving heart. He has a heart that loves other people. In other words, he is very kind and willing to help others. Thus, everyone commemorates him. Putting ourselves in his shoes, maybe we cannot do what he did. Or, we may do what he did, but he was the one who did it. So, everyone commemorates him. Seeing his experience, we think that we might also encounter such situations. He makes us recall our own experiences. Generally speaking, I think people still love him very much. I regret that he died at such a young age. Especially when I saw his mother crying for her son, my tears could not stop.

In our interviews, several contributors cited what Dr. Li said to the media: “There shouldn’t be only one voice in a healthy society.” Participant C in the United States admitted that Dr. Li was an ordinary man in our interview on May 28, 2020, but she believed that he became a hero when he accepted to be interviewed by many media outlets, through which he expressed his ideas clearly in public. Among the eight whistleblowers, he was the only doctor who exposed himself in the media and criticized the wrongdoings of the authorities. Like numerous internet users, several participants expressed their regrets about what happened to Dr. Li. Participant C said, “If Chinese society were able to understand and tolerate different voices in the first place, not slamming the hat to ban the voices, maybe today’s Wuhan, today’s China, and today’s world would not be like this.”

Controversies about Dr. Li Wenliang’s Role during the COVID-19 Outbreak and the Goodnesses of Knowledge

Police officers admonished Dr. Li Wenliang because he was believed to have announced the “false statements” that there were “seven confirmed SARS cases” at the Huanan Seafood Market on social media and was thus accused of “spreading rumors” (Tan 2020). At that moment, some critics used this evidence to argue that Dr. Li Wenliang was an ophthalmologist, not an expert in epidemiology, and that he was wrong in distributing “false” information. In addition, some critics even argued that Dr. Li Wenliang was neither a hero nor a whistleblower because he “leaked” the important public health information without official permission. Also, he originally only intended to help his medical school classmates and their families, not the public (Tùzhuxì 2020). In response to these critiques, Z said that those who criticized Dr. Li had no empathy for the people who were affected by the new coronavirus, and they were not being rational in their assessment of reality. His comments raise a question on the issue of the goodnesses of knowledge and its production.

It is always a question whether knowledge is good, when the goal of its production is to faithfully represent an object as it is, especially when we consider that knowledge is often produced from different standpoints and positions. Knowledge is produced and enacted within particular social, cultural, and political contexts, and its interference in reality is inevitable. As Dutch anthropologist Annemarie Mol writes, “the new normative question therefore becomes which of these interferences are good ones. And then, does not draw its worth from living up to reality. What we should seek, instead,
are worthwhile ways of living with the real” (2002:158). Mol further writes: “The crucial philosophical question pertaining to reality was: how can we be sure? Now, after the turn to practice, we confront another question: how to live with doubt? . . . If faithful representations no longer hold the power to ground us, we may still seek positive interventions. Thus, instead of truth, goodness comes to the center of the stage. Or rather, not goodness, as if there were only one version of it, but goodesses” (2002:165–6). Mol’s analysis echoes Ulrich Beck’s conclusion about risk society. Every risk decision we face asks the similar question that “all manner of experts can never answer the question: how do we want to live?” (Beck 1999:12).

The COVID-19 pandemic affected almost everyone worldwide in 2020–2021. Though we still do not know enough about its long-term impacts on the world, it has dramatically increased the conflicts and tensions in almost all aspects of our societies. When examining the original outbreak of COVID-19 in Wuhan, we cannot use our current knowledge to evaluate what people’s thoughts and behaviors were at that early moment. In *The Body Multiple: Ontology in Medical Practice*, Mol (2002) examines conflicts between different interventions to atherosclerosis and argues that these conflicts are not resolved, but are handled through distribution into different sites. She writes: “Difference should be taken a lot more seriously . . . not as a pluralism that fragments society into isolated individuals, but as a tension that comes about inevitably from the fact that, somehow, we have to share the world. There need not be a single victor as soon as we do not manage to smooth all our differences away into consensus” (2002:114). As Mol emphasizes, goodesses come to the center of the stage when we face different medicine discourses, practices, and interventions. The key question is how we want to live with the reality in the time of crisis. In early 2020, it was only the millions of Chinese who struggled for survival. Now, by the time of this writing, this same challenge has been shared by many people worldwide. Different nation-states and communities have responded to the COVID-19 outbreaks differently, producing a wide range of outcomes and, thus, on-the-ground experiences of the pandemic. When some public intellectuals questioned the role of Dr. Li Wenliang, they forgot what it was like at the very beginning of the pandemic and the fact that Dr. Li’s decision to post the warning on social media saved so many people’s lives. One contributor in Wuhan commented on the dilemma between the truth and the goodesses during our interview on March 31, 2020, when he cited the words from a local official working on the ground in Wuhan:

He said something, and I think it was particularly wonderful. He said, “The truth, I know, and the lie, I also know. The most terrifying thing is that something said is neither true nor false, and I must verify it by myself. Especially when [the something] is beyond my professional knowledge, it will make me feel particularly desperate.” I think he said what I wanted to say. If some policies are true, I would know it. If some policies are false, I would know it too. But there is something that I could not evaluate by myself. As for this epidemic, its original causes, human-to-human transmission or not, I could not judge them. When in doubt, I chose to believe them in the early stage, so we did not protect ourselves enough. When it has evolved into this situation today, I can honestly say that I feel really, a little disappointed, or a little angry.
In early January 2020, some experts claimed that there was no clear evidence to prove human-to-human transmission, thus lots of people did not pay enough attention to the new virus and failed to adopt appropriate preventive measures. Participant C from Wuhan reflected on the early chaotic period in Wuhan and highlighted three key moments. First, on January 20, Zhong Nanshan, a prestigious respiratory expert and the head of the expert team of China’s National Health Commission, confirmed human-to-human transmission. Second, on January 23, Wuhan was locked down. And finally, starting February 17, Fangcang shelter hospitals were implemented to quarantine and treat patients with mild to moderate symptoms in Wuhan. C believed that the Fangcang shelter hospitals served to isolate patients from their families and communities so that human-to-human transmission was avoided. Establishing Fangcang shelter hospitals was the key strategy to improving the situation in Wuhan. C then said, “Sometimes I often wonder, if, on December 30 of last year [2019], the day when Dr. Li Wenliang’s WeChat screenshots were circulated, China had started to act in a timely manner, rather than neglecting and covering up the epidemic, would the situation of this epidemic have been different?” Numerous internet users asked the same question on social media. Some critics argued that it would not have changed anything because the Chinese government responded to this crisis within its own system and that the lockdown of Wuhan was a crucial step to dealing with the outbreak in China. Despite the debate, I think C’s question “opens up and keeps opened up the possibility that things might be done differently” (Mol 2020:164). When asking this question, C and numerous “ordinary” people expressed their beautiful feelings about what the goodesses are, and how we might live with the reality in a worthwhile way. In their imagination, if Dr. Li Wenliang’s voice and experts’ knowledge had been respected and appreciated earlier by authorities, and the government had adopted immediate measures instead of covering it up in early January 2020, the COVID-19 virus probably could have been contained in Wuhan immediately. It would not have spread outside of China, affected the whole world, and cost so many lives. However, history cannot be reversed, and the global pandemic was not prevented. By remembering Dr. Li Wenliang and reflecting on what happened in the early days, people have created their own narratives and records about the local history in Wuhan. By remembering what happened to Dr. Li Wenliang, they expressed their hopes that similar tragic events would never happen again in the future.

Any discussion of the politics of knowledge production in China has to start with the changes and continuities in the relationship between the Communist Party-State and literati/intellectuals (You 2020). By no means a homogeneous group, twentieth-century intellectuals attempt to combine vernacular traditions with Western knowledge to address the dilemmas they face concerning the mediation of freedom of thought and political structures (You 2020). During the Cultural Revolution (1966–1976), book-based knowledge was devalued, and intellectuals were repressed and regarded to be at the bottom of society. Since the reform and the opening-up polices starting in 1978, the politicization of intellectual lives has been reversed; intellectuals gradually regained their important role in society as the Party-State repudiated the earlier repression. Many intellectuals have since engaged in knowledge production and public activities actively, but their roles are still limited within the existing political
systems. After the democracy movement of 1989, intellectuals have become diversified and fragmented, and thus have engaged in different modes of knowledge production, action, and intervention. Veg argues that a new type of “grassroots intellectuals” has emerged, “breaking with the universalist, enlightenment paradigm of the 1980s as well as the older, traditional figure of the advising and dissenting literati” (Veg 2019:7). With a strong sense of social and cultural responsibility, they frequently work with marginalized groups and embrace anti-elitist rhetoric (Veg 2019). You (2020) emphasizes the continuities of “grassroots intellectuals” with traditional literati, and highlights their goal to maintain cultural continuities, “as expressed in the vernacular concept that ‘incense is kept burning’ (xianghuo buduan) in the face of the many tensions and ruptures associated with practicing local folk traditions, especially during periods of political upheaval” (You 2020:1). Just as Qiao Guoliang was sent to prison because he secretly practiced the annual ritual procession of “receiving aunties” during the Cultural Revolution (1966–1976), Dr. Li Wenliang warned people about the emergence of the new coronavirus without the approval of the Party-State and was subsequently reprimanded by police officers. Both “grassroots intellectuals” believed that they did the right thing for the people they cared about. Dr. Li Wenliang bravely stood out and accepted the interviews from many journalists in early February 2020, and he clearly expressed his ideas openly in public. He said that “a healthy society should not have just one voice” in an interview days before he died. After his death, this statement has been frequently cited by people who continue to memorialize him. As a grassroots intellectual, Dr. Li clashed with the Party-State during the COVID-19 outbreak, and the clash led to strict censorship and tight political control.

**Dr. Li Wenliang’s Global Impact, Heroism, and “Virtual Utopia”**

Although Dr. Li Wenliang was admonished, he has also been respected as a doctor, a professional, and a folk hero, not only among our research participants, but among many people in China and across the world. His death was reported worldwide, and on February 6, 2020, the World Health Organization posted on Twitter that it was “deeply saddened by the passing of Dr. Li Wenliang” and that “we all need to celebrate work that he did on #2019nCoV.” On February 18, *The Lancet* published his obituary and cited the comments of Tom Inglesby, the Director of the Center for Health Security at Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland:

> One of the world’s most important warning systems for a deadly new outbreak is a doctor’s or nurse’s recognition that some new disease is emerging and then sounding the alarm. . . . It takes intelligence and courage to step up and say something like that, even in the best of circumstances. . . . Rising doctors and nurses should remember Dr Li’s name for doing the right and brave thing for his community and the world, and should be encouraged to do the same if they are ever in a moment to make that kind of difference in the world. (Green 2020)

What motivated Dr. Li Wenliang to do extraordinary things in a time of crisis? Based on our participants’ comments, we conclude that it was his responsibility as a doctor
to save lives, and he was courageous enough to speak truth to power during a public health crisis. Heroism means different things across time, space, genders, and cultures. During the unprecedented COVID-19 pandemic, ordinary people, including essential workers and health care workers, became everyday heroes, and their good acts brought light to many people in the darkness. Many participants expressed their deep gratitude toward the selfless bravery of health care professionals who worked in the front lines, and regarded them as “soldiers” fighting a hard battle with an invisible enemy.

In Dr. Li’s obituary, Andrew Green emphasized that “Li’s death highlighted the impact of COVID-19 on health workers in China” (Green 2020). On February 24, 2020, the Chinese government announced that already 3,387 health workers in China had been infected by COVID-19 (CCTV News 2020). During the COVID-19 pandemic, health care workers have worked in the front lines all over the world and have been at a high risk for infection. A research team estimates that “front-line health-care workers had a twelvefold increase in risk of a positive test,” compared with that of the general public. In the UK and the United States, people of Black, Asian, and minority ethnic backgrounds were also at a higher risk of the COVID-19 infection (Nguyen et al. 2020:477–9). Health care workers have been considered to be heroes globally, and their sacrifices have been widely celebrated. Fortune magazine ranked Dr. Li as No. 1 in the “World’s 25 Greatest Leaders: Heroes of the Pandemic.” The magazine article states that: “if the pandemic has a face, it’s the mask-clad visage of Dr. Li” (Fortune 2020).

Dr. Li’s final post on Sina Weibo has become “a living memorial, where users flock to post messages and celebrate his life” (Fortune 2020). These posts are anonymous, and they express secretive but ordinary people’s true experiences, emotions, and reflections. Some contributors have called it a “tree hole,” a place where one could tell a secret without worrying about it leaking out, because the “tree hole” could not talk, and it would never share the secret with other people. This idea of “tree hole” echoes the scholarship in digital folklore about online spaces that create opportunities for anonymous discourses so that people can express things that they might not discuss in real life and in other spaces. Internet users benefit from expressing themselves truthfully in an anonymous way, and the anonymity creates a liminal space where people feel safe and secure to tell secrets and speak truths (Blank 2009; Sebba-Elran 2021). Some call this “tree hole” China’s digital “Wailing Wall,” “a reference to the Western Wall in Jerusalem where people leave written prayers in the cracks” (Yuan 2020). More than 1 million posts have been added under Dr. Li’s last message on Sina Weibo within 3 months since his death, and participant C called this space “virtual utopia.” When commenting on this extraordinary online social media phenomenon, C said:

I think it’s very good. On the one hand, Li Wenliang had no chance to see the big world again. Netizens show him and tell him [of the world], which I think is also a kind of comfort. On the other hand, he has become a symbol of people’s psychological sustenance, a tree hole to confide their inner words. I read some [posts] on Weibo. It is very rare that the netizens there are very peaceful and barely attack each other vehemently. It is extremely rare. [Among the posts there formed] a loose alliance
across time, space, and national boundaries in the virtual space. It is a very beautiful virtual utopia. Especially in today’s messy cyberspace, and in the space where all aspects of contradictions are extremely sharp during the pandemic, it is very rare to have such a beautiful virtual utopia.

C’s concept of “virtual utopia” is insightful, as it distinguishes our understanding of the liminal virtual space created under Li Wenliang’s last post on Sina Weibo from the popular discourses of interpreting it as “the tree hole” and “the wailing wall.” In the pandemic, Chinese internet users often violently and aggressively attack those they disagree with online; people have been sharply divided with different opinions and standpoints, and there is hardly any common ground on which to reach a consensus. Fortunately, netizens form the “beautiful virtual utopia” when they commemorate Dr. Li Wenliang’s death together.

What an ideal world, or “utopia,” is, has been depicted differently in numerous strands of thought in Chinese history. For instance, the Confucian idea of “Great Unity” (Datong) was described in the Record of Rites (Liji); the concept of “Great Peace” (Taiping) was reflected in the Daoist Scripture of Great Peace (Taiping jing) that possibly dates to the later Han dynasty (AD 25–220); in Buddhism, Pure Lands were the place where those of great merits could sojourn (Wooldridge 2015:7–8). In times of crises in China, especially with political chaos and economic degradation, various social actors have conceptualized different utopian visions and have even used construction projects and ritual practices to realize those visions and establish a new social and cultural order. Commemorating the dead is sometimes one of the most important social activities in the process of realizing a virtue-focused vision of social harmony (Wooldridge 2015). During the COVID-19 outbreak, Chinese internet users created this special “virtual utopia” to commemorate their beloved folk hero, reveal their own sorrow and sadness anonymously, commit acts of goodness, and support one another. Because all the posts and comments are anonymous, internet users do not have to worry that their comments are being censored or attributed to them. By building the “virtual utopia” on Dr. Li’s final Sina Weibo post, they grieved and sought solace, helping each other get through the crisis and recover together.

In the book Utopia and Utopianism in the Contemporary Chinese Context: Texts, Ideas, Spaces (Wang, Leung, and Zhang 2020), a group of interdisciplinary intellectuals demonstrate the extent to which utopianism has shaped political thought, cultural imaginaries, and social engagement in contemporary China. They illustrate how the pursuit of utopia has led to action—such as the Chinese Revolution and the Umbrella Movement—and contested consequences within particular contexts. Although they show how profoundly utopian ideas have impacted the thought of key political leaders and intellectuals from the late Qing up to the present, they have paid little attention to the construction of a virtual utopian world by ordinary people in their everyday lives. Our research has grounded the utopian idea in the complicated daily realities when people all over the world faced the COVID-19 pandemic in 2020–2021.

As COVID-19 had killed 3,759,138 people worldwide by 10:50 a.m., June 10, 2021, each country had its unique way of mourning the losses and dealing with the trauma. During the lockdowns in the early months of 2020 in China, when people could not
attend any social gatherings, they created a type of community using the “virtual utopia” to express their grief, sorrow, frustration, and hope with Dr. Li Wenliang, the “hero” they trusted and loved. In this virtual space, some people simply came regularly to say “good morning” and “good night.” Some shared their experiences of falling in love, falling out of love, or getting divorced. Some shared photos of red cherries or fried chicken drumsticks, Dr. Li’s favorite foods. They told him how the pandemic had spread to every corner of the world, and how China and the United States were engaging in reckless and meaningless diplomatic squabbles. Despite the chaos of their real lives, they went to Dr. Li’s final Sina Weibo post to take a break and write down their thoughts under the post. They did not attack each other but left digital hugs and encouragement to support each other. The “virtual utopia” has become “a refuge” for traumatized people (Yuan 2020) and a place to heal. On February 18, 2020, ZJP in Wuhan commented about this phenomenon: “I feel quite touched. To tell the truth, we have so many lovely people. I am really touched. . . . I think this should bring some comfort to Dr. Li’s wife. At least after reading these messages, as his wife or children, when his children grow up, they would know that many people still remember him.”

On June 12, 2020, Dr. Li Wenliang’s second son was born. His widowed wife Fu Xuejie shared a picture of the boy on WeChat and wrote, “Husband, can you see this from heaven? You have given me your final gift today. I will of course love and protect them.” Floods of messages were left on social media to welcome the baby boy to the world, with some internet users “wishing him happiness forever.” One internet user posted: “I feel like crying as people have not forgotten him. This is the best news of the day for me.” Another wrote: “We hope this child will carry on the spirit of Dr. Li and be a good man” (Chen 2020).

Many people see Dr. Li Wenliang as both an ordinary person wronged by the authorities and a hero who spoke truth to power. By mourning Dr. Li together, ordinary people united to fight for social justice and righteousness and to recognize Dr. Li’s role during the COVID-19 outbreak. In response to public advocacy, Dr. Li Wenliang was officially honored on April 2, 2020, as a “martyr” by the Hubei provincial government with 13 other “martyrs,” mostly physicians who died from the COVID-19 virus (Xinhua News 2020c). On April 20, Dr. Li was awarded the May 4th Medal, with 33 other people, by the Central Committee of the Communist Youth League and the China Youth Federation (Global Times 2020). This medal marks the recognition of Dr. Li’s role and influence by the state. In addition, the Chinese government sent a special team to investigate the death of Dr. Li, and it concluded on March 19 that the police station’s summoning of Dr. Li for “spreading fake information on the internet” was not appropriate. Wuhan police withdrew the reprimand order against Li and apologized to his family, and two police officers who asked Dr. Li to sign the reprimand letter were punished for dereliction of duty (Xinhua News 2020b). Internet users shared the news with Dr. Li on his Sina Weibo and expressed their anger that only two police officers had been punished. Some believed that the police were acting on orders from above.

March 26, 2020, was the 49th day after Dr. Li’s death, and the day when Wuhan residents were allowed to take back the ashes of their loved ones. Many Chinese people believe that it is the day—the seventh day of the seventh week—when a person’s soul
finally leaves the body to be reincarnated as a newborn. On that day, some left the following messages on Dr. Li’s Weibo:

@在我最美的流年里遇见你: Dr. Li, some comments said that you have probably been reborn as a baby by now. If you’re reincarnated, I hope you’ll be a good-looking baby.

@揭帝波若: Has it been 49 days? I feel that you’re looking upon this world gently and wishing us the best. Please take good care of yourself. You’re not allowed to be so sick again.

@自观的猫咪: Dr. Li, did your family go to pick up your ashes? Miss you, and thanks again.

@去年夏天: Dr. Li, why were the Weibo posts about taking back loved ones’ ashes deleted? Have we learned nothing from this outbreak? What would you say?

@悲伤与理性: It seems that another doctor in your hospital died today. How can the people in power sit so securely? (Yuan 2020)

The internet users simply came to see Dr. Li in this “virtual utopia” and said what they wanted to say. XY said: “I think that everyone feels that he is really one of us. His death made everyone suddenly realize the emptiness and also the sorrow when your own voice could not be heard, and when your own voice could not be fluently or freely conveyed. At this time, such a wailing wall or a tree hole was spontaneously formed.” Dr. Li’s death has made many Chinese people claim their active agency in seeking social justice and fighting against the novel coronavirus. They follow the experts’ advice to stay at home to avoid risk and mitigate the spread of the virus whenever necessary. They patiently insist on wearing masks, keeping social distance, and adopting other important preventive measures. Meanwhile, they celebrate their own peers as heroes and support each other to cope with the unprecedented public health crisis. Like Dr. Li Wenliang, these ordinary people have become the everyday heroes of the pandemic and have helped contain the novel coronavirus in China.

China’s Response to the COVID-19 Outbreak in Contrast with the West’s Response

In The Wake-Up Call: Why the Pandemic Has Exposed the Weakness of the West, and How to Fix It, John Micklethwait and Adrian Wooldridge (2020) argue that COVID-19 was supposed to be China’s Chernobyl, but it has ended up looking more like the West’s Waterloo. They decry excessive regulation that stifles innovation as well as a political culture driven by lawyers, as in the United States, rather than by scientists and engineers, as in China. Despite its initial inefficient response, China has borrowed successful strategies from other countries and developed a functional system to deal with the pandemic. The Chinese trust in doctors and scientists, and their mobilization of the citizenry to cooperate with safety measures have contributed to their success in containing the COVID-19 virus.
After the mismanagement of the initial epidemic and its spread to the world, the Chinese government instituted a mandatory quarantine to prevent people from travelling and spreading the disease from place to place. With measures of both coercion and persuasion, the Chinese government mobilized its top-down, powerful political system to reach deep into the broadest swath of the population, in what the country’s president Xi Jinping has called a “people’s war” against the pandemic. As a result, China has done what many other countries could not or did not want to do (Myers and Bradsher 2021). When facing the dilemma between the collective well-being and individual freedoms, the Chinese central government persuaded its citizens to sacrifice personal interests for the benefit of all, and it elicited a sense of patriotism, duty, and self-sacrifice among its people. The government also tried to fix the broken health care system and covered all the fees for COVID-19 patients. China reinvented its public health system after the SARS epidemic in 2003, and transformed it from a grassroots and low-technology approach to a globally oriented, bio-medicalized, and professionalized one (Mason 2016). Although China transformed its medical system from the former Soviet Union's style to the American Centers for Disease Control and Prevention [CDC] model in the post-SARS reform, the government did not abandon the socialist public health system completely. During the lockdown of Wuhan, about 42,600 medical professionals in different provinces were recruited to work in the hospitals in Wuhan, and they played crucial roles in containing the COVID-19 virus. The government invested a large amount of funding into the public health system, helped medical professionals establish their authority in dealing with the public health crisis, and used its existing strong political organization to implement public health policies. The government also improved its early warning systems and responded quickly when the COVID-19 virus surged again in Beijing in June 2020, in Xinjiang in July 2020, and in Hebei, Heilongjiang, Jilin, and other regions in late 2020. China's current public health response to the COVID-19 pandemic has surpassed that of most countries, with an enviable level of real-time surveillance and an accountability system more easily implemented in its political system.

China has used its success to advance its soft power worldwide. When the COVID-19 virus was contained in early March 2020, the Chinese government provided aid and sent medical expert teams to those countries that currently suffered from the outbreak. Participant Dr. Xu Yonghao is an internist with the First Affiliated Hospital of Guangzhou Medical University in south China. In June 2019, he was sent to Nyingchi in southwest China’s Tibet Autonomous Region to provide medical assistance. During the COVID-19 outbreak, he returned to Guangzhou to join the fight on January 25, the first day of the Chinese New Year. On March 7, Dr. Xu joined the medical expert team organized by the Red Cross Society of China and flew to Iraq to assist the country with its fight against COVID-19. His team worked for 50 days in Iraq and returned to China on April 27, 2020. During our interview on June 16, 2020, Dr. Xu said that the main task of the medical team was to provide guidance for preventing and controlling the pandemic in Iraq. The team often communicated with Iraqi officials and medical professionals from the Ministry of Health, various health bureaus, and some hospitals, and instructed them on how to wear masks, minimize
contact, and reduce people’s mobility. They also helped hospitals prepare for more beds, and shared their experience of building Fangcang shelter hospitals and treating COVID-19 patients.

When reflecting on his personal experience, Dr. Xu felt proud that China had mobilized a large number of medical professionals to support any place in need of assistance and had resumed the mass manufacture of medical and protective materials in a very short time. Chinese officials also made people follow the nation’s policies to prevent and control the pandemic, and thus safeguarded the lives and health of its citizens. Personally, Dr. Xu felt very safe in China, and he said that the frontline health care workers, including him, paid close attention to preventive measures and thus protected themselves very well. He said that his mission was to “rescue the dying and heal the wounded,” and he would go wherever he was needed, no matter whether it was in China or abroad.

**Conclusion**

In this article, we draw on 33 interviews and our review of social media to illustrate the impact of Dr. Li Wenliang and the grassroots agency of ordinary people in coping with the COVID-19 outbreak in 2020. Dr. Li Wenliang’s stories and ordinary people’s voices are often neglected by the official media in China. For instance, on June 7, 2020, China’s State Council Information Office published a white paper titled “Fighting COVID-19: China in Action,” declaring China’s victory in the battle with the new coronavirus and portraying its approach as a model for the world. The report said: “Confronted by this virus, the Chinese people have joined together as one and united their efforts. . . . They have succeeded in containing the spread of the virus. In this battle, China will always stand together with other countries” (Xinhua News 2020a). In this report, there is no evidence of the political and bureaucratic problems that exacerbated the crisis when it first emerged in Wuhan, and there is no mention of Dr. Li Wenliang. Despite this neglect, ordinary people keep remembering Dr. Li Wenliang and building graves in their hearts. By creating the “virtual utopia” online, they support each other to go through the unprecedented crisis together and heal together. In the process, they are making their own history during the global pandemic.

On October 13, 2020, Thomas L. Friedman published an article “China Got Better. We Got Sicker. Thanks, Trump” in the New York Times. He wrote: “A pandemic that began in Wuhan, and, for now, has been contained in China, is still rampaging through America’s economy and citizenry—even though we saw the whole thing coming.” He further wrote: “Until now. This time we never pulled together to rise to the COVID challenge. . . . In part, it’s because we have a uniquely individualistic culture, a highly fragmented local-state-federal power-sharing system, a frail public health system, a divided body politic, a Republican Party whose business model has long been to cripple Washington, and so many people getting their news from social networks that amplify conspiracy theories and destroy truth and trust” (Friedman 2020). When facing this pandemic, people in China followed the experts’ advice and fought together, whereas the pandemic has divided American citizens and damaged truth and trust.
The COVID-19 pandemic has changed people’s lives profoundly, and it is hard to know what its long-lasting impacts will be because so many have lost their lives and because of the exaggerated inequities across race, gender, nation, and class. The COVID-19 pandemic has been compared to the Spanish flu of 1918 in the media (TED Radio Hour 2020). The Spanish flu infected 500 million people, and there were four waves between March 1918 and March 1920. It killed 50–100 million people, with the majority of deaths occurring in the 13 weeks between mid-September and mid-December 1918 (Spinney 2017). In contrast, the COVID-19 pandemic has affected almost everyone in the world in a very short time, in large part because of increased mobility and travel. By 11:08 a.m. (Eastern Standard Time, United States), June 10, 2021, there were 174,490,605 global confirmed cases and 3,759,138 global deaths. In the United States alone—one of the most deeply affected countries—there were 33,415,062 confirmed cases and 598,318 deaths. Experts predict that this global pandemic might continue as long as into 2024 (Kissler et al. 2020). Human beings need to work together to go through this crisis and build a more equitable and inclusive society both during and after the pandemic. Kate Parker Horigan (2018) advocates for the active agency of disaster survivors in their own storytelling and in their own recovery. Similarly, we recognize ordinary people to be heroes of the pandemic and have helped them record their stories, and by doing so, our research has also become a part of the ongoing history-making.

The memorials for Dr. Li Wenliang provide arenas in which politics, social media, the construction of history, traumatic death, and mourning in virtual space all come together. These memorializations are not only the articulation of grief and sorrow, but also the call for social change from those at the grassroots level. By the act of memorializing death online, Chinese internet users have asked for social change “not only to commemorate or to protest, but also to find an answer, to seek an understanding of what has happened, to ask for responsibilities, or to demand changes” (Margry and Sánchez-Cárretero 2011:3).

In the global pandemic, top-down political control is used to implement the quarantine, mask-wearing, social distancing, and other public health policies in China and other countries, thus embodying the government’s promise to save lives and protect the population. In the process, the responses to COVID-19 outbreaks are managed under regimes of authority over knowledge, power, and the processes of subjectivation. Despite political control, ordinary people still exert important agency in coping with the pandemic and find creative ways to express themselves and form online communities to support each other to go through the crisis together. By advocating for grassroots agency in public health, the goal of this research is to contribute to public health and social justice efforts and to develop better strategies to respond to public health crises in the future.

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Notes

1. There are controversies about whether Dr. Li Wenliang should be counted as one of the eight whistleblowers who were admonished by the police on January 1, 2020. Dr. Li was reprimanded by police on January 3, 2020. Currently, the news about the admonishment of the eight whistleblowers has been deleted, and we could not track any information about them.


3. WeChat is a Chinese multi-purpose messaging, social media, and mobile payment application developed by Tencent. It resembles a combination of Facebook and Twitter. WeChat provides a variety of functions, such as sharing moments, text and voice messaging, group messaging, voice and video calling, location sharing, and so on. It was first released in 2011 and has been widely used by Chinese people all over the world.


6. Wuchang City is Wuhan City.


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