

## INTERVIEW

### Interview with Dr. WANG Yu (Director, Chinese Center for Disease Control and Prevention)

王宇博士(中国疾病预防控制中心主任)

By Dr. Chiu-fang Chou

周秋芳博士

Dr. WANG Yu graduated from Beijing Medical University in 1982. He continued onto his graduate study at the Institute of Hepatology, Beijing Medical University from 1983 to 1989 and received his Master's and Doctorate of Medicine during this period. From 1991 to 1993, he studied at the Jichi Medical School in Japan and received a Ph.D. degree in Preventive Medicine. In 1999, He completed Master of Business Economics program from the Chinese Academy of Social Sciences. Starting in 1985, he had been an assistant professor, associate professor, professor, deputy director and director of the Institute of Hepatology in Beijing Medical University, specializing on hepatology and viral molecular biology. Dr. Wang had participated in and chaired a number of national scientific and technological projects and programs, such as the Natural Science Foundation of China. He served as a committee member of the Chinese Medical Association and vice chairman of the Medical Virology Branch of the Chinese Medical Association. Since 1996, he had served as the Executive Vice-Director and Director of the Office of Scientific Research in Beijing Medical University, and Deputy Dean, School of Medicine, Peking University. From 2000 to 2003, he was appointed Deputy Director of the Center for Biological Engineering and Development, China Ministry of Science and Technology. From 2003 to 2004, he was Deputy Director of the Office of Rural and Social Development at the Ministry of Science and Technology. In June 2004, he was appointed as the Director of Chinese Center for Disease Control and Prevention under the Ministry of Health, China.



Dr. Wang was invited to have a phone interview with the China Health Policy and Management Society in August. The interview was conducted by Dr. Chiu-fang Chou on September 8, 2012. Drs. Zhuo (Adam) Chen and Zheng Li from CHPAMS also participated in the interview. CHPAMS acknowledges help from Ms. Doris Wang, Mr. Lin Wang, and Ms. Xuhong Ding in facilitating the interview.

王宇博士 1982 年毕业于北京医科大学基础医学系，1983 年至 1989 年北京医科大学肝病研究所攻读研究生，获医学硕士、博士(MD) 学位。1991 年至 1993 年日本自治医科大学预防生态学系留学，获理学博士学位(Ph.D)。1997 年至 1999 年中国社会科学院研究生院商业经济硕士结业。1985 年起北京医科大学肝病研究所助理研究员、副研究员、研究员、副所长、所长。学术专业为内科肝病，病毒分子生物学。自“六五”计划起，先后参加和主持多项国家科技攻关、“863”、“973”及自然科学基金、北京市重大科技项目。学术兼职中华医学会理事会学术工作委员会委员，中华医学会医学病毒学分会副主任委员等。1996 年起先后任北京医科大学科研处常务副处长、处长、副校长，北京大学医学部副主任。2000 年至 2003 年任科技部中国生物工程开发中心副主任。2003 年至 2004 年任科技部农村与社会发展司副司长。2004 年 6 月任卫生部中国疾病预防控制中心主任。

王宇主任应邀于 2012 年九月八日和中国卫生政策与管理学会周秋芳博士进行了电话访谈。陈茁博士及李峥博士也参与了访谈。中国卫生政策与管理学会感谢王晓琪女士，王林主任，及丁旭虹女士协助安排访谈。

## 1. Education and Work Experience

### 教育和工作经历

Chiu-fang: What made you choose medicine as your career, and why did you select hepatology as your specialty?

周秋芳博士：您在 1989 年取得北京医科大学的博士学位，是什么原因促使您选择医学作为自己的职业？另外在各学科中您为什么选取肝病做为研究方向？

Dr. Wang: After graduated from high school, I worked for three years at a printing factory, because of the social structure at the time. In the first year when China resumed the College Entrance Examination, I took the exam and was accepted into the Beijing Medical University (now Peking University Health Science Center), thanks to my high school teachers for my solid academic foundation. I chose medicine as my career because of the influence from the society and idealism, and also because I had always been interested in health, health care, medicine and traditional Chinese medicine. Therefore, stepping out of a printing factory, I became a college student in a medical school.

After a few years in the medical school, I chose hepatology as my specialty again because of needs of the society and the profession. Hepatitis was a big problem in China at that time. In addition, I was very interested in immunology when I was in Beijing Medical University, and I recognized the importance of immunity in regulating human body's functioning, so I decided to focus my research on hepatitis virus.

王宇主任：因时代背景的关系，我当时是作为一位印刷工厂的工人考进大学的。我在印刷工厂工作不到三年时，国家恢复第一届高考。感谢高中老师的教导，我没有忘记高中学的基础，所以我顺利被北医大(现北大医学部)录取。选择医学是因为社会及理想主义的影响，又是因为喜爱健康，医疗，医学及中医。因此我从一位社会工人变成了医学系的大学生。

选择肝病做为研究领域，也是基于社会因素及专业学习需要的原因。当时肝炎是中国的一大问题。另外，我大学期间对免疫学很有兴趣，认识到免疫功能对调节人体的重要性，所以我就选择了进行肝炎病毒的研究。

Chiu-fang: After graduation, how did you find the opportunity to study abroad in Japan? While studying in the Jichi Medical School from 1991 to 1993, how did you adapt to the life as an overseas student? How did the several years of overseas study in Japan influence your career and life?

周秋芳博士：毕业之后您是如何争取到到日本留学的机会？在 1991 年至 1993 年在日本自治医科大学预防生态学系留学期间，您是怎么适应当时的海外学生生活？这几年的日本留学期间对您今后的职业生涯及人生有哪些影响？

Dr. Wang: China and Japan have a long and active history of medical exchange. My professor specializing in liver disease prevention was in close contact with his Japanese academic peers at the time, so I had many communications with Japanese experts when I was in graduate school. Plus China provided scholarship for studying abroad in many different countries, such as Japan, the United States, Australia and others, so I went to study in Japan with the support from the Chinese government.

Three years of study in Japan had a profound influence on me. At that time, there were few students from China and other Asian countries in the school, and professors had very good relationship with students. I got to know Japanese people, culture and society, in addition to Japanese language, which I think is better than my English. I also learned Japanese's attitudes towards study and research, witnessed their rigorous and serious demeanor, and recognized their hardworking and spirit of self-reliance. I worked in the lab for 365 days a year without a break, and only one or two days of rest in the New Year holiday break. Everyone was working around the clock in the lab, and our self-study and rigorous attitudes manifested in my academic research and in my life. I also completed a doctorate within a short period of time, and this experience led to my rigorous attitude towards work and scientific research.

王宇主任：在医学交流上，中日有很长的历史且非常活跃。当时肝病防治的老师与日本有很好的关系，在学习的过程中与日本专家的交流接触很多。在加上当时国家支持公费留学到不同的国家如日本，美国，澳大利亚等地方留学，所以我以公费留学生的身份去日本留学。

当时在日本留学时，学校里的大陆及亚洲学生很少，所以教授们与同学的关系都很好。同学也都溶入了当地的生活习惯及工作学习态度。在日本的三年留学期间对我的影响很大。在日本社会中与日本人接触较多，对他们的社会基础了解也较多。我觉得我的日语能力较英文能力好。我在日本也了解到日本人的学习态度，也看到他们处事的严谨，严肃的态度，更认识到他们刻苦自力的精神。当时我在实验室中，365天是没有休息的，只有在新年中休息一或二天。大家都是日以继夜在实验室中工作，大家的自学及严谨的态度都表现在研究学术及生活上。我也在短短的时间内完成了博士学位，这段经历也造成日后我在工作态度及科学精神上的严格要求。

Chiu-fang: Can you talk about how you felt when you took over as the director of the China CDC in 2004?

周秋芳博士：可不可以谈谈您在 2004 当时接任中国 CDC 主任的心情？

Dr. Wang: At that time, I did not have any preparation in my mind at all because I was appointed to that position. After taking on the duty, I realized that it was a huge challenge as I could not expect what would be happening later on. Prior to this, I had been working on biochemical research development, and I had not managed on a macro scale, so it was a challenge. However, it was very helpful with the trust from the leadership and support from colleagues at the China CDC and those from the provincial, city and county CDCs. We often say that "the CDCs in the whole world are a family", because our work needs everyone's cooperation, which is different from the work in the hospital. Eight to ten years of work experiences at the China CDC, for me, are very meaningful, because I followed the development of the country and contributed to China's public health.

王宇主任：当时因工作关系由组织决定，我没有任何的思想准备。接下这个工作后，我觉得这是一个巨大的挑战，因为不知道接下后会成什么样。由于我在此之前一直是作生化研究研发，没有作过如此大的宏观的群体工作，当时觉得是挑战。但领导的信任及国家疾控中心及省市县同行的支持对我的工作帮助很大。我们常说“天下疾控是一家”，因为我们的工作需要大家的合作，这与医院的工作是不同的。这八到十年多的工作对我来讲是非常有意义的，因为我跟着国家的发展作公共卫生的工作。

## 2. The decade at China CDC

### 疾控十年

Chiu-fang: 2012 is the tenth anniversary since China Center for Disease Control and Prevention was officially established. The accomplishments of China CDC are widely recognized. What do you think are the most outstanding achievements in the past decade and what should be the focus of future development?

周秋芳博士：2012 年是中国疾病预防控制中心正式组建成立十週年庆，中国疾病预防控制中心工作绩效显著是有目共睹，您认为过去十年中突出的成就和发展的重点工作是什么？

Dr. Wang: This is an important question. The basic characteristic of the China CDC is the renewed focus of "Prevention First", which is what the Chinese government has been advocating. During the emergency of the SARS epidemic, the importance of China CDC was abruptly raised to a new level. During the past decade, disease prevention and public health have received significant support from the Chinese government and especially, have been recognized by the society and the public.

After the establishment of the People's Republic of China, we used to have a good prevention framework. Unfortunately, it was weakened and ignored during the rapid development of the economic and social system. During the SARS epidemic, disease prevention demonstrated its importance. Chinese people realized that public health is closely related to the basic social structure and function, and that the defense of public health is one of the most basic conditions for the protection of the people. With such understanding, we received consensus and attention from the nation, provinces, cities and counties, so our prevention efforts can be successfully implemented.

王宇主任：这是一个重要的问题，中国 CDC 的基本特点是中国政府一直倡导的以预防为主的延续。中国 CDC 在非典的紧急情况下在原来的水平上一下子跃升到更大的层面。这十年来的疾病防治控制及公共卫生健康上得到政府高度重视与支持，特别是得到社会的认可及共识。

自建国以来，我们有过很好的防疫工作，但在经济及社会快速发展下，这体系被淡忘和忽略。在非典期间，防疫又体现出它的重要性。这让大家认识到社会最基本的结构及功能与民众健康息息相关，保卫健康是保障人民最基本的条件之一。有此认识后，我们得到了国家，省，市及县的共识与重视，所以工作能顺利开展。

Chiu-fang: What are the mid-term and long-term goals of the China CDC? How to achieve these goals?

周秋芳博士：未来中国疾病预防控制中心正的中期和长期目标是什么？将如何实现这些目标呢？

Dr. Wang: Ten-year is a long time for most people; however, from the perspective of social development, it is a very short period of time. During the past decade, in my opinion, we have built a basic public health framework, and we have only positioned disease control and prevention and public health in the government's public service system. The public have had a preliminary understanding towards our disease prevention and control institutions, for example, people recognize that specific infectious diseases, emergencies and chronic disease prevention and control should be handled by the CDC.

Next, we will need to focus on standardizing and continuously improving the public health system. Despite of the platform developed in the last decade, the disease prevention and control system in China still lacks standardization and systematization, compared with that of clinical medicine, which has hundreds of years of history and has developed into a standardized systematic discipline. In contrast, our disease prevention and control system has a long way to go on aspects like framework, infrastructure, mechanism, implementation, as well as the human resource development and distribution. Now that we have already known public health's social function and social positioning, how to make it a more perfect system is what China CDC will focus on in the next period.

王宇主任：人们通常认为十年是很长的时间，但从社会发展角度来看，十年是一段很短的时间。过去十年，依我看来我们搭起了基本框架，疾病防治及公共卫生在政府公共服务体系里的定位才刚成型。大家对疾病预防控制的机构有了初步的认识，社会上达到了一定的共识，比如说专业的传染病，突发事件及慢性病的防治都是由疾病控制队伍来处理。

接下来，最重要的是对体系进行规范化的建设，继续发展提高中国的实力。中国 CDC 虽有十年的发展平台，但疾病预防控制体系与临床医学来比较，从规范化到系统化，都差得很远。临床医学在世界上已有几百年的历史，也成为规范体系，很有系统。但疾病预防控制体系在框架上，机制上，运行上，定位上，包括人力资源队伍建设和配置，都与临床医学差得很远。现在我们已经知道它的社会功能及社会定位，但怎样让它成为更加完善的体系是中国 CDC 接下来要作的事。

Chiu-fang: What are the major international collaborative projects of Chinese CDC? Are there any collaborative or exchange projects with disease control agencies in other countries (such as the U.S. CDC)?

周秋芳博士：中国的 CDC 与国际合作的重大合作项目有那些？中国 CDC 和其他国家疾病控制部门（如美国 CDC）未来有什么合作交流项目？

Dr. Wang: Global health is the health issues and challenges need to be addressed by the entire world, which requires global cooperation. Infectious disease has no borders. Chronic disease prevention also requires global collaboration. On the other hand, in recent decades, China has had many great public health accomplishments with a modest investment, a huge population and an under-developed economy. China's experience could be adapted by other developing countries for their use. Globalized and undergoing reform, China should actively consider, explore and implement the appropriate means to introduce our experience to other developing countries, such as on vaccination and cholera prevention. Many diseases are under well control in China, but outbreaks still occur in other development countries, so we can provide our success stories for them.

In addition, the Chinese experts of disease prevention should also gain more global experience. We must step outside to understand the international public health, and get a better knowledge of the current development of public health and prevention in other countries. Only participating in international conferences and regular research is not enough to understand the social system and disease prevention in other countries, and the common international practices. If we don't understand the practices, it's impossible for us to communicate and discuss with experts from other countries. The US CDC has 9,000 to 10,000 employees and contractors, many of them have working experience in developing countries, ranging from one year to as many as eight years. And many experts stationed in China CDC from U.S. CDC have the same qualification.

In contrast, many of our experts had no experience working in the developing world until last year. Hence we should be more active in addressing globalization. Since last year (2011), we have collaborated with the World Health Organization, the U.S. CDC to send disease prevention experts to help Ethiopia and Namibia with planned immunization. Since the second half of last year (2011) until this year (2012), we have two groups of experts in Pakistan developing a program of immunization, with 10 experts from the China CDC and provincial CDCs implementing projects with the WHO team across Pakistan. In addition, we have a group in Cambodia to help eradicate the enterovirus-71 infection, provide reagents for children Hand Foot Mouth Disease and teach local staff members to screen for the virus.

We are very actively participating in global health efforts; with frequent international exchanges. Our experts go abroad to attend international conferences, and foreign experts visit to China CDC on every basis. Each year, we have more than 300 groups leaving abroad for exchange and study, and more than two hundred groups of visiting foreign experts.

王宇主任：全球卫生是全球共同面对的健康问题及挑战，要全球共同面对解决。传染病是没有国界的，是向全世界传染的。慢性病也要全球共同来应对，这都是全球共识基础。另一方面，中国在近几十年中，在投入少，面对众多人口及相对经济落后的条件下，取得出色且辉煌的公共卫生效果，中国很多很好的经验适合发展中国家借鉴。如何将此经验介绍给发展中国家是我们身为国际化改革开放的中国应该要积极考虑，探索及实施的，比如有效控制疫苗可控制疾病的蔓延，或采取公共措施防止某些特殊疾病，如霍乱。这些疾病在中国已控制得很好，但在其他国家仍时有爆发的情况，所以我们可以提供很好的经验给他们。

另外中国疾病预防专家也要国际化。我们要走出去了解国际公共卫生，更深入了解卫生预防的现状。仅限于参加国际学术会议和一般的调研考查是没有办法了解其它国家社会体系及疾病预防的状况，包括国际常用规则。如果我们不了解国际规则及惯例，我们就没有办法与他们沟通，进行讨论了解。美国 CDC 有 9 千人到上万职员。大部份专家都有在发展中国家工作的经验，少则一二年，多则七八年。很多到中国 CDC 的美国 CDC 专家都有此经历。

相比之下，去年以前，我们的专家都没有在发展中国家待过的经验。所以我们也应该积极地面向国际。去年(2011)开始，我们与世界卫生组织，美国 CDC 联手向非洲国家派出疾病预防专家去帮助埃塞俄比亚及那米比亚开展关于计划免疫的工作。去年后半年(2011)及今年(2012)，我们开始有两批专家去巴基斯坦去发展计划免疫的工作，目前从中国 CDC 及省 CDC 派出的 10 人在巴基斯坦各地与世卫专家的队伍开展各项工作。另外，我们正有一个工作团去柬埔寨帮助他们消灭肠道病毒 71 型感染，为儿童手足口病提供试剂，并教导当地人员自己检测病毒。

我们非常活跃地参与国际卫生事务，中国 CDC 的国际交流非常繁忙。我们每天都有专家出国参加会议考察交流，也有境外专家到中国 CDC 来，每年有三百多团出境，有二百多团组入境。

### **3. China's Health Care Reform and Public Health** **中国医疗改革与公共卫生**

Chiu-fang: What impacts do you think that China's healthcare reform as well as the development of the healthcare sector during 12th Five-Year planning will have on China's public health?

周秋芳博士：您觉得中国已推出的医疗保健制度改革及中国“十二五”时期医疗卫生事业的改革发展对公共卫生有何影响？

Dr. Wang: There will be long-term impacts. Treatment and disease prevention are like two legs, which are equally important. After the SARS event, China paid great attention to public health and disease prevention, and the government had invested tens of billions to develop the

infrastructure of prevention. To advance the health care reform, the primary issue is to solve people's problem in accessing a doctor, so our current focus should be placed here. At the same time, we should not ignore the development of disease prevention and control system. We must understand that solving people's health issues doesn't rely on treatment, and medical resources should not be completely focused on a specific disease or terminal illness; part of health resources should be placed on the prevention and disease control, and health promotion.

王宇主任：这影响是长期的。临床治疗与疾病防制就像两条腿一样。非典之后，公共卫生及疾病预防得到国家很大的重视，国家投入上百亿的资金建设体系。目前深化卫生医疗的改革，首要解决老百姓的看病问题，所以目前重点应先放在这里。同时，在医疗卫生的改革中不能忽视疾病预防控制的建设，必须认识到解决国家群体公众的健康问题不能光靠临床医疗，也不能完全集中在某疾病或病晚期的花费医疗资源，而是应将部份卫生资源放在疾病的预防控制及健康促进上。

Chiu-fang: China is experiencing a rapid economic growth, and people's diet has changed a lot. China's dramatic increase in the number of people with chronic diseases has become a major threat to public health. Are there any prevention efforts by the Chinese CDC for this?

周秋芳博士：中国经济急速起飞，人民的饮食生活与以前大不同，中国慢性病发病人数快速上升已成为威胁人民健康的主要因素，中国 CDC 对此有什么防治工作？

Dr. Wang: This is a global problem. Although it appears to be simple, this question is brought up within the last 10 or 20 years and no solution is available yet. Most people believe that unhealthy habits or behaviors could be changed through health education or improvement of health knowledge. However, some case studies are disturbing. For example, the tobacco-controls issue. Tobacco control is not an issue concerning just knowledge, as 60% of Chinese male doctors smoke; they do not lack health knowledge. Another example is obesity in the United States. We all know that obesity is not good and leads to many chronic conditions, but still we can't solve this problem. Therefore, health education alone isn't enough to identify a good solution, and we should continue to explore the effective methods of chronic disease control.

王宇主任：这也是目前全球面临的问题，这问题看似简单，但此问题是近 10 几或 20 年才提出的，目前尚未找到好的方式。大多数的人都认为可以透过健康教育或提升知识文化水平可以改变不健康的生活习惯及行为。但一些例子困扰了我们的看法。如控烟问题，控烟并不是知识文化水平的问题，在中国的男医生中，60%以上都吸烟，他们并没有知识文化水平的问题。另一个例子是美国的肥胖问题。大家都知道肥胖不好会带来很多慢性病，但仍解决不了这问题。因此单靠健康教育不能找出好的解决之道，我们继续探索对慢性病有效的控制方式。

Chiu-fang: What do you think is the most significant achievement of China's public health surveillance system? Which aspects need improvement?

周秋芳博士：目前中国公共卫生监测系统您认为做得最好的是什么，需要继续努力的是哪方面？

Dr. Wang: After the SARS event, we found out that we had a problem with the ability of real time reporting of outbreak information. Over the past decade, we have established the Internet-based epidemic detection and reporting network covering the whole country. The network plays a great role in epidemics such as Avian flu and H1N1 outbreaks and sporadic breaks of other infectious diseases. As for AIDS, tuberculosis and cholera, the network is able to show the movement of infected population.

However, this system is based on an electronic spreadsheet rather than a true Internet technology. Our next step is to combine with the development health information system under the aegis of the healthcare reform; through linking hospitals' electronic medical records system, community health records and the public health infectious disease information with modern IT technology, the important health-related information can always be presented anywhere in the country in real time, so as to establish a real health information network.

王宇主任：在非典之后，我们发现我们有疾病讯息即时报告的问题，近十年来，我们成立了覆盖全国的因特网疫情发现及报告的传输系统。像禽流感，H1N1 或零星发生的传染病，网络都能发挥很好的作用。至于艾滋病，结核病及霍乱等也能敏感地显出疫情发生的人群动向。

但这个体系是基于电子表格而不是真正 IT 技术。我们下一步的计划是结合医疗体制改革的信息化建设，把医院的电子病历系统，社区的数据化健康档案和我们需要的公共卫生传染病讯息用现代的技术结合起来，将重要的健康相关讯息能实时在全国体现，从而成为一个真正的卫生信息网络。

Chiu-fang: Is it possible that China CDC share its data with academic institutions or other organizations?

周秋芳博士：有没有可能中国 CDC 与学术界或其它单位共享中国 CDC 的数据？

Dr. Wang: In China CDC, there are two kinds of data. One is the work-related data, which is confidential, and only for CDC internal use; the other is the epidemiologic data, which is publicized monthly by the Ministry of Health, and the specific data can be accessed. At present, domestic universities and academics have published many top-notch articles using these data.

王宇主任：中国 CDC 有两方面的数据，第一是工作需要数据，这些是不公开的，仅供 CDC 内部使用；第二种数据是疫情数据，卫生部每月都会公布疫情讯息，这是公开的，具体的数据都可得到的。目前国内的学校及学者已用这些数据发表了很多很好的文章。

Chiu-fang: In your opinion, what are the challenges that China's public health is facing?

周秋芳博士：您认为中国公共卫生目前面临的挑战是什么？

Dr. Wang: The biggest challenge is how to properly disseminate the evidence-based disease prevention and control to the public, because health is the prerequisite for the development of the society. We must combine the evidence-based medicine with the needs of the public.

王宇主任：最大的挑战是如何把循证的疾病预防控制方式可以正确地传播给我们广大的公众，因为健康的发展是社会发展的必须条件和前提，我们要做的是将循证医学正确方式与大众的需求结合起来。

#### **4. Words to the China Health Policy and Management Society**

**寄语中国卫生政策和管理学会**

Chiu-fang: the China Health Policy and Management Society is a rapidly growing professional organization. Do you have any advices or suggestions for us?

周秋芳博士：中国卫生政策和管理学会是一个迅速发展的专业社团。您对我们有任何期望与建议吗？

Dr. Wang: Health policy and management is a very promising field in China. The health problems of over 1.3 billion Chinese people represent the health needs of billions of people in the world's



developing countries. We are exploring on how to promote the health of the public -- a process requires a large number of talents to provide support concerning health policy and management. With lots of questions but few answers, we especially need people to actively participate to meet the demand accompanying the development of the society. Especially with rapid economic growth and social development, there will be a lot of profound social transformations, which will bring a series of changes. This process requires extensive research, demands us to recognize these changes. Hence, the work of CHPAMS is very meaningful, and I hope we can continue to collaborate at different levels and aspects in the future, and together we contribute to China's public health.

王宇主任：中国卫生政策与管理是一个非常有前景的学科。中国十三亿多人口的健康问题也代表全世界几十亿发展中国家健康需求问题，在如何促进全民健康这个问题上，我们仍在探索渠道及途径。在这过程中需要大批人才提供卫生政策及管理方面的帮助等支持。问题很多但目前解决问题的方法却很少，所以特别需要大家能积极参与解决这个大的社会发展需求。由其在这快速的经济社会发展的过程中，会有很多深刻的变革，这些变革会带来一系列的变化。这些过程需要很多的研究工作，也需要去认识这些变化。你们的工作是非常有意义，希望以后我们能在不同的层面及角度上继续合作，共同为中国的健康事业多做工作。