

Master's Thesis

**Disease Prevention and State-building in China:
The Rise and Fall of China's Barefoot Doctor System (1968-1985)**

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Abstract

Barefoot doctor system is an important part of primary health care policy changes in China after the founding of New China, is a special viewpoint to study the special period of grassroots political change. Why medical care's come into the sight of top leaders at that time? What does medical care system mean to modern state building? There may be a certain natural link between the body and the national identity. Barefoot doctors used scientific medicine skills and their own political and moral advantage to build up a bridge connected the body and political mobilization. Body-Power-State, this obscure meaning was understood by the masses through the interpretation of the propaganda machine.

On the basis of previous studies, this article did a systematic historical analysis of barefoot doctor system from the perspective of state-building, believing that the need of modern state-building is the main reason for its generation and decline. This theoretical and empirical trying also reflects the social logic and governing structure of rural China. The concern in this article is how barefoot doctors could strengthen patients' national identity by curing the diseases.

This study tries to look into the unique health care system phenomena through the lens of state building theory, which implies that modern state's intension to strengthen its state capacity and reorganize the rural area's governing structure, gave rise to the rise and fall of the barefoot doctor group who showed on the modern China's history stage from 1960s to early 1980s(a period of time right during the state building process since 1949).

The state foster and strengthen the national consciousness of the people through the barefoot doctor system; on the other side, barefoot doctor is an important national political mobilization system implementer, as a representative of the local forces, is a symbol of driving force of state-building, which is an important group that respond effectively to the medical needs of rural area. In this paper, empirical research around the barefoot doctor system is done, trying to show a picture of the history for a special period of grassroots' state-building.

Key words: barefoot doctors, state building, rural medical system

Chapter 1 Preface

1.1 Background and research question

The word “barefoot doctors”, first appeared in 1968(during the people’s commune period) in the *People’s Daily*, and then became popular. Its original meaning is full-time primary health workers in rural China, as for why they are called “barefoot”, because they have to do farm work like other farmers. The barefoot doctor, with certain degree of culture foundation, as a membership in the commune, after a period of training (the medical and health knowledge and skills), they take part in collective production and at the same time do medical treatment for their members. At the peak time, the number of them is more than 1.5 million (1975).¹ In a certain sense, the barefoot doctor system is closely associated with the big events of the Cultural Revolution, the Great Leap Forward and the people’s commune system. Therefore, as a phenomenon across nearly two decades of Chinese history, it’s also worth researching.

In the 1980s, the barefoot doctor system mode has aroused great interest of the Third World Countries’ health officials. UN Women and Children’s Fund stated in the 1980-1981 Annual Report: China’s barefoot doctor mode provides primary care for the backward rural areas, provides a model for the developed countries to improve the level of health.

After 1990s, the domestic research and reports on the barefoot doctors have increased. From the 21st century, with the central government realizing the importance of rural health work and the rise of the new cooperative medical care

¹ Editorial department, *From the growth of the barefoot doctors to see the direction of revolution in medical education - Shanghai Survey Report* [J], *Red Flag*, March.1968

pilot work, the domestic scholars began to cast their sights on “barefoot doctors”.

The barefoot doctor groups experienced the glory of the sixties and seventies, but not until the late eighties, they began to decline and gradually turned to “rural doctors”, which no longer have political significance. This article focuses on the role of barefoot doctors in the prevention and treatment of infectious diseases, as well as political mobilization, observing their basic function in the social crisis of state power. In this perspective, the author tries to penetrate the rural grass-roots and bring barefoot doctors’ special political meaning and state’s intension to light.

The research question of this thesis comes to this:

What’s the reason of barefoot doctor system’s generation and disappearance?
What is the relationship between this institution and state-building process?

1.2 Literature review

The study over barefoot doctors can be summarized as pragmatism, medical and social history and historical institutionalism perspectives, this article is different from the existing research, which takes state-building perspective to understand this particular phenomenon.

1.2.1 Pragmatism perspective

The vast majority of scholars hold this point of view to elaborate barefoot doctors in rural medical system, represented by Fang Xiaoping, Zhang Ning, Wen Yiqun. They started from the actual medical needs in rural areas, holding the opinion that, barefoot doctors, to a certain extent, solved the rural medical problems.

Fang Xiaoping, started from the perspective of the state-society binary system in China, did a case study in Fuyang County, Zhejiang Province. He used local archives and documents, combed and analyzed China’s rural health care system changes from 1949 to 1983. He also compared the gap between urban and rural

areas, reviewed the whole process of barefoot doctors and cooperative medical care system's production, implementation, development and collapse and evaluated its role and significance of success and failure factors.² He believes that barefoot doctor system basically depends on the "mass line", relying on the masses to help the farmers to go to a doctor at their own expense.³

Zhang Kaining thought that, based on practical considerations of special economical condition at that time, under that kind of circumstances, the most suitable medical team for the majority of rural areas is not necessarily a professional technical one, but with lower training costs, to heal the common or frequently-occurring diseases. The team can root in the rural grassroots, can be dissolved in the rural culture and can be supported by rural economic conditions.⁴

Zhang Zikuan once stated, "although 'barefoot doctors' medical technology level were very low, but they have played a very great role in promoting health knowledge, carrying out patriotic public health campaign, implementing the immunization program and cooperative medical care system and small disease treatment of minor injuries."⁵

The above-mentioned scholars developed a theoretical framework which indicates that modern state-building process is bound to face some difficulties like shortage of resources, which is the only way which must be passed to the rational and large-scale health care system. The barefoot doctor group is a quick reaction

² Fang Xiaoping, *Barefoot doctors and cooperative medical care system-Zhejiang Fuyang County case study* [J], *the 21st Century bimonthly* (Hong Kong) 2003

³ *Contemporary China* Series Editorial Department: *Contemporary China's health career* (volume1) [M] (Beijing: China Social Sciences Press, 1986), pp.5-6; *Contemporary China's health* (volume2) (Beijing: China social Sciences Press, 1986), page 8.

⁴ Wen Yiqun, *Barefoot doctors' presence and social and cultural factors* [J], *Journal of YunNan University* (Philosophy and Social Sciences) 2005

⁵ Zhang Zikuan, *Rural grass-roots health personnel in forward direction--to commemorate the 30th anniversary of Comrade Deng Xiaoping's talk about barefoot doctors*[J], *Chinese Rural Health Service Administration*, 2005

to fill the gap for the new state to deal with the shortage.

1.2.2 Medical and social history perspective

Some scholars, represented by Yang Nianqun, from the point of view of the medical and social history of rural health care, thought that medical problems reflect social behavior. In Yang Nianqun's opinion, "barefoot doctors" inherited the traditional civil (such as kinship networks) rooted in rural China and in that way, integrate medical resources of rural area.

"It seems very few people realize that if you go back into the history of China, we will find many medical phenomena are not only product of the cultural environment, but the treatment process itself is a rather complex social behavior."⁶

During the people's commune period, Chinese medicine got unprecedented attention, the operational capacity of the barefoot doctors contains a large number of Chinese acupuncture, collecting and making the herbs and other content.⁷ Barefoot doctor-patient relationship is a continuation of acquaintances social and human relations, which differs from Western medicine's intervention. The latter represents the commissioned relations.

Hu Yi used medical political logic to interpret the cooperative medical care system, to some extent, has provided us with the perspective of medical and social history. His doctoral thesis *Send Medical Care to the Countryside: Modern Chinese Disease Politics*, started from the metaphor of disease, around the core of the construction of the modern nation-state, through the description and interpretation of the history events such as "abolition of traditional Chinese medicine", "patriotic public health campaign" and "cooperative medical system", revealing the politicization process of public disease. Hu Yi mainly focuses on the

⁶ Yang Nianqun, *Vaccination behavior and the politics of space* [J], *Journal of Dushu*, 6, 2003, pages 25-33

⁷ Yang Nianqun, *Vaccination behavior and the politics of space* [J], *Journal of Dushu*, 6, 2003, pages 25-33

macro-perspective that his sight didn't bet on the micro-perspective, to view "barefoot doctors" as individuals, not to say revealing the role they play in the process of state-building.⁸

1.2.3 Historical institutionalism perspective

Western scholars' interest on barefoot doctors mostly concentrated in the 1970s, boiling down to a summary of the special health care system itself and the political factors of the special historical period. These studies were overview and introductory, with the eyes of the West to interpret the unique phenomenon of rural medical history.

Their perspective is how to understand the emergence and characteristics of the barefoot doctors' group, combining with the political and social outlook of the sixties and seventies (the people's commune period). Some recently written articles mostly went back into history, aiming to make a comparison with the past and reflect on today's health care system. For example, Steven Fox discusses the changes in medical ethics in the Chinese context in *China: Diary of a Barefoot Bioethicist*. He believes that the barefoot doctor system is new things in order to solve the ethical dilemmas and inequality between urban and rural medical.

Some scholars linked barefoot doctors to traditional Chinese medicine and even to China's political system. They try to explore the influence of politics on the health status of the population. In the article "*Health in China from Mao to market reform*", Therese Hesketh and Zhu Weixing made such a judgment. They respectively discussed the impact of the three major historical events: the Great Leap Forward, the Cultural Revolution and the market economy to the rural health care.

⁸ Li Decheng, *The cooperative medical care and barefoot doctors study (1955-1983)*, [D]. Dissertation of Zhejiang University, 2006

A.J Smith published his article *Barefoot doctors and the medical pyramid* in 1974. In this article, he compared barefoot doctors to the bottom of the medical pyramid system, refining explained the background that medical resources are too concentrated in urban area before the Cultural Revolution and the situation must be reversed. Barefoot doctors were mostly women, half of which were semi-farmer doctors. Their work was very basic, providing simple medical services and disease prevention, conveying to the public the concept of clean--to wash hands before eating and the like. They played a significant role in the early diagnosis of esophageal cancer in northeast of China, the high incidence area of nasopharyngeal carcinoma in Guangdong. In addition, they bear the publicity work, just like the role of the British nurse in the countryside.

The book, *From "barefoot doctors" to "rural doctors"* analyzes the causes, processes and role in the emergence and development of the barefoot doctors. The author believes that why barefoot doctors was so popular during that period of time is very complex, much more than the political form of "Cultural Revolution", but relatively generous compensation, more rigorous monitoring mechanisms and local family network weaving together a picture of the barefoot doctors.⁹

1.2.4 Comments on 3 perspectives mentioned above

Indeed, the emergence of barefoot doctors and the cooperative medical care behind them are aiming to solve the underserved situation of the majority of rural areas. Existing in most of the Western researches, academia has betted on the emergence and development process of "barefoot doctors", giving a certain degree of interpretation and discourse, but not going deep enough into its role in state-building.

⁹ Yang Nianqun, *Reshaping patient--spatial politics under the conflict of Chinese and western medicine* [M], Beijing: China Renmin University Press, 2006, pp. 404-381

What makes this research different from the former ones is to use the state-building theory to construct the political meaning of barefoot doctor phenomena. To view this group as a functional sphere of state building process from both top down and upwards. We have to ask such questions: How does the state control people's body through health and epidemic prevention process? What kind of role do the barefoot doctors play and take what responsibility? Since the medical facility resources were extremely scarce in that era, how did the state make up for that through cooperative medical system contains barefoot doctors, and to obtain the effectiveness of rural governance? This gave rise to the author's curiosity to dig out the reasons behind the situation, and state-building gives the key to answer these myths.

1.2.5 Theoretical framework: state-building theory

It's generally believed that the construction of state power oriented from Europe, mainly from the Middle Ages in Europe which witnessed the transition from decentralized multi-center power to centralized nation-state. With the expansion of the Europe, this European experience of the modern state is becoming a universal value, and then the construction of state power spread globally.

Some scholars have pointed out that the state building can be divided into broad and narrow sense. In a narrower sense, the state government building is referred to as "the construction of the basic framework of the modern state in the form of state absolutism at the beginning of the 15th century. During this period, the main contents of state building are the concentration of power and the procedure of law."(Hao Na, 2010,22); in a broad sense, it refers to the all the institutional changes since the establishment of the modern state. This article picks the narrow understanding that focuses on the power arrangements in how the traditional state achieves political modernization.

In fact, a simple understanding of the state building is the process of

transformation from the traditional empire to a modern state. The state-building theory is a theoretical summary of this process. Western academic circles dispute on the dynamic of the evolution from the traditional system to the modern state.

Marx's view of capitalism can't persuade the Western academia, ever since, many Western scholars gradually developed a functional concept of nation, called "theory of institutional differences" (Pozzi, 1997). In this view, the state is a new mechanism which responds to the emergence of a particular function, because modernization is "traditional mechanisms to adapt to modern features" (C • E Blake, 1988,12), and many scholars believe that this feature is war – or Pozzi's integrity of the war. The modern states take a variety of forms by the wars' different ways of money collection and degrees. (Tilly 2007; Pozzi, 2007, Han Qi, 2011)

Of course, there are some scholars not really recognize this evolutionary theory of functionalism that war brought about the birth of the modern state. They thought the positive significance of the war cannot be infinitely expanded; it is a necessary way to complete the development of the system of sovereign states, but may also hinder the country construction process. (Sitelaiye,2011,32-33)

Schwartz didn't take functionalist research methods, but believes that the combination of macro structure and micro actors is the appropriate research method. These micro-actors, kings, nobility and merchant class, the integration confrontation and compromise produce modern capitalist countries. (Schwartz, 2008)

Actually, although the generate power and mechanisms of the modern state various in the academic circles, but on the perspective of the basic political forms of modern states, they maintain the general consistency. Marx had a very tremendous description on modern state (Marx, 1995,675) that centralized, powerful and ubiquitous bureaucracy and military systems control and deprive the social society. From his description, he believes that a centralized modern state is a totalitarian with a organized violence of certain independence.

Max Weber also tend to link the characteristic of the modern state with violence, which means that the state exclusively and legally use violence in a certain territory.(Weber, 1997,731) In combination and based on previous studies,

Tilly presented a more complete concept of the modern state, he thinks a country is an organization controls population, possesses land, thus: (1) differs with other organizations' activities on the territory; (2) it has autonomy; (3) it is centralized; (4) has a formal collaborative relationship among the various parts of it. (Tilly, 1975)

State building theory in China nowadays is acknowledged as a theory which explains modern state; it was broadly used to explain the state-society relationship, the Party power and nation power's interaction, the diminishment of clan system all around China...but has rarely been applied to the explanation of barefoot doctor phenomena.

This study tries to look into the unique health care system phenomena through the lens of state building theory, which implies that modern state's intension to strengthen its state capacity and reorganize the rural area's governing structure, gave rise to the rise and fall of the barefoot doctor group who showed on the modern China's history stage from 1960s to early 1980s(a period of time right during the state building process since 1949).

1.3 Research methods and material sources

1.3.1 Research methods and material sources

This article uses social science research methods such as discourse analysis, empirical research and so forth. The author did a field work and interviewed the barefoot doctors, their relatives and some villagers.

In this study, four kinds of literatures were collected: First, the institutional level material related to health care policy since the founding of PRC, especially those targeted to rural area and barefoot doctors. Second, the author collected the in-depth theory and empirical research literatures of barefoot doctors, according to the research question, designed interview outline of the survey, trying to find the historical truth. Third, the author read the Pudong area related health Chi archival material, did discourse analysis to further understand the political and economic

background and the structure of the health care system in rural areas and barefoot doctors' work. Fourth, read through the barefoot doctors columns on *People's Daily* published in the period from 1968 to 1976, combing the high frequency keyword and discourse system, deepen the theoretical cognition, the political implications of the propaganda machine.

The core material was collected through various ways including in-depth interviews, documentation collection, daily interactions and conversations recorded and observation. Background information was taken from archival material of local and public information released by the government such as the Ministry of Health Statistical Yearbook and other formal documents.

1.3.2 Pros and cons of this paper's research method

Case study is an empirical inquiry that investigates a contemporary phenomenon within its real-life context. (Yin, 2002:13). Yin pointed out that one of the rationales for a single case is the representative or typical. (Yin, 2002:41)

Since Pudong area, Shanghai is the origin place of barefoot doctor policy, and the author herself is a Shanghai native, so this single case would be a good choice for me as a field to go deep into. However, the data about barefoot doctors was blurry at the whole picture of China and disputes among some medias, which makes it hard to get a panoramic view.

This study adopts qualitative research method, which best fits with my research purpose. Case study is a way of inquiry applicable to many disciplines and subject matters. It aims to gather an in-depth understanding of human behavior and the reasons that govern such behavior. The qualitative method investigates the why and how of decision making, not just what, where, when. Hence, smaller but focused samples are more often needed, rather than large random samples.

Case studies can take us to places where most of us would not have an opportunity to go. As Robert Donmoyer pointed out, "Case studies allow us to experience vicariously, unique situations and unique individuals within our own

culture. Case study research might be used to expand and enrich the repertoire of social constructions available to practitioners and others; it may help, in other words, in the forming of questions rather than in the finding of answers.”(Roger Gomm, 2000:13)

1.3.3 Hypothesis and the research object

Any single factor explanation to understand social problems is a bit biased. The basic assumptions of this study is: the presence and cancel of the barefoot doctor system are of multiple factors, but state building intension lays behind them, mainly the ideological impetus, the result of elite struggle, the rural grassroots governance crisis as well as the support of the collective economy.

How do the existing researches understand the causes of barefoot doctor system’s presence and disintegration? Most of them put the real demand in the first position: the lack of national medical treatment supply leads to grassroots level out of control, which makes the presence of the barefoot doctors are reasonable.¹⁰

However, the perspective of this paper is: the way of the Chinese Communist Party’s grassroots governance has shifted, barefoot doctors as representatives of the local forces came to defuse the crisis, and Mao Zedong was the main promoter and organizer of the campaign, with a strong political impetus and ideological colors, barefoot doctors led to the emergence of the structural changes of the rural

¹⁰ See Wang Sheng, Zhang Yantai, *Collectivization period system of rural medical and health research in China*[J], *Journal of social and scientific university dynamic*, 2010; Li Haihong, *Barefoot doctors background analysis*[J], *Taiwan world* in November 2011; Wen Yiqun, *Barefoot doctors and social cultural factors*[J] *Journal of YunNan University for Nationalities* (philosophy and social science edition) in 2005; Liu Ying, *Barefoot doctors and the existing reasons and its enlightenment*[J], *Journal of Fu Jian Normal University* (philosophy and social sciences edition), 2011, 5, etc

elites. The barefoot doctor system with ideology as the driving force reorganized the elite structure at the grass-roots level.

The path of the two different explanations lead to different views for the diminish reason of barefoot doctors, existing theories tend to infer that the improvement of national health care capacities make the existence of barefoot doctors no longer necessary, since rural medical and health conditions was undertook through a higher level of health system. But this article try to express that barefoot doctor system's disintegration is also part of state-building process, in order to complete the transformation of the elite control mode and the establishment of village self-government system.

1.3.4 Definition and categorize

In this paper, the most important object of study, "barefoot doctors" was mined from the source and had their functions interpreted. They are the actual value carriers of the collective economic times and the actual implementers of commitment and primary medical care system in rural areas.

1.4 Empirical research briefings

To get first-hand information for deeper understanding with empirical study, the author got access to the "Nanhui infirmary" (a village level health care centre) to derive useful information. In May 2010 and December 2012, the author separately interviewed 3 barefoot doctors Dr. Xu, Dr. Zhou and Dr. Zhang from two villages (Orchard Village and Tide Village in Pudong) and villagers from the two villages.

The selection of interviewees was based on two aspects of considerations, first, the Pudong suburb of Shanghai was the publicity typical approved by Mao Zedong in 1968, could be regarded as the epitome of medical care history;

secondly, the author's hometown is Pudong, makes it more operable to collect material, and grew up familiar with Dr. Xu(one of the interviewees), easier to get access to real history.

Three barefoot doctors' basic situations are as follows:

Doctor's name	Year of birth	Gender	Barefoot doctor experience	Position
Zhang Yuqin	1947	female	From 1965 to 1985	Director of the tide village health clinic
Xu Linmin	1956	male	From 1979 to 1985	Director of the orchard village health clinic
Zhou Ping	1952	female	From 1975 to 1985	Barefoot doctor of orchard village health clinic

Three doctors have all experienced position change from barefoot doctors to rural doctors, which could tell more about the differences and the social status at that time. The villagers' age level was the most important factor that has been taken into account in interviewee selection, mostly were over the age of 55 who have experienced the People's Commune period. The author tries to reshape the image of barefoot doctors from the villagers' dictation. In the interview process, we found a dozen of problems waiting to be solved in rural health care reform.

1.5 The purpose and significance of the study

Barefoot doctors were political star of the village; people fully trust them during the collective era. They were representatives of the cultural identity and

moral model created by the collective economic era. Barefoot doctor system has its political and social significance, which contains a sociology meaning behind the image of “doctor”. To explore the barefoot doctors’ emergence, development and final disappearance helps us to further understand the historical background of politic and economy, to deepen the understanding of that era with sympathy.

This study tried to explain their role behind the assumed state-building mission. Going back to the campaign-style health care retrospective, we intend to interpret the country’s effort to gain people’s trust and mobilize political resources in the lack of effective medical conditions.

We also realized that the process from “barefoot doctors” to rural doctors is the gradually cut off of the blood relations of the masses. National development, economic restructuring and social networks can no longer undertake this kind of role expectations. Closure in rural areas had to be destroyed; going out of the village for medical treatment is a strange and chilling experience for farmers.

Yang Nianqun pointed out that: in the experience of the Chinese people, the patient’s course of treatment is surrounded by family members’ accompany. The entire medical process is not imposed by technology in the modern sense, but the expression of some kind of close relation, a soothing behavior, which takes shape of a special local resource.¹¹

The reason why we cast the sight to the rural areas was because: on the one hand, the health status of the rural society is still worrying; on the other hand, urban and rural medical treatment is substantively difficult, in the urban area, it is lack of supply of medical resources, the shortage of public resources, but in the rural area, even the social security system are not fully established, so they can only focus on the control and prevention of chronic diseases. This can also be

¹¹ Yang Nianqun, *How to understand modern politics from the Angle of medical[J], the Chinese Social History review* vol.8 in 2007

proved from the barefoot doctor's emergence. Today, there is still such a problem, the farmers are out of coverage of medical insurance and can't afford to get medical treatment, only resorting to traditional cure. A survey in 2003 showed that when the masses are sick, 48.9% of them should go to see a doctor but they didn't, 29.6% of them should be in the hospital but they didn't. High proportion of poverty was caused by the illness.

1.6 Innovation and insufficient

This paper tries to go beyond the existing research in theoretical perspective, to understand the logic behind barefoot doctor system, and its impact on rural health care from the point of view of historical institutionalism. The barefoot doctor system goes across the topics of medical history, revolution and mobilization. The purpose of this paper is to explore its produce, to investigate causal mechanisms to deepen our understanding of the national policy adaptation.

In this study, the downside is that the internal logic of a variety of causes of the barefoot doctor system is still being mined. Sample size of farmer groups involved in the process of field research was limited. These are process limitations of this study that should be further improved.

Chapter 2 The historical evolution of the system of barefoot doctors

2.1 Barefoot doctor system's evolution

Since the initial establishment of Barefoot doctors System in 1960s, there has been a conversion of policy supplies to rural doctors, representing the conversion of two eras in China's modern history: from centralization(people commune, planned economy) to decentralization(marketization, competitiveness). The status of barefoot doctors thus dropped rapidly after two decades' resplendency (1960s

and 1970s).

The conversions of their identity, the attention from the government and the system itself during the two decades would be the major focus of the paper. From which, not only the demands from the farmers, but also extended economic and political causes exerted an significant influence on initiation and persistence of the Barefoot doctor System , and the related discussion will be deepened as followed.

Since the year 1984, the “rural cooperative medical station” changed its name as “infirmary”, the mode of the rural medical service cooperation tended to be pluralized. The participation rate of farmers who were committed to the medical insurance descended year by year. Increasing numbers of farmers gradually lost the guarantee from the fundamental medical services. Simultaneously, barefoot doctors lost the economic and institutional basis which supported them to persist as before.

Both before and after the Reform and Opening-up Policy (which was proposed in the year 1978), Chinese government played a very great role in the rural healthcare reform, and can be seen as a driving force in the rural medical reform.

With the conversion from plan economy to market economy, economic factors was increasingly important in the health care reform. Some defects are still existent, an interaction model, to some extent, is truly reflected between the government and the market, the representation in the social dimension is the gradual disintegration of the trust system.

2.2 How was barefoot doctor system produced?

2.21 High-level political line battle

It is noteworthy that the generation of the barefoot doctors was related to the Cultural Revolution of China(1966-1976). Mao Zedong advocated eliminating

“three big differences” (1.the difference of urban and rural area, 2.the difference of workers and peasants, 3.the difference of mental labor and physical labor) to get trust from farmers to consolidate the legitimacy of the regime. From a series of articles published in People’s Daily about the barefoot doctor, his tendency to anti-elitist could be found, reflecting his bias of intellectuals.

Undeniably, under the circumstance of the lack of medical resources in rural areas, the Chinese Communist Party, which expected to establish a state belonging to all the people rather than a city-oriented state, gave more cares to the farmers, because of the greatest contribution from those in the early phase of the communist revolution. Through range of issues after the new China was founded, the equal treatment to citizens from the central government, healthcare modernity and the narrowing of the urban-rural disparity were emphasized a lot.

Soon after the founding of the New China, the “socialism free healthcare system” was established, aiming to solve the medical problems of state-owned-enterprise workers and public servants, however, an obvious contrast showed up due to the scarcity of healthcare service system in the vast rural areas of China, just like the huge gap between urban and rural areas in other aspects. Not only did the farmers hardly afford to get appropriate medical treatment, but also the local rural governments can’t afford to train doctors to be professional ones.

Mao Zedong thought that since the founding of the New China, the representations of the bureaucrats on the Party and governmental organizations has focused on the alienation from the grass roots, the divorce from the masses, subjectivism, isolation from the reality, corruption and waste, dereliction of duty, tyranny, suppression of democracy, reliance on power and authority and in compliance of the laws.¹²

¹² Li Changyin, *Mao Zedong’s thinking on the bureaucracy reinterprets[J]*, *Journal of Henan Normal University* in 2003, 30 (5)

These thoughts of Mao Zedong are easily combined with his focus on rural issues, from which his ideas aiming at improving rural healthcare service in rural areas could be seen. He advocated carry out the socialist education by the class, class struggle, reliance on the poor and lower-middle farmers, the four clear-ups, struggles against five evils and the laboring participation of cadres in order to narrow the urban-rural gap.¹³

Based on this background, we found that the image of the “barefoot doctors” was fitted to the political atmosphere then. In the nearly eight years from December 1968 to August 1976, *People’s Daily* published 107 editorials and 526 articles on rural healthcare system. When reading these articles, an illusion appears as if we had returned to the radically passionate era after reading all the texts filled with radicalization, some of which attuned with Mao Zedong’s thoughts about the arguments of the healthcare work, representing the enthusiasm of the barefoot doctors to reform their thoughts. It worked in strengthening their senses of identity in four dimensions (class brand, politics, localism and regionalism), and their values which couldn’t be divorced from the masses. We also knew that the Cultural Revolution enormously impacted on the Barefoot doctor System, and witnessed their glory and splendor.

More interestingly, the texts represent that the medical system enter into rivalry with the masses over the discourse, which became a microcosm of high-leveled political struggles, for example, there were some arguments on which class should own the leadership in the process of “the nurture of barefoot docotors”. If the working class and the poor and lower-middle farmers didn’t grasp the leadership, barefoot docotors wouldn’t be fostered. ¹⁴

¹³ Mao Zedong’s conversation with the Comrade on April 8, 1963 in Tianjin and Hebei Province. Quoted from Liu Ying, *Barefoot doctors and the existing reasons and its enlightenment*[J]. *Journal of FuJian Normal University*, May.2011

¹⁴ Editorial department, *From the growth of the barefoot doctors to see the direction of revolution in medical*

2.22 Real needs of rural medical care system

Facing the serious public healthcare crisis soon after the founding of the People's Republic of China, as a modern state, fell behind the world from the perspective of healthcare the facilities and human resources, and wasn't able to deal with the rural healthcare crisis.

At the beginning of New China, the population were 549 million, however, the amount of health institutions and health facilities were pitifully small, only 2600 hospitals(at all levels), 30 sanatoriums, 769 outpatient service agencies, 11 specialized disease prevention stations, 9 maternity and child care centers, 1 institute of acoustics , 3 research institutes of medical science and 80,000 beds altogether. So were the healthcare personnel, there were only 38,000 physicians, 49,400 assistant doctors, 276,000 traditional Chinese doctors, 32,800 nurses and other health personnel (108,840), with the total amount of 505,040.¹⁵

Generated with the rural Cooperative Healthcare System, barefoot doctor system naturally became the priority choice for urgent needs. Barefoot doctors widely adopted the traditional Chinese medicine and acupuncture treatment, forming a broad mass base in rural areas, and rich resources of Chinese herbal medicine helped to reduce healthcare costs, released economic burden for the masses.

During the late 1950s and early 1960s, the rural China was desperately deficient in healthcare facilities and medicines, barefoot doctors could only rely on acupuncture and herbals for treatments, antibiotics was then considered as a luxurious drug. In order to make up the defects, during the summit of the Cooperative Movement in the 1950s, the Cooperative Healthcare System in rural

education - Shanghai Survey Report[J], *Red Flag* Sep.1968

¹⁵ Chen Haifeng, *Health care of the People's Republic of China* [M], Beijing: people's medical publishing house, 1985, page 11

areas was widespread as a mutually assisted system, only if each farmer voluntarily paid 2 cents annually as “the Health Fee”, he/she could have access to prevention and healthcare services, and be free from a series of problems like outpatient, registration, surgical fees. As a part of the Cooperative Healthcare System, barefoot doctors initiated their careers. In contrast to other developing countries, it’s very worthy of further exploration that two steps of self-mutual assistance of farmers and political mobilization which the New China took to alleviate the problem actually did work a lot under the situation of the lack of national capacity.

2.23 Support from collective economy

“Barefoot doctors” used to be an important part of the Rural Healthcare System in the People’s Commune Era, the presence of People’s Commune ensured low-cost operation of the Rural Cooperative Healthcare System, under which formed a network composed of village-level healthcare stations, commune-level healthcare centers and county-level hospitals, covering almost all the villages in the country. The establishment and maintenance of this system relied on administrative means and strengths through the attachment to administrative institutions with the same level, and the People’s Commune System ensured it as highly consistent and efficient, thereby greatly reducing the running costs of the Healthcare System in rural areas.

The commune-level healthcare centers, in principle, did not rely on superior financing, two main ways of fund-raising were taken: one is to set up a welfare fund by a production team, financially supported from communes and production teams’ enterprises and agricultural production income. In addition, the production team also obtained responsible medical expenses from the communes.¹⁶

¹⁶A survey report, *The China Journal Abstract* [N], page 28. See *The People's Daily*, December 7, 1968.

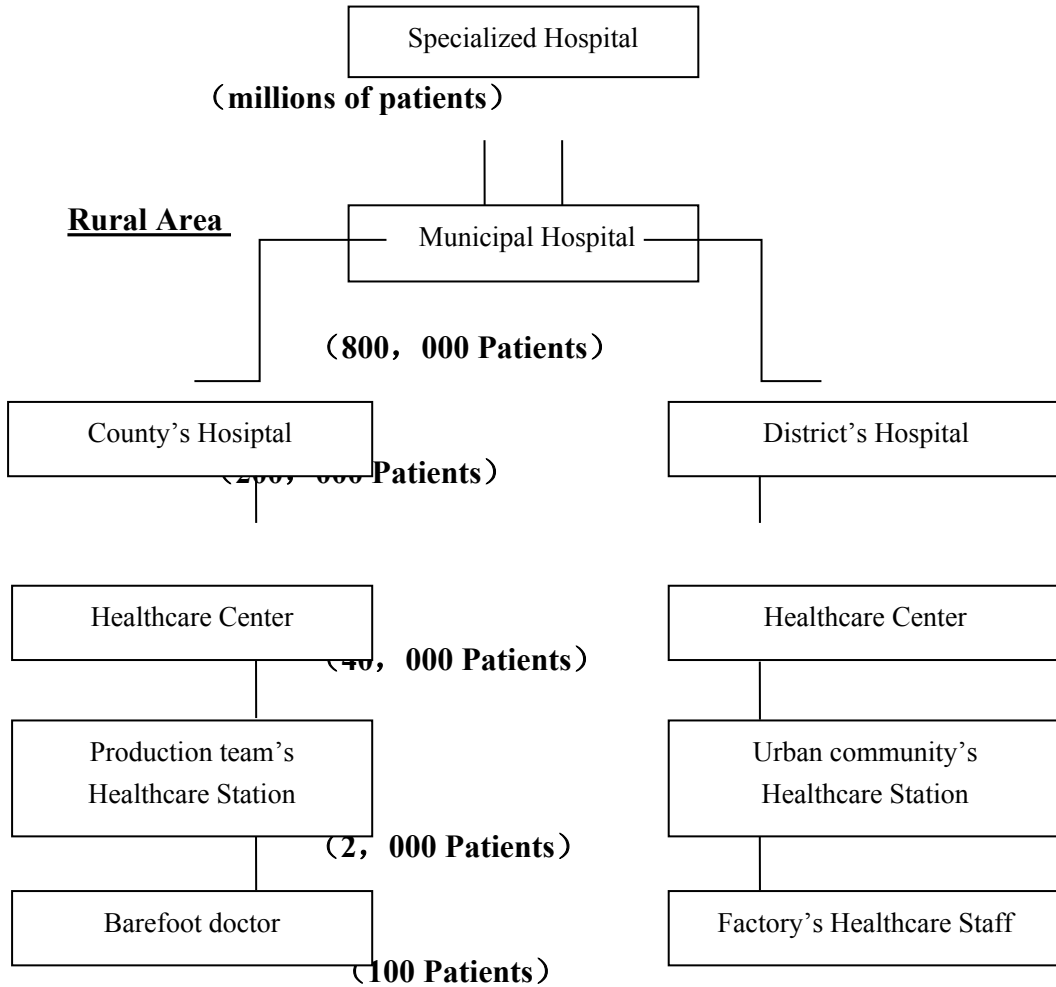
An article published on the 5th edition of the *People's Daily* on June 23, 1969, from the Xinhua News Agency, stated: in order to comply with the “great” instructions of Chairman Mao, putting the focus of the healthcare work onto the rural areas, Yongkang County vigorously trained “barefoot doctors”, all the students should be recommended by the poor and lower-middle farmers and approved by the Revolutionary Committee of the Commune, only those who had “well-qualified” family background and high ideological consciousness, labored proactively and mastered some knowledge had the chance to be selected as the students of the training class, the expense was fully funded by the production teams, and they must come back to the production teams where they came from to make medical treatments for the poor and lower-middle farmers. This clearly showed the strict selection criteria of the barefoot doctors and supporting system (the collective economy) behind it.

Gu Jia'en points out in his article titled as “the analysis on causes of the success of rural cooperative healthcare services in the era of people's commune” that “the presence of People's Commune ensured low-cost operation of the Rural Cooperative Healthcare System, under which formed a network composed of village-level healthcare stations, commune-level healthcare centers and county-level hospitals, covering almost all the villages in the country.”

The efficiency and concentration of People's Communes of rural medical provided the possibility with low-cost operation. “The medical expenses of Cooperative Healthcare Services were afforded by the production brigades, and the incomes of the Barefoot doctors came from reserves of the production brigades, too, only the healthcare institutions and large-scale medical facilities were finally invested by the state. Under the support of the governments and collective economy, farmer could be able to enjoy the basic healthcare services only with a nominal charge, generally attaining the goals of 'minor illnesses

within the village, serious illnesses within Township.”¹⁷

Table 1 Urban and rural health care system diagram in People’s Commune period



Note: The pyramid of the health care system, the figure is the estimate of the number of patients at all levels.

Source: Finishing from the data of the “Great Leap Forward” health care policy, David ·M · Lampton, scientific and cultural review, Volume 3, No. 1

However, after taking the reforming and opening up policy(1978), the field was allocated directly to the farmers which led to the disintegration of collective economy, thus losing the origin of fund. This was an important cause which led to

¹⁷ Gu Jiaen, *In the people's commune period, the reasons for the success of rural cooperative medical cause analysis*[J], *Public Administration* volume 5, 2006

the fall of the Barefoot doctor System.

2.3 Comments on chapter 3

Since the state building process needs to combine the top and down motivations, the 3 factors mentioned above fits the mode with political, grassroots' need and economy motivation and support. Like other great events since 1949, the barefoot doctor system undertakes functions far more other than health care, for example, political civilization in the rural area, balancing the rich and poor interest, getting more legitimacy from grassroots masses and strengthening state capacity in health care.

How the barefoot doctor system was generated is also related to how it was canceled 20 years later. Let's go into our field to know what's going on both between state and barefoot doctors and between doctors and masses.

Chapter 3 Local practice of state-building

3.1 Individual health and sense of nation-state

3.1.1 Health Care and National Identity

The history of body is a unique perspective for us to look into historical issues, which means paying attention to the individual lives outside of the grand narrative and the social situation created by those, rather than the single angle of revolutionary history narrative. Medical and social history is from this point of view to expand the historical view, and no doubt it would be helpful for us to understand the history from multi-angle. As mainland scholar Xinzhong Yu, the pioneer in field of medical and social history, discusses that "Medical and social history allows us to understand the human condition, mental outlook, environmental and social changes and people's mentality in the history, this

research perspective allows us to see the details beneath the revolutionary history narrative.”¹⁸

Unlike revolutionary history, Yu Xinzhong’s study had enlightened us to reexamine barefoot doctors’ era, from the perspective of interaction between state actors and social behavior. **The concern in this article is how barefoot doctors could strengthen patients’ national identity by curing the diseases.**

The research innovation of medical and health history is reflected in the following two aspects: Firstly, it breaks the argument that the Western World had a greater impact on China’s “modernization” in the late Qing Dynasty, which is to break the “Impulse-response” model, emphasizing innate force from the society. Secondly, it breaks the traditional “State-Society conflict theory”, national and social behavior sharing the common points, changing the view of the confrontation between state and society and the optimistic estimation that the society is still growing faster than the state.

Similarly, even though the barefoot doctors system was implemented from top to bottom, these doctors were deeply rooted in the rural society and were eager to serve their fellow people. To some extent, they were media who linked state with peasants.

Their dissemination of conception of healthcare also reflects that the state power is trying to expand in the countryside, in an aim to form and construct the civilians’ consciousness. Corresponding to the nationalization of the unit system in the urban areas, the nationalization of human’s body finds an effective way to realize national control and, precisely, it can be achieved by those native barefoot doctors.

Similarly, Yang Nianqun also concerned about it. The social history turns to

¹⁸ Yu Xinzhong, *Paying attention to life--across the Taiwan straits disease medical and social history research*[J], *Journal of the China social economic history research*,2001 (3)

be the connection between political and cultural history. Human body is the subject of mind and action at any time but it seems that only when the body is in an abnormal state, or in state of disease, the body (or part thereof) that would arouse the attention of their own or others, therefore, concerning about the disease provides the possibility of concerning the body. In addition, a variety of healthcare activities primarily aimed at the human body, undoubtedly, the formation of different cultures' medical theory and the invention of the medical treatment in different times are established on the basis of the understanding of the body at that time. Thus, with the deepening of exploration in medical history, it is possible for researchers to arouse the interests of understanding their own body.¹⁹

In a sense, barefoot doctor is who links one's body and sense of nation-state when disease comes.

3.1.2 Sense of localization and effectiveness

Yang Nianqun holds the opinion that, people still maintain habitual identity of traditional doctors, which often based on rural human relationship network. "Barefoot doctors showed the totally different image from the past 'witch doctor' in the countryside, they are, after all, positioned in an institutionalized political atmosphere and arrangements.....double regulated of the institutional arrangements and human network, barefoot doctors' moral constraints will naturally be increased. "²⁰

To some extent, this confirms the concept of Bourdieu's "sense of localization": the cultural behavior's conformation is an imaginary experience,

¹⁹ Yang Nianqun, Huang Xinghai, Mao Dan, *The new historiography--picture of multidisciplinary dialogue*[M]. China Renmin University Press, October 2003, p. 725

²⁰ Yang Nianqun, *Reshaping patient--spatial politics under the conflict of Chinese and western medicine*[M], Beijing: China Renmin University Press, 2006, pp. 381-404

local sense is felt through unique experience, and one's feeling is also localized, so that localization and feeling shape each other.²¹ The interactive relationship between the barefoot doctors and rural community exists, and thus leads to the emergence and strengthening of the sense of localization.

“Barefoot doctors’ status as farmers largely diminished their social privilege. They were selected by the commune, so, they are spokesman of farmers based on their personal identity, which can achieve the protection of patients’ rights.”²²

Recalling the golden age of barefoot doctors, many people gave high comments. At the same time, the doctors appreciated with high-level social status. During the 1960s to 1970s, some barefoot doctors also held a concurrent cadre post in production team. Generally, they were respected or even admired in rural society. Due to their social status and prestige, the doctors were invited to some important meetings of the village committee.²³

The aboriginality of these barefoot doctors determined that they were familiar with each villager's physical condition. As Dr. Xu mentioned that:

*“Only through their own continuous learning and professional techniques, barefoot doctors could be trusted by the local peasants and play an important role in the rural community. However, some elder peasants complained about some barefoot doctors due to their poor service and attitude toward the masses. After a period of time, according to villagers’ request, this irresponsible doctor was disqualified by the production team.”*²⁴

It's really a huge shame for this fired barefoot doctor that he couldn't raise his

²¹ Yang Nianqun, Huang Xinghai, Mao Dan, The new historiography--picture of multidisciplinary dialogue[M]. China Renmin University Press, October 2003, p. 122

²² ZhuYong etc, *Disease in the fate of the revolution: saints type description of barefoot doctors*[J]. *Journal of Bookstore*, June.2006

²³ From the interview material of the villagers of orchard village December 2012

²⁴ From the interview material of the villagers of orchard village December 2012

head up for a long time. Admittedly, comparing with most barefoot doctors, this example was single and extreme. Many interviewees linked barefoot doctor with revolutionary concepts as “both red and expert”, “the mass line”, “educated youth”, etc. Some people reminded me of the important role of barefoot doctors during the busy season. They often had first aid measures, and carried around commonly used performance such as Dan, essential balm, and ageratum upright water.

An interviewee once served as village chief highly praised barefoot doctors' contribution. *In spite of their low income, barefoot doctors worked with enthusiasm.*²⁵

In addition, some people evaluated barefoot doctors as “body engineers”, who were deeply rooted with the local community and familiar with native patients. These barefoot doctors tried their best to adjust measures to local conditions. Under the circumstance of medical facilities humble to women giving birth, they got things done with the least amount of cost; making rural mortality fallen sharply. **Despite the shortage of medical services and medicines, state capacity was made up through the effectiveness of their work.**

Dr. Xu himself was also aware of the high social status of barefoot doctor group. He said that:

“In the 1970s, barefoot doctors' income was equivalent to a village level cadre, which was attractive to many young people. However, at the same time, the work with certain knowledge and techniques was not suitable to everyone. While village cadres and the elderly went out to travel, a barefoot doctor would always go with them. There were many considerations, first was to in case of emergency, such as dealing with travel sickness, the second was to lead the team as a village cadre. Usually, I went to buy two boxes of travel sickness pills, and

²⁵ From the interview material of the villagers of orchard village December 2012

told those who get in the car come to take medicine.”²⁶

Dr. Zhang was a barefoot doctor and served as one of the cadres of rural production team. Speaking of the past days, she showed guileless smile. At that time, barefoot doctor was a good influence in the production team with high social position and well treatment from villagers. If barefoot doctors sit together with other villagers at a table, the best position are always reserved for them to show respect for them.

Compared with the outsiders, the influence of local cadres represented by barefoot doctors grew quickly in rural society. To some extent, it became the typical instance of people freeing themselves from bottom level. This was also a set of behavioral logic and discourse system inputted by the state during the revolutionary period.

3.1.3 Body controlled by the state

Michel Foucault was the first man to relate body to power. He posed the concept of “Discipline Power”, and fully disclosed the physical mechanisms of discipline implied in human society, especially a variety of day-to-day micro-power specifications and forging the body. Power relations always control it directly, intervene in it, mark it, train it, and torture it, forcing it to complete certain tasks, perform some certain rituals and give some signals.²⁷

There may be a certain natural link between the body and the national identity. In some special period, the body even became a characterization of the morphology of the country. Such as the discussion around whether to change the hair-cutting (the transition period from Ming to Qing), is the question about whether we should modernize or not. Some intellectuals tend to reform like Kang

²⁶ From the interview material of Dr.Xu Linmin of orchard village December 2012

²⁷ Foucault, Discipline and Punish[M], Joint Publishing Press, 2009, p 27

Youwei, Tan Sitong eagerly called for cutting down hair and changing clothes, which implies saving the nation with patriotic motives, reflecting the national history of the body.²⁸

Ying Xing pointed out that Liang Qichao had put forward the notion of nationalization of body. In his masterpiece, *The New Citizen*, Liang compared body to the state, people are as important as organs. Mao Zedong also closely linked body with nation's fate, "*If we want to civilize, we should strong our bodies first. The spirit of nation comes along with strong body.*"²⁹

Although these two arguments above are not exactly the same, they do have one thing in common: they view body and nation as closely connected life form and established a link between the individual body and the fate of the country.

Body is perceived the most direct part of this process, has become a symbolic epitome from old to new, from disease to rehabilitation. Zhu Yong looked the image of the "barefoot doctors" as digestion of suffering, and summarizes the function of barefoot doctors as "setting up the national identity through gratitude and awe."³⁰

As the main promoter of rural medical treatment, Chairman Mao, who was regarded as the "red sun" by peasants (including barefoot doctors) strengthened his image of people's leader. His poem named *Farewell to the God of Plaguet* was widely spread, with bold broad-minded tolerance and determination to conquer the disease."³¹

²⁸ Hou Jie, Jiang Hailong, "*Body History of Discussion*" [J], "*History and Philosophy*" Phrase II, 2005

²⁹ 18 painting students, A Study of Physical", Wang Zhongjiang selected, New Youth[J] 183,188
Zhongzhou Ancient Books Publishing House, 1999

³⁰ Guo Yuhua, Sun Liping, Complained: the concept of a peasant country intermediation", [J], New History, pp506

³¹ ZhuYong etc, Diseases' fate in the revolution: saints type description of barefoot doctors[J]. Journal of Bookstore, June.2006

Farewell to the God of Plague

So many green and blue hills, but to what avail?

This tiny creature left Hua Tuo(a well-known doctor in Chinese history)
powerless!

Hundreds of villages choked with weeds, men wasted away;

Thousands of homes deserted, ghosts chanted mournfully.

Motionless, by earth I travel eighty thousand li(distance unit, 1 li=1/5 of 1
kilometer) a day,

Surveying the sky I see a myriad Milky Ways from afar.

Should the Cowherd ask tidings of the god of Plague,

Say the same grieves flow down the stream of time.

The spring wind blows amid profuse of willow wands,

Six hundred million in this land all equal Yao and Shun(ancient Chinese
empires).

Crimson rain swirls in waves under our will,

Green mountains turn to bridges at our wish.

Gleaming mattocks fall on the Five Ridges heaven-high;

Mighty arms move to rock the earth round the Three Rivers.

May we ask Mr. Plague: "Where do you want to go?"

Paper barges aflame and candle-light illuminate the sky.³²

3.2 The introduction of the concept of health and epidemic prevention

During early days of the New China, the whole country needed to be rebuilt
after years of wars. The lack of healthcare services, as an urgent problem, not just

³² Li Honghe, *Mao Zedong and new China health and epidemic prevention career*[J], *Party Literature* in 2009

affect the people's body quality, more of relating to the construction of national legitimacy. Through the spread of the concept of healthcare, not only people's illnesses could be treated better, but also can understand the whole process of cognition of the national identity.

It's not the first time to know about this healthcare reform in the rural areas of China in the vision of national construction. Duara's "state-making Theory" interpreted the whole process of the rural regime construction in China during the first half of the 20th century, through which proposed two core concepts(a "state-making" and "culture nexus of power", trying to surpass the frame of the social science research in the West - Modernization theory.

Luo Fuyun, in her book called "Healthcare Modernity" also concerned about it. She explored the healthcare status during the first half of the 20th century in Tianjin(a treaty port in China), pointing out that "the Public Healthcare" became the Communist Party's weapons against germs, combining with political movement and mobilization of the masses, in order to arouse the "nationalist sentiments" through "Patriotic Healthcare Movement". "From 'Patriotic Healthcare Movement', the cognition of 'sludge' and 'bacteria' via the official propaganda became a part of daily life, under the rule Chinese Communist Party, the for the penetration into the personal daily life from national authority has been accepted and went into people's routines."³³

In the early 1960s, the villagers generally lacked the awareness of disease prevention, Dr. Zhang recalled, she encountered some resistances in the implementation of the vaccination task.

The villagers didn't make any sense about vaccination at that time, almost everyone refused to be vaccinated when being asked for injection. They said they

³³ Luo Fuyun, *Modern health-- Chinese coastal ports health and disease meaning*, Xiang Lei Translated [M], JiangSu People's Publishing House, 2003,pp304

were very fine, why did we give them injections? Actually, they didn't understand what does vaccination means, so we had to persuade them to do it. The Datuan Hospital(Our supervisor) assigned a mission that at least 95% villagers should take part in the vaccination, we had to visit their home one by one for giving them injections. In order to avoid it, every child was hidden by their parents, because all the villagers were so fear of injections. With the time flied, persuading did work gradually; the villagers accepted it more easily than ever before.

Particularly, in the period of the prevention of cholera, only if we saw a man, we would give him the injection, because it was absolutely necessary to be vaccinated. When we went to the rice fields, those who were on a rice transplanting weren't willing to come to us and told us if we wanted to give them injection, we could come down to the fields. We had to do this work very proactively due to the indifference from the villagers to the vaccination. But now, the cognition to the vaccination has taken a sharp turn, they tend to ask for it even if there aren't any needs.³⁴

3.3 Politics in command of the medical and health services

In the early years since the founding of People's Republic of China, medical and health work was facing enormous challenges; the PRC found itself in a mess--inflationary recession, serious social crisis, infectious diseases, parasitic diseases and malnutrition was rampant in most of the mainland. "In the early days of post civil war, the average life expectancy was less than 35 years old, the infant mortality rate as high as 250/1000. The total numbers of medical and health professionals was too small to deal with the masses' large amounts of health problems. The main personnel engaged in the medical services were traditional Chinese medicine and herbal doctors, many of them lacked the necessary training

³⁴ From the interview material of the Dr.Zhang Yuqin of Tide village December 2012

and exercise, and they did not know how to deal with epidemic outbreak. At that time, the national prevention programs and the system didn't exist. Thus, faced with those harsh situations, the People's Republic of China must quickly develop its medical and health system to effectively solve the urgent health problems.”³⁵

Based on reality, how to deal with those challenges? National Health Conference was held in Beijing in 1950, at the meeting, Premier Zhou Enlai made a six-hours –report, including the Communist Party of China's obligations in all aspects of serving the people, and stressed that the medical community should contribute their strength to China's medical services. The conference proposed four requirements as the future health policy: prevention first; services for the workers, peasants and soldiers; integration of Chinese and Western medicine; the combination of health work and mass movement.³⁶ As a result, the rural health work began to get attention from the authority.

In the 1950s, national tour treatment activities were carried out frequently by medical team, but that could not keep doctors stationed in the countryside for very long time, it's like a slow remedy cannot meet urgency. Until the establishment of the system of “barefoot doctor”, the central government's medical administrative instructions: such as vaccination, epidemic prevention injection and hand out drugs for epidemic prevention and control, can actually be implemented, and every order was executed without fail.³⁷

So the epidemic prevention mobilization network based on “barefoot doctor” system was established in the countryside, barefoot doctors had served as an important mechanism of state power to control rural society, hoping to achieve the

³⁵ Wang Xiaohui, *Chinese concepts of health changes from the food*[N], *the New Economy* 2009

³⁶ Chen Zhi Qian, *China's rural medical--my memories*[M], Sichuan People's Publishing House in August 1998, P136

³⁷ Yang Nianqun, *Vaccination behavior and the politics of space*[J], *Journal of Dushu*, 6, 2003, pages 25-33

goal of speeding up epidemic prevention mobilization network establishment; report and message delivery of disease prevention and disease control and early warning. This network phased out with “Barefoot doctor” system abolished in 1985.

Yang Nianqun regarded the diseases prevention behavior as a way for the state to infiltrate rural society, and a compulsory force was needed to reconcile different interests during the infiltration process. He pointed out that, “An important feature of the modern health care system is to form an operational social mobilization method; the state intervenes in local organizations to unify planning, especially when facing the epidemic outbreak. When epidemic prevention system started as the emergency measures of health administrative policy, it was more mandatory than past, many forced actions were taken: such as forced isolation, vaccination, forced evacuation of the population and concentration of disinfection. All those were in conflict with the traditional medical principle of full of tender feelings and the traditional medical model in local society, and even would lead to a fairly common psychological panic.”³⁸

The emergence of the barefoot doctors relieved the panic of the local community, and these doctors were born and grow up there so that they could delicately connect the mandatory vaccination work with acquaintance society emotional attachment, they had played a big role in resolving villagers’ feelings of rejection. Barefoot doctors’ medical facilities were simple and crude, with low level of medical skills. But under the circumstances of being guided by revolutionary ideas, the authority were more concerned about their revolutionary consciousness, rather than their professional skills, that is, the “A good barefoot doctor should not only have a correct political point of view, but also have professional knowledge and skills, but politics comes first.”

³⁸ Yang Nianqun, *Vaccination behavior and the politics of space*[J], *Journal of Dushu*, 6, 2003, pages 25-33

3.4 Selection of barefoot doctors

Because rural cooperative medical service was growing up in the Cultural Revolution, and considering the context of Cultural Revolution, it could reveal the logic of focusing on the spiritual construction of barefoot doctors: Chairman Mao has consistently stressed that “one should believe in the masses, and relying on the masses”. He was always emphasizing the dominance of politics, and the selection and training of barefoot doctors must put political consciousness in the first place.

“The selection and training of barefoot doctors was based on the political standards; all of them had high degree of political consciousness; they not only can conduct prevention of disease and medical practice and sincerely serve the poor, also without departing from farming to maintain the true nature of the working people.” The central government had required organizations at all levels should encourage barefoot doctors to study Marxism, Leninism, and Mao Zedong Thought, and work hard to perfect medical skills to participate in the culture revolution.”³⁹

The barefoot doctors’ access threshold includes family background and political accomplishment. In their training, the proportion of political ideology was even more than medical knowledge. “Barefoot doctor has a very distinctive class identification symbol. In the screening process, only those who come from the “poor peasant” class are accepted. Because of their family origin, barefoot doctors were full of a sense of moral salvation, and strong tendency of love and hate.”⁴⁰

Due to barefoot doctors’ certain degree of getting rid of the rural manual labor, therefore also affected a lot of well-educated youths, as a nice choice of the future

³⁹ Editorial department, *New experience for the people's communes in leap forward - the suburbs of Shanghai People's Commune*[J], *Red Flag* 1974, pp205-214

⁴⁰ Li Decheng, *Barefoot doctors Commentary*[J], *Chinese Primary Health Care* January 2007, Volume 21 (1)

career. Some people even utilized relationship to get the position. Since that, in the commune era with working amount measure system, the barefoot doctor was a very popular job, their health care work are relatively well calculated in the system.

The interviewee Dr. Zhang Yuqin memories how she was selected as the barefoot doctor, she said, *at that time I was a 18-year-old girl, the production team don't want to me marry far away. As a barefoot doctor trained locally, I was supposed to take root here, to serve the people in our production team.*⁴¹

The spirit of serving the people is emphasized in the training process, even today, forty-eight years from her first medical practice, Dr. Zhang still remember the specific content of “June.26th Instruction”(put forward by Chairman Mao), which indicates visible political forces throughout the course of their medical practice.

Dr. Xu, who has started his barefoot doctor career since 1979, also remember that ethics training, in other word, taking the political class, including current political affairs, philosophy and common sense of economics. The core of political learning is to stress being fair to the people, but in recent years these aspects of education are in dilute.⁴²

When being asked, “Why did you choose to be a doctor at the very beginning?” Dr. Xu’s answer may have some representativeness:

“The village health clinic was shortage of manpower, my father is a party branch secretary and he worried about this. I was working outside the village, he wrote me three letters in a week, when I went back to work and read the letters that carry the same meaning, asking me to go back to the village and be a barefoot doctor of cooperative medical system. He is a loyal party member and

⁴¹ From the interview material of Dr.Zhang Yuqin of Tide village, June 2013

⁴² From the interview material of Dr.Xu Linmin of orchard village December 201

used very political tone, 'people need you' and alike. I was obedient to my father and came back. At that time, the village had a field planted with commonly used herbs of Chinese medicine, and dry the herbs. That was how I became a barefoot doctor."⁴³

Dr. Xu is not a single case. The political blood (family background) of the barefoot doctors was an important reference in the selection. As a native of villager, he began to serve people as a barefoot doctor from the early 80s, traveled to every corner of the village for the villagers' medical treatment, until now.

Chapter 4 Barefoot doctors and political mobilization

4.1 Political metaphor of the barefoot doctors

As we can see in a celebration photo of barefoot doctors from Pudong Area to participate in the 1968's National Day celebrations of Shanghai city provided by Barefoot doctor Zhang Yuqin, there were totally 23 barefoot doctors selected to participate in the National Day parade at the People's Square, consists of 10 male and 13 female barefoot doctors, all of them were at the age of 20-22 years old. The very common straw hat were tied to their back, and everyone was carrying same kind of medicine cabinet, holding Quotations from Chairman Mao, most of them has a childish face with a bit of pride on it.

Doctor Zhang joined the CCP in October 1966, when the Cultural Revolution was at the corner. She said, *"Being admitted to the Party was greatly different from now, I have to work for it, because the masses have sharp eyes, I tried to be outstanding in all aspects. Affected by the Cultural Revolution, my becoming a Party member delayed for a few months, but still can be considered on time. During the restore process of the Party membership after the Cultural Revolution,*

⁴³ From the interview material of Dr.Xu Linmin of orchard village December 2012

I even got it earlier than the former Party branch secretary, it is the result voted by the masses, and people know your commitment.”

Hygiene and the health of the body is the signal the state trying to send to the people through barefoot doctors system. Zhu Yong found that, “In all art pieces of the Mao’s era, the image of the barefoot doctors almost invariably appear in the image of the girl.”⁴⁴ Girls’ youthful vitality and vigor seems to last forever, and combined with the female image would convey the sense of spiritual comfort, giving the sick body some visual and spiritual relief to regain hope.

The barefoot doctors training with particular emphasis on political consciousness and even put it before the operational capabilities. The entire training didn’t put much effort in learning medical skills, it was carried out by a medical team of doctors from Shanghai city center would teach the barefoot doctors for three months each year, and in the mean time barefoot doctors had to finish their daily duty.

But political consciousness was on a very important position in the training, for example, Pudong County Health files recorded the hygiene campaign targeted to wipe out ten common diseases in the in 1960’s, and during this movement, the government firstly raised the political consciousness of the medical staff, and improved relations between the party and the masses, then to ask those barefoot doctors to play the medical role. Barefoot doctors had changed the old fashion of practice medicine--waiting patient to come, into a more initiative mod--barefoot doctors went to the countryside to treat an illness at patients’ home. Most significantly, barefoot doctors had to deal with their farming work while be responsible for publicity of deliver medical service door to door.

Barefoot doctors are not only enemy of the diseases, but also the ideological

⁴⁴ ZhuYong etc, *Disease in the fate of the revolution: saints type description of barefoot doctors*[J]. *Journal of Bookstore*, June.2006

communicators of the CCP. “The doctors’ primary task is defined by its political nature: you have to fight against the 1960’s revisionism trend before struggling with the diseases. One must first obtain the liberation, then to get a thorough treatment.”⁴⁵

Barefoot doctors used scientific medicine skills and their own political and moral advantage to build up a bridge connected the body and political mobilization. Body-Power-State, this obscure meaning was understood by the masses through the interpretation of the propaganda machine. “For example, ‘Chunmiao’(named by a barefoot doctor girl) was the movie of that age, which spoke very highly of the barefoot doctors. This film was based on the true story of barefoot doctor Wang Guizhen in Jiang Zhen People's Commune, and it greatly exaggerated the capability of barefoot doctors, giving the leading role Doctor Tian Chunmiao remarkable skills to cure almost every diseases.⁴⁶ In the film, witch doctor Gu Yuexian serves as a foil to godlike doctor Tian Chunmiao and enhanced her godlike image-- She combines the kindness of God and medical skills. The barefoot doctor not only cured the poor peasant Shuichang’s low back pain, but also put his body to greater use--personally involved in class struggle with Du Wenjie, the president of the same hospitals.”⁴⁷

4.2 Group portrait of barefoot doctors

Dr. Zhang (an interviewee) provided two photographs (see Appendix) to me, one was a group photo of the 26 barefoot doctors (the first group in Pudong District of Shanghai) who attended the national day’s celebration as the representatives in Shanghai in 1968, and the other is their reunion after 45 years in

⁴⁵ ZhuYong etc, *Disease in the fate of the revolution: saints type description of barefoot doctors*[J]. *Journal of Bookstore*, June.2006

⁴⁶ Michel Foucault, *The birth of clinical medicine*[M], Yilin Press, 2001, page 38.

⁴⁷ ZhuYong etc, *Disease in the fate of the revolution: saints type description of barefoot doctors*[J]. *Journal of Bookstore*, June.2006

2012. From the profiles of 22 barefoot doctors who participated in the party, different ways of careers can be found, some turned to be the doctors in town-level hospitals, and some became the doctors in the factories, and the other diverted to do other jobs until their retirements.

It's a great shock for me to the contrast of old photo (1968) and new photo (2012), witnessing the changes from their youth to their old. Doctor Zhang recalled the times when she's just became a barefoot doctor, *"The living conditions were very harsh, and there was even no electric light in 1965. I had to use the oil lamp when I visited patients at their home at night. Only when the villagers encountered sudden illnesses, I would visit the patients at their homes no matter how late at night, they were so appreciative."* Country life was simple and rustic at that time. When Doctor Zhang visited in the middle of the night, folks would boil two eggs (the best food you could ever get in the country) to treat her, the emotional connection between barefoot doctors and villagers accumulated in everyday life.

Representatives of barefoot doctors were invited to participate in the parade of 1968's National Day Ceremony in Shanghai city, Shanghai's each People's Commune selected only one from thousands of barefoot doctors to be the representative to participate in the parade, so it was quite an honor! In early October 1968, those representatives had a week of military training, practicing the goose step needed in the barefoot doctor square of the parade. 2013 is the 45th anniversary party of the assembly; old friends get together again, and recall the old days of practicing medicine, making people laugh to tears.

Doctor Zhang also encourages me to find her in the old photographs with a lot of pride in her face. She was 21-year-old in the 1968, and her eyes was full of confidence. She said, at that time personal photos of the barefoot doctors were exhibited in the Shanghai New Photo Gallery (a state owned photo shop) for a

couple of years, showing the prevailing social respect to the barefoot doctors.

“Barefoot doctor” is not only a concept of healing people’s physical illness; also the value symbol to maintain the acquaintance society and rural ethical relationship. Barefoot doctor connected the physical and the psychological, and then extended to social relationship, moral order and the opening network of rural society. Therefore, in the eyes of the villagers, “Barefoot doctor” is beyond its professional role as a doctor to have a political star effect. As Yang Nianqun mentioned, “Connection between the body and the daily life would lead to construction of the social trust network, political discipline, and even the reshaping of local knowledge.⁴⁸ It would result in the physical and psychological double reliance; “Barefoot doctor” is more than a doctor in all aspects.

January 25, 1985, *People’ Daily* published an article, “we’ll no longer use the name of ‘Barefoot doctor’, instead, to call them Rural doctor”, from then on, “Barefoot doctor” fades out in history, and since then, the doctors provided medical services in the rural area were called rural doctors. Compared with the “barefoot doctor”, there were huge changes in the income structure, ways and scope of practicing medicine, drug mode of rural doctor, and also in the welfare of the country. Due to the lack of government medical investment, rural medical conditions dropping rapidly, so that their position in the rural society was declining, no longer have the glory of the “barefoot doctor”. The rural doctors’ professionalism replaced the political nature of “barefoot doctors”, and also degenerated to the edge of the medical market to make a living.

Health clinic’s door was open, but because the lack of medical supply, people come here only to measure blood pressure. Doctor Xu (interviewee) had often emphasized that the barefoot doctors’ golden age has gone, and his mind was full

⁴⁸ Yang Nianqun, How to understand from the perspective of the medical history of modern politics [J], *Chinese Social History Review*, Volume VIII,2007

of disappointment in nowadays situation if compare it to the past. *“Clinics outlets in the past were way more than they are now, the villagers didn’t have to go out that far to get there. With three villages merging into one, there only left one health clinic, the distance is very far away for most villagers. And there were eight barefoot doctors in the past in all three villages, but now some retired and some passed away, without training new rural doctors, the phenomenon of no successors is very serious.”*⁴⁹ Right now two rural doctors are responsible for 4000 population’s basic medical problems within a radius of 5.8 km in the Orchard village. It’s such a large working area. Doctor Xu visited patients at home by bike or simply on foot, but now he needs to ride a motorcycle for more than 20 minutes to arriving the most remote patient’s homes.

Chapter 5 Conclusion

5.1 Decline and disappearance of the barefoot doctors

Since 1985, the barefoot doctor system exit the stage of history, transferred to rural doctors. It’s well worth to find out the reason why the system was wiped out of history. Comparing the rural doctors in health clinic and the original barefoot doctors, it’s more than just a name change, but all kinds of changes including the selection system, the scope of responsibilities, training mechanism and national policies, and the logic behind the national policy is what this paper attempts to get to the bottom.

Tracing back the above mentioned reason of barefoot doctors’ starting up, can we derive a logical chain like this: it is precisely these reasons that gave birth to the barefoot doctor system led to the withdrawal of the barefoot doctor system?

First of all, the end of the Cultural Revolution makes the political color of the

⁴⁹ From the interview material of Dr.Xu Linmin of orchard village December 2012

barefoot doctors watered down. Mao Zedong criticized the Ministry of Health can be the name of the “Ministry of Health for citizens”, pushing the health care reform in rural areas, strengthen the system and the ideological construction of barefoot doctors, that is an important practice of anti-course correction, from the top-down control to subversive experts. The ups and downs of the barefoot doctor marks the struggle between bureaucracy and the “experience preferred intention” admired by Mao Zedong, and even how to replace “red” with “specific” or the other way around.

Second, the pillar--collectivization support disappeared so that barefoot doctor system was difficult to sustain.

As Zhang Letian stated in “Say Goodbye to Ideal Type of Life- the People’s Commune System Research”, when the tension between the commune and village traditions can’t be managed to unifying, commune will go to the end. Similarly, disappearance of the economic factors behind barefoot doctor system also led to the loss of its rooting soil.

Third, in the analysis of the above-mentioned causes, we can’t help but questioning, did the actual needs of the basic level of health care in rural areas disappeared with the disappearance of the barefoot doctor system? The answer is obvious to everyone who knows a little about China’s rural life nowadays.

In the interview, I learned that the villagers go to village health clinic for several reasons:

1. Village health clinic are convenient to the farmers, cause it’s the nearest treatment available to them.

2. Chronic diseases accounts for a high proportion in the structure of rural diseases, so the villagers will choose a clinic to see a doctor instead of going to a higher level hospital.

3. Rural health clinic doctors are familiar and close to the people, they have

good reputation among them.

4. Rural health clinic has the highest reimbursement of 80%. Registration fee was reduced compared with higher level hospitals.⁵⁰

Today's medical resources in rural areas are still scarce, even the most basic medical services may not be guaranteed. The villagers told me that they generally tend not to go to the hospital unless for saving lives, it's too expensive for them. For the most fit and practical choice, clinics are somewhere they could get their little diseases treated with low expenses.

Many villagers in the interview said they usually go to see a barefoot doctor when they were not feeling well, because he is a "general practitioner" that can deal with the common diseases. They are easy to be found and avoiding the long queue up time in the hospital. The most important thing is, they don't have to suffer the cold attitude from the doctors of hospital.

A 50-year-old female villager told the author, "Any disease that could be treated in village health clinic we do not want to go out to see a doctor. We don't know where my money was spent and sleepwalk in the hospital doing this and that check without the doctor's explanation. But there are many diseases village clinics can't treat, for example, I have back pain problems, but barefoot doctors (villagers habits to call rural doctors to barefoot doctors as they did 30 years ago) can't do acupuncture anymore (from 1982 years later acupuncture treatment eligibility provisions of doctors in rural areas were canceled for safety considerations) and I had to go outside for treatment and spend 30yuan at a time." ⁵¹

It's obvious that the villagers highly trust barefoot doctors. Dr. Xu also said in the interview, there was a time during the influenza, his home house filled with more than twenty drips patients. Since the scope of diseases rural doctors are

⁵⁰ From the interview material of Dr.Xu Linmin of orchard village December 2012

⁵¹ From the interview material of villages of orchard village June 2010

allowed to treat in rural areas has narrowed compared to the barefoot doctors, the villagers have to go out of the village for health care more frequently, although that conflict with their wishes. However, the actual needs of medical treatment of the villagers have not been met. The policy making of cutting down barefoot doctors didn't solve the problem from the roots.

5.2 Prospect: Grass-root state building and transition of Chinese basic medical institution

Barefoot doctor has been an analyzable object of social history as its important role in the old time. It played basic function in medical system as the soldier at the frontline of birth control and epidemic prevention. Political movement involved bodies into the politic system by barefoot doctor to indoctrinate national ideology into people.

Studies on integration and control of rural society haven't been fully accomplished which is a part of construction of state power in the preliminary stage. There isn't a clear line of body-power-state which is expected to be expounded. The author focuses on the items of peasant's self-consciousness on state power, the social function of barefoot doctor and the political implication of medical system. This article partially lacks direct data from historical witness which needs to be investigated thoroughly.

Generally speaking, the author tries to explain the model of modern state management reflected by barefoot doctor that not only solves medical problems but also ensure the well working of modern state in rural society. It is the necessary road in the preliminary stage of new-born state in which barefoot doctor involves as an important role.

There is a big different between rural doctor and barefoot doctor. The latter responses for treat, prevention and birth-control, while rural doctor for treat,

prevention, maternal and child hygiene, health care, health propaganda and birth-control. It's an important object of disease prevention, birth-control and conventional therapy in deficient time. When it gets better, health care becomes a more important business. Rural medical care transforms from the mobilized model to routine model which means the state's political function transform from absorbing to serving.

The project of "doctors for families" has stated. The general practitioners are sending to rural areas by higher level hospitals for serving the local families. While the project is trying to become well-known by lengthen the doctor's time on duty.

Rural health care need to be better solved in state-market relationship. The new-born "doctors for families" may be a practical subject: the old medical system focuses on disease treat which is directed by doctors on the basis of hospitals. But the new cares more about the family's healthy on the basis of community. This new model emphasizes "general practice" and regards human, family and longtime healthy project as important system. Local doctor's serve based on local community give a big chance to revive the local identity and social network.

Bibliography

1. Theoretical Reference

1) Chinese Articles(my translation)

- [1] Yang Nianqun, *Vaccination behavior and the politics of space* [J], Journal of Dushu, 2003
- [2] Yu Xinzhong, *Paying attention to life--across the Taiwan straits disease medical and social history research* [J], Journal of the China social economic history research, 2001
- [3] ZhuYong etc, "Disease in the fate of the revolution: saints type description of barefoot doctors" [J]. Journal of Bookstore, June.2006
- [4] Yu Jianrong (2011),*The construction of state power and grass-roots governance change*, Literature and History Expo, 2011
- [5] Guo Yuhua, Sun Liping, *Complained: the concept of a peasant country intermediation*, [J], New History,2007
- [6] Fang Xiaoping, *Barefoot doctors and cooperative medical care system-Zhejiang Fuyang County case study*,[J] , set out in the 21st Century bimonthly (Hong Kong) 2003
- [7] Gu Jiaen, *In the people's commune period, the reasons for the success of rural cooperative medical cause analysis* [J], Public Administration, volume 5, 2006
- [8] Guo Zhenglin, (2002) *Family collectivism: rural society and political cultural identity*, [J] Administration Research Center, research socialism
- [9] Han Helong, Jin Bolong, (1995) *Stability of rural doctors a good move*, [J],Chinese Rural Health Service Administration
- [10]Xiao-Wei Li,(2009), *The new rural cooperative medical care in government function*, [J],economic problems
- [11]Li Tingan, (1934) *China Rural Health Survey Report* [J], Chinese Medicine
- [12]Liu Huandong (2009) *Exploring the conditions for the rural health development path*, [J], The information sector e medical

[13] Mao Zedong (1991), *Selected Works of Mao Zedong (Volume 3)*, [J], People's Publishing House

2) Chinese Books(my translation)

[1] Yu Xinzhong (2003), *Jiangnan plague and society in Qing Dynasty--a medical and social history*, [M], China Renmin University Press

[2] Yu Xinzhong (2009), *Disease, medical and health since the Qing Dynasty- to explore through the perspective of social and cultural history*, [M], Joint Publishing Press

[3] Yu Xinzhong (2004), *the social rescue in plague--China Modern major epidemic and social reaction*, [M], China Bookstore Publishing House

[4] James •A • Castro (2008), *Epidemiology and culture*, [M]Shandong Pictorial Publishing House

[5] Luo Fuyun (2007), *Modern health--Chinese coastal ports health and disease meaning*, Xiang Lei Translated, [M], JiangSu People's Publishing House

[6] Chen Zhi Qian (1998), *China's rural medical--my memories*, [M], Sichuan People's Publishing House in August

[7] Wang Minan, Chen Yongguo, (2003), *The body, culture, power and life of political science*, [M], Jilin People's Publishing House

[8] Ji Cheng (2011), *Discursive politics - the symbol of China's rural social change and operation of the power*, [M] China Social Sciences Press

[9] Hu Yi (2011), *Hospital in the countryside: modern China's disease politics*, [M] Social Sciences Academic Press

[10] Yang Nianqun, Huang Xinghai, Mao Dan, *The new historiography--picture of multidisciplinary dialogue*, [M], China Renmin University Press

[11] Angelo • Ke Diwei, (2001), *National character*, [M], Oriental Compilation and Translation Press, Chih-Jen Chang translated

[12] James Scott, (2004), *National perspective*, [M], Social Sciences Academic Press, Wang Xiaoyi translated

- [13] Wang Hongman, (2004), *The difficulty of public health (China's rural health care status quo and reform)*, [M] Peking University Press
- [14] Zong Yingsheng, (2010), *A new type of rural cooperative medical care policies and services*, [M], China Social Press
- [15] *People's communes in leap forward - the suburbs of Shanghai People's Commune new experiences*, [M], Shanghai People's Publishing House, 1974
- [16] *Contemporary China Series Editorial Department: "Contemporary China's health career"* (volume1) [M] (Beijing: China Social Sciences Press, 1986), pp.5-6; *Contemporary China's health* (volume2) (Beijing: China social Sciences Press, 1986), page 8.
- [17] Michel Foucault, *The birth of clinical medicine*[M], Yilin Press, 2001
- [18] Foucault, Liu Beicheng, Yang Yuanying translated, "Discipline and Punish" [M], Joint Publishing Press, 2009
- [19] Li Decheng, "The cooperative medical care and barefoot doctors study (1955-1983)", [D]. Dissertation of Zhejiang University, 2006
- [20] Hu Yi, (2007) *The diseases, politics and state-building*, Central China Normal University doctoral thesis [D]
- [21] *Pudong County Health Chi compilation of twelve*, Pudong County Archives
- [22] Zhang Kaining, Wen Yiqun, Liang Ping (2002), *From the barefoot doctors to country doctors*, [M] Kunming: YunNan People's Publishing House
- [23] Yang Nianqun "Reshaping patient--spatial politics under the conflict of Chinese and western medicine" [M], Beijing: China Renmin University Press, 2006, pp. 404-381

2. English References

- [1] Jean Oi, *State and Peasant in Contemporary China: The Political Economy of Village Government*, Berkeley: University of California Press, 1989.
- [2] A.J. Smith, *Barefoot doctors And The Medical Pyramid* *The British Medical Journal*, Vol. 2, No. 5916 (May 25, 1974), pp. 429-432

Published by: BMJ Publishing Group

- [3] Howard Waitzkin and Theron Britt, Changing the Structure of Medical Discourse: Implications of Cross-National Comparisons, *Journal of Health and Social Behavior*, Vol. 30, No. 4, Theme: Sociological Studies of Third World Health and Health Care (Dec., 1989), pp. 436-449
- [4] Steven Fox, China: Diary of a Barefoot Bioethicist, *The Hastings Center Report*, Vol. 14, No. 6 (Dec., 1984), pp. 18-20 Published by: The Hastings Center
- [5] Victor H. Li, Politics and Health Care in China: The Barefoot doctors, *Stanford Law Review*, Vol. 27, No. 3 (Feb., 1975), pp. 827-840 Published by: Stanford Law Review
- [6] David M. Lampton, Public Health and Politics in China's past Two Decades, *Health Services Reports*, Vol. 87, No. 10 (Dec, 1972), pp. 895-904 Published by: Association of Schools of Public Health

3. Medical Policy(in Announced order) :

- [1] *report of the Ministry of Health on the barefoot doctors working meeting* (excerpt) [R]. Wei-party word [1976] No. 17 July 21, 1976
- [2] *the Ministry of Health on the request of the individual to practice medicine* (Health Office No. 141) September 2, 1980
- [3] *the State Council approved the report of the Ministry of Health on reasonable solution barefoot doctors subsidy notice* (state department [1981] No. 24) February 27, 1981
- [4] *Labor Ministry of Personnel, Ministry of Health, reply to the rural doctors seniority calculation* (Labor Ministry [1986] 5) February 21, 1986
- [5] *the Ministry of Health, the Ministry of Finance notice a number of opinions on the strengthening of rural health work.* September 2, 1992
- [6] *the State department for consideration and views on deepening health system*

reform and deepening medical and health system reform embodiment 2009-2011.

January

21,

2009

Appendix:

Two photos were provided by barefoot doctor Zhang Yuqin (interviewee).



The picture above shows 1968 Pudong County representative of the barefoot doctors to participate in the National Day celebrations in Shanghai, taken at the Shanghai New Photo Gallery, the first row from left, the second one is Zhang

Yuqin.

The picture below shows the original cast 45 years later June 26, 2012. The left one in first row is Zhang Yuqin. Interestingly, they selected party time June 26, in honor of Chairman Mao, the June.26th instruction, that makes the root cause of the generation of barefoot doctors.

The following is the meeting organizer Dr. Xu Hong's speech.

四十五年老朋友相聚——缘

亲爱的朋友：



2012年6月6日到6月26日这二十多天，对我而言，是充实而辛苦的。1965年的6月26日，毛主席提出“六·二六”指示，随之诞生了农村赤脚医生。1968年的10月1日，我和另外22个朋友一起有幸代表上海市的赤脚医生，在

上海人民广场参加了伟大祖国的十九周年国庆典礼。在这之后的每个国庆日，我都会想到这些一起在艰苦的农村奉献自己的青春和汗水的同伴们。

今年2012年是60年一遇的水龙年，我又正好是66岁，便于6月6日发愿要举办一次老朋友的聚会。刚开始的一周，我仅仅联系到二人，时隔45年，大家都已经各散天涯，有了各自的生活。而当年的通讯方式太落后，想要凑齐这些老朋友，是要花费许多时间和精力。

在王水根和金福仙两位老朋友的帮助下，我们经过近二十天的辛苦和努力，6月26日上午九点，朋友们都怀着十分激动的心情冒雨来到了新场镇冠郡大酒店。除去两位已故的朋友，二位有事无法前来，一位联系不上之外，我们十八位朋友都到齐了。

更令人欣喜的是，我们迎来了1965年上海市卫生工作队李文娟医生，浦东新区卫生局李荣华分管局长，卫生局季明分管处长，宣桥

镇季玉兰分管镇长，宣桥镇卫生院姚松梅院长，朱华忠副院长，新场镇卫生院陶惠红院长。他们都十分重视我们这批老“赤脚”，在百忙



之中抽出时间冒雨赶来参加，并与我们合影。

更有浦东时报的记者潘永军前来，报道了我们这次难能可贵的聚会，真的是要好好感恩大家。

45年后的这个夏日，云蒸霞蔚，夏树苍翠，我们这些老朋友终于再次相聚，大家都感到激动万分。当初风华正茂的我们，经过岁月的洗礼，已经是两鬓染霜，然而过去那些一起努力奋斗的时光，可爱友善的面孔，却并未随着时间的流逝而被淡忘，反而越发澄澈清晰。

当年典礼结束后，大家肩背小药箱，手拿毛主席语录，在上海新中国照相馆合影，以纪念这个特殊的日子。

如今我们相聚一堂，一起追忆曾经的人生旅痕，互致问候，也再拍了一张新的合照。巧合的是，加上各位领导，当天合照的人数正好是二十六位。这不得不说是冥冥之中自有安排啊！当初我们背着小药箱，在乡村田埂一走几十年，全心全意服务在农村防病治病工作中，如今快半个世纪过去了，我们这些老赤脚医生再叙往事，看看这张新照片和过去的那张黑白合照，别有一番温暖在心头。

聚会结束后，我们将合影的大六寸彩照片一一分发到我的老朋友们手中，祝愿他们天天快乐！平安健康幸福！

这么多天的心血没有白费，聚会虽然结束，但感动却始终留在我的心中！

徐红又名徐子善 2012年6月26日