

Barefoot Doctors and the “Health Care Revolution” in Rural China: A Study Centered on Shandong Province

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Barefoot doctors were rural medical personnel trained en masse, whose emergence and development had a particular political, economic, social, and cultural background. Like the rural cooperative medical care system, the barefoot doctor was a well-known phenomenon in the Cultural Revolution. Complicated regional differences and a lack of reliable sources create much difficulty for the study of barefoot doctors and result in differing opinions of their status and importance. Some scholars greatly admire barefoot doctors, whereas others harshly criticize them. This paper explores the rise and development of barefoot doctors based on a case study of Shandong province. I argue that the promotion of barefoot doctors was a consequence of the medical education revolution and an implementation of the Cultural Revolution in rural public health care, which significantly influenced medical services and development in rural areas. First, barefoot doctors played a significant role in accomplishing the first rural health care revolution by providing primary health care to peasants and eliminating endemic and infectious illnesses. Second, barefoot doctors were the agents who integrated Western and Chinese medicines under the direction of the state. As an essential part of the rural cooperative medical system, barefoot doctor personnel grew in number with the system’s implementation. After the Cultural Revolution ended, the cooperative medical system began to disintegrate—a process that accelerated in the 1980s until the system’s collapse in the wake of the de-collectivization. As a result, the number of barefoot doctors also ran down steadily. In 1985, “barefoot doctor” as a job title was officially removed from Chinese medical profession, demonstrating that its practice was non-universal and unsustainable.

Introduction

At the establishment of the People’s Republic of China (PRC), vast Chinese rural areas had been ravaged by

decades of wars, epidemics ran rampant, health situations were extremely poor, modern medical resources were deficient, and peasants’ medical care relied primarily on various folk medical practitioners. The state thus organized traditional folk medical practitioners to set up “united clinics.” Most of these united clinics became commune clinics after 1958 when the People’s Communes were widely established in the country. Meanwhile, mobile urban medical teams and higher-level clinics or hospitals, such as united clinics, also trained many rural health workers (保健员), who were responsible for vaccination, patriotic hygiene campaigns, reporting epidemic outbreaks, health education, and first-aid treatments. Thus, a three-tiered rural health system, encompassing hospitals at the county level, commune clinics, and hygienists at the village level, was gradually established. By 1959, the country’s overall morbidity and mortality rates had dropped significantly and, as Li Hong-he notes, “people’s life expectancy was almost twice as long compared to that of before the liberation [in 1949].”¹

Rural medical problems, however, were not completely solved. Peasants often either had no access to medical treatment or simply could not afford it. In the early 1960s, many high-ranking party officials deplored the serious problems in rural medical service after returning from their trips to rural areas during the socialist education campaign.² Dissatisfied with the urban-centered pattern of health care development, Mao Zedong issued a directive on June 26, 1965, and demanded “shifting the focus of medical and health care services on rural areas.” The Ministry of Health, which Mao derided as “the health ministry for lords,” responded immediately by sending more mobile teams of medical personnel to the rural areas, where they trained some local peasants as part-time health workers who were later referred to as “barefoot doctors” during the Cultural Revolution.

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¹ Li Hong-he, *Xin zhong guo de yi bing liu xing yu she hui ying dui (1949–1959) [The Epidemic and Social Responses in New China: 1949–1959]* (Beijing: Zhong gong dang shi chu ban she, 2007), 276.

² Yang Shang-kun, *Yang Shang-kun riji [Yang Shang-kun’s Diaries]*, vol. 2 (Beijing: Zhong yang wen xian chu ban she, 2001), 653.

Barefoot doctors provided primary medical care to peasants, eradicated many infectious and endemic diseases, and substantially improved peasants' health. These accomplishments made them well-known domestically as well as internationally, and the attention of many researchers. Most studies have focused on why the low-cost and primitive barefoot doctors could help achieve such health care improvements beyond what would be expected at China's stage of economic development,³ how barefoot doctors became a role model for other developing countries, and what changes they reflected in China's medical politics.⁴ Few investigations have explored the development of medical science represented by barefoot doctors in rural areas.

Competing with traditional Chinese medicine, Western medicine was not accepted in rural China before it underwent a long and complicated procedure of assimilation. The debates over the comparative merits of traditional Chinese medicine and Western medicine have never ceased since the Republican period in the early twentieth century. Sean Hsiang-lin Lei has argued that, when Chinese medicine encountered a modern state like Republican China, which attempted to reform the former, it turned into a hodge-podge medicine different from traditional Chinese medicine.⁵ How was medicine actually developed in rural China during the Cultural Revolution? How were the Chinese and Western medicines integrated? What kind of role did barefoot doctors, who practiced both medical traditions, play in the rural health care revolution? Yang Nianqun believes that barefoot doctors were resurgent traditional Chinese "herbalists" (草医) because they used medicinal herbs, acupuncture, and folk recipes in order to reduce drug costs.⁶ Fang Xiaoping demonstrates that barefoot doctors were the main channel through which Western medicine not only entered the countryside but also dominated the cooperative medical system.⁷ Chunjuan Nancy Wei insists that, because of the implementation of Mao's idea of mass science in the field of public health during the Cultural Revolution, the cooperative medical care and the three-tiered rural medical network based on barefoot doctors, scored outstanding achievements in rural medical and health care. Based on these achievements, Wei even challenged the conclusion that the Cultural Revolution was a catastrophe for the scientific and technological development in China.⁸ Although they have illuminated the historical importance of barefoot doctors, these authors have not answered all the questions above.

³ Victor H. Li, "Health Services and the New Relationship between China Studies and Visits to China", *The China Quarterly*, No.59, 1974, 566–579.

⁴ David M. Lampton, "Public health and politics in China's past two decades", *Health Services Reports*, Vol.87, No.10, 1972, 895–904.

⁵ Sean Hsiang-lin Lei, *Neither Donkey nor Horse: Medicine in the Struggle over China's Modernity* (Chicago: University of Chicago Press, 2014).

⁶ Yang Nianqun, *Remaking "Patients": The Politics of Space in the Clash between Chinese and Western Medicine, 1832–1985* (Beijing: Zhong guo Ren min da xue chu ban she, 2006), 379.

⁷ Fang Xiaoping, *Barefoot Doctors and Western Medicine in China* (New York: University of Rochester Press, 2012).

⁸ Chunjuan Nancy Wei, "Barefoot Doctors: The Legacy of Chairman Mao's Healthcare," in *Mr. Science and Chairman Mao's Cultural Revolution: Science and Technology in Modern China*, ed. Chunjuan Nancy Wei, Darryl E. Brock (Lanham, MD: Lexington Books, 2013), 251–280.

Based on primary sources from local archives, I address these issues by examining the history of barefoot doctors with a focus on Shandong province. Located in the North China Plain, Shandong is one of the most populous provinces in China. At the inception of the PRC in 1949, many infectious diseases ran rampant in Shandong. By the eve of the Cultural Revolution, the health situation in rural Shandong had improved somewhat, but many peasants still suffered from various diseases. To some extent, Shandong is representative of China at large in these dimensions.

From "An Old Matter" to "A New Thing"

On September 10, 1968, *Red Flag* magazine, an official organ of the Chinese Communist Party (CCP) published an article entitled "Searching for the Direction of Medical Education Revolution from the Growth of 'Barefoot Doctors' in Jiangzhen Commune." This article, which Mao Zedong commented on and revised himself, referred to the part-time health workers who often labored barefoot in the fields as "barefoot doctors." Although Mao's remarks focused on the reeducation of urban doctors and criticizing the educational system as a whole, they were viewed as advocating for barefoot doctors. Four days later, the article was reprinted in the *People's Daily*, another organ of the CCP and the most authoritative newspaper in the country, further spreading Mao's words.⁹ Thereafter, barefoot doctors were widely regarded as "a new thing" that emerged in the Cultural Revolution.

In reality, however, the barefoot doctor was not "a new thing." Barefoot doctors or peasant health workers were mainly responsible for disease prevention and providing peasants primary medical care. Groups similar to barefoot doctors appeared as early as in Republican China, such as the health workers trained by C. C. Chen in Ding County, Hebei province, and those trained by the nationalist government in the health experimental zone set up by the government.¹⁰ After the establishment of the PRC, various offices concerning public health trained a large number of peasant health workers in an attempt to eliminate infectious diseases and promote the patriotic hygiene movement in rural areas. Some of the barefoot doctors so-designated by Mao were originally rural health workers trained in these earlier programs. After 1969, when the cooperative medical system was widely promoted, neither the media nor average people distinguished between barefoot doctors and rural health workers and used to refer to all rural grass-roots health workers in general as barefoot doctors.¹¹ But strictly speaking, barefoot doctors only meant those serving part-time as health workers for production brigades while remaining as agricultural laborers; the health workers serving production teams (each production brigade had at least several

⁹ Mao Ze-dong, *Jian guo yi lai Mao Zedong wen gao [Mao Zedong's Manuscripts Since the Founding of New China]* (Beijing: Zhong yang wen xian chu ban she, 1987), 557.

¹⁰ Xu San-chun, "Dang dai zhong guo he zuo yi liao zhi du qi yuan tan lun" ["A Research into the Origin of Contemporary Chinese Cooperative Medical System"], *Journal of China Agricultural University* 30, no. 3 (2013): 40–45.

¹¹ Zhang Kai-ning, Wen Yi-qun, and Liang Ping, *Cong chi jiao yi sheng dao xiang cun yi sheng [From "Barefoot Doctor" to "Village Doctor"]* (Kunming: Yunnan ren min chu ban she, 2002), 20.

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