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— MAO TSE-TUNG

The Orientation of the Revolution in Medical Education as Seen in the Growth of "Barefoot Doctors"

(Report of an Investigation From Shanghai)

Foreword

"Barefoot doctors" is the affectionate name Shanghai's suburban poor and lower-middle peasants have given to health workers who divide their time between farming and medical work.

In 1958, under the guidance of Chairman Mao's proletarian revolutionary line, the poor and lower-middle peasant masses on the outskirts of Shanghai held high the great red banner of Mao Tse-tung's thought and advanced courageously. The publication of Chairman Mao's two poems entitled *Farewell to the God of Plague** was an immense stimulus to their revolutionary enthusiasm in finding ways to prevent and wipe out disease. In response to Chairman Mao's great call, medical circles in Shanghai organized a 10,000-strong contingent to go to the rural areas, where, in co-operation with the clinics of the people's communes, they trained, in short-term classes and through practice, large numbers of health workers who did not divorce themselves from production. Figures for June 1960 show that there were over 3,900 such health workers in the more than 2,500 production brigades of the

ten counties under the Shanghai municipality. Giving medical treatment and vigorously carrying out preventive measures and doing propaganda work, they achieved outstanding successes in transforming public health and medical conditions in the rural areas.

In August 1961, the agents of China's Khrushchov in the field of public health in Shanghai, unscrupulously pushing a counter-revolutionary revisionist line in medical and public health work, made a malicious report viciously slandering the health workers in the production brigades and ordering them to drop their medical work. The new-type public health force created in the period of the great leap forward in the rural areas was thus destroyed; the number of health workers, originally over 3,900, was slashed to just over 300.

In the great socialist education movement in the rural areas in 1963-64, the health protection network

* Our great leader Chairman Mao wrote this in a gratified mood on July 1, 1958, after reading a newspaper report on the wiping out of schistosoma in Yuchiang County, Kiangsi Province.

on the outskirts of Shanghai was gradually reinstated and rebuilt. The number of health workers in the production brigades again increased from just over 300 to more than 2,300. On June 26, 1965, Chairman Mao issued his brilliant instruction: **"In medical and health work, put the stress on the rural areas."** In cooperation with mobile medical teams, the counties on the city's outskirts carried out a comprehensive job of reorganizing and training "barefoot doctors" who both farm and give medical service to bring the number up to more than 4,500; on the average, this gave every brigade 1.8 "barefoot doctors." These "barefoot doctors" in turn trained more than 29,000 health workers for the production teams. The health protection network was thus developed all round.

Many more "barefoot doctors" have emerged in the great proletarian cultural revolution. Tempered in the storms of class struggle and the struggle between the two lines, this force has expanded and been consolidated and made much progress.

A number of "barefoot doctors" have matured in struggle in the Jiangzhen Commune in Chuansha County. This commune has more than 28,000 people, and is located on the East China seacoast. In the great leap forward in 1958, it trained 19 health workers, and each production brigade set up its own health station. The commune selected six activists in health work to go to a county-run school of public health, where they studied for ten months and then returned to work in the commune. However, they were all removed from their jobs as health workers in around 1961. When the Party Central Committee directive of 1963 on wiping out a certain infectious disease on the outskirts of Shanghai reached Jiangzhen Commune, it re-established its health network and all the production brigades and teams selected their own spare-time health workers. They started to train "barefoot doctors" in 1965. Tempered in the great cultural revolution, this force is developing and growing.

The Poor and Lower-Middle Peasants Want Such a New-Type Medical and Health Force

"Barefoot doctors" generally spend half their time doing farm work, so the production brigades need only give them for their medical service a small subsidy which is no burden to the poor and lower-middle peasants. The income of these "barefoot doctors" is kept on the same level as peasants having similar labour power. Take last year for example. The "barefoot doctor" of the Dongbin Brigade, which is well off,

earned 300 yuan. Of this, 100 yuan came from doing farm work, the rest was paid him by the brigade for his medical services. Actually, however, 125 yuan of this remaining amount was made up by what he himself turned over to the brigade in the way of fees for making home calls, giving injections (5 fen each) and delivering babies (3 yuan each). Thus, what the brigade actually paid out was only 75 yuan.

In the Minli Brigade, a less well-off one, the "barefoot doctor's" income last year was something over 200 yuan. Of this, 54 yuan was remuneration for his farm work. Of the remainder, which was paid him by the brigade for his medical services, 92 yuan was made up for by the fees the doctor himself collected for the brigade in making home calls and giving injections, and the brigade actually only had to pay out 61 yuan.

Both these production brigades have a population of over 1,300, so each poor or lower-middle peasant, on the average, contributed only four to five fen a year to the "barefoot doctor's" subsidy.

The "barefoot doctors" are in the vanguard in the transformation of medical and health conditions in the rural areas. The poor and lower-middle peasants want them. A child of a poor peasant in the Xinlong Production Brigade was taken ill and was first "attended" by a bad egg who had come from outside. An ampoule of analgin should cost less than a yuan, but this crook charged over ten yuan for it. The child's high fever did not abate. A "barefoot doctor" came voluntarily and carefully tended and cured the child. All that the child's family spent was a little over three yuan.

Examples like this are legion. This makes the poor and lower-middle peasants understand that power over medical and health work must be in their own hands. The counter-revolutionary revisionist line in medicine and health pushed by China's Khrushchov and his agents in this field led to hospitals being set up in cities and towns far from the villages. This made it inconvenient for the peasants to see the doctors. As the peasants put it: "When the ambulance sounds its alarm, be ready to pay the expenses with a pig."

A child of a poor peasant in the Chenhu Production Brigade caught Japanese B encephalitis in 1963. Because there was no hospital near by, the child got steadily worse. Finally, rushed to Shanghai, he stayed a month in hospital there, but was disabled by the disease. His family had spent over 300 yuan.

During the great cultural revolution, another child of a poor peasant in the same production brigade caught the same disease. A "barefoot doctor" promptly diag-

nessed it and giving him drugs immediately, checked the disease. He then sent the child to a county hospital. The child was well again in a week, and his family spent only 20 yuan in all.

The "barefoot doctors" have played a tremendous role in carrying out the policy of "prevention first." In one production brigade, a "barefoot doctor," under brigade leadership, joined the poor and lower-middle peasants in disposing of the night-soil and purifying the drinking water. As a result, there was a big reduction in the number of mosquitoes and flies and endemic diseases were effectively prevented. Take epidemic encephalitis and Japanese B encephalitis for example. There were 200 cases in 1966, but scarcely any this year. The way the work of disposing of the night-soil and purifying the drinking water was done was praised by people who went there to inspect mass health work.

At the same time, now that they have the "barefoot doctors," the poor and lower-middle peasants have a bigger say in matters of medicine and health. A "barefoot doctor" rushed a poor peasant patient to a county people's hospital for treatment. A medical worker there, who had not sufficiently remoulded his bourgeois world outlook, put a clinical thermometer into the patient's mouth and left it there for one hour and three minutes. Backed up by the "barefoot doctor," the poor peasant sharply criticized this scandalous style of work reflecting the medical worker's attitude of discrimination against workers and peasants.

The Way to Train "Barefoot Doctors"

Jiangzhen Commune now has 28 "barefoot doctors," whose average age is 23. They serve the 21 production brigades of the commune. The great majority of them are sons and daughters of poor and lower-middle peasants and have had only a primary or junior middle school education. Some have had only two and a half years of schooling.

This commune has trained its "barefoot doctors" in two ways. One was by giving them short-term training in the commune clinic. There was an acute struggle between the two lines in this. One such training course, held on the eve of the great cultural revolution, was carried out in a way that was completely divorced from proletarian politics, divorced from the worker and peasant masses, and from practice. It copied the old-line medical schools, giving eight lessons a day, undertaking "regularization" and "systematization," and requiring the trainees to bury themselves in books all day long. Although the training given thus behind closed doors was of some use, the trainees were, however, infected with bourgeois ideas of fame and gain. Some purchased a thick volume costing 9 yuan

and showed off by carrying it round with them in the village. Some of the "barefoot doctors" became unwilling to go barefoot any longer, but were keen to become city doctors in white smocks. During the great cultural revolution, another training class was held under the direct management of the poor and lower-middle peasants in co-ordination with the commune clinic and helped by the mobile medical teams. It was modelled on the Chinese People's Anti-Japanese Military and Political College.* "Barefoot doctors" were also included in the leading group in charge of the two-month training class. Basic teaching material was the "three constantly read articles" by Chairman Mao [*Serve the People, In Memory of Norman Bethune and The Foolish Old Man Who Removed the Mountains*]. Class education was given them by the poor and lower-middle peasants, and instruction in medical skills was carried out in close connection with problems met with in practice. When the course ended, every trainee expressed his wish to become a "barefoot doctor" wholeheartedly serving the poor and lower-middle peasants.

Another way was training through practical work. This is an important method of training "barefoot doctors." Our great leader Chairman Mao teaches us that "a revolutionary war is a mass undertaking; it is often not a matter of first learning and then doing, but of doing and then learning, for doing is itself learning." The poor and lower-middle peasants give wide scope for medical practice to "barefoot doctors" when they return to their respective production brigades. The peasants declare: "We will make it possible for a chicken feather to fly to the sky." In some brigades, all the patients, however grave their illness, go to the "barefoot doctors" for treatment. Each of the latter handles some 1,500 sick-calls annually, while a full-time commune doctor who studied five years at a medical school treated only several hundred cases. At the same time, the "barefoot doctors" have rapidly improved their skill thanks to help given in practical work by doctors of the commune clinic who live, eat and work with the poor and lower-middle peasants, or those responsible for medical work in two or three production brigades at a time, as well as members of the mobile medical teams. One "barefoot doctor," for instance, after having been coached in practical work this way, is now able to diagnose heart diseases and handle them with satisfactory results.

The question of which class holds the leadership also arises in the training of "barefoot doctors." If the

* This was a school of a new type founded in 1933 under the direct leadership of the Party's Central Committee and Chairman Mao. It was called "Kangta" for short. It trained and brought up large numbers of revolutionaries for the cause of liberation of the Chinese people. Chairman Mao was himself chairman of its educational committee, and gave lectures and delivered reports there. He also appointed Comrade Lin Piao as its president and political commissar.

working class and the poor and lower-middle peasants do not grasp the leadership, the "barefoot doctors" cannot be trained or developed. First of all, the persons to be trained should be selected well. In the Dagou Production Brigade, some commune members once thought that a nurse who had come from the city several years earlier was suitable for training. But from the very beginning, this nurse only showed concern for work-points and rewards. So, instead of selecting this person, the poor and lower-middle peasants later chose the daughter of a poor peasant, who was the brigade bookkeeper and store-room keeper. She had only a primary school education, but was often praised for her scrupulous attitude in handling public matters and making a strict distinction between these and her private affairs.

Grasping ideological educational work is also very important. As a result of relaxing such education, in one production brigade a "barefoot doctor" who had been corrupted by bourgeois ideas married a rich peasant's son and degenerated. In a neighbouring brigade, however, a "barefoot doctor" constantly received class education from members of her family who recalled their bitter life of the past and encouraged her to study and apply Mao Tse-tung's thought in a creative way. The brigade also enrolled her in a Mao Tse-tung's thought study class and accepted her in a central study group. She later became a Communist Party member.

Before the great cultural revolution, when medical and health work was dominated by the counter-revolutionary revisionist line, a handful of capitalist roads and bourgeois doctors discriminated against the "barefoot doctors" in every possible way and prevented them from gaining experience. They were not allowed to use medicines they already knew how to use, or to write out prescriptions they had long been qualified to do. During the great cultural revolution, proletarian revolutionaries seized back the leadership of the commune clinic and broke through all such restrictions and thus created favourable conditions for the growth of "barefoot doctors."

In Jiangzhen Commune, the medical training of 28 "barefoot doctors" was undertaken by a doctor at the commune clinic, who had graduated from a city medical school. In the last few years, he has established warm class bonds with the masses of poor and lower-middle peasants. He understood that in carrying out Chairman Mao's brilliant instruction, "In medical and health work, put the stress on the rural areas," he should not only act as a rural doctor himself but also regard the training of "barefoot doctors" as an important task. He wrote a great deal of simplified teaching material for medical work and public health in the countryside, recommended some excellent popular medical works suitable for villages, organized the "barefoot doctors" to engage widely in activities in which they teach each other, with special emphasis on fostering their ability to study on their own so that they can quickly "cross the threshold" through practice. Facts show that it is not difficult to "cross the threshold." For instance, there is one "barefoot doctor" who did

not undergo group training at the commune clinic, but his medical skill improved rapidly through self-study and mutual help. He has succeeded in independently curing a pleurisy patient. Later he joined a short-term training course and made faster progress even than the other "barefoot doctors." **The example of this doctor who came to the countryside from the city has proved that the majority or the vast majority of the students trained in the old schools and colleges can integrate themselves with the workers, peasants and soldiers, and some have made inventions or innovations; they must, however, be re-educated by the workers, peasants and soldiers under the guidance of the correct line, and thoroughly change their old ideology. Such intellectuals will be welcomed by the workers, peasants and soldiers. If you doubt this, think of that doctor in Jiangzhen Commune, Chuansha County, Shanghai.**

Educated and trained by the poor and lower-middle peasants, the "barefoot doctors" come from the poor and lower-middle peasants and go back to them. They come from practice in the rural areas and go back to practice there. That is the road they are taking.

After more than two years of practice, the "barefoot doctors" have made remarkable progress in medical skill. All of them can prescribe around a hundred medicinal preparations and diagnose and cure around a hundred common ailments of frequent occurrence in the countryside. They can perform acupuncture on more than one hundred points on the human body. They can cure such common but serious illnesses in the rural areas as measles, pneumonia and pleurisy. Some of them have shown greater ability in practical work than some of the doctors in the commune clinic, who are graduates of medical schools but lack practical experience. For instance, there was one doctor, who claimed to have studied for some 20 years in school, but he once mistook appendicitis for ordinary enterogastritis. The disease became worse and peritonitis resulted because treatment was delayed. A "barefoot doctor" was then sent for, who immediately made the correct diagnosis and saved the patient's life.

This can also be seen in the comparison between two doctors in the commune clinic who are about the same age but have travelled different paths.

One is a graduate from a medical school where he specialized in surgery and internal medicine. He spent five years like a book-worm, and his short-sightedness increased from 300 to 625. He has been working for four years, but his skill is poor. He was unable to diagnose meningitis and pleurisy. Once when he was going to deliver a premature, still-born baby, he could only recite what he had read in medical school and was at a loss what to do. **Towards such people, educational work should be carried out to help them remould themselves step by step.**

The other is a doctor from a poor peasant family who had studied only two years in junior middle school. An activist in the public health campaign to eliminate pests and prevent diseases during the great leap forward in 1958, he was sent by the commune to study for

ten months at a public health school run by the county. He then worked in the commune clinic for several years, and later attended a seven-month course in surgery. Today, he is able to perform herniorrhaphies, sterilizations and other operations even with simple medical apparatus. Tempered in the great cultural revolution, he is now a responsible member of the revolutionary committee of the commune clinic.

This sharp contrast has exposed the abuses of the old system of medical education (the whole educational system), which was seriously divorced from politics and from practice. It has shown the tremendous vitality of this new-type public health and medical force, the "barefoot doctors," in its development.

The most fundamental reason for the rapid progress the "barefoot doctors" make in skill is their ardent love for Chairman Mao, for the new socialist countryside and for the poor and lower-middle peasants. One "barefoot doctor" has not left her production brigade for nearly two years, though most of her relatives are living in Shanghai proper. In this production brigade is an old poor-peasant woman of over 70 years who is paralysed and incontinent. This "barefoot doctor" gives her injections and changes and washes her clothes every day. The old woman, much moved, says: "Our dear Chairman Mao is very good indeed! But for him, nobody would know even if I died of old age. This girl is better than a daughter of my own!"

The Educational Revolution in Medical Schools and Colleges as Seen From The Maturing of "Barefoot Doctors"

By studying the road along which the "barefoot doctors" have advanced, one can understand a number of problems concerning the educational revolution in medical schools and colleges. The poor and lower-middle peasants in the Jiangzhen Commune have learnt from their own experience that to carry out Chairman Mao's brilliant instruction, **"In medical and health work, put the stress on the rural areas,"** it is essential to make a success of the educational revolution in medical schools and colleges. Having studied Chairman Mao's latest series of instructions on the revolution in education, they hold:

One. Medical education must serve proletarian politics. The poor and lower-middle peasants cite two young people in the commune who began as "barefoot doctors" at the same time. Later on, one of them was recommended to study in a part-farming and part-study medical college in Chiating County (only senior middle school graduates were qualified to enter this college). This college was a key school under the personal charge of the counter-revolutionary revisionist Yang Hsi-kuang, where he instilled a great amount of revisionist poison into the students. After three years this "barefoot doctor" became a pasty-faced pedant who, when she came home, rarely talked to the poor and lower-middle peasants. She was not willing to go back to work in the commune, and even more unwilling to be

a "barefoot doctor" in her production brigade. Another girl with only two and a half years of schooling heightened her political consciousness after tempering herself in struggles for three years, and her love for the poor and lower-middle peasants and rural medical work increased. She said: "When my medical kit is running low on medicines, I am more uneasy than when rice is running out at home." The latter has also surpassed the former in medical skill. Deeply impressed, the poor and lower-middle peasants say: "If the revolution is not carried out in education, revisionism will emerge even among the children we send to school!" They maintain that proletarian politics must be put in command in medical education and that the "three constantly read articles" and *On Practice* and *On Contradiction* must be required courses. The principle of linking theory with practice must be carried out and students should study in the course of the three great revolutionary movements of class struggle, the struggle for production and scientific experiment.

Two. Medical schools and colleges should mainly enroll "barefoot doctors" and public health workers. Chairman Mao has recently pointed out: **"Students should be selected from among workers and peasants with practical experience and they should return to production after a few years' study."** The poor and lower-middle peasants hold that it is good to let the "barefoot doctors" temper themselves in the countryside for two or three years and then study in medical schools and colleges. The poor and lower-middle peasants say joyfully: "In the future, when the medical schools and colleges enroll students, we will send 'barefoot doctors' who will come back to serve us after a few years' study." The Jiangzhen Commune selected 144 health workers from different production teams, who continue to do farm work, to be trained mainly by "barefoot doctors." More "barefoot doctors" will thus emerge from such training and a number of them can be sent to study in medical schools and colleges for a year or two or two to three years.

Three. Keep to the policy of raising standards on the basis of popularization. The poor and lower-middle peasants are of the opinion that at present the most essential thing in medical science is popularization, while raising standards is also necessary. But the raising of standards must be done in the direction required by the workers, peasants and soldiers. "The raising of standards" which serves only an extremely small number of city gentry must be thoroughly criticized and repudiated. The poor and lower-middle peasants also maintain that apart from those who go to school to study, the overwhelming majority of the "barefoot doctors" should persevere in striking roots in the rural areas. The method of regularly alternating the doctors in the commune clinics with the "barefoot doctors" can be used to raise their standards. This would be conducive both to remoulding the present medical and public health workers and to raising the standards of the "barefoot doctors" through practice.

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