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Background for the emergence of the barefoot doctor system of mainland China

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Abstract
The emergence of the Barefoot Doctor system in Mainland China during the late 1960s was a product of complex historical, political, social, and economic developments. This study aims to explore the multifaceted background that led to the formation of this rural medical system and to clarify the factors that sustained it until the early 1980s. Methodologically, the paper adopts a historical-analytical approach, using official documents, government reports, and prior scholarly works to trace the institutional evolution of Chinese health administration from the late Qing Dynasty through the early People's Republic of China. The results reveal four key factors influencing the rise of the Barefoot Doctors: first, the political trend toward the nationalization of health from the late Qing through the Republican era; second, the severe medical shortages and rural health crises following the establishment of the PRC; third, the economic and institutional foundation of the rural people's commune system, which integrated politics and production to support collective health care; and fourth, Mao Zedong's populist and revolutionary directives that redirected medical priorities toward rural areas. These elements collectively shaped a unique model of primary health care emphasizing prevention, mass participation, and low-cost, locally trained medical personnel. The conclusion highlights that the Barefoot Doctor system not only filled a critical gap in rural health services but also reflected the broader socialist vision of healthcare equity and community mobilization. Despite its shortcomings in medical standardization and sustainability, the model significantly influenced China's later rural health reforms and global public health paradigms.

Keywords: Mao Zedong, China health policy, barefoot doctors, rural health care, people's commune system, medical institutionalization, primary health care, public health history

1. Introduction
Barefoot doctors were the primary medical and health personnel at the Production Brigade level of the rural people's commune in the period of collectivization in mainland China. They were not established as formal doctors and were still farmers. On 14th September 1968, *the People's Daily* reprinted in full the article of *Red Flag Magazine*, "From the Growth of Barefoot Doctors to the Direction of the Medical Education Revolution-An Investigation Report of Shanghai Municipality", and since then, this group of people had been officially called "barefoot doctors" in China and the name "Barefoot Doctors" began to spread all over the country. Their survival from 1968 to the mid-to-early-1980s was driven by a series of background factors and their emergence was not sudden, but had its own series of preliminary development trajectories.

2. The background of the emergence of the barefoot doctor system
Since the late Qing Dynasty, Chinese government had started the process of taking charge of health care, and the state had gradually begun to intervene in the field of health care, which had a bearing on the people's birth, life, aging and death. Chinese government at first focused on the cities and then on the countryside. Slowly, a series of health administrative organizations and institutions had been set up to manage health matters that used to belong to the people's private sphere, and in this process the power of the state had been brought to the forefront. The Barefoot Doctors were a typical manifestation of the involvement of the government of the People's Republic of China in rural health care and the management of the health of the rural people.

Its emergence during the period of collectivization after the founding of the People's Republic of China government was also related to the social reality of the lack of medical care and medicines in rural China at that time, the rural people's commune system which was politically and economically integrated, and the strong impetus given by Mao Zedong, the political leader of the time.

2.1 Political Background: Trends in the "National Domination" of Health from the late Qing Dynasty to the Pre-republican Period

Prior to the late Qing Dynasty, life, aging, illness and death were more of a personal matter, and the State generally did not intervene in people's daily medical activities. In the countryside, the rural medical world was an open and pluralistic system and there were traditional Chinese medicine practitioners, herbalists, roving doctors, religious healers, midwives and other types of healers from whom the people generally received medical treatment. Accordingly, the State did not have a permanent medical administrative organization in the countryside, and both medical practitioners and people were free. However, since the late Qing Dynasty, China had been forced to open its gates and set up some certain ports of entry. A large number of Western missionaries began to preach their religions through medical activities, using Western medicine to treat the sick and save lives, and setting up hospitals, which had a certain impact on China's healthcare system at the time. But this impact was limited to some of the cities, and the vast majority of China's rural areas still maintained the traditional pluralistic and open medical world.

According to Japanese scholar Wataru IIJIMA, the process of institutionalization of health in modern China, whereby the government began to intervene in health, unfolded first at the local and then the central level, spurred by the prevalence of such infectious disease as the bubonic plague. At the end of the 19th century, the prevalent bubonic plague in Guangdong Province, spread to Hong Kong and then to the coastal trading ports of Shanghai, Tianjin and Yingkou, etc. In 1899, the bubonic plague became endemic in Yingkou. Nevertheless, the foreign consuls of these places were dissatisfied with the traditional methods used by the Qing government at that time, which was to let the local officials and the private Goodwill Halls respond to it, and made representations to the Ministry of Foreign Affairs. Therefore, in October 1899, the Yingkou Sanitary Bureau, which was composed of Chinese and foreigners, was established, and formulated the "Statute for the Prevention and Eradication of the Nodular Pestilence in Yingkou" (12 articles). But the bureau failed to become a permanent organ, and as the epidemic of bubonic plague subsided, it was abolished on 30 April 1900 [1].

Actually, the establishment of the Yingkou Health Bureau was not yet the starting point for real government intervention in health in China. The agency that really played a role in health administration was the Tianjin General Health Bureau established in 1902 in Tianjin after the Boxer War, which marked the beginning of the process of health institutionalization in modern China despite that it was a local-level health administration organization. Because the government system in the New Deal of the late Qing was learned from Japan where health administration was dominated by the police, health administration in modern China was also closely related to police administration. In 1905, the Qing government established the Ministry of Patrol and Police with the Department of Health under it, and in November 1906 the Ministry of Patrol and Police was changed into the Ministry of Civil Affairs, and thus the Department of Health of the Ministry of Civil Affairs was the earliest centralized health administration in modern China [2].

Besides, the pneumonic plague epidemic that was prevalent in the Northeast and affected the surrounding areas in 1910-1911 prompted the Qing government to set up the Mukden Provincial Epidemic Prevention Directorate in Mukden, the Peking Temporary Epidemic Prevention Bureau in Peking, and the Northeast Epidemic Prevention Office in Harbin. And with the help of these institutions, various effective epidemic prevention measures were taken, which ultimately quelled the epidemic [3]. During this period, in order to prevent Japan from interfering in China's internal affairs by expanding its influence in the Northeast through the pneumonic plague epidemic, the Qing government internationalized the pneumonic plague epidemic in the Northeast by convening the Universal Plague Conference in Mukden in April 1911, thus deterring Japanese attempts. This reflected the fact that the Qing government had already recognized the political nature of health, which was a matter of national interest and sovereignty, and had begun to intervene proactively in health affairs, which had been mainly undertaken by civil society [4].

With the demise of the Qing government, this series of health administration reforms and construction activities produced limited practical effects. Nonetheless, the process of institutionalization of health that began in the late Qing period, in which the State intervened in the management of people's bodies, and in which people's day-to-day health problems became part of the State's authority, paved the way for the further development of health administration and the national domination of health in the Republic of China.

After the Xinhai Revolution (the Revolution of 1911 of China), the Nanjing Provisional Government established the Health Bureau of the Ministry of the Interior, and the subsequent Republican Government in Peking set up the Department of Health of the Ministry of the Interior. But due to the unstable political situation of the country and the lack of governmental power, this central health organ failed to play a full role in practice, and was temporarily abolished halfway. In 1917-1918, the epidemic of pneumonic plague that occurred in the area with Shanxi being the center directly contributed to the most important outcome of the institutionalization of health in this period-the establishment of the Central Epidemic Prevention Office in Peking in March 1919. Immediately, the Central Epidemic Prevention Office actively promoted sanitation, contributing to the pox-planting business in Peking at the time and working to advance sanitary administration nationwide. However, because it was only an organization under the Department of Health of the Ministry of the Interior, it did not have the function of an administrative organ due to its low level. Thus, its achievements in promoting health administration were still limited. To solve this problem, the Public Health Office was established in Peking in May 1925, which, oriented towards health administration, expanded the activities of the Central Epidemic Prevention Office, carried out health affairs, including house-to-house inspections, and made up for the shortcomings of the Central Epidemic

Control Office's health administration function [5].

It is worth mentioning that the Peking Union Medical College Hospital during this period also played a great role in the advancement of health in Peking. Among other things, Lan Ansheng, a professor at the Peking Union Medical College, an American public health expert and a director of the Peking Public Health Office, reformed Beijing's public health service. He divided the Peking public health service into three parts, namely, general health, prevention of infectious diseases and construction of vital statistics. "General hygiene included ensuring the quality of tap water and getting rid of flies, prevention of infectious diseases included smallpox prevention (implementing compulsory smallpox vaccination together with the police), and the construction of vital statistics included birth, death and related statistics, and the management of assisted childbirth" [6]. In 1925, Liu Ruiheng, director of the Peking Union Medical College Hospital (later Minister of Health) and he also established the "Pilot Public Health Office of the Peking Police Department" in Peking. Later, it was renamed the First Health Office after 1928, which was a testing ground for the construction of an administrative system of health in a grass-roots urban community [7].

These activities of the Republican government in Beijing succeeded, to a certain extent, the changes in health administration in the late Qing Dynasty, and laid the foundation for the organized activities of building health administration in the subsequent period of the Nationalist Government in Nanjing. Driven by the concept and goal of building a modern nation-state, the state gradually strengthened its physical management of the people, and the administration of health became an important part of the state power. Correspondingly, the state had to take on the responsibility of providing public medical and health services to the people. As a result, the Nanjing Nationalist Government, on the basis of the health institutionalization process it had inherited from the late Qing Dynasty and the Peking (Beiyang) Government of the Republic of China, positioned the establishment of health administration as the "National Domination" of health, i.e., the government took the lead in health, and committed itself to the establishment of a health administrative organ.

In October 1928, the Ministry of Health of the Nanjing Nationalist Government was established, and on 11 December 1928, the Nanjing Nationalist Government issued the *Outline of the National Health Administration System*, which was the basic outline for the construction of its health administration and provided for the setting up of health offices in provinces and health bureaus in cities and counties to handle health affairs [8]. On 17 December of the same year, the Central Sanitary Commission was established as an advisory body for sanitary administration, and sanitary experimental offices as well as sanitary experimental districts were set up in many parts of the country. Besides, in March 1930, the Central Epidemic Prevention Office was incorporated into the Ministry of Health and moved from Peking to Nanjing. What's more, the Nanjing Nationalist Government also formulated a series of health regulations based on the *Outline of the National Health Administration System*, such as *the Regulations on Midwives*, *the Regulations on Western Medicine*, *the Regulations on Traditional Chinese Medicine*, and *the Regulations on the Prevention of Infectious Diseases.* In 1930, the government took back the quarantine power and enforced quarantine on its own, setting up sea and land quarantine offices in major seaports and key national borders under the leadership of the Ministry of Health [9]. Moreover, it also introduced the public health system throughout the country. In 1934, at a technical meeting on health administration held by the Department of Health, a programme for the implementation of county health was adopted, which provided that the counties should establish health centers, with health posts, health sub-posts and health officers being the three levels below them [10].

However, the construction of health administration carried out by the Nanjing Nationalist Government with the goal of "dominating" health by state was basically confined to the cities and a few rural areas where health experiments were conducted. Due to wars, political instability and lack of funds, these constructions did not achieve the expected results in practice. As a result, the nationalist government did not achieve the construction of a health care system from the central to the local level, especially in rural areas. And this task was left to its successor, the Government of the People's Republic of China.

At the beginning of the founding of the State, the newborn People's Republic was faced with the serious problem of rural health care. In order to establish a health administration system that was adapted to the political and economic development of the new authority and to safeguard the legitimacy of it, the new republican authority took a series of measures. The first was to put forward four major guidelines to guide the direction of health work in the new China: "Orientation towards workers, farmers and soldiers, prevention as the mainstay, unity between Traditional Chinese and western medicine, and the combination of health work and mass movements" [11]. At the same time, great efforts were made to develop grassroots health organizations in the countryside. In 1950, Premier Zhou Enlai proposed that "the people's government should, within the next few years, set up health work organizations in every county and district, in order to improve the long-standing poor health of the people" [12]. By the end of 1953, the number of county hospitals and health centers in China had grown from 1437 before liberation to 2102. District and township health organizations had also achieved a certain degree of development [13].

With regard to the construction of grass-roots health organizations at the district, township and village levels, the Government had actively promoted the formation of joint clinics by rural individual medical practitioners, while at the same time suppressing, banning and prohibiting other private medical practitioners. With the development of the agricultural co-operative movement, more and more individual medical practitioners formed joint clinics; at the same time, some agricultural production co-operatives began to set up their own health centers. "In order to solve the problem of farmers being unable to afford to see a doctor, a co-operative medical system was introduced in some places" [14]. In 1958, the "Great Leap Forward" movement was launched and rural people's communes were established. In order to adapt to the communal economic system of the people's communes during the Great Leap Forward period, a large number of rural communal health centers were set up, allowing the collectively owned joint clinics of doctors to be transformed into public communal health centers, while at the same time actively training the

part-time "three members" of the rural production brigade.
According to statistics, "In 1956, the number of rural joint clinics organized by private medical practitioners had grown from 803 in 1950 to more than 51,000". "By 1958, most of them were converted into communal health centers" [15] During the Great Leap Forward, the situation of grass-roots health organizations in the countryside was as follows: "The organization and construction of health from county to commune and production team generally included that the county set up hospitals (health centers), the commune set up health centers (hospitals), the production brigade (management district) set up health clinics (health posts), and the production team set up sanitary rooms (health offices), with a large number of mass health backbones and activists linked to the bottom. Together, these formed a complete rural health care network" [16]. As a result, the urban and rural healthcare networks had been largely universalized throughout the country.
Specifically in Anhui Province, it is worth noting that rural healthcare institutions experienced significant growth in 1958. With the agricultural production boom, there had been a surge in the establishment of rural hospitals and maternity hospitals. After the on-site meeting of Bengbu Hospital in August, the province saw a blossoming of people-run hospitals. And with the climax of the province's people's communalization, rural medical institutions experienced further development. By the end of that year, the number of rural hospitals in the province had reached 3,247, the number of health-care clinics (posts) had reached 2,180, and the number of maternity homes had reached 7,858 [17].
However, under the poor conditions of rural transport and economic poverty, the centralization of rural medical resources caused a lot of problems. For example, it became inconvenient for farmers to see a doctor, the medical personnel were over-regulated, and people ate from the "big pot of rice", which was the defect of egalitarianism. Later, during the period of economic restructuring after the Great Leap Forward, the previous model of joint clinics and individual practice of rural medical care was restored. However, such a situation caused Mao Zedong's dissatisfaction and was considered to be a solitary and capitalist path. Soon, the battle over the political line at the top spilled over into the health sector. The Ministry of Health was criticized by Mao, and a nationwide campaign of rural medical tours and the training of part-time health workers for the countryside ensued. "By 1965, most communes had built health centers; some production brigades had half-farmer and half-doctor personnel. The nationwide urban and rural health-care network had basically taken shape" [18].

2.2 Social Background: the Practical Needs of Rural Areas

At the beginning of the founding of the new China in 1949, it faced a severe shortage of medical care and medicines. "Before the founding of the country in 1949, there were only 3,670 health institutions nationwide and only 2,600 hospitals of all sizes. There were 80,000 hospital beds, of which 59,867 (74.8 per cent) were in cities and only 20,133 (25.2 per cent) in rural areas. There were 505,040 health technicians (363,400 Traditional Chinese medicine and western doctors), of whom 176,764 (35 per cent) were in urban areas and 328,276 (65 per cent) in rural areas. If calculated per 1,000 population, there were 0.63 hospital beds in urban areas, 0.05 beds in rural areas, 1.87 health technicians in urban areas and 0.73 in rural areas" [19]. According to 1949 statistics, in the 60 years or so before liberation, the nation's medical schools produced only about 20,000 Western doctors, 300 dentists, 2,000 pharmacists and 10,000 midwives" [20]. Naturally, this was like a drop in the bucket for old China with a population of 500 million.
At the same time, the medical and health situation during the early years of the founding of the People's Republic of China was extremely poor, with infectious, endemic and parasitic diseases posing a serious threat to the lives and health of the people. For example, "The human plague affected 549 counties in 20 provinces and autonomous regions. According to incomplete statistics from 1900 to 1949, the number of cases of bubonic plague in the country amounted to 1,155,884, with 1,028,808 deaths, and cholera had infested our country in every pandemic since its introduction to us in 1820, causing nearly a hundred epidemics of various sizes. Smallpox epidemics were equally rampant. Schistosomiasis covers an area of more than 2 million square kilometers and affected more than 11 million people, while leishmaniasis affects more than 530,000 people. Additionally, filariasis affected more than 30 million people, malaria was a frequent outbreak and many parts of South China had long been 'pestilential' areas. What's worse, the prevalence of tuberculosis was as high as about 4 per cent, with a mortality rate of over 200 per 100,000 people. Leprosy affected no fewer than 500,000 people. Sexually transmitted diseases were common. Endemic goitre is prevalent in 1,464 counties in 28 provinces, cities and autonomous regions, with a threatened population of 278.01 million. In Keshan disease areas, acute Keshan disease had a very high mortality rate and was a major threat to the local population. In addition, other infectious, parasitic and endemic diseases were prevalent." Sadly, due to poverty and poor medical and health conditions, millions of impoverished people lost their lives as a result. To be specific, before liberation, "the mortality rate of tuberculosis among urban residents was as high as 30-400 per 100000, and the maternal mortality rate was 150 per 10000" [21]. "The mortality rate of our country's population was about 25‰, the infant mortality rate was about 200‰, and the average life expectancy of the population was 35 years" [22].
In order to cope with this situation, shortly after the founding of New China, the four major guidelines for health work were put forward, namely, "orientation towards workers, farmers and soldiers, prevention as the mainstay, unity between Traditional Chinese and western medicine, and the combination of health work and mass movement" [23]. However, since the country was in its initial construction period, funding was tight and conditions was limited, this policy had not been fully implemented. In line with the economic reform and development situation of the entire country's industrialization, the focus of health work in medical field had actually been placed in cities, and thus a dual urban-rural healthcare system had gradually formed. Under this institutional arrangement, urban industrial workers were covered by the labour insurance medical system, while the staff of State organs and institutions and the students of colleges and universities were covered by the publicly-funded medical system. Under the labour-insurance medical system, workers' medical expenses were borne entirely by enterprises, while under the publicly-funded

medical system, they were financed by the State. By contrast, the vast majority of farmers had no State-provided medical security system, except for the free immunization programme in the early years after the country's founding.

Over time, the imbalance in the distribution of health resources between urban and rural areas had worsened. By 1964, "in terms of the distribution of health technicians, 69 percent of senior health technicians were in the cities and 31 percent in the countryside (counties and grass-roots, hereinafter referred to as the same), of which only 10 per cent were in grass-roots. Intermediate health technicians accounted for 57 percent in urban areas and 43 percent in rural areas, of which only 27 percent were below the county level. As for traditional Chinese Medicine practitioner, the majority of them were in rural areas. Not only was the proportion of Chinese and western medical doctors in rural areas on a per-population basis considerably lower than in urban areas, but the technical level of most of them was very low. In terms of the use of funds, of the more than 930 million yuan spent on health services for the year, more than 280 million yuan, or 30 percent, was spent on publicly funded medical care, while more than 250 million yuan, or 27 percent, was spent on rural areas, with only 16 per cent going to grass-roots administration below county. This means that more money was spent on the 8.3 million people who receive publicly-funded medical care than on the more than 500 million farmers [24].

The long-term continuation of such a situation would not be conducive to social justice and the building of legitimacy for the new government. In order to solve the daily health care problems of the farmers, both the Government and the farmers needed to actively seek solutions. In the area of farmers' health care, in order to provide them with the most basic primary health care services without increasing the Government's huge financial investment, the most feasible option was to take into account the national conditions at the time and to give up the best and choose the most appropriate, that was to say, to adopt a labour-intensive model of human resources for health care.

2.3 Economic Institutional Background: the Rural People's Commune System of Political and Economic Integration

In the early days of the new China, land reform was carried out in the countryside, and farmers were distributed land equally according to their population, but soon thereafter a new pattern of polarization emerged in the countryside; at the same time, the small peasant economy was not conducive to the great development of production and the improvement of productivity.

The direction of development initially set by New China was a gradual transition from a new democratic society to a socialist society, with the transitional period of new democratic society taking fifteen years. However, after the promulgation of the General Line for the Transitional Period, the initially established course of development of transition from a new democratic society to a socialist society was changed. It adopted a strategy of industrialization development based on the experience of socialist construction of the USSR by applying the price scissors between industry and agriculture, with the characteristic of displaying the urban-rural dichotomy, i.e., "internally exchanging the two major categories of industry and agriculture" [25]. However, all this run counter to the direction of socialist development initially set by the new China.

The new China's goal of industrial development and its search for a way to modernize agriculture and the countryside prompted those in power in China to seek a new path of development. Drawing on the existing tradition of mutual aid and cooperation in the countryside, the Communist Party of China (CPC) began to pursue the path of mutual aid and cooperation in agriculture; in mid to late September 1951, the first national conference on mutual aid and cooperation in agriculture was held, and the Central Committee of the CPC sent out to Party committees at all levels the "Resolution (Draft) of the Central Committee of the Communist Party of China on Mutual Aid and Cooperation in Agricultural Production", which clarified the idea of a gradual transition to collectivization from the present time onwards [26].

China's road to agricultural cooperativization has taken four courses: from agricultural mutual aid groups (labour mutual aid organizations) to primary agricultural production cooperatives, senior agricultural production cooperatives and at last to people's communes. In the course of the agricultural cooperative movement, the collective ownership of agriculture in the people's commune was eventually formed. The rural people's commune was an organization of the integration of government and society, and for a long time it was also a socialist collective economic organization of mutual aid and mutual benefit [27]. The management committee of people's commune was "the township people's committee (i.e., the township people's government) in administration, which was subject to the leadership of the county people's committee (i.e., the county people's government) and the organs sent by the county people's committee. It exercised the authority of township people's committee in the management of production and construction, finance, food, trade, civil affairs, culture, education and health, public order, militia and the mediation of civil disputes" [28].

On the one hand, in the process of moving from agricultural collectivization movement to people's commune, a collective health-care system the cooperative medical system also gradually formed and developed in the course of a long struggle against disease in the field of rural health care, relying on collective strength and promoting the spirit of mutual assistance. To be specific, the cooperative medical system, which was not in place at the outset of the founding of the State, was gradually developed in conjunction with the rise of the agricultural collectivization movement, and was gradually introduced nationwide after the 1960s [29]. On the other hand, the implementers of the cooperative medical system were barefoot doctors. Under the collective economic system of the people's commune, the means of production were collectively owned, and unified production, management, accounting and distribution were carried out; the system of the people's commune was designed to cover the construction of a social welfare and security system for farmers, and a certain amount of public welfare funds were earmarked each year to be used for the construction of such services. Correspondingly, the rural cooperative medical system and the barefoot doctor corps were a part of the construction of the system of people's commune. The financing and management of the cooperative medical care system, and all aspects of the building of the barefoot doctor teams under

the cooperative medical care system, such as selection, training, remuneration and management, were implemented under the political and economic system of the people's commune, which was politically and socially integrated and highly centralized. Under this system, the operating funds for the health centers where barefoot doctors worked were provided by the commune or the production brigade, the second level under the people's commune system. The selection of barefoot doctors was determined by the main leaders of the production brigade, and training matters were mainly undertaken by the district and commune hospitals at that time; in terms of remuneration, the work-point remuneration system was mainly implemented, and their status was still that of farmers; as for management, the production brigade was responsible for administration, and the superior medical institutions, such as the commune hospitals, were responsible for the operations, but the main management authority lied with the brigade, because the right to appoint and dismiss barefoot doctors and the right to receive and expend funds belonged to it.

2.4 Promotion by Mao Zedong, a leading political figure

The populist ideal of relying on the people had always existed in the thinking of Mao Zedong, the founder of the People's Republic of China, and in the field of health work, it was no exception. As early as 1944, Mao Zedong said, "We must tell the masses to rise up themselves to fight against their illiteracy, superstition and unhygienic habits." "It is impossible to solve the problem by relying solely on the new doctors, who are of course superior to the traditional ones, but the new doctors, if they do not care for the suffering of the people, if they do not train doctors for the people, if they do not unite with a thousand or so old doctors and old-fashioned veterinarians existing in the border areas and help them to progress, that would be practically helping the witch doctors, tolerating the death of large numbers of people and animals" [30]. In 1945, he added, "Is the so-called national health not half empty talk when abandoning the 360 million farmers?" [31] "We should actively prevent and cure people's diseases and promote people's medicine and health" [32]. Naturally, in order to build a new democratic state, a large number of people's doctors were needed.

His inscription for the First National Conference on Health Work went, "Unite all medical and health workers, from old medicine, new medicine, the traditional Chinese medicine and the west medicine, to form a consolidated united front to fight for the development of the great people's health work" [33]. The inscription for the Second National Health Conference, on the other hand, went: "Mobilize for hygiene and reducing disease, improve health and crush the enemy's germ war" [34]. Zhou Enlai, in order to implement Mao Zedong's call to "mobilize for hygiene", added the phrase "combine hygiene work with mass campaigns" [35].

Thus the three main approaches to health work had become four main approaches to health work.

From the above series of Mao Zedong's instructions on health work, it can be clearly seen that in Mao Zedong's thinking on health, there had always been a path of development and construction that relied on the people, mobilized the people and served the people. For this reason, he was extremely dissatisfied with the work of the health sector when confronted with the huge disparity between urban and rural areas in terms of medical resources mentioned above. On 24 June 1964, Mao Zedong, while receiving guests from Vietnam, criticized the country's health care for senior cadres. In the face of the criticism, on 29 July 1964, the Party Group of the Ministry of Health submitted a report to Mao Zedong on the improvement of health care for senior cadres, and on 10 August, Mao Zedong gave instructions to the Party Group of the Ministry of Health on the proposed improvements in the report. He believed that "the Health Care Bureau should be abolished." "The hospitals in Beijing, with its many doctors and few patients, is a Lord's hospital and should be opened up" [36]. In early January 1965, Mao Zedong instructed to "organize senior urban medical personnel to go to rural areas and train doctors for rural areas" [37].

Under Mao Zedong's instructions, the Ministry of Health began to take active action. On the one hand, it organized mobile medical teams to reach out to the countryside to carry out disease prevention and treatment work in conjunction with the socialist education campaign, and on the other hand, it trained doctors and non-profit-making health personnel for the countryside in a quick and economical manner. From January to February in 1965, the Ministry of Health issued four successive reports and circulars on the organization of medical and health personnel from urban areas to travel to the countryside to carry out medical tours, to which the Central Government and Mao Zedong gave relevant approvals and instructions specifically [38].

But the Ministry of Health's response at the time did not meet Mao's demands. On 26 June 1965, he issued his famous "June 26" instruction. In this directive, he said: "Tell the Ministry of Health that it is working for only 15 per cent of the country's population, and of that 15 per cent, it is mainly Lords. The farmers have no access to medical care, and they have no doctors and no medicine. If the Ministry of Health is not the people's Ministry of Health, it should be called the Ministry of Urban Health or the Ministry of Health for Urban Lords" [39]. He criticized the Ministry of Health for being a Ministry of Health for urban lords and asked it to focus its health care work on the countryside.

Of course, Mao Zedong's strong criticism of the Ministry of Health at this time and his demand that the focus of health care work be placed in the countryside was not only for the purpose of strengthening rural health care, solving the problem of lack of medical care in the countryside, and building a new socialist countryside, but also for the purpose of promoting the revolutionization of health care work at that time. It was hoped that by doing so, health work would be adapted to the needs of the socialist revolution and keep pace with the revolutionary situation; at the same time, it would help the intellectuals to deepen their class ties with the poor and lower-middle farmers, and urge them to move towards a self-revolution in which they would become laborers and revolutionaries.

Under this pressure, the Ministry of Health launched a large-scale campaign to send medical teams to the countryside. On 3 September 1965, the Party Group of the Ministry of Health made a report on "Shifting the Focus of Health Work to Rural Areas", which was approved by the Central Government on 21 September. The report called for strengthening rural health work in the future, with a view to maintaining one third of urban medical and health personnel in the countryside on a regular basis. "Medical,

epidemiological, educational and scientific research institutions should set aside complete sets of manpower and equipment and send them from the cities to the countryside, with each unit covering one to several counties or districts, to improve and consolidate the health work there. Urban health personnel should be drawn out as 'seeds' to remain in the countryside for a long time. Mobile medical teams or other forms of temporary medical organizations should be continually organized and sent to work in the countryside, especially in mountainous and remote areas." "The aim is to train, within five to ten years, good-quality part-time health personnel for production teams and brigades, and to equip communal health institutions with four or five good-quality doctors in general" [40].

Accordingly, the training of part-time health personnel for rural areas, which was initiated by this boom, laid the groundwork for the emergence of the subsequent group of barefoot doctors.

3. Conclusion

To sum up, the appearance of Barefoot doctor in Mainland China was not accidental but had its own four specific factors: political background, social factor, economic institutional factor and the political leader Mao's push. Later, barefoot doctors had a strong impact on and made a certain contribution to Chinese rual health medical care service despite its limitations and some drawbacks

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