The edge of expertise: Representing barefoot doctors in Cultural Revolution China

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‘Barefoot doctors’ were designed as an innovative task force during the Cultural Revolution (1966–1976) to provide health care to rural villages in China. Without formal training that would identify the group professionally, barefoot doctors were at once amateur medical practitioners and expert revolutionary actors in Communist Party propaganda. At stake in legitimating revolutionary medicine was allowing revolutionary spirit to supplement for minimal medical training. As a result, the symbolic power of representing barefoot doctors rested in showcasing their devotion to enhancing access to health care in rural China. These representations followed an intensifying militarization of civilians, embracing the barefoot doctor’s ability to survive any obstacle while also celebrating those who died in the process. This paper examines three public portrayals of barefoot doctors, arguing that conflicting idealizations of rural epistemology combined the opposing elements of self-cultivation and self-annihilation to unite the identity of an emerging group of amateur doctors and illustrate acceptable forms of medical and revolutionary expertise.

Fever burned through Li Yuehua. She cried out in pain as burst of cold shot through her body. Suffering from chronic fatigue, Li vomited, lifted herself up and vomited again. Drenched in sweat, she struggled toward the hospital ward where her patient waited on the operation table. Only Li could perform the necessary surgery. Soon after the difficult procedure, Li contracted cerebral malaria and died. People’s Daily, the Chinese Communist Party’s (CCP) primary news organ, detailed the life and death of Li Yuehua. Students studied her. Writers celebrated her. The same ‘revolutionary spirit’ that allowed Li to emancipate patients from disease in a hazardous landscape simultaneously trapped Li in a body afflicted with disease.

This paper compares public portrayals of ‘barefoot doctors,’ (chijiao yisheng) a task force of minimally trained medical practitioners designed to provide health care to rural villages in China during the Cultural Revolution (1966–1976), arguing that conflicting idealizations of lay expertise sought to legitimate acceptable forms of rural epistemology. Though Li Yuehua was neither an official barefoot doctor nor a member of the Communist Party, the Barefoot Doctors Magazine reprinted her obituary in its 1972 inaugural issue to celebrate her as a model for inspiring a new era of health care. Years after Li Yuehua’s death, film adaptations of barefoot doctor novels highlighted the efforts of younger, more perfect revolutionaries. But while Li died, the onscreen heroes survived. In comparing these representations, barefoot doctors were entangled among conflicting imaginations in which members were at once empowered and weakened by their ‘revolutionary spirit.’

Drawing upon growing scholarship that traces the relationship between body, subjectivity and power in Chinese sources, this paper closely examines how multiple representations of rural epistemology intended to unite an emerging group of amateur doctors during an era of social chaos and political disorder. Integral to the spectacle of Communist Party emancipation was ideologically transforming the ‘bourgeois medicine’ of reactionary doctors into the ‘proletarian medicine’ of revolutionary doctors. Within the Communist Party, Canadian doctor Norman Bethune served as a model for this transformation. Bethune had designed medical equipment during wartime China in the 1930s, trained Chinese medical workers and performed surgery on the battlefield, where he

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5 Although what was considered as ‘public’ in the Cultural Revolution often included private thoughts and opinions, ‘public’ in this paper involves the forms of media that the Communist Party repeatedly circulated to enforce and claim particular kinds of subjectivities.


contracted an infection and died. Mao Zedong praised Bethune for his ‘spirit of selflessness,’ which set the stage for what anthropologist Christos Lynteris describes as the struggle between the ‘cultivation of the self’ and the ‘abolition of the self.’ Though ‘cultivation of the self’ served as a vehicle for doctors to make claims on their knowledge practice for improving the state, it also had the potential to allow a kind of individualism. This individualism could only be resolved by the ‘abolition of the self,’ or relinquishing all claims of private property to the state. As narratives about self-sacrifice increasingly invoked references to Norman Bethune at the dawn of the Cultural Revolution, the image of rural barefoot doctors began to combine the opposing strands of cultivating oneself and abolishing oneself, where enhancing one’s medical and revolutionary expertise depended on one’s voluntary self-annihilation.

In the mid 1960s, Mao’s pronounced fear of losing revolutionary vigor and ideological transformation in the Communist Party became central to launching the Cultural Revolution. Also known as The Great Proletarian Cultural Revolution, the movement called upon younger members to inherit and expand the socialist cause, denouncing political deviants who stood in the way of building an egalitarian and participatory society. As events unfolded over the course of a decade, the Cultural Revolution led to the orchestrated exposure and elimination of political rivals and obliterating Communist Party organization. Unique to this period was a combination of anarchy and dictatorship where popular rebellion was simultaneously facilitated and thwarted by coercive state action. Participants at all levels were mutually mobilized, manipulated and constrained. Mass parades publically humiliated, abused, tortured and imprisoned hundreds of thousands of politicians, scientists, intellectuals and civilians. Students dragged teachers through the streets, acting in part with the watershed of political sentiment that paralyzed the Chinese political system.

Historians have directly addressed the multiple ways in which Chinese bodies became self-regulated and socially regulated in the 20th century, but instead of offering a large-scale narrative of biopolitics at work, this paper examines the nuanced representations of revolutionary bodies that both articulated and obscured conceptions of health and disease. Rather than dismissing extreme representations as Cultural Revolution propaganda, these constructions can be used to understand the conflicting nature of ‘revolutionary spirit’ that legitimated rural expertise. Audiences discussed, played with and parodied political propaganda that offered a vision of a Utopian society that combined revolutionary realism with revolutionary romanticism. Designed to satisfy a complex set of political demands, the material products of propaganda art became both an extension of and deviation from lived experiences of the Cultural Revolution.

Identifying expertise

Campaigns following the founding of the People’s Republic of China (PRC) in 1949 continued to invoke military ideology even when the country was no longer at war. To demand personal sacrifice and absolute dedication, cultivating loyal soldiers meant centering debates on those who were ‘red and expert.’ When the expression first appeared in the 1950s, emphasis was placed on ‘red,’ or virtue, rather than ‘expert,’ or talent. While trying to rally medical luminaries during early public health campaigns, being red without being expert was a political taboo, but being expert without being red was a political threat.

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6 Several biographies of Norman Bethune include the following: T. Allan & S. Gordon. The Scalpel, the Sword: The Story of Dr. Norman Bethune (Toronto: Dundurn Press, 2009) and R. Stewart. The Mind of Norman Bethune (Markham: Fitzhenry and Whiteside, 2002).
7 In particular, Lynteris uses these two modes as examples of Michel Foucault’s notion of ‘technologies of self,’ which ‘permit individuals to effect by their own means or with the help of others a certain number of operations on their own bodies and souls, thoughts, conduct and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection or immortality.’ See M. Foucault. ‘Technologies of the Self, in L.H. Martin, H. Gutman & P. H. Hutton (1988) Technologies of the Self: A Seminar with Michel Foucault (Amherst: The University of Massachusetts Press, 1988) p. 18.
8 The ‘cultivation of self’ in particular refers to Liu Shaoqi’s combination of Confucian and Neo-Confucian philosophies and modern values of agency and revolutionary will. When Liu Shaoqi turned into an enemy of the state, ‘self-cultivation’ came to be seen as an effort to privatize expertise. See Lynteris, ‘Abolishing the Self as Private Property,’ in The Spirit of Selflessness in Maoist China (2013).
11 Early 20th century reformers rendered public health measures essential to establishing a sovereign Chinese state.
12 To better understand the entangled encounters between state and social actors, historians have increasingly addressed the human cost of the Cultural Revolution. See J. W. Escherick, P. G. Pickowicz, A. G. Walder (eds.) The Chinese Cultural Revolution as History (Stanford University Press, 2006).
13 Ruth Rogaski’s history of hygienic modernity, or wusheng, brings to the foreground the role of violence, war, imperialism and death that shaped the multiple ways in which Chinese bodies came to become self-regulated and socially regulated. Similarly, when evaluating the private and public representations of barefoot doctors, this paper takes seriously the kind of revolutionary forces that shaped popular imaginations of public health and medical bodies. For more on biopolitics at work in China, see Ruth Rogaski, Hygienic Modernity: Meanings of Health and Disease in Treaty-Port China (Berkeley: University of California Press, 2004).
14 Given that the Cultural Revolution mobilized groups that previously had not been involved in Chinese politics, public representations of barefoot doctors also serve as an example for what Michael Walzer described as ‘counterpublics,’ or groups that inhabit a socially subordinate status. See M. Warner. Publics and Counterpublics (New York: Zone Books, 2002).
16 Mao’s military strategy had been tied to methods of mass mobilization, which Robert Tucker has shown in his classic study. See R. Tucker. The War of the Flea: A Study of Guerrilla Warfare Theory and Practice (Herto: Paladin, 1972).
17 To participate in a social construction, one did not have to be a supporter of the socialist revolution to be included among ‘the people.’ See R. MacFarquhar. The Origins of the Cultural Revolution, Volume 1: Contradictions Among the People, 1956-1957 (New York: Columbia University Press, 1974), p. 34.
of ‘redness’ later shifted with growing economic concerns and severe famines, and one’s virtue came to be based on unconditional support for socialism and Party leadership. Although emphasis in the ‘red-expert’ dualism later fell on ‘expert,’ at one point favoring even the contribution of non-Communist Party members, ‘expert’ based on professional education came to represent a ‘bourgeoisie mentality.’ Trained specialists who derived their status from their education indicated a bureaucratic autonomy and pursuit of self-interest that was subject to severe criticism and attack during the Cultural Revolution in the mid 1960s.

From the contestation between ‘red and expert’ emerged the urge to mobilize institutional power while rejecting institutional knowledge. Professional expertise indicated bourgeoisie indulgence, and the only way to be safely ‘red and expert’ was through invoking lay expertise. Inspired by Engels’ idea that ‘labor created humanity,’ political campaigns identified peasant workers as being ideal for the laborious task of developing what historian Sigrid Schmalzer describes as a new working-class epistemology. In other words, life-long laborers were poised for revolutionary labor. ‘Mass science’ would facilitate and publicly acknowledge laborers’ participation in scientific work in the countryside.

As the politics of the Cultural Revolution turned more radical, campaigns for ‘mass science’ progressively flourished, asserting that expertise was best cultivated by the laboring masses composed of ‘workers, peasants and soldiers’ (gong nong bin). To revolutionize health care, the ideal doctor would possess all three qualities of the ideal militarized rural laborer. Growing emphasis on rural health care reforms had distinguished the Communist state from its predecessors as rampant diseases crippled bodies of the ‘masses’ as frequent epidemics obliterated entire villages. And with the conviction that revolution could overcome disease in the countryside came the understanding that one needed to experience self-inflicted political violence to achieve the purest political ends.

The official mobilization of expert rural medics began in 1965 when Chairman Mao Zedong declared that China’s medical profession should concentrate its future work on villages. Medical schools, universities and specialist departments in hospitals closed their institutional operations so that medical graduates and high school students could be sent to the countryside and reeducated as laborers. There, brigade leaders elected certain members to become ‘barefoot doctors’ and receive training in Chinese medicine and biomedicine from local and county hospital doctors. Instead of acting as full-time doctors, barefoot doctors were identified as ‘halfphysicians–halffarmers’ who would occasionally work alongside peasants and treat minor illnesses and injuries when necessary. Government programs set up training courses at county hospitals that ranged from eight months to two years. Initiates received basic introductions to anatomy, physiology, pathology, disease diagnosis and general surgery. Groups at the county and commune level occasionally offered one- to six-month courses to teach disease prevention with herbal medicine and acupuncture. Reports indicated that a typical county with around 100 brigades would station about two or three barefoot doctors for each brigade. From 1967 to 1978, these training programs produced around two million barefoot doctors.

As a group, practicing barefoot doctors were fractured and dynamic. Some members worked from a few months to a few years, changing their occupation based on their status within the brigade, or abandoning it entirely after falling ill. In other cases, urban doctors exiled to the countryside also took on the name of being ‘barefoot.’ Despite the lack of professional and institutional cohesion among barefoot doctors, its members were symbolically united by their popular representation, surrounded by steep cliffs or vast prairieland and carrying a small medicine box. They were at once a symbol of Chinese modernity armed with ‘one silver needle and a handful of herbs,’ and a symbol of Chinese backwardness with its members’ stationed in the countryside with few defenses against a host of diseases.

Contemporary descriptions of the barefoot doctor program continue to invoke these imaginations,

23 While ‘mass science’ seemed to be compatible with Maoist ideology, it suffered from lack of structured organization and consistent political support. Despite the praise for mass participation, discoveries by non-specialists were still seen as being tainted with superstition and discarded. See Schmalzer, Sigrid. The People’s Peking Man Popular Science and Human Identity in Twentieth-Century China. Chicago: University of Chicago Press, 2008.
29 Health stations in communities were set up in the late 1950s where health workers identified as being barefoot doctors, but this designation only became official with the ‘barefoot doctor program’ in the 1960s as health workers were stationed at brigades in more rural areas.
31 Funding to set up ‘cooperative medical services’ (hezu yiliao) and service stations for barefoot doctors came from villagers themselves. While these cooperatives were a common sight, they stopped functioning in 1983. Fang, Barefoot Doctors (2012) p. 2.
35 Even when Chairman Mao’s personal physician was exiled for reeducation, he also took on the identity of a rural barefoot doctor, using it as an opportunity to invigorate his political position. See Z. Li, A. F. Thurston. The Private Life of Chairman Mao (Random House, 1994).
36 Contrary to the heroic figures examined here, anthropologist Fang Xiaoping notes that brigade leaders often appointed those in poor health as barefoot doctors because they lacked the stamina for extensive agricultural labor. See X. Fang. Barefoot Doctors and Western Medicine in China (Rochester, NY: University of Rochester Press, 2012) p. 48.
yet the visual and discursive narratives that accompanied these representations illustrate different dimensions of the ideal medical revolutionary that rendered it thoroughly ambiguous to legitimate rural, amateur and revolutionary expertise.

Public portraits
Soon after Li Yuehua began her work as a medical practitioner, she began to suffer from low blood sugar and episodes of dizziness (Figure 1). Li had trained in a local hospital and specialized in administering anesthesia and conducting surgeries to address complications in childbirth. Li continued to work even when she was nine months pregnant, offering her bed as an examination table, resuscitating infants that had stopped breathing and breastfeeding babies when their mothers were unable. Often working for 15 h a day, she would sweat excessively and collapse onto the ground following an operation. One concerned friend said to her, ‘If you do not take care of yourself, we will never call you out to see any patients!’ To which Li replied, ‘Norman Bethune never cracked under pressure . . . I am nothing compared to Norman Bethune!’ ‘But the body is the primary capital of the revolution,’ insisted another friend. ‘Indeed!’ Li agreed, ‘So we must expend it on the revolution!’

By situating herself in the legacy of Norman Bethune’s ‘spirit of selflessness,’ Li established a dichotomy between the capital of the body (self-cultivation to continue the revolution) and the capital of virtue (self-abolition for the sake of others). The more extreme the conditions that Li suffered, the more virtue she claimed. Though claiming virtue through suffering is not unique to heroic tropes in the Cultural Revolution, Li’s dedication to self-annihilation supplemented her lack of ‘redness’ as a non-Communist Party member. Liberating other bodies from disease enhanced Li’s ideological liberation so that her physical deterioration directly sustained the bodies of her patients. Acting as both the carrier of life and the carrier of disease, the only treatment left for Li’s failing health was her own revolutionary spirit. Li’s colleagues contributed to her martyrdom, calling upon her when she was nearly paralyzed with illness to operate on a patient and leading to her death. When Li died at 33, her parents requested that the hospital return her body to her hometown, which Li’s patients overruled by insisting on burying Li next to a lake in the area where she had worked for most of her adult life. Her body was to be permanently claimed by the rural landscape and the revolution. Though she was neither a member of the Communist Party nor a barefoot doctor, Li’s ‘redness’ and ‘expertise’ came from her severe dedication to self-cultivation through self-annihilation. While self-cultivation promised ideological and physical liberation, self-annihilation guaranteed suffering and physical expiration.

Historian Shuqin Cui has noted that transforming the oppressed female into a revolutionary heroine often required that the woman reject her sexual identity and submit to a degendered collective identity. Similarly, Li Yuehua’s dedication to self-annihilation through her medical work rendered her a degendered revolutionary body, laboring as Norman Bethune would even as she performed the gendered task of breastfeeding infants. Though these virtuous acts of offering and refusing help resonate with Confucian notions of virtue, the contradiction that emerges in rural expertise was rooted in the reified ‘revolutionary spirit.’ Through establishing a special kinship to her patients and to the increasingly fetishized state, Li’s body became both the victim and beneficiary of her revolutionary spirit. Self-reliance meant self-sacrifice.

The story of Li Yuehua was eventually published and distributed in picture books. Hand-drawn images illustrated a young, healthy revolutionary working late into the night, braving wind and rain and overcoming bouts of nausea and dizziness. But while discursive narratives had described Li sweating and vomiting, the visual narratives featuring ‘the people’s good doctor’ rendered her sterile and strong, as if Li had lived and died in good health (Figure 2). Mao’s campaigns for political struggle claimed that workers and peasants were superior in their cleanliness even though ‘their hands were soiled and their feet were smeared with cow dung.’ Members of the intelligentsia, on the other hand, were deceptively clean.

39 Large-scale training of midwives and other female doctors in the countryside largely took place in the 1960s. X. Fang, Barefoot Doctors (2012), p. 52.
40 Fang Xiaoping notes that mothers and infants had high mortality rates before 1949. Gynecological checkups in the countryside were unthinkable and reproductive health tended to be the most dangerous for women. X. Fang Xiaoping, Barefoot Doctors (2013), p. 51.
because their fear of dirt reflected a ‘dirty’ bourgeois spirit. In writing, Li came to embody the perils of dirt, but in illustration, she came to represent a new and unadulterated elite.

Unlike Norman Bethune who represented a transformed bourgeois doctor, Li cultivated her innate virtue as a laboring peasant, waging war against the menacing effects of disease-inducing environments. As she did so, she explicitly assigned more value to the bodies of dying patients than the bodies of dying doctors. Despite the care that she alone could offer, any suggestion of self-preservation stood at odds with the ideological transformation that Li’s story inspired. The rural landscape bestowed upon her both the right to sustain the revolution and the burden of being consumed by it. Her inherent ‘redness’ demanded extreme self-neglect that attention to her importance as a physician threatened to betray.

Red Rain
As publishing houses distributed pictures books about Li Yuehua in the mid 1970s, local theaters began to show the first fiction film featuring a barefoot doctor (Figure 3). Based on a book by the same name, the movie Hong Yu (Red Rain) told the story of a teenage barefoot doctor named Hong Yu, which means ‘red rain,’ who defeats a corrupt local physician, named Sun Tianfu, or ‘son of heavenly riches.’ Set in the Qingshan brigade among the arid Taihang Mountains, Hong Yu is often remembered by its theme song, which illuminated the following:

Barefoot doctors are like sunflowers, all poor peasants praise them
One silver needle will cure hundreds of diseases
One red heart will warm thousands of families
They cross any mountain range to treat patients
They climb cliffs 10,000 m tall to gather herbs
They struggle against any conflict, leaving a trail of rainbows on the road to revolution

Written by film’s director Wei Cui, the theme song, like the film, offered little subtlety. In the movie, peasants praise Hong Yu for proving himself worthy of being a barefoot doctor, climbing steep mountain cliffs to gather herbs and admiring rainbows along the way. Though the brigade leader questions Hong Yu’s ability to learn medicine at such a young age, he eventually favors Hong Yu over Tianfu Sun, the experienced, self-serving bourgeois doctor. Raging with jealousy, Sun attempts to sabotage Hong Yu’s medical practice, spreading rumors about his inadequacy, poisoning his medicine and finally, attempting to stab him to death.

Despite Sun’s relentless mutiny, Hong Yu’s greatest obstacle is not his feudalistic nemesis, but the teenager’s own physical limitations. In the climax of the film, Hong Yu rushes out into the middle of a thunderstorm to save a brigade member’s dying baby. On the way, Hong Yu slips, hits his head on a rock and is knocked unconscious. He opens his eyes in a daze and tries to push himself off of the ground. He hears the infant crying in the distance and manages to take a few more steps before collapsing in the mud. This scene lasts for nearly 10 min, with the melody of the theme song playing in a rapid tempo, broken by sixteenth note scales that run up and down multiple octaves to intensify the scene’s sense of drama and urgency. As Hong Yu opens his eyes before his final attempt, he sees his medicine box with ‘Serve the People’ written on the side. Lightning whips across the sky, producing the words ‘Serve the People’ in large red characters. Instantly inspired, Hong Yu wipes the rain off his face, stumbles to gather his medicine box and makes his way to his patient’s home.

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46 Here, it is important to make the distinction between representations that have occurred in print and on film. While theorists offered different ways from drawing on textual analysis to approach film, the films analyzed here differ from their printed counterparts in that the viewer must pay attention to cinematic devices, such as cinematography, editing, sound and color. At the same time, narratives – whether on film or in print – appear in multiple forms such as magazine and newspaper articles and promotional posters.

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48 W. Cui. ‘Song of Barefoot Doctors,’ Hong Yu, 1975.
Left with nothing but his ‘revolutionary spirit,’ Hong Yu encounters dramatic hallucinations of political slogans to overcome his physical limitations (Figure 4). Hong Yu, whose name again means ‘red rain,’ sees red letters appear in the sky as the rain beats down on his face. Like Li Yuehua, Hong Yu is left only with his revolutionary spirit in his hour of need. But unlike Li Yuehua, Hong Yu’s performance of self-abolition allows him to survive so that he can continue his self-cultivation in becoming a virtuous barefoot doctor. While readers celebrated Li Yuehua’s death in her embodiment of ‘self-abolition,’ Hong Yu’s mode of ‘self-cultivation’ protected him from ‘self-annihilation,’ simultaneously facilitating his redness and supplementing his limited medical expertise.

Despite Hong Yu’s accomplishments portrayed in the film, audiences failed to fully accept the teenager’s embodiment of ‘self-cultivation’ and ‘self-abolition.’ When reviewing Hong Yu, People’s Daily contributor Huang Shixian first praised the protagonist as ‘a drop of water that reflected the radiance of the sun... bringing us lessons of ideological inspiration and enlightenment.’50 But later, Huang wrote that the film presented too many ‘artificial constructions’ in showcasing Hong Yu’s study and practice of medicine. While Hong Yu had trained at the county hospital, Huang notes that the audience never sees Hong Yu practicing on actual patients until he returns to the countryside. When Hong Yu saves the brigade member’s baby, he uses a stethoscope to diagnose the baby with food poisoning, which Huang asserts, ‘has no correlation with any kind of accurate scientific method of diagnosis.’51 For Huang, clinical work in the film had been oversimplified and rendered meaningless.52

Though the actors in Hong Yu were only playing doctors, the revolutionary spirit of Cultural Revolution propaganda failed to overshadow the deficiencies of performing medical practice. As the film portrayed the extreme circumstances under which barefoot doctors had to legitimate revolutionary medicine, it simultaneouslyneglected to offer convincing representations of medical diagnosis.53 This combination of praise and criticism indicated deep ambivalence within the performance of revolutionary work, wherein revolutionary medicine became a mystery. No one quite knew how it was meant to operate.

Spring Sprouts

While the clean and unmarred image of Hong Yu invoked skepticism among audiences, Chun Miao (Spring Sprouts) depicted a different version of the rural revolutionary barefoot doctor (Figure 5). Released in 1976 and written by first-time screenwriters, Chun Miao took place in the Hubin brigade of the Zhaoyang commune, located in the wet and flat fields of eastern China. Like Hong Yu, the protagonist Chun Miao overcomes the subordination of feudalistic doctors, but unlike Hong Yu, Chun Miao faces a harsher reality. While Hong Yu only hears of the deaths caused by Sun Tianfu, Chun Miao directly witnesses the fatalities inflicted by negligent doctors. Minutes into the film, Chun Miao travels miles to beg the self-indulgent doctor Qian Jiren to treat a village baby; Qian ignores her plea and the crying baby dies in her arms.

Where Hong Yu is naive and optimistic, Chun Miao is stern and severe. Where Hong Yu is gentle and restrained, Chun Miao is fierce and direct, scowling, scolding and rallying against the commune doctors who deny her village access to health care.54 While Hong Yu is lean and fit, Chun Miao is tough and burly. Though Hong Yu had explained to his grandmother that he was only barefoot in name, Chun Miao literally works in the rice fields without shoes with her bare feet covered in dirt and mud. When Chun Miao prepares to travel to the commune hospital and begin her training as a barefoot doctor, a brigade member warns that her carrying pole will rub the skin off her shoulders. ‘The journey will be difficult,’ warns the brigade leader, ‘and like young bamboo shoots, you will grow tall and strong.’

Though Chun Miao’s body serves as a site for embodying rural labor, it is also used against her as a barrier to becoming a doctor. The commune hospital director, Du Wenjie, insists that her muscular hands are fit for physical labor, but unfit for medical work. ‘Handling a hoe is nothing like handling the tip of a needle,’ he asserts. Chun Miao stares at her hands in disbelief, and wonders, ‘Hands like these have moved mountains... Certainly they will learn to grasp the head of a needle!’ (Figure 6).55 Du continues to ignore Chun Miao, favoring the hospital’s

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52 There was some truth to this crude medical performance. Based on a number of oral histories, historian Fang Xiaoping notes that most barefoot doctors preferred to use stethoscopes, injections and thermometers as primary tools for applying medical knowledge. See Fang, Barefoot Doctors (2012).
55 Actress Xunming Li explained that she took on the role of Chun Miao after leaving middle school in the city. Without any background in acting or farming, she spent time with local peasants and learned to be ashamed of her smooth white hands. See H. Li, ‘Acting a Barefoot Doctor on the Screen,’ China Reconstructs (Peking: China Welfare Institute, June 1976) pp. 39–40.
primary care doctor, Qian Jiren, who had refused to help the dying infant at the beginning of the film. Du explains to Qian that preventing Chun Miao from studying medicine is a means for self-preservation, as barefoot doctors would put them out of jobs.

Determined to prove that her rustic body is capable of performing medical care, Chun Miao asks the commune nurses to teach her how to operate hospital equipment. She recruits the help of Ming Fang, a recent medical graduate, to train her after hours at the hospital. Chun Miao quickly learns how to distinguish between pneumonia and bronchitis, two of the most common causes of death in her village. Outraged by Chun Miao’s defiance, Director Du officially expels her from the commune hospital and confiscates her medical box. Undeterred, Chun Miao invites doctor Fang to lead basic courses on disease prevention and treatment in her village. When the commune hospital rejects her prescription for pneumonia medication, she sets out to gather herbs in the middle of the night during heavy rainfall. While a journey like this nearly killed Hong Yu, Chun Miao returns from the mountains unscathed.

By following the theme of self-abolition, the Chun Miao is singled out both as an exceptional model citizen and expendable body among the masses. Like Li Yuehua, Chun Miao welcomes dirt and discomfort. Like Hong Yu, Chun Miao’s revolutionary spirit allows her to overcome potentially dangerous obstacles. Chun Miao furthermore proves herself as a degendered revolutionary, neglecting to exhibit the slightest romantic interest in the tall, handsome and compassionate Ming Fang. In many rural villages, it was often taboo for women to be touched by male doctors, let alone receive individual training from them. But by playing the role of Ming Fang’s apprentice, equal and leader, Chun Miao’s social responsibilities reinforce her qualities as a single-minded, morally flawless, genderless revolutionary. It is within these parameters where she cultivates self-abolition for the sake of performing, preserving and enhancing revolutionary medical practice.

At the end of the film, Chun Miao overtakes the commune clinic with Fang to treat man who had been denied care for his chronic back pain. The patient urges Chun Miao to treat him with any means possible, which leads her to first test a potentially toxic dose on herself. Her mother begs her to reconsider, but Chun Miao recounts how a pharmacologist had once denied her father treatment because his life ‘was not worth a single blade of grass.’ Moved to change her mind, Chun Miao’s mother allows her daughter to carry on with the experiment. After drinking the larger dose, Chun Miao begins to feel faint. She stumbles to the commune hospital in time to prevent Qian from poisoning her patient, which leaves her exhausted and bedridden. Soon after, Chun Miao fully recovers and decides to administer her patient a larger dose.

When Chun Miao regains her strength, she rallies against Du and Qian in the final scene of the movie and accuses them of being unworthy members of the Party. She

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56. After 1969, official mandates required each production brigade to have at least one female doctor. X. Fang, Barefoot Doctors (2012), pp. 51–52.

declares, ‘You were born into hardship, but the path that people take will change them.’ While Norman Bethune had been a model for transforming elite ‘bourgeois medicine’ to ‘proletarian medicine,’ Chun Miao identifies how expertise can cause the reverse transformation by seducing dirty bodies and converting them into elite, sterile, self-serving ones. Du and Qian had been ‘born into hardship,’ but their attention to self-preservation diverted them from becoming dedicated revolutionaries. These tendencies directly conflicted with Communist campaigns that glorified the presumably inherent ‘red’ and ‘expert’ qualities of rural laborers by showing how they were equally vulnerable to corruption.

Conclusion
When reflecting on the visceral impact of Communist Party propaganda, historian Wang Zheng recalls how war films in the 1950s and 1960s significantly contributed to her sense of identity, obligation and purpose. From reading and watching movies about brave Red Army soldiers, Zheng felt indebted to their sacrifice, writing, ‘Having never seen death before, I was astounded by the violent, agonizing deaths amplified on the huge screen… Their ordeal became mine. They died but I remained alive.

Without taking for granted the penetrating effects of propaganda art, this paper has examined visual and discursive representations of model barefoot doctors to uncover the contradictions embedded in embodying a ‘revolutionary spirit’ that legitimated rural expertise during the Cultural Revolution. Expanding on the dualism of ‘self-cultivation’ and ‘self-abolition’ that anthropologist Christos Lynteris made apparent in representations of Norman Bethune, I have shown how the cultivation and abolition of self were likewise drawn together with representations of ideal barefoot doctors to unite a fractured and dynamic group of medical recruits. Among the examples considered here, the story Li Yuehua illustrated how cultivating political virtue required preserving the bodies of patients at the expense of the doctor’s own life. Meanwhile, audience’s ambivalent response to Hong Yu demonstrated how the same spirit of selflessness failed to supplement minimal medical expertise. Though self-abolition rendered good doctors better revolutionaries, it did not allow political revolutionaries to become better doctors. Still, the film Chun Miao has shown how medical expertise alone could corrupt the self-interested as much as it could enlighten the self-abolishing, complicating the inherent ‘redness’ that campaigns bestowed upon rural peasants. Successful barefoot doctors were those who could enact revolutionary selflessness and medical expertise by embracing a particular brand of rural epistemology, studying medicine as a means of self-cultivation and treating patients with a sense of self-abolition by using their own bodies as spaces for experimentation.

Making sense of these representations has also required considering the mutual construction of gender and nation, of collective cause and individual preservation. Following debates on being ‘red and expert,’ the ‘redness’ of barefoot doctors required an intimate understanding of rural bodies that were broken, dirty and poised for revolutionary labor. Heroes on display sweated, vomited and died, while political narratives commended them for being sterile, elite and uncontaminated. Despite their variation, Li Yuehua, Hong Yu and Chun Miao each illuminated the paradox of rural bodies as being both worthless and worth dying for – a paradox that operated at the center of political campaigns and reconfigured the perceived boundaries of medical and revolutionary expertise.

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