SSHA Submission
Extended Abstract

Performing Expertise without Experts:
Barefoot Doctor Program and Medical Expertise in Rural China

Extended Abstract:

This project studies the emergence of lay medical workers—the "barefoot doctors"—in rural China during the Cultural Revolution. Drawing on historical archives, I will investigate how they performed medical expertise without experts, aiming to extend sociological theories of expertise by theorizing the process of collaboration between experts and lay people. Specifically, I will focus on how the barefoot doctor program outsourced medical and health services from experts to lay people. And as a result, how the power of experts was diminished, while the network of expertise was extended and strengthened. Furthermore, as a historical study of socialist China's public health program, this study aims to extend the social theory of expertise in a different social context.

People tend to believe experts can act on their own to perform their expertise. But in reality, they always need a collaboration with lay actors. And in some cases, expertise can even be performed without experts. During China's Cultural Revolution, a large number of lay medical workers—the "barefoot doctors"—were trained in a short period and worked in rural areas to provide primary medical care while continuing their farmwork. The barefoot doctor program demonstrates an experimental way of collaborating between experts and lay people, while also revealing a seeming paradox in socialist China's state policy: anti-intellectual yet pro-science and technology. On the one hand, many professional medical doctors and experts were politically oppressed. On the other hand, the state promoted Western medicine in rural China and sent medical experts to the countryside to train and support barefoot doctors. In a sense, the barefoot doctor

program succeeded in performing modern medical expertise in rural China without experts—not only without relying on previously established experts but also without transforming lay medical works into new experts.

It is widely believed that the barefoot doctor program, as a national public health initiative and mass campaign, was one of the most important political ramifications of Mao's directive "Stress Medical and Health Work in Rural Areas." As a result, the barefoot doctor program was associated with a variety of political ideologies. The medical training of barefoot doctors was imbued with various political visions, such as the "Integration of Chinese and Western Medicines" and the concept of "being both red and expert". With the stress on the de-professionalization of medical workers, medical schools shortened the required length of the medical training of medical students. Many professional medical doctors and scientists were sent down to the countryside, or experienced various ways of political oppression. The ones used to be trained or educated in the elite medical colleges adopting a "Western" style of curriculum, were especially criticized, and oppressed. However, while the professional medical doctors were often portrayed as the "enemies" or "reactionaries" of the establishment of the barefoot doctor program, most of the punished professional doctors in practice were responsible for training the barefoot doctors, either by teaching them in their workplace, or consisting the mobile medical team to teach them in the field. Regardless of their "genuine" vision, they played a collaborative role in the development of the barefoot doctor program, as an ally to the barefoot doctors. In a sense, the barefoot doctors were not the sole participants in the program. Both the state and professional medical doctors play a role in the training of barefoot doctors.

Overall, this project will use a pragmatist approach (Brown and Tavory 2024) that focuses on the meaning making and interactions among various actors in the barefoot doctor program.

Specifically, I will combine two analytical frameworks to understand the collaboration between professional doctors and barefoot doctors, as well as other social actors in the network of rural medical expertise. First, Star and Griesemer's (1989) model of institutional ecologies and boundary objects provides a useful analytical framework for theorizing the collaboration process between experts and lay people. Second, Gil Eyal's (2013) theory conceptualizes "expertise" as a network connecting different actors and contends that the expertise network can be extended and strengthened along with diminishing the power of experts.

Methodologically, this research will draw on primary sources, including official documents on medical and health polices of the Chinese government and other relevant public health publications during the Cultural Revolution, with a combination of archival data of U.S. medical delegations and visits to China during the 1970s. In addition, I will analyze existing oral history interviews with former barefoot doctors conducted by researchers in China. These first-hand accounts provide important empirical evidence for understanding the collaboration process between professional doctors and barefoot doctors, as well as the meaning-making in their interaction.

My research findings intend to offer a compelling explanation for the seeming paradox in socialist China's state policy: anti-intellectual but pro-science and technology. I intend to show that barefoot doctors served as a key node in the network of rural medical expertise, bridging rural residents with professional doctors. I will demonstrate the role of the shared social identity and unique patient-doctor interaction between barefoot doctors and residents in rural residents' acceptance of Western medicine. Furthermore, my research findings expect to address the long-lasting tension between political ideologies and knowledge of professionals and experts in China, in other words, the struggle between "redness" and "expertise" (MacFarquhar 1974) from the

socialist period to the present. Theoretically, I expect my research project to 1) contribute to the sociological research of expertise by extending the social theory of expertise in a different social and political context; and 2) bridge the fields of historical sociology, sociology of expertise, and science and technology studies (STS) through my further theorization of the process of collaboration between experts and laypeople.

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