Doctoring Revolution:

The Paradox of Maoist Humanitarianism in Chinese Medical Aid to Algeria

Dongxin Zou, The Hong Kong Polytechnic University

> I thought of the Canadian Communist, Comrade Bethune, who came from thousands of miles away to China to help with our work and devoted his precious life to the liberation cause of the Chinese people. I am a Chinese Communist Party member. To aid the Algerian people is my bounden duty to proletarian internationalism. [With this thought,] my mind was unburdened and I happily set forth to Algeria for a second time.
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> —Wei Jinyuan, a radiologist deployed to Algeria thrice between 1963 and 1983[1]

In 1978, during a trip to the People's Republic of China with a group of American physicians, psychiatrist and health reform activist Ralph Shelton Crawshaw set out to find the Chinese equivalent of the English word 'compassion'. After several rounds of careful discussions, his young interpreter grasped the nuance that Crawshaw was looking for: compassion that was genuine, untainted by the 'condescending distance of pity.' Eventually, the interpreter came up with a phrase, '*ling*[sic] *min gan shou*'. The conversation then took an intriguing turn. The traditional term *lian min*, the interpreter clarified, had given way to a new revolutionary lexicon. 'Since the liberation,' the young man noted, 'we speak of "revolutionary humanitarianism".' To emphasize the point, he wrote down a quote from Chairman Mao: 'Heal the wounded, rescue the dying, practice revolutionary humanism.'[2]

Crawshaw, who would later establish an Oregon-based non-profit organization in 1982 to make healthcare accessible to low-income individuals, was fascinated by how deeply revolutionary humanism had become woven into China's medical fabric.[3] In a China that was

[1] Speech delivered at the Second National Conference on Foreign Medical Aid Work. The PRC's Ministry of Health Archives, 148-17-1983-D-97-4, April 1983.
[2] R. Crawshaw, 'A Lesson from Chinese Medicine: The Humanitarian Imperative', *JAMA*, 240, 21 (November 1978): 2258.
[3] Maija Anderson, 'Ralph Crawshaw (1921-2014)'. Available at: https://www.oregonencyclopedia.org/articles/crawshaw_ralph_1921-2014/ (accessed 22 November 2024).

materially deprived and technologically behind, he saw something striking—an ethic that placed humanitarian duty at the heart of medicine. Crawshaw called on his American colleagues to reflect on their own practices and recognized a void in medical compassion that an authoritarian China, paradoxically, seemed to have filled. His observation that an ostensibly rigid state could better answer the 'humanitarian imperative' than the United States left many of his American colleagues bewildered. One critic, clearly uncomfortable with Crawshaw's sentiments, sneered at the fact that he had failed to 'realize that tenderheartedness, as well as truthfulness, are fatal flaws in a communist.'[4]

This dismissive critique illustrates a deeply entrenched Western perception that Communist China, defined by collectivism and authoritarian control, stood fundamentally opposed to the value of humanism—a cultural norm presumed to be uniquely Western, rooted in individualism and liberal thought.[5] Crawshaw's favorable assessment of Chinese medical care should be contextualized within America's own moment of self-doubt in the 1970s, as the nation grappled with its failed pursuit of a medical utopia and ideals of egalitarianism and altruism began to resonate more strongly among Americans. And Crawshaw himself appeared to be one of those sympathetic visitors to China, newly open to the West after the Cultural Revolution, who were struck by what they saw as significant achievements in public health under the leadership of the Chinese Communist Party (CCP). These American physicians and scientists were presented with a curated display of China's healthcare system: barefoot doctors, equitable redistribution of health resources, and the development of health services in the city and countryside alike. While such orchestrated tours might have fostered a degree of idealistic

[4] Jane M. Orient, 'A Critique of Western Medical Commentary on the People's Republic of China', *Arch Intern Med*, 144 (Jan 1984): 108.
[5] Jing-Bao Nie, *Medical Ethics in China: A Transcultural Interpretation* (London 2011), 149–62.

naivety among the Western visitors, Crawshaw's observations were not without foundation.[6] That saying of Mao that his interpreter quoted echoed throughout Chinese hospitals. He saw clinic walls adorned with placards urging health workers to serve patients with humanity; and he sensed a genuine empathy of Chinese medical staff as they dealt with 'the hopeless, helpless and dying'. Even if what Crawshaw witnessed was to some extent performative, the very prominence of a calculated display of compassion in diplomatic presentation merits serious scholarly attention. It was clearly a value the Chinese state intended to project to outsiders.

Yet, for all its visible manifestations in medical practice, the term 'revolutionary humanitarianism' (*geming rendao zhuyi*) itself remained curiously understated in official discourse. That Crawshaw had to actively search for this concept reveals a telling paradox: while China's healthcare system outwardly embraced humanitarian principles, the very language of such care remained politically fraught. The term *rendao zhuyi,* which translates both 'humanism' and 'humanitarianism', was burdened with bourgeois associations. Since Mao's seminal 'Yan'an Talks on Literature and Art' of 1942, humanism had been condemned as a vessel of individualist and liberal ideology—bourgeois contaminations that threatened socialist values.[7] The concept remained politically toxic until the end of the Mao era, when new intellectual currents began to critically reexamine the dogmas of the preceding decades.[8] Thus emerged a peculiar ideological

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[6] Besides a dozen essays penned by American delegates during the 1970s, a book-length study of the healthcare system in China was written by Victor W. and Ruth Sidel who were enthusiastic about the Chinese achievements while exercising caution in their pronouncements. See their *Serve the People: Observations on Medicine in the People's Republic of China* (New York, NY 1973).

[7] In early PRC discourse, humanitarianism was systematically redefined through a Marxist lens as a classed rather than a universal concept. Writers in the 1950s and 1960s characterized it as a bourgeois tactic to obscure exploitation and blur class contradictions, a position reinforced during the Cultural Revolution. See Miwa Hirono, 'Three legacies of humanitarianism in China', *Disasters* 37, S2 (2013): S207–8.

[8] Xiao Donglian. *Zhonghua renmin gongheguo shi (di shi juan): lishi de zhuangui* [The history of the People's Republic of China (Vol.10): the turn of history] (Hong Kong 2008), 449-58. For a good brief overview of the post-Mao philosophical discussions during the 1980s, see Lin Tongqi, Henry Rosemont, JR., and Roger T. Ames, 'Chinese Philosophy: A Philosophical Essay on the "State-of-the-Art"', *The Journal of Asian Studies* 54, no. 3 (1995), 727-58.

tightrope: humanitarian ethics in medicine survived only by being subsumed under the safer banner of 'revolutionary humanism,' which reframed compassion as a revolutionary duty rather than a universal moral value.

This paper takes Crawshaw's encounter in China as a starting point to examine this complex phenomenon. While I disagree with his critics' stereotypical portrayal of communist China, I argue that the reality of Maoist humanitarianism was far more nuanced and fraught than what Crawshaw's idealistic observations might suggest. Understanding how the Chinese state and its medical personnel conceptualized humanitarianism is critical because these ideological framings shaped the organization and delivery of care. This was not a mere matter of semantics. It shaped concrete practices, visibly in China's medical aid to Africa. The rejection of 'bourgeois humanism' and the invention of 'revolutionary humanitarianism' governed how medical aid was defined (as technical cooperation), how doctors were selected and trained, whom they were instructed to serve, and what forms of empathy and professional virtues were politically celebrated. In this sense, ideas were not epiphenomenal—they were structurally consequential.

This paper argues that China's ideological rejection of 'bourgeois humanism' generated a distinctive approach to international medical aid that both enabled and constrained its humanitarian effectiveness. The paper first analyzes how the fusion of humanitarian care and communist revolution was constructed within Chinese political discourse and the medical profession. It then turns to the concrete manifestations of this framework in Chinese medical missions to Africa. Beginning with Algeria in 1963 and expanding across the continent, these missions served China's strategic aims of cementing alliances and projecting a benevolent image on the international stage, while becoming laboratories for a new synthesis where healing and revolution were meant to be indistinguishable acts. The evidence from these medical-diplomatic

encounters shows that while linguistic and ideological maneuvers allowed compassionate care to exist within Maoist orthodoxy, contradictions persisted—eliciting ambivalence from both Chinese doctors and their hosts and exposing tensions between state vision and medical realities on the ground.

Scholars like Bogdan C. Iacob and Iris Borowy have respectively shown how socialist medical assistance during the Cold War exposed tensions between political goals, ideological aspirations, and the practical challenges of delivering healthcare in diverse contexts.[9] The Chinese case, while being another example of high aspirations and inevitable disenchantments, has its distinctiveness, rooted in Maoist ideology's unique emphasis on revolutionary transformation of the self. By exploring both discourse and practice, this paper reveals how revolutionary humanitarianism operated as a Maoist alternative to Western humanitarianism and socialist solidarity alike: one that merged ideological commitment, medical ethics, and geopolitical strategy into a single framework of care. As a result, Chinese medical aid was a practice where ideology and diplomacy intersected in unique ways—neither wholly cynical nor wholly altruistic.

I use 'Maoist humanitarianism' as an analytical lens that encompasses both ideological construction and its realization in practical medical settings during this period. At the same time, I retain the contemporary actors' term, 'revolutionary humanitarianism', when examining historical discourse and individual testimonies, as it continues to be a relevant phrase in Chinese medical discourse today. Much of the evidence for China's medical missions comes through the

[9] Bogdan C. Iacob, 'The Hospital: Uncomfortable Proximities – Romania's "One Nation Hospital" in Gharyan, 1974-1985', in Kristin Roth-Ey (ed.) *Socialist Internationalism and the Gritty Politics of the Particular: Second-Third World Spaces in the Cold War* (London 2023), 177–96; Iris Borowy, 'Medical Aid, Repression, and International Relations: The East German Hospital at Metema', *Journal of the History of Medicine and Allied Sciences* 71, 1 (2015), 64–92.

state's own voice—official publications and media accounts written in formulaic Maoist idioms. Rather than dismissing such materials as biased, I follow the call of innovative PRC historians such as Fabio Lanza, Sigrid Schmalzer, and Aminda Smith to 'take Maoism seriously,' recognizing that prescriptive texts reveal the visions of the state and its assumptions about audience.[10] Read alongside doctors' work reports, memoirs, interviews, and foreign observers' accounts, these sources illuminate not only what doctors did but also how their conduct was meant to be narrated, performed, and evaluated within the Maoist political order.

Before examining how Chinese doctors practiced revolutionary humanitarianism in Algeria, we must understand what this concept meant and how it emerged. Humanitarianism, broadly defined, refers to the provision of aid to alleviate human suffering regardless of political, religious, or ideological considerations. Its core principles, as codified by the International Committee of the Red Cross (ICRC), include humanity, impartiality, neutrality, and independence. By the late 1980s, these principles had crystallized into a dominant international norm that sought to isolate relief work from the geopolitical agendas of states. As Michael Barnett and Thomas Weiss note, the ICRC's Cold War mandate was limited to 'relief and nothing but relief,' which reflected an idealized conception of humanitarianism's purity.[11]

Yet during the Cold War, humanitarianism was anything but apolitical. Rather than existing outside power, it was a contested terrain in which rival blocs sought to demonstrate their moral authority and secure influence in the decolonizing world. But they differed in ideological

[10] See their contributions to the special issue 'The Maoism of PRC History: Against Dominant Trends in Anglophone Academia', *positions: asia critique*, 29, 4 (2021), 675–88, 759–82, 783–807.
[11] Michael Barnett and Thomas Weiss, eds. *Humanitarianism in Question: Politics, Power, Ethics* (Ithaca, NY 2008), 3, 5.

frameworks and operational priorities. Western governments and NGOs emphasized claimed humanitarian neutrality, framing health assistance and relief around individual voluntarism and neutral charitable delivery. The United States promoted this vision through agencies such as USAID and partnerships with Red Cross societies.[12] West Germany channeled aid through church networks and international health programs of multilateral organizations like WHO, UNICEF, and the World Bank.[13]

Socialist states, by contrast, developed an explicitly political framework of solidarity grounded in what Bogdan Iacob calls 'a socialist version of humanism' and state-to-state technical cooperation.[14] As Dora Vargha demonstrates, Eastern European countries rejected WHO's technical assistance model, arguing that technical assistance needed to be 'coupled with material and financial aid' rather than expertise alone, and criticizing the WHO's 'one-size-fits-all approach' that ignored local needs. Eastern European medical aid to North Korea and North Vietnam instead emphasized providing comprehensive material support, including building hospitals, supplying equipment, and training local professionals through bilateral government agreements.[15] This socialist approach continued to evolve, with Cuba later developing what P. Sean Brotherton terms 'solidarity humanitarianism'—medical aid that not only provided material resources but explicitly positioned such assistance as 'restitution' for colonial and capitalist

[12] Nick Cullather, *The Hungry World: America's Cold War Battle against Poverty in Asia* (Cambridge, MA 2010); James Lee, 'Foreign Aid, Development, and US Strategic Interests in the Cold War,' *International Studies Quarterly*, 66, 1 (2022), 1-14; Susanne Schech, 'Assembling Humanitarianism in the Cold War: The Role of the Red Cross in the Bay of Pigs Prisoner Exchange', *Journal of Historical Geography*, 78 (2022), 1-11.

[13] Walter Bruchhausen and Iris Borowy, 'Primary Health Care and Foreign Aid: A Tale of Two Germanys', *Journal of the History of Medicine and Allied Sciences* 79, 1 (2024): 71, 75.

[14] Bogdan C. Iacob, 'Paradoxes of Socialist Solidarity: Romanian and Czechoslovak Medical Teams in North Korea and Vietnam (1951-1962),' *Monde(s)*, 20, 2 (2021): 125.

[15] Dora Vargha, 'Technical assistance and socialist international health: Hungary, the WHO and the Korean War', *History and Technology* 36, 3-4 (2020): 404-6. Also see Iacob, 'Paradoxes of Socialist Solidarity.'

exploitation.[16] China's approach emerged within this crowded field, building on the Soviet statist model, yet gradually developing its own blend of medical diplomacy and ideological export, one that would be showcased in its African medical missions from 1963 onward.

The People's Republic of China entered this contested field with specific constraints: it lacked UN representation, its ICRC seat was held by Taiwan, and it sought to be recognized as a responsible member of the international community.[17] To align itself with the emerging international norms, Beijing publicly adhered to the ICRC's definition of humanitarianism, restricting the term itself to politically 'neutral', short-term emergency relief. China's Ministry of Foreign Affairs records from 1949–1965 show that the 76 documented cases categorized as 'humanitarian aid' (*rendao zhuyi yuanzhu*) all referred to emergency relief abroad, with 55 of these channeled through the Red Cross Society of China or other nominally independent civic bodies. Aid went not only to socialist allies but also to Western capitalist countries such as the UK and the Netherlands, as well as to non-aligned states like Chile (then outside formal diplomatic relations with the PRC).[18] This embrace of *impartiality* in aid distribution through ostensibly *independent* agencies signaled China's willingness to engage with prevailing international standards. However, this engagement was carefully circumscribed. Long-term programs such as the African medical missions were never labeled humanitarian assistance in the official discourse. Instead, they were framed as *technical cooperation*, following the Soviet practice while invoking Third-World solidarity.

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[16] P. Sean Brotherton, 'Social Medicine, *Otherwise*: Cuban Health(Care) as Political Praxis', in Anne Kveim Lie, Jeremy A. Greene, and Warwick Anderson (eds), *Medicine on a Larger Scale: Global Histories of Social Medicine* (Cambridge 2025): 306–310.

[17] The Red Cross Society of China (PRC) became a member of IFRC (International Federation of Red Cross and Red Crescent Societies) in 1952. It was not a member of the ICRC until 2005.

[18] Yin Qingfei, '1949-1965 nian zhongguo duiwai rendao zhuyi yuanzhu fenxi' [The Analysis of Foreign Humanitarian Assistance from 1949 to 1965], *Dangdai zhongguoshi yanjiu* [Contemporary China History Studies] 18, no.4 (2011), 92-9.

This line of action reflected China's solution to a deeper ideological dilemma: how could a regime that denounced 'bourgeois humanism' justify providing humanitarian care abroad? In the CCP's ideological lexicon, *rendao zhuyi* (humanism and its derivative concept, humanitarianism) carried problematic associations with class neutrality and bourgeois philanthropy, both antithetical to Maoist thought. As early as the Yan'an period, Mao had linked human nature to class position, rejecting the universalist claims of Western humanitarian discourse. Liu Naiyuan's recollection of ideological study sessions at the North China People's Revolutionary University in late 1949 illustrates how such views were enforced. When Liu, a St. John's University graduate and former International News Service reporter, raised doubts about the party's class-based reading of the American human rights movement, he was met with fierce condemnation and later persecution. He challenged the reduction of humanitarian causes to class struggle, asking which class that movement truly represented, and with which class philanthropy should be associated. His critics, however, insisted it was 'a movement of black people who belong to the proletariat class,' and philanthropy was merely a bourgeois tactic to mask class oppression—a treacherous form of struggle 'more dangerous than open oppression.'[19] This instance reveals how party ideology, while unable to wholly reject humanitarian concerns, categorically denied the possibility of genuine humanitarian motives among class enemies.

By the late 1950s, this critique of humanism intensified, evolving from a doctrinal concern into a political maneuver amid deteriorating Sino-Soviet tensions. In 1957, Chinese cultural authorities launched an assault on the humanistic traditions in Russian classics and Soviet literature. Writers once admired in China, such as Tolstoy, Dostoyevsky, and Baklanov, were condemned for their advocacy of universal human values. This literary purge reinforced the

[19] Liu Naiyuan, *Li jie bu hui* [No regrets over past calamities] (Zhengzhou 1998), 53-5.

CCP's ideological conviction that human nature was inseparable from class identity, and that any notion of transcendent humanity threatened to undermine the primacy of class struggle. As D.W. Fokkema points out, this cultural turn served as a strategic rebuke to Khrushchev's policy of peaceful coexistence with the West. By denouncing the emerging concept of 'socialist humanism' among Eastern and Western communists, Chinese leaders drew a hard line between their self-conceived Marxist-Leninist orthodoxy and what they saw as Soviet revisionism.[20] Chinese leadership interpreted the Soviet stance as a fundamental betrayal of Third World interests, and extensive Chinese propaganda during this period positioned the defense of class-based ideology as that of the global revolutionary project.[21]

This hardening of ideological boundaries restricted the positive use of *rendao zhuyi* to very narrow contexts: disaster relief abroad, the military's humane treatment of prisoners of war, and certain aspects of medical ethics. Even within medicine, references to humanitarianism were heavily qualified.[22] As Miwa Hirono notes, even in the twenty-first century the official phrase 'humanitarian assistance' (*rendao zhuyi yuanzhu*) refers almost exclusively to emergency aid abroad, whereas the broader term 'assistance in disaster areas' (*jiuzai*) has been more widely applied by the government, media, and public to *both* international and domestic emergency relief as well as longer-term reconstruction.[23] This deliberate linguistic differentiation underscores the persistent political sensitivity of humanitarianism in Chinese discourse.

In the early socialist era, the Chinese official discourse developed a dual-track approach that enabled humanitarian engagement while maintaining ideological orthodoxy. Officially and

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[20] D.W. Fokkema, 'Chinese Criticism of Humanism: Campaigns against the Intellectuals 1964-1965', *The China Quarterly* 26 (1966), 68-81.
[21] Jeremy Friedman, *Shadow Cold War: The Sino-Soviet Competition for the Third World* (Chapel Hill, NC 2015), 103.
[22] Based on my survey of *People's Daily* through the 1950s and 1960s.
[23] Miwa Hirono, 'Three legacies of humanitarianism in China', S204.

diplomatically, long-term overseas medical missions were framed as *technical cooperation*, a category that avoided the politically fraught language of humanitarianism. Yet, in the doctors' own accounts—sanctioned by the state—their work was celebrated as *revolutionary humanitarianism*. This maneuver was, at first glance, linguistic: appending 'revolutionary' to distinguish from both Western 'bourgeois' and Soviet 'socialist' humanism. But it was more than a semantic quirk: it preserved the affective and moral appeal of caregiving while subordinating it to broader revolutionary goals. In doing so, it redefined humanitarianism not as an autonomous moral impulse but as an instrument of class-based transformation. This redefinition also allowed medical professionals to embody a moral-political code that aligned their professional ethics with the state's ideological project and international ambitions.

With this reframing of humanitarianism, China carved out a distinctive position in Cold War medical diplomacy. While Western humanitarian actors clung to claims of neutrality and moral universality and Soviet bloc programs delivered politically-aligned technical aid, China pursued something more radical: a fundamental reimagining of medical work itself. Chinese officials and mission doctors alike understood their work not simply as healthcare delivery with political objectives, but as revolutionary action performed in solidarity with the oppressed peoples of the Third World. Western scholars have long recognized that humanitarian work operates within political constraints and ambitions.[24] What distinguished China's approach, however, was not merely its explicit rejection of neutrality, but its ambition to transform the very nature of medical practice—an experiment whose implications would become clear through its implementation in Algeria.

[24] Michael Barnett and Thomas Weiss co-author an impressive account of debates around the politics of humanitarianism. See their *Humanitarianism in Question*, chapter 1.

Algeria emerged as the crucible for this vision at a moment of strategic opportunity. By the late 1950s, China's estrangement from both the United States and the Soviet Union had prompted a pivot toward the decolonizing world, where Beijing sought to build alliances amid the discontent and rivalry within and outside each bloc. Algeria, with its fierce anti-colonial struggle and commitment to Third Worldism, represented an ideal partner in China's broader strategy to reshape international alignments and assert its leadership among newly decolonized nations. Algeria's independence in July 1962 presented China with a strategic opportunity. The mass exodus of French medical personnel had created an acute healthcare crisis, compelling Algerian authorities to seek international assistance. China's decision to send a 10-member medical team to Saïda in April 1963, despite its own domestic healthcare shortages, served multiple objectives.[25] Externally, it extended China's influence in regions beyond the US and Soviet control, while strengthening bilateral relations with Algeria through health cooperation, building upon existing military and economic aid. Internally, it mobilized Chinese healthcare workers in the spirit of revolutionary humanitarianism, extending domestic ideological and medical revolutions into the international arena. This calculated fusion of humanitarianism with political purposes showed how China understood medical assistance as an instrument of international influence. By reframing international care work not as an ethical exception to politics, but as an expression of Third World solidarity, Beijing could simultaneously address Algeria's medical crisis, challenge the existing international order, and advance its own geopolitical interests. The success of this strategic fusion in Algeria led Beijing to replicate the model, first in Tanzania in 1964 and subsequently across Africa.

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[25] *People's Daily*, 7 April 1963.

Having established the ideological framework of revolutionary humanitarianism, I now turn to the way it shaped the preparation of Chinese medical professionals for missions abroad. At home, revolutionary humanitarianism was not merely a rhetorical ploy but an organizing principle that structured the way medical workers were trained to understand the purpose of their calling, identify their beneficiaries, and internalize the ethical norms governing their conduct. These precepts were instilled through political study, adherence to institutional routines, and modeling upon exemplary figures, ensuring that doctors approached their overseas assignments with an ideologically grounded sense of purpose.

Interestingly, the Chinese terminology at the heart of Maoist moral transformation was anchored in the legacy of a foreign doctor. The figure of Norman Bethune (1890–1939, known in China as Bai Qiu'en)—canonized as the model internationalist doctor—provided both inspiration and a practical template for embodying 'revolutionary humanitarianism.' A Canadian who died of septicemia while performing battlefield surgery for the communist army during the Sino-Japanese War, Bethune was remembered not simply for his heroic self-sacrifice but as the exemplar of politically conscious medical labor.[26] Zhou Xun traces a key shift in the political uses of Bethune's image: Mao's 1939 eulogy celebrated Bethune as a 'revolutionary and collectivist anti-humanist,' a symbol of true internationalism and Communism, but in 1952 Dr. Nelson Fu (Fu Lianzhang), president of the Chinese Medical Association and deputy minister of health, recast him as a 'revolutionary humanitarian.'[27] This reinterpretation preserved his revolutionary credentials while making him a model of morally infused medical practice, more

[26] For biographies of Norman Bethune, see Adrienne Clarkson, *Extraordinary Canadians: Norman Bethune* (Toronto 2009); Roderick Stewart and Sharon Stewart, *Phoenix: The Life of Norman Bethune* (Montréal 2011).
[27] Zhou Xun, *The People's Health: Health Intervention and Delivery in Mao's China, 1949-1983* (Montreal 2020), 189–91.

directly instructive for doctors preparing to serve the new China. Bethune's legacy was systematically mobilized through public memorials, political study sessions, and medical manuals to instruct Chinese doctors on how to align clinical expertise with ideological discipline. As reflected in Wei Jinyuan's statement in the epigraph, Bethune stood as a touchstone for Chinese medical workers throughout the socialist era and beyond, a politically stable model whom medical workers could invoke to articulate their humanitarian commitments across shifting political currents.[28]

Chinese medical professionals' interpretation of revolutionary humanitarianism crystallized around two fundamental questions: 'Whom do we serve?' and 'How do we serve?'[29] The answers emerged from their readings of Mao Zedong's 1939 eulogy 'In Memory of Norman Bethune.' Discussions of Bethune in major state newspapers offer a prescriptive voice of sanctioned ideals, but they remain invaluable for understanding how doctors used the language available to them to narrate their actions and how revolutionary humanitarianism was meant to be performed. These scripts shaped doctors' behavior at home and abroad—from patient selection priorities to professional relationships to resource allocation decisions.

The first question—whom to serve—received a seemingly straightforward but politically loaded answer: doctors should serve 'the people' (*renmin*). The moral duty thus originated not from a respect for humanity in general but from a politicized view of who deserved the service. Bethune was taken as an exemplar of this ideology through his portrayal as 'a loyal servant to the

[28] Other internationalist doctors such as Dwarkanath Kotnis (India) and Shafick George Hatem (U.S.) were also revered for aiding the Chinese Communists during the anti-Japanese war, but Bethune became the most iconic figure due to the influence of Mao's memorial essay. As Christos Lynteris argues, the text achieved 'exegetic efficacy' in mobilizing readers to cultivate themselves into 'a new type of human who could carry through the revolution.' See Lynteris, *The Spirit of Selflessness in Maoist China: Socialist Medicine and the New Man* (New York, NY 2013), 5.

[29] 'Zai yiyuan geminghua de daolu shang maijin—fang shanghai shi di liu renmin yiyuan' [Move forward on the road of revolutionization: A visit to the Sixth People's Hospital of Shanghai], *People's Daily*, 4 June 1964, 5.

laboring people,' that is, 'revolutionary warriors and commoners in the border region.'[30] This perspective endured across decades. A 1944 graduate of China Medical University in Yan'an, whose diploma bears Mao's slogan of 'revolutionary humanitarianism,' affirmed recently in his late eighties that as doctors, they were inspired to serve 'the proletariat and the laboring people' rather than 'the money-holders and the privileged.'[31] Yet this revolutionary rhetoric was not always useful for pinpointing the actual recipients of medical care, not least because 'the people' in Chinese communist discourse was inherently unstable, with social groups moving in and out of this category according to shifting political imperatives.[32] What remained constant was that 'the people' privileged previously subaltern classes— particularly peasants and workers— who had been marginalized before the communist revolution. Explicit discussions by doctors about their treatment of the excluded were rare, but the notion of class distinction and its implications for differential treatment was embedded in the health system.[33] In this respect, Maoist humanitarianism manifested as solidarity specifically toward fellow comrades, who were accorded a higher value of life. This class-based approach to patient care would create significant tensions in Algeria, where doctors trained to prioritize 'the people' found themselves providing care in what they perceived as a bourgeois society.

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[30] Ma Ding, 'Bai Qiu'en daifu shi xin zhongguo yiwu gongzuozhe de fangxiang' [Dr. Bai Qiu'en Is the Direction of the Medical Workers of New China], *People's Daily*, 12 November 1949, 4.

[31] See Wang Hebin's speech in 'Mao Zedong tongzhi 'jiusi fushang, shixing geming de rendao zhuyi' tici 70 zhounian jinian zuotanhui shilu' [Minutes of the seminar to commemorate the 70th anniversary of Comrade Mao Zedong's inscription 'rescue from death and heal the wounded, carry out revolutionary humanitarianism'], The National Health Commission of the PRC, published on 15 July 2011. Available at: http://www.nhc.gov.cn/bgt/s7693/201107/47c4e84f91ee496cbc14129c8f18beef.shtml (accessed 28 January 2025).

[32] For the 'people' as an invented concept, see, for example, Joseph R. Levenson, *Confucian China and Its Modern Fate*, Volume 3 (Berkeley, CA 1968), chapter 3.

[33] In 1965, it was stipulated that four types of individuals (landlords, rich peasants, counter-revolutionaries, and bad elements) were ineligible for labor insurance and retirement benefits, excluding them from enterprise-provided medical coverage. See Li Ruojian, 'Cong Shuzui dao Tizui: "Si Lei Fenzi" Jieceng Chutan' [From atonement to scapegoating: a preliminary study of the 'Four Types of Elements' class], *Kaifang shidai* [Open Times], 5(2006), 113–30.

The second question—how to serve—encompassed both ethical comportment and technical competence, dimensions important for overseas effectiveness. On 12 November 1949, an article in *People's Daily*'s commemoration of Bethune's death defined revolutionary medical practice by contrasting it with its antithesis.[34] The author drew a sharp distinction between revolutionary doctors and what he called 'capitalist individualists and self-serving hypocritical humanitarians':

> They are irresponsible to the people and do not care about the people; [they] indulge in empty talk about theory, mechanically copy foreign [methods], and take patients as guinea pigs; [they] sell technology to the people and make money from the people's health; [they] do everything for personal interests, full of foreign chic and self-righteous complacency.[35]

This contrast clarified what revolutionary humanitarianism meant in practice. For overseas missions, this meant Chinese doctors were expected to renounce the privileges and hierarchies common among foreign medical elites in Algeria, presenting themselves instead as humble servants, attuned to the lived realities of those they served.

Central to this moral duty was what Mao praised in Bethune as an 'utter devotion to others without any thought of self.'[36] Doctors were expected to develop internal motivation rather than seeking external rewards. Following Mao's call, they worked to cultivate an image of their profession that emphasized qualities such as sacrifice, compassion, empathy, and courage. In endorsing altruism, Maoist humanitarianism found its utmost resonance with Western voluntarism, sharing the ideal of selfless individuals making sacrifices without expectation of reward. This principle translated into specific policies for overseas missions: first, offering 'free

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[34] Here, Mao's memorial was reprinted under the title 'Learning from Bai Qiu'en,' an earlier and slightly different version from the one that is now popularly known. *People's Daily*, 12 November 1949, 4.
[35] Ma Ding, 'Bai Qiu'en daifu'.
[36] Mao Zedong, (1939) 'In Memory of Norman Bethune', Marxist Internet Archive, https://www.marxists.org/reference/archive/mao/selected-works/volume-2/mswv2_25.htm.

aid' to host countries, unlike profit-driven healthcare assistance (for example, from Romania to Libya); second, enforcing 'no special treatment' for mission doctors, who received only their standard domestic salary plus a modest stipend—compensation far below that of their Algerian counterparts, to say nothing of other foreign doctors who commanded expert-level privileges.[37] This financial sacrifice created real material conditions that would distinguish Chinese doctors from their foreign colleagues in Algeria, potentially affecting both their credibility and their relationships with local medical staff who might interpret such modesty as either admirable dedication or an indication of questionable competence.

Revolutionary virtue mattered, but so did technical competence, an aspect of Maoist humanitarianism often overlooked. Mao's eulogy for Bethune has so often been read by the public as one of 'the three old essays' elaborating revolutionary virtues that little attention outside the medical circles was paid to Mao's praise for Bethune's expertise.[38] Specifically, Mao commended Bethune for 'constantly perfecting his skill' and criticized 'those who despise technical work as of no consequence or as promising no future.'[39] In doing so, Mao offered an important legitimizing discourse for medical professionals, allowing them to assert the value of expertise within a political system that often privileged ideological purity.

Ye Qingshan, co-founder with Bethune of the Model Hospital of Jin-Cha-Ji, established an explicit connection between technical expertise and revolutionary goals. Ye portrayed Bethune as recognizing that building a communist society required 'striving for excellence, constantly improving expertise, advancing business, and regarding technical work as a lifelong

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[37] On Romania's pursuit of hard currency and other economic returns through its healthcare assistance to Libya, see Bogdan C. Iacob, 'The Hospital."

[38] 'Old' here means classical. The other two essays are 'Serve the People' (1944) and 'The Foolish Old Man Who Removed the Mountains' (1945). In the early days of the Cultural Revolution, all students were required to recite the three essays.

[39] Mao, 'In Memory of Norman Bethune'.

career.' Significantly, Ye documented Bethune's blunt criticism of medical staff in the Eighth Route Army: 'You are good in political consciousness, but very bad in medical skills.'[40] This narrative about the value of expertise was mobilized as medical professionals struggled to defend their expert authority whenever opportunities arose. In 1972, for example, a Hubei hospital training reserve doctors for the Algerian mission invoked Bethune's example to argue that while 'expertise should serve the politics,' political struggle was nonetheless 'embodied in expertise.'[41] Such sentiments reflected the precarious balance between redness and expertise in Maoist professional culture, a balance that overseas missions also had to strike, with serious consequences when it tilted too heavily toward political credentials.

Beyond conventional medical excellence, revolutionary medicine encompassed what Ye Qingshan described as 'reconciling scientific methods with backward rural realities'.[42] Bethune's adaptive innovations—most notably the *Lugouqiao* mule lither that could carry surgical instruments and medicines for 100 patients and be converted into an operating table—exemplified the problem-solving ingenuity expected of revolutionary doctors.[43] He was highly praised for his ability to 'sinicize' Western medical knowledge to suit Chinese conditions.[44] This emphasis on innovation and adaptation would again be put into practice, first domestically, and then in Algeria, where doctors established mobile services for nomadic populations and developed creative solutions for resource-scarce conditions.

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[40] Ye Qingshan, 'Yinian weida de guoji zhuyi zhe—Bai Qiu'en daifu' [In memory of the great internationalist: Dr. Bethune], *People's Daily*, 12 November 1949, p.4.
[41] Hubei Provincial Archives (HPA), SZ67-4-177-8, 6 September 1972.
[42] Ye, 'Yinian weida de guoji zhuyi zhe.'
[43] Ma Guoqing, *Bai Qiu'en yuan Hua kangzhan de 674 ge riye* [Norman Bethune's 674 Days and Nights Supporting China's War of Resistance] (Beijing 2015), 242.
[44] Ma Ding, 'Bai Qiu'en daifu'.

In a nutshell, through their study of Bethune's example, medical personnel understood Maoist humanitarianism as encompassing three essential elements: undifferentiated care to 'the people', unconditional dedication to the patients, and technical mastery adapted to local conditions. After 1949, wartime medical experiences continued to inform the communist regime's healthcare policies as it confronted a severely understaffed and critically under-resourced healthcare system. All health workers, ranging from skilled medical professionals to minimally trained 'barefoot' peasant-cum-paramedics, were expected to follow these tenets, in China and abroad.

Doctors' reports and memoirs were almost always framed around these Maoist humanitarian ideals. I do not mean to question the authenticity of their accounts of heroic service with the use of the word 'framing'—some of their medical successes were corroborated by Algerian sources, and certainly some of these doctors were genuinely exceptional individuals driven by revolutionary conviction. Rather, I intend to emphasize their conscious self-presentation as ethically virtuous, technically skilled yet accommodating and egalitarian in practice. Their self-presentation struck a careful balance between the profession's perceived—and politically suspect—connection to bourgeois humanism and their need to demonstrate party loyalty and their contributions to the socialist state. Unlike Western humanitarian workers who emphasized political neutrality, Chinese doctors explicitly acknowledged their political motivations, seeing both their merits and ends as shaped by Maoist ideology.

This reinterpretation of humanitarian ethics was central to China's emerging emphasis on adaptive, community-oriented medical practice that was developing in parallel with, and would ultimately contribute to, international debates about appropriate healthcare models for developing countries. While international health organizations would not formally embrace

primary healthcare principles until the 1978 Alma-Ata conference, Chinese doctors were already implementing many of these concepts through their interpretation of revolutionary humanitarianism: community engagement, preventive care, and health worker training adapted to local, resource-scarce conditions. This Chinese experience, alongside similar developments elsewhere like Indian rural medicine, activities of medical auxiliaries and Christian missionaries in developing countries across Africa and Latin America, became inspiration for the global conversation and diffusion of the concept of primary healthcare during the late 1970s and early 1980s.[45] Thus, the formulation of revolutionary humanitarianism alleviated domestic ideological contradictions while positioning Chinese medical practice at the forefront of what would come to be recognized as progressive international health policy.

The domestic formation had direct implications in Algeria, where tensions between revolutionary principles and humanitarian effectiveness surfaced in clinical encounters, professional hierarchies, and community relations. As Jamie Monson has demonstrated in the Tanzanian context, Chinese technical assistance projects invariably revealed the limits of revolutionary solidarity in practice.[46] This insight is crucial for the understanding of the Algerian case, where the ethos instilled at home affected everything from personnel selection and work discipline to patient care priorities and the handling of local political sensitivities. Western observers such as Crawshaw praised the compassionate and egalitarian care in Chinese hospitals, but how well did these same qualities—so celebrated and idealized in China—translate into foreign contexts?

[45] Marcos Cueto, 'The Origins of Primary Health Care and Selective Primary Health Care', *American Journal of Public Health*, 94, 11 (2004), 1864–74.
[46] Jamie Monson, *Africa's Freedom Railway: How a Chinese Development Project Changed Lives and Livelihoods in Tanzania* (Bloomington, IN 2009), especially 150–51.

Mission doctors' reports and memoirs, while couched in formulaic political language, nonetheless provide a window for one to get a glimpse of the frictions between Maoist medical ethics and the unfamiliar cultural and political terrains of postcolonial Algeria.

Mission doctors held complex attitudes toward China's medical aid to Algeria. They faced the challenge of negotiating what it meant to serve 'the people' in a society whose class structures and political categories differed from China's own. Some openly questioned the program's value and practicality, as one member pointedly asked: 'Is it worthwhile to aid countries led by a national bourgeoisie that simultaneously opposes both imperialism and communism? Given our own economic backwardness, isn't this like slapping our face swollen to look fat [pretending to be richer than we are]?'[47] This ambivalence stemmed from a core contradiction within class-based humanitarianism. In Chinese political culture, 'the people' explicitly excluded the bourgeoisie, creating a selective universalism that produced ethical dilemmas when Chinese doctors confronted Algerian patients whose social status seemed privileged. The second medical mission concluded that Algeria, despite its self-identification as socialist, 'clearly belonged to the category of bourgeois country.'[48] This assessment created an uncomfortable paradox: how could revolutionary medical ethics, predicated on serving 'the people,' justify providing care in what they perceived as a capitalist society?

Their unease intensified upon discovering Algeria's relative prosperity while China was still recovering from the Great Leap Forward famine (1959-61). Their pledge in reports to 'remain immaculate in "the dazzling and bustling world" (*huahua shijie*)' betrayed an implicit acknowledgment of this disparity.[49] One cardiologist, serving from 1968 to 1971, recalled how

[47] HPA, SZ115-2-689-3, 3 October 1965.
[48] Ibid. In fact, no African state was considered truly socialist by the Chinese; all were on the way to 'liberation'. See W.A.C. Adie, *The Communist Powers in Africa* (London 1970), 8.
[49] HPA, SZ67-4-125-1, 14 October 1970.

he came to realize Algeria was 'richer than us,' leading him to question Mao's foreign aid policy.[50] Such concerns anticipated contemporary Chinese debates about the issues of 'foreign aid producing losses' (*yuanwai chikui lun*) and aid programs' 'irrelevancy to our [cause]' (*yuji wuguan luan*).

Mission organizers addressed this tension by invoking Bethune's internationalist legacy, urging doctors to serve all Algerians inclusively, regardless of class.[51] They justified medical aid as an expression of anti-imperialist solidarity with oppressed nations rather than global class struggle. Yet this sacrifice of class-based ideology for geopolitical pragmatism could not fully remove the doctors' unease about serving privileged elites in the recipient countries.[52] It reveals how a core tenet of Maoist humanitarianism—the question of whom to serve—became problematic when it is translated internationally.

Despite these ideological tensions, the Chinese medical team that arrived in the remote provincial town of Saïda in 1963 gradually built professional legitimacy through demonstrated expertise. While they possessed considerable institutional power as the sole doctors sanctioned by Algerian health authorities in the area, this structural advantage did not automatically translate into trust among patients or local health staff. Local residents, having been exposed to French medicine for over a century, initially viewed Chinese medical claims with skepticism. In one telling case, a patient diagnosed with a stomach ulcer by a Chinese radiologist traveled 100 miles

[50] Personal interview with Dr. Feng Hongzhi in Wuhan, 22 August 2017.
[51] See, for example, HPA, SZ139-6-409-7, 10 May 1972.
[52] Mao's 1974 'Three Worlds Theory,' articulated during his talk with Zambian President Kenneth Kaunda, would later provide clearer theoretical justifications by formally positioning China within the Third World and prioritizing anti-hegemonic struggle over socialist-capitalist conflicts.

north to Oran, only to receive the identical diagnosis from a European doctor.[53] Similar stories of validation of the efficacy of the Chinese team gradually established its credibility.

What may have most effectively galvanized a change in attitudes was a successful cataract surgery performed by ophthalmologist Liu Gang. In Saïda, where cataracts were widely seen as incurable, restoring patients' sight proved especially powerful in legitimating the entire Chinese medical mission.[54] As it happened, this dynamic paralleled the experiences of European medical missionaries in nineteenth-century China, who had similarly used successful cataract surgeries to demonstrate the superiority of Western medicine and promote Christian conversion.[55] In Saïda, the Chinese medical workers reproduced this pattern of using medical success to build local trust, though their mission served to validate Maoist approaches to healthcare and humanitarian aid rather than establishing religious authority.

The team's confidence in their technical prowess was evident in their public communications. After returning to China in October 1965, the first team's deputy leader published a long article in *People's Daily*—the most widely circulated mouthpiece of the Chinese government— claiming a perfect record of zero medical errors during their two-and-a-half-year tenure.[56] While it is impossible to corroborate the claim, Algerian newspapers in the early 1970s reflected growing trust in Chinese medical expertise. Major national newspapers

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[53] Yang Zhenglian and Guo Linghe, 'Shouzhi yuanwai yiliaodui de beifei suiyue' [The years of the first medical aid team in North Africa], *Zhongguo xinwen zhoukan* [China Newsweek] (16 April 2012): 85.
[54] Ibid. In the early 1920s, a British anthropologist studying the Aurès Mountains in Eastern Algeria described surgeries by local doctors removing white film from an eye. A particularly reputable surgeon of the group was from Morocco. No mention, however, was made regarding whether the surgery was practiced in other areas of Algeria. See M.W. Hilton-Simpson, *Arab Medicine and Surgery: A Study of the Healing Art in Algeria* (London 1922), 52-5.
[55] For example, the American medical missionary Peter Parker (1804-1888)'s ophthalmic infirmary in Guangzhou was very popular among Chinese patients. See Edward V. Gulick, *Peter Parker and the Opening of China* (Cambridge, MA 1973), 50-7.
[56] Chen Haifeng, 'Zhongguo yisheng: zuike xinren de ren' [Chinese Doctors—the Most Trustworthy], *People's Daily*, 18 December 1965.

regularly reported on successful Chinese surgical interventions: a biliary-duodenal anastomosis on a 65-year-old patient in Saïda (1972), the removal of a 44kg cyst with the assistance of acupuncture anesthesia in Relizane (1972), and a hand replantation that made the front pages of both *El Moudjahid* and *La République* (1974), to list a few.[57]

While medical expertise was essential to humanitarian effectiveness, the contradictions embedded within Chinese revolutionary humanitarianism became especially acute during the Cultural Revolution (broadly 1966–76). The CCP's critique of universal humanism sharpened the perceived tension between expertise (universalist, politically neutral knowledge) and ideology (revolutionary commitment) that permeated all professional fields. Sigrid Schmalzer's research on agricultural scientists during the period illuminates how those who survived were the ones who managed to reconcile 'bourgeois', foreign (*yang*) science with mass, native (*tu*) science rooted in and serving the people.[58] Historians of medicine have noted similar dynamics: Fang Xiaoping argues that the authority of professional doctors was consistently undermined by demands for political purity, while Miriam Gross demonstrates how medical knowledge was synthesized and recast through Maoist rural medicine campaigns that sought to subordinate expertise to mass politics.[59] The medical missions to Algeria reflected this broader pattern. Political sensitivity decisively altered the personnel selection criteria, with conformity taking precedence over competence. In July 1966, the CCP Central Committee's Organization

[57] 'Saïda: « Opération – Sauvetage » des médecins chinois »', *La République* (French), 9 February 1972, 9; 'Ablation d'un kyste de 44kg: Un succès de la médicine chinoise', *La République* (French), 8 December 1972, 6; 'Première chirurgicale a Relizane des médecins chinois pratiquent une greffe de la main', *El Moudjahid* (French), 17 December 1974, 1.

[58] Sigrid Schmalzer, *Red Revolution, Green Revolution: Scientific Farming in Socialist China* (Chicago 2016), esp. chapters 2–3.

[59] Xiaoping Fang, *Barefoot Doctors and Western Medicine* (Rochester, NY 2012), 30–41; Miriam Gross, 'Between Party, People, and Profession: The Many Faces of the "Doctor" during the Cultural Revolution', *Medical history* 62, 3 (2018), 333–59.

Department revised its screening standards for foreign aid personnel, demanding a 'purification' of teams based primarily on individuals' political performance in the Cultural Revolution.[60]

Provincial health officials' testimonies reveal how this politicization compromised medical expertise. In Hubei, a vice director of the provincial health department acknowledged that 'political concerns outweighed expertise' in recruitment.[61] In Shanghai, personnel cadres looked for ideologically 'perfect' candidates 'from good class background, with no overseas ties.'[62] The proposal of some Ministry of Health officials in 1975 to deploy 'barefoot doctors' to Algeria—though ultimately rejected— indicated how revolutionary fervor threatened to override basic standards of medical care in foreign aid missions.[63] Retrospectively, a 1983 report by health officials in Shandong characterized their earlier practice as prioritizing class origin and social connections over all other criteria up to 1978, reflecting the post-Mao era's reassessment of politicized recruitment.[64]

These staffing decisions had grave implications for patient care. Rather than isolated lapses, systematic recruitment of politically 'pure' but underqualified personnel led to medical errors that strained relations with local patients and undercut the mission's humanitarian aims. By 1970, Algerian health officials were raising alarms about malpractice, prompting the Hubei provincial health office to concede that their shortage of qualified personnel had resulted in patient deaths and extended hospital stays.[65] The situation, however, did not immediately improve. In 1972, the Chinese ambassador reported declining service quality and increasing

[60] HPA, SZ97-1-74-19, 22 July 1966.
[61] HPA, SZ139-6-409-7, 10 May 1972.
[62] Shanghai Municipal Archives (SMA), B242-3-517, 2 February 1973.
[63] See the memoir of the then Chinese ambassador to Algeria. Zhou Boping, *Feichang shiqi de waijiao shengya* [My diplomatic career during the unusual times] (Beijing 2004), 218-9.
[64] The Archives of the Ministry of Health, 148-17-1983-D-97-24, January 1983.
[65] HPA, SZ67-4-125-2, 6 April 1970.

malpractice in the South Oran region (Saïda, Mascara, and Relizane).[66] Specific incidents highlighted the severity of the problem: one physician who had never practiced independently struggled with basic prescriptions, to the point that Algerian nurses questioned whether he was a real doctor; a surgeon from a county hospital proved unable to perform routine appendectomies; several acupuncturists had only three months of training; still others had been off duty for so long that they had gotten rusty in their practice.[67] The irony was captured in Hubei health officials' ideological statement: they had proudly taught the mission workers to 'complete tasks relying on the invincible Mao Zedong thought' rather than medical expertise (dismissively referred to as 'a knife').[68]

Only after the ambassador's critical report reached the Ministry of Health and was relayed to all fourteen participating provinces did officials recognize that even politically-driven missions required genuine medical expertise to function effectively.[69] Concerns about preserving the missions' 'international glorious reputation' eventually forced a pragmatic retreat from strict political criteria.[70] In 1972, cases emerged where previously disqualifying political backgrounds were overlooked to ensure the inclusion of personnel with essential expertise.[71] The change towards a more expertise-oriented approach, however, remained inconsistent and limited, as 'political thought work' continued to dominate institutional decision-making.[72] The persistence of this tension was evident as late as 1977, when Algerian complaints about declining medical competence were still being forwarded to the Hubei provincial authorities.[73]

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66 HPA, SZ67-4-183-3, 26 April 1972.
67 HPA, SZ67-4-183-3, 19 March 1972; and SMA, B242-3-306-46, 24 October 1972.
68 HPA, SZ67-4-125-1, 14 October 1970.
69 SMA, B242-3-306-46, 24 October 1972.
70 SMA, B242-3-306-46, 24 October 1972.
71 SMA, B242-3-517, 2 February 1973.
72 Qian Xiangli, *Zhonghua renmin gongheguo shi (di wu juan): lishi de bianju* (1962-1965) [The history of the People's Republic of China (Vol.5): the change of history] (Hong Kong 2008), 504.
73 HPA, SZ115-5-87-7, 15 November 1977.

It would be wrong to assume that those with strong political credentials necessarily lacked professional expertise, as Schmalzer has shown in parallel cases of agricultural scientists.[74] But the prioritization of political conformity over professional competence during the Cultural Revolution created a fundamental contradiction in China's medical aid program: the more stringently the missions adhered to Maoist political requirements, the more they risked compromising their humanitarian effectiveness. This paradox reveals how ideological imperatives could work against the very goals of socialist humanitarian aid.

While these contradictions led mission doctors to question whom they should serve and occasionally compromised service quality, Maoist humanitarianism's emphasis on unconditional dedication and egalitarian care did meaningfully inform medical practices in Algeria, creating distinctive approaches to patient care that distinguished Chinese missions from their local and European counterparts. A 1971 editorial in *El Moudjahid* titled 'Learn from the Chinese Doctors' captured both admiration and underlying tensions. Journalist Halim Mokdad highlighted the Chinese doctors' commitment, contrasting their willingness to serve in remote regions with Algerian physicians' reluctance to leave the coastal capital: 'The work of the Chinese mission, through its selflessness and dedication, stands as an example... We have repeatedly heard this disillusioned comment: "Our doctors need to learn from the Chinese a lesson in civic duty, humility, and self-sacrifice."'[75] The author painted a stark portrait of institutional neglect from Algeria's own doctors in the region, one that made the Chinese mission's presence all the more exceptional.

[74] Sigrid Schmalzer, *Red Revolution, Green Revolution*.
[75] Halim Mokdad, 'Prendre exemple sur les médecins chinois', *El Moudjahid* (French), 14 May 1971, 5.

Chinese reports further highlighted their demanding work routines: maintaining extended hours into the night, ensuring constant weekend and holiday coverage, and accepting unrestricted outpatient numbers—all in contrast to the limited hours and restricted patient access they attributed to other foreign doctors.[76] While Algerian accounts do not directly corroborate these claims, testimony from other African contexts suggests certain validity of the Chinese observations. Ali Sultan Issa, Zanzibari Minister of Health (1968-72), contrasted his antipathy toward the 'very mean and arrogant' Soviets with his appreciation for Chinese who 'wanted to develop their country [China] first, but still they helped.'[77]

Another dimension of the Chinese claims of superior humanitarian commitment centered on their professed indifference to material rewards. Whereas other foreign doctors reportedly demanded quality housing, high salaries of 1,500-2,000 dinars paid in US dollars, paid leave and compensation for family travel, Chinese personnel neither received payment from the Algerian government nor requested special treatment.[78] This modest disposition followed established Chinese aid policy in Africa. A 1960 agreement between China and Guinea, for instance, required Chinese technical advisers to live at standards 'not exceeding that of personnel of the same rank in the Republic of Guinea'—a stipulation that development scholar Deborah Bräutigam interprets as 'a swipe aimed at both the Soviets and the Americans, whose personnel would not have dreamed of living like a local official in Africa.'[79] The precept that doctors should not position themselves above patients or African colleagues was held as a hallmark of

[76] These merits were much acclaimed and repeatedly appeared in Chinese news reports. See for example Chen, 'Zhongguo yisheng'.
[77] G. Thomas Burgess, *Race, Revolution, and the Struggle for Human Rights in Zanzibar: The Memoirs of Ali Sultan Issa and Seif Sharif Hamad* (Athens, OH 2009), 106-7.
[78] Chen, 'Zhongguo yisheng'. For the payment for foreign experts, see Liu Simu, 'A'erjiliya jian wen san ji (xia)' [Travel in Algeria (part 2)], *Shi jie zhi shi* [World Affairs], no. 16 (1965): 27. In comparison, the monthly salary of a farm manager in Saïda was 450 dinars, and for a farm worker 240-360 dinars. The exchange rate in 1965 was 1 Algerian dinar to 0.5 Chinese yuan or 0.2 USD.
[79] Deborah Bräutigam, *The Dragon's Gift: The Real Story of China in Africa* (Oxford 2009), 35.

Maoist humanitarianism, even within an aid dynamic and doctor-patient relationship that contained inherent hierarchies.

This egalitarian approach reflected core Chinese socialist values of the 1960s: opposing privilege, defending equality, and eliminating status distinctions.[80] In medicine, in particular, as Gross has observed, Mao sought to redefine elite physicians as 'carer doctors' whose new professional identity was to be grounded in caregiving and altruistic brotherhood: doing nursing work, accepting low pay, and identifying with peasants as fellow laborers.[81] In Algeria, Chinese doctors consciously treated local residents as equals, deliberately working to dismantle traditional hierarchies between care provider and patient, expert and layperson, professional and paramedic. Positioning themselves as 'ordinary laborers,' they rejected privileges traditionally associated with medical professionals.[82]

This stance was clear immediately upon their arrival at Saïda's hospital, when they declined bed-making services offered by Bulgarian nurses—an arrangement they interpreted as a 'colonial legacy' that marked doctors as persons of 'high status' rather than servants of the people.[83] Their Maoist commitment to dissolving professional privileges was further expressed in acts of crossing: sucking smelly amniotic fluid from a newborn with meconium aspiration syndrome (MAS), suctioning mucus mouth to mouth for a child with breathing difficulties, or undertaking menial duties traditionally associated with nursing, such as rolling bedridden patients, cleaning bodies, administering medications, lifting stretchers, and sterilizing instruments.[84] In this regard, Chinese doctors diverged from other socialist missions, which, as

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[80] Qian, *Zhonghua renmin gongheguo shi (di wu juan)*, 503–4.
[81] Miriam Gross, 'Between Party, People, and Profession', 355–6.
[82] Chen, 'Zhongguo yisheng.'
[83] Huang Sihai, 'Feiwang beifei de diyizhi zhongguo yiliaodui' [The first Chinese medical team in North Africa], in *Mingyi fengliu zai beifei* [La mission médicale Chinoise en Algérie] (Beijing 1993), 31.
[84] HPA, SZ139-1-84-27, 29 October 1968.

Young-Sun Hong and Bogdan Iacob have respectively shown, generally reinforced professional hierarchies and presented themselves as pedagogical authorities guiding local populations.[85]

Local reactions to the Chinese disruption of professional boundaries were mixed, with surviving testimonies suggesting both admiration and unease. Omar Boudjellab, Algeria's minister of health, praised the Chinese doctors' 'dignified manner' and characterized their conduct as embodying a 'militant spirit.'[86] His language, while laudatory, also underscored their unusual rigidity, hinting at the difficulty of aligning such practices with Algerian expectations of care. A similar ambivalence appears in the testimony of Hubert Papin, a French physician who worked at the Hospital of Saïda between 1979 and 1981. Papin recalled being 'much impressed by their seriousness, their punctuality, their devotion, their regimented life like sheet music [clockwork], their identical clothing of Mao collars and plain trousers, their extreme delicacy.' At the same time, he noted the cultural shock they provoked, asserting that 'all of these stand out in a Muslim world where fatalism and anarchy are omnipresent.'[87] Although Papin's framing reproduced Orientalist tropes, it nonetheless highlights how Chinese doctors' militant discipline distinguished them from local norms in ways that were as unsettling as they were admirable.[88]

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[85] Young-Sun Hong, *Cold War Germany, the Third World, and the Global Humanitarian Regime* (New York 2015), 127–8, 177–214; Bogdan C. Iacob, 'Paradoxes of Socialist Solidarity', 134–8.

[86] 'Des Algériens s'initient à l'acupuncture', *El Moudjahid*, 11 March 1975, p.4.

[87] Hubert Papin, 'Seize Mois de Coopération Médicale', MD thesis, Universite de Nantes (1981), 140.

[88] French colonial discourse in North Africa often cast Muslims as 'fatalistic,' a trope used to justify claims of civilizational superiority. Scholars have explored this association of fatalism with medicine and empire: see Nancy Gallagher, *Medicine and Power in Tunisia, 1780-1900* (Cambridge 1983), 100-1; Richard Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago 2007), esp. on Antoine Porot, later criticized by Franz Fanon as the 'father of psychiatric racism' in Algeria. Others have examined how Muslims themselves understood fatalism. Sherine Hamdy, for example, interprets it less as a religious constraint than as a comfort mechanism. See Hamdy, 'Islam, Fatalism, and Medical Intervention: Lessons from Egypt on the Cultivation of Forbearance (*sabr*) and Reliance on God,' *Anthropological Quarterly* 82, no.1 (2009), 173-96.

The Chinese mission's most ambitious expression of humanitarian compassion and technical adaptation was its organization of mobile medical services in remote rural areas where herdsmen scattered across massive prairies. After establishing operations at Saïda Provincial Hospital, the team extended their reach into the countryside, adapting the 'barefoot doctor' model from their work in China. Rather than waiting for patients to travel long distances for care, they brought medicine directly to pastoral communities. They started with former French medical posts two or three times a week but gradually established a network of eight outposts across a radius of 7.5 to 60 miles from Saïda. Small groups of two to four doctors traveled daily to these posts, on horseback or by car, maintaining continuous service throughout their tenure.[89]

This itinerant labor embodied key tenets of Maoist medical ethics: serving the most inaccessible populations, narrowing urban-rural health disparities, and rejecting the elitist notion that patients should seek out doctors rather than the reverse. For the Chinese teams, bringing medicine to the countryside was not simply a logistical adaptation but a moral enactment of revolutionary humanitarianism. The initiative resonated with broader debates about healthcare delivery in newly independent Algeria, where Frantz Fanon's advocacy for training paraprofessional medical workers paralleled the Chinese 'barefoot doctor' ethos, and French *pieds-rouges* and leftist cooperators celebrated these egalitarian models as an alternative to the rigid hierarchies of colonial healthcare.[90] To many observers, Chinese itinerant medicine

[89] Phoenix TV, 'Zhongguo tianshi: Yuanfei yiliaodui wushi zhounian jishi' [Chinese angels: records of the 50th anniversary of Chinese medical aid teams in Africa] (2018), episode 1; Zhang Yingfu, 'Zai saiyide caoyuan shang de zhongguo yisheng' [Chinese Doctors on the Saïda Steppe], *Shi jie zhi shi* [World Affairs], Z1 (1966): 34.

[90] Hugh F. Butts, 'Frantz Fanon's Contribution to Psychiatry: The Psychology of Racism and Colonialism,' *Journal of the National Medical Association* 71, no.10 (1979): 1015. Catherine Simon, *Algérie, les années pieds-rouges: des rêves de l'indépendance au désenchantement, 1962-1969* (Paris 2009), 64n.

symbolized innovation and solidarity, a refreshing contrast to the older, exclusionary systems of care.

Yet, mobile services also provoked tensions that complicated their humanitarian claims. By extending their reach beyond hospital walls, the Chinese doctors expanded not only healthcare access but also their political visibility, which unsettled some Algerian officials. One hospital director in South Oran attempted to reduce the Chinese outposts and transfer them to other foreign doctors. His pointed observation—"The French brought canons and you Chinese brought influence!"—revealed concerns about new forms of foreign presence in post-colonial Algeria, even when they were framed as humanitarianism or solidarity.[91] Beneath the egalitarian veneer, the Chinese model carried implicit assumptions about modernization that threatened to recreate patterns of external intervention in Algerian healthcare, if only through socialist rather than colonial frameworks.

The Chinese medical mission to Algeria illuminates the paradoxes of Maoist humanitarianism, a project that sought simultaneously to provide care and to advance revolution. Excluded from international organizations, China sought to establish its legitimacy as a responsible global actor while maintaining ideological consistency with its critique of 'bourgeois humanism.' The solution was 'revolutionary humanitarianism': a framework that redefined compassion as collective duty, embedded care within class struggle, and linked medical ethics to political loyalty. This formulation was not merely an act of rhetorical rebranding but an attempt to reconcile a revolutionary paradigm with humanitarian care.

[91] HPA, SZ139-1-84-27, 29 October 1968.

For the state, revolutionary humanitarianism offered both a moral justification and a political instrument. For doctors, it became an ethical compass and a lived vocabulary. From their training in China to their service in Algeria, mission doctors internalized Maoist ethics that demanded rejection of privilege, service to the marginalized, and the collapse of professional hierarchies. In work reports and memoirs, whether written at the time or decades later, they consistently used the political idioms of their training, revealing how profoundly this vocabulary shaped their understanding of medical virtue. For many, revolutionary language became inseparable from their conception of attentive, egalitarian care. Yet, beneath the surface ran quieter currents of ambivalence. In interviews with me, some doctors admitted to feelings of envy at the privileges enjoyed by European doctors, or unease that blurring professional boundaries with nursing tasks eroded their authority as experts.[92] Outward zeal coexisted with private dissonance, producing a practice that was as fraught as it was committed.

This duality underscores why the question is not whether Chinese doctors acted from humanitarianism or revolutionary zeal, but how Maoist ideology redefined the ethical scope of humanitarian sentiment itself. Revolutionary humanitarianism demanded devotion to underserved populations and valorized sacrifice in harsh conditions, but it also authorized exclusion and political purging under the guise of moral virtue. In Algeria, these tensions surfaced starkly: mobile services extended healthcare to remote communities, yet also provoked fears of Chinese influence; devotion to egalitarian care won admiration, yet also clashed with local expectations of professional hierarchy; political recruitment filled mission rosters, yet at times endangered patient safety. Maoist humanitarianism was thus both deeply compassionate

[92] Chinese mission doctors that I interviewed in China and met in Algeria and Morocco expressed similar views on this point. They considered that the erosion of their status as "experts" and their rejection of the corresponding privileges actually made the locals think lowly of them.

and deeply disciplinary. The framework that justified extending healthcare to Algeria's remote populations also constrained how that care could be delivered.

Placed alongside other Cold War aid programs, the Chinese case highlights both commonalities and divergences. Had the PRC embraced the dominant Western humanitarian framework—anchored in neutrality, impartiality, and universalism—its medical missions might have emphasized individual discretion, depoliticized training, and standardized service across class and ideology. Like Cuba's 'solidarity humanitarianism' or East European technical aid, Chinese missions were overtly political and grounded in state-to-state agreements, not neutrality. Yet, while other socialist programs preserved the distinction between medical expertise and political consciousness, China sought to dissolve this boundary entirely. The barefoot doctor model, the insistence on manual labor alongside medical work, the rejection of professional hierarchies, and ultimately the prioritization of political credentials over medical competence all reflected an attempt to redefine medicine itself as revolutionary practice. Chinese doctors were not meant to be medical experts who happened to be revolutionaries, nor revolutionaries who happened to practice medicine, but embodiments of a new synthesis where healing and revolution were indistinguishable acts. This radical reimagining of medical practice as a 'third way' beyond the US and Soviet development models gave Chinese aid its distinctive force but also generated fundamental contradictions, as the erasure of boundaries between expertise and ideology repeatedly collided with the technical demands of medical care.[93]

By the late 1970s, however, the revolutionary frame was beginning to erode. In 1979 Beijing halted the expansion of mobile services, citing both cost and the inefficiency of reaching patients in sparsely populated regions. By the mid-1980s, the rural outposts had closed, as

[93] This political vision was articulated at the 1955 Bandung Conference. See Alexander Cook, 'Third World Maoism', in Timothy Cheek (ed.) *A Critical Introduction to Mao* (New York 2010), 288–9.

revolutionary medicine gave way to more pragmatic assessments of global health and international cooperation.[94] Yet the vocabulary of revolutionary humanitarianism did not vanish. The term lingers in official discourse today, though often stripped of its Maoist rigor and deployed as a performative claim to moral authority. Its persistence is a ghostly echo of Crawshaw's encounter with Maoist hospitals in the 1970s, where humanitarianism was never simply about medicine, but about remaking the moral and political order. In the end, revolutionary humanitarianism's ultimate limitation was not its political nature but its inability to reconcile ideological purity with medical effectiveness. The survival of its vocabulary, emptied of radical content, testifies both to the power of its original vision and to the sobering limits of revolutionary medicine's global legacy.

[94] SMA, B32-2-265-158, 30 June 1979.