Economic reforms have had a dramatic impact on the provision of healthcare services in rural China and exacerbated preexisting inequalities with much of the treatment costs borne by individuals and households. Facilities and providers declined in rural China before renewed attention was paid to the problem in 2003. The number of beds in township health centers dropped from 0.78 million in 1980 to 0.69 million in 2006 before increasing to 0.85 in 2008. The number of beds per 1,000 rural residents dropped from 0.95 in 1990 to a low of 0.76 in 2004 before rising again to 0.96 in 2008 (http://www.moh.gov.cn/open/publicfiles/business/htmlfiles/zwgkzt/ptnj/year2009/t-3.html). There was also a dramatic decline in those with medical insurance. With the disbandment of the rural collective institutions, coverage dropped from 80 percent in 1979 to only 2 percent in 1987 before improving to 6.57 percent in 1997 (“Zhongguo nongcun,” 2000, 21). From 1997, there was first a gradual improvement with an increase in minimal coverage and beginning in 2003 the renewed promotion of the rural medical cooperative scheme. The new scheme was intended to address the two problems of catastrophic illness and poverty caused by medical bills. Since this revival, coverage has spread rapidly, with official figures claiming that coverage had risen in rural areas from 10.8 percent in 2004 to 75 percent by 2007. By the end of 2008, coverage was reported at 91.5 percent (http://www.moh.gov.cn/open/publicfiles/business/htmlfiles/zwgkzt/ptn/year2009/t-3.html). These same trends are visible with healthcare provision in Yantian.

The reform period witnessed the emergence of a varied set of healthcare institutions. Currently, there is a public hospital (Yantian
Branch Hospital of Fenggang *Huqiao* Hospital), one public community-based health service center, one large private hospital (*Guangji* Hospital), 17 private clinics, and about 50 unlicensed private clinics and a dozen or so private-run drugstores serving 80,000 local villagers and migrants.

In Yantian, in the early fifties, all healthcare services were delivered by three private clinics: Feng Yongyi, Gong Ruilong, and Li Zhenxin clinics. Though small, these private clinics offered both western and traditional Chinese medical services. However, in 1954, once cooperativization was launched, the three were merged into one integrated clinic (with five medical workers in total). The system remained fee for service but once the people’s commune movement began in 1958, Yantian introduced free healthcare services. However, this was short-lived and not long after the experiment began, it was abandoned as the village collective could not afford the heavy financial burden that free medical care entailed. In the early sixties, a new attempt was made as villages were instructed to introduce cooperative medical schemes. The farmers only had to contribute 2–3 yuan per capita per annum. This entitled them to free medical care and drugs, with a five cent registration charge for each clinic visit, the production team covered the remainder of the costs (Deng Yaohui, ed., 2003, 309). Once again the financial burden became too great for the collective to bear and from 1976 the villagers had to assume the full cost of medical care.

As elsewhere in rural China, some young farmers gained limited medical knowledge through short-term training and were allowed to treat villagers after a clinical internship. These were referred to as “barefoot doctors.” As village doctors they were remunerated through work-points instead of receiving a salary and participated in the welfare distribution of their respective production teams. Consequently, these “barefoot doctors” became the backbone for the collective healthcare workforce in Yantian.

The influx of foreign investors from the eighties brought about significant changes. The rise in off-farm employment led to income rises for local farmers as well as attracted large numbers of migrants mostly from inland China. This led to rapid population growth and increasing demand for health services. The meager resources of the cooperative medical schemes in Yantian were too limited to meet these new demands. Consequently, a diversified and networked management structure emerged with greater government intervention, an enhanced role for the private sector and with the village collectives playing a variety of roles.