



**American Philanthropy in Health Governance in China and India:
Role, Motivations and Transformations**

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Introduction

India and People's Republic of China have historically been recipients of aid from countries in the global North. This paper attempts to trace the evolution of philanthropic institutions based in the United States which are independent and not directly invested within the foreign policy initiatives of the US government. The paper traces the motivations for philanthropic work to start with in both contexts, and how these organizations transform, as do their recipient nations.

The first and foremost linkage between the need for philanthropy in both countries comes from the scenarios of underdevelopment in both countries. Even as the most populous nations are set to compete with each other over development and population indices, they share a common ground of historical depravity, of iniquitous growth conditions and of rapid modernization. Governance structures, however, are markedly different for both contexts. These differences speak into the way philanthropic work has evolved in both contexts. One key commonality that remains tenuous over a long period of time is that philanthropy, especially from transnational corporations based in the United States, was needed by them for negotiating with a globalised world. In other words, the need for international philanthropy from secular transnational sources arises from the need to negotiate the globalizing, neo-liberal capitalist network. The role of philanthropy in foreign policy initiatives has been significant. Routed through American foundations, the same word (i.e. philanthropy) takes on several differing meanings. These meanings acquire another layer of potency when they interact with the Chinese and the Indian state.

This paper attempts to trace the influence of American Foundations on Chinese and Indian health systems from the 1930s till date. It attempts to argue the following: that the role of these foundations was not just contingent upon the overall relationship that China and India shared with the United States, but on several other factors. The foundations relied on and amplified some of the key features of health governance in China. As the nature of health administration changes over the six phases outlined in the paper, so does the nature of philanthropic intervention.

When Bill and Melinda Gates were named two of *Time* magazine's three 'Persons of

the Year' in 2006, it was because of the 'millions of dollars that the couple had chosen to spend on health schemes throughout the world.' (December 26, 2005/January 2, 2006, Time?) A significant part of those millions were landing in the provincial health establishments in China since 1990. The money that was being given, not only contributed to Gates becoming people of the year, but also helped establish a bilateral between the Bill and Melinda Gates Foundation and the People's Republic of China. The mutual understanding thus forged led to the creation of a new phase of transnational philanthropy: corporate social responsibility. The importance of this step will be outlined in the paper as it contextualizes this foundation within the longer trajectory of the American establishments' involvement with China.

Even as the interventions are deemed impartial and removed from the terrain of foreign policy, several commentators have shown that the ideological-political neutrality of being above the market and independent of the state, has given these foundations credence that has ultimately been extremely influential in America's rise to global hegemony over the past century. (Parmer 2011; Kathleen D Mc Carthy 1984; Michael Mandelbaum 2005) Although there have been several critiques on these lines, there have been few which understand the inner mechanisms of this hegemony. This paper attempts to stand away from this dominant set of interpretations and assert that in the context of palliative care in China, American philanthropy performed the somewhat minor role of witnessing the internal transformations and documenting the changes therein. In this role of the proactive bystander, they were not influencing US-China policy as much as being dictated by the same. The only other factor that guided their role in a comparable fashion was that of the internal policy changes in health governance. Not coincidentally therefore, only in the years after 1979 were they given the space and the imperatives to take on broad grassroots projects in certain provinces. Thus, the American foundations in China did not get the negotiating space to construct an order which is purportedly Chinese but served American interests. Their shadow play, which was instrumental in several policy and regime changes in Latin America and rest of Asia (Bromley 2008), was restricted to fighting for their presence in China, however minor that be.

Although there are several significant American foundations at work since the 1930s, the three with the most global outreach were the Ford, Rockefeller and Carnegie (the Big 3 as Inderjeet Parmar calls them). In fact, only as late as 1990s do we see the rise of other actors like

Bill and Melinda Gates, and MacArthur Foundation. The early 2000s saw an upsurge in the number of international foundations which were born of corporations invested in technology (Dell, Packard and Hewett Foundations) and financial institutions (JP Morgan Chase Foundation). The fact that these corporations were the first to start CSR units in India and China are evidence of the kind of markets that both countries presented to the world. However, this latest upsurge in corporate philanthropy needs to be read against the long trajectory of international philanthropy by the old Big 3. Of the traditional three, Ford and Rockefeller have been involved with health interventions while Carnegie concentrated on educational programs. In fact, the foundation with the earliest involvement with health in China was Rockefeller. Ford involvement increased after the 'reform and opening' changes of 1979. Interestingly, the Gates foundation entry into China was simultaneous to the beginning of commercialization of health structures within China in 1990-91. Working today in a much more crowded field, they continue their work as well as inspire newer emulative philanthropies. (Parmar, 2012)

The parallel narratives of the involvement of these funds into the development trajectories of both nations throw up many observations. Firstly, the dynamics of the internal changes in China and India were synchronised with the international movements in capital. This is a trend that amplifies towards the 1990s with the overall move towards global speculative economies. In China, the foundations played the role of documenting these synchronicities with their presence in the state and the negotiations that were taking place with the leadership. Their involvement in India of the first three decades after 1947 was more synchronized with the developmental paradigm. After the structural programmes-led market reforms in both countries, the projects in medical philanthropy were documenting the overall changes occurring in the economy in response to neoliberal globalisation. It is for the reason of drawing teleology of their involvement that this paper started from the 1930s when the command planning of communist China was not in place. The trajectory will show how the philanthropic imperative forged a different life in this region, even as its course was dictated by American national interest elsewhere.¹ In all, the paper attempts to move away from the philanthropy for the sake of

¹ It would be pertinent to note here that foundations and their relationship to US foreign policy has remained relatively understudied even within security studies in US. Even as the theme appears in several mainstream writings on foreign policy (Friedman, 2004; Mandelbaum, 2005) and Cold War (Cooper, 2005; Mc Kinlay & Mughan, 1984) Apart from Kathleen D McCarthy's articles on philanthropy, there are only two monographs that have been written: the earlier one, Edward H Berman's 'The Influence of the Carnegie, Ford and Rockefeller Foundations on US

altruism to present a reading that contextualizes this altruism within a larger schema of nation state politics. A secondary theme which will emerge, hopefully, is that of the circulation of global capital, and how that prefigures in every phase of philanthropic activity.

The paper is divided into six sections, which cover the activities of the foundations from 1930s to the 2000s:

1930- 1950: This is the early phase of interventions, all of which were made by the Rockefeller Foundation. This family-led organization had started funding health care activities in India and China shortly after it was set up in 1913. What becomes apparent from the study of this phase is how the family not only steered future philanthropic interventions with its work, but also prefigured certain foreign policy decisions of the United States, up until the closure of communist China to its philanthropic interventions in 1951. The foundation, through its presence in China helped build the first specialized teaching hospital in medicine: the Peking Union Medical College in this period.

1950-1960: This period witnessed not only the first years of planning under the independent Indian government, but the closure of early communist China. At the peak of the Cold War this period sees the entry of the Ford Foundation in philanthropy in the Global South. This section describes several experiments in modernization and community building which were undertaken in several micro-projects in India. These experiments at social engineering could have been in response to the fear of communism spreading beyond the Soviet Union and China to the newly-decolonised nations. Several of these projects focused on public health and reproductive health services.

1962-1978: The activities of communist China were cause of concern for the Global North. The United States tried to take cognizance of the changes in China by lifting the international ban on PRC. This was mostly at the behest of the Rockefeller family. The

Foreign Policy' was published in 1983 and the other, by Inderjeet Parmar was published in as recent as 2011.

Parmar comments on the urgency to fill this academic gap: "...the issue (needs to be) revisited in light of... increased attention to non state actors in international relations and to the power of knowledge networks." The same can be said about the lack of research on these transnational actors influence health systems vis a vis their role in impacting similar changes in dissimilar systems of health governance across countries. In addition to this, none of these writings focus on China.

philanthropic investments in India began to be increasingly shaped by concern of overpopulation and advocating methods of family planning. The years of Emergency, as Matthew Connelley stated were therefore the outcome of the international pressure on controlling birth rates in India. This period was therefore followed by a shift in policy from encouraging male sterilization to female birth control. The year of 1978 marks a departure of China, with the first of the economic reforms being passed.

1979-1989: The period sees large scale changes within the Chinese economy, due to the influx of market socialism. These are reflected in the health sector. The Peking Medical College is allowed to reinstate relations with the Rockefeller Foundation and the China Medical Board allows members to become consultants.

1990-2000s: The period of global move towards “over-speculative economies”² is aided by philanthropic work. The section outlines the work of Jeffrey Sachs, Joseph Stiglitz and other institutions of macroeconomic changes. The rise of Bill and Melinda Gates-kind of philanthropy presents the coming of a new form of charity, that is, corporate philanthropy.

2000s: The early 2000s mark the coming of the Millennium Development Goals. The period witnesses several new philanthropic organizations which imitate the Gates Foundation but are smaller in scale.

The Early Phase: 1930-1950

The Rockefeller Foundation has been a pioneer amongst international agencies with global health programmes. Set up in 1913, the Foundation was a fore runner in non-governmental bilateral aid in health, setting the pattern for international health work for other

² The term ‘over-speculative economy has been borrowed from Amartya Sen when he describes the nature of global finance patterns that contributed to the recession: “...And yet the supervisory role of the government in the US in particular has been...sharply curtailed, fed by an increasing belief in the self-regulatory nature of the market economy. Precisely as the need for state surveillance has grown, the provision of the needed supervision has shrunk. This institutional vulnerability... (shows) a tendency towards over-speculation that... tends to grip many human beings in their breathless search for profits.” (Source: Sen, March 10, 2009, <http://www.ft.com/cms/s/0/8f2829fa-0daf-11de-8ea3-0000779fd2ac.html#axzz2ryRCOz1C>)

organizations including the League of Nations and later, the World Health Organisation (WHO). It is but obvious that the Foundation's involvement in India and China is the first documented, secular, non-governmental but international philanthropic activity, in both countries. Understandably, the Foundation's involvement in both countries has been the oldest, spanning over a century each.

The Foundation's work in India began in 1916. (Kavadi S. N., 1999) Shirish N. Kavadi divides their involvement in India in two phases. The health intervention in each phase 'was determined by the dominant concerns of that particular period: Public Health – consisting of disease control programmes, demonstration health units and training of public health personnel (1919-1950); Medical Research and Education- which consisted of training of a crop of competent teachers and research workers, assisting in the establishment of good clinical teaching; and encouraging research on the fundamental health problems of India (1951-1967). (Kavadi S. N., 1999) Interestingly, Mary Brown Bullock while chronicling the Rockefeller involvement in China, also shows how the thrust areas of the foundation were training of public health personnel, establishing good clinical teaching and encouraging research. This thrust led to various public health projects of pre-communist China, and also led to the creation of the Peking Union Medical College. It appears, in terms of medical histories, what Shirish N Kavadi chronicled in India, Mary Bullock did the same for China. Through both narratives, we gather how the Rockefeller health interventions in both countries were counterparts of each other.

The foundation stressed preventive medicine against curative care which it believed was well developed in colonial India. It undertook public health programmes in close collaboration with the then Provinces of British India or the governments of the princely states. (Kavadi S. N., 1999) An example of the disease control programmes is the anti-Hookworm campaign in Madras presidency in the early 1920s. (Kavadi S. N., 'Parasites Lost and Parasites Regained': Rockefeller Foundation's Anti-Hookworm Campaign in Madras Presidency, 2007) This was in contrast to the dominant stream of neglecting preventive medicine in colonial health policy. Thus Kavadi argues that even though modern health systems in developing countries have been viewed as caricatures of those in the developed societies (he quotes Mary Brown Bullock here), he believes that there were spaces in which these policies were debated and reconfigured according to colonial conditions. The Rockefeller campaigns opened such a space.

To this extent, western intervention was also responsible for improving the morbidity and mortality rates in the country. (Kavadi S. N., 1999) (Kavadi S. N., *The Rockefeller Foundation and Nursing in India (1930-50)*, 1997) (Kavadi S. N., 'Parasites Lost and Parasites Regained': *Rockefeller Foundation's Anti-Hookworm Campaign in Madras Presidency*, 2007).

As mentioned earlier, the person who documents the Rockefeller Foundation's role in setting up the Peking Union Medical College (PUMC) is Mary Brown Bullock. Her two books (published in 1980 and 2011) that document this philanthropic history show the significance that the Foundation enjoyed in China from the early twentieth century. Through numerical figures, anecdotes, photographs and documentation from the Rockefeller archives, Brown shows that the foundation has documented the regime change to communist China and has been consistent in its ties with the leadership thereafter. The PUMC, in fact illustrates the linkages that exist between Republic and Communist China. (Bullock, 2011: 9) Far from the area of security studies, her work is an insider's rendering of the Foundation's early years in China. Brown not only headed several American Councils on relations with China, but was also a trustee of the China Medical Board since 1981. (Bullock, 2011: 9) What appears as an obvious reading of her writings is that the early years were not only marked by an interest in inter-governmental communication, but was also geared and shaped by the individual steering of the first three Rockefellers and their families. Their interest ranged from porcelain vases, Chinese art and landscape gardens. Abby Rockefeller (who Brown calls the Rockefeller Matriarch) had a persistent interest in 'Asian art and culture' and many of her vases are standing in the Metropolitan Museum in New York. This emphasis was maintained even after 1979, and by 1981, the foundation was known more for its work in the arts, rather than the PUMC.

The Rockefeller interest in health in China outlived significant internal turbulence in China. The Peking (Beijing) Union Medical College (PUMC) received financial assistance from the Rockefeller Foundation's China Medical Board (CMB) beginning in 1917, and fell under its direct care in September 1921.³ The assistance from Rockefeller did not stop through the first

³ The Rockefeller Foundation established the China Medical Board in 1914. Several historians are working on the Board's linkages with missionary charities, especially while hiring teachers for its nursing college in 1918. The teachers were trained in Johns Hopkins Nurses Training School. Located within this matrix of medical education is John B Grant, who arrived in China in 1921, with a 'blueprint of what will eventually be the PUMC.' (Zhen, 2011) (Bu, 2012) (*The Rockefeller Foundation*, 1939)

several years of the Japanese aggression in Beijing. Not until December 8, 1941, did the Japanese Army occupy the College, and the school was officially closed on February 1, 1942.² It re-opened in 1946 after the war, and was officially handed over to Chinese control in 1951, after the victory of the Chinese Communist Party in the Civil War. (Barnes, 2009) Nicole Elizabeth Barnes quotes documents from the Rockefeller archives to show that:

“... prior to this handover, the CMB and the Rockefeller Foundation donated a combined total of over twenty million dollars to the Peking Union Medical College for its land, construction, equipment, capital, and operating costs... (the) Foundation's overall donations to health projects in China...included medical schools and libraries, scholarship funds, medical training programs, governmental health programs, translations of medical texts, and missionary-run hospitals: donations for the period 1915 to 1941 totaled over thirty-two million dollars” (Barnes, 2009).

She concludes her article with these emblematic lines:

“As everything in life has multiple aspects, both angles on Rockefeller projects in wartime China were also true: biomedical education at the Peking Union Medical College provided some of wartime China's - and subsequently post-war China and post-war Taiwan's - top officials in the state public health bureaucracy, while most commoners had no idea that the Foundation even existed, nor did its millions of dollars save them from starvation, bombing, and death by treatable disease” (Barnes, 2009).

Notes from these writings on 1930's philanthropy show the similar yet contrasting roles of the same foundation in its work in two contexts. The juxtaposition foregrounds the exception years of early communist China. This section outlines the philanthropic work that had immediately preceded it. What becomes obvious is the Rockefeller family laying the ground for philanthropic work in the future. In some ways, the areas that Rockefeller identified for their interventions, have continued to remain the areas open for the later foundations to work on.

During the first half of the twentieth century, North India served as an important site in a growing global debate about government efforts to reduce infant mortality. (Bracken, 2009) Various political and professional interests came to shape the design and mechanisms of

maternity and child welfare policy and programs in one province in north India, the United Provinces. Rising nationalist opposition and changing political institutions pushed colonial officials in India to explore new strategies to placate critics in India and abroad. Hilary Bracken's work shows how the rhetoric and ritual of maternity and child health activities served as means to consolidate colonial and local political approval. The work of saving Indian babies also facilitated the involvement of international health organizations keen on improving life in Indian villages, and public health training and medical practice within and outside the country. In addition, maternal and child health propaganda and programs also provided ground for local officials, Indian journalists, and medical professionals to establish and challenge political and professional legitimacy (Bracken, 2009).

The International Health Division (IHD) of the Rockefeller foundation regarded the Public Health Department of the United Province (UP) to be a progressive one. This was one of the reasons that UP was subsequently selected as the place for one of the IHD's first experiments in rural development work in British India. The Pratapgarh district was considered for a pilot "health unit" was to introduce systematic public health service "organized along scientific lines" in rural India. The demonstration project sought to show local officials and the general public the efficacy of scientific public health practice in a rural setting, to serve as a laboratory for rural public health research, and to act as a training center in rural public health for public officials and public health and medical students. However, the work of the health unit and associated maternity and child welfare activities resembled the British Raj's earlier forays into maternity and child welfare work. The activities undertaken in the health unit, including maternity and child welfare programs, served as part of the provincial government's efforts to counter nationalist opposition and organization related to the Civil Disobedience movement in UP (Bracken, 2009).

The Rockefeller unit in Pratapgarh should not be seen as an exercise in charity as much as a mode of investing in the developmental trajectory of the emerging nation embedded within the late colonial period. This developmentalism will be the overall paradigm of the three decades before and after 1947. With the Pratapgarh pilot project, Rockefeller prefigured the administrative spaces for its intervention in the years to come in India: health vis-à-vis rural development; maternal and child health and self-empowerment for subject citizens.

Phase 2: 1950-60: Cold War and the philanthropic ‘expert’

The early 1950s witnessed an upsurge in global public health movements which led to the eventual establishment of the World Health Organisation. This period saw the role of ‘the expert outsider’ grow significantly in domestic decisions regarding allocation of resources and governance structures. This expert would be funded and circulated across the developing context by the two international philanthropic bodies. That this expert would arise from the United States is not incidental to the way they gained credibility in philanthropic organizations. This phase witnessed how the philanthropic interventions in health were orchestrated with two motivating factors: the Cold War that was ripping into hot turmoil in the Global South; and the developmental trajectories of the recently decolonized world. In some ways, the foundations’ work was instrumental in establishing the developmental paradigm of post-1947 India. The thrust of their interventions were on public health, decentralization and citizen building projects. These micro-projects of administering governance in the new international order were in dialogue with the closure that these foundations faced from Maoist China, starting 1951. In other words, the Rockefeller and Ford-funded projects in this period in India was explicitly aimed at limiting the communist expansion in Asia to the PRC.⁴

Even though the dynamics of the early Cold War years had no direct impact on PRC, the country was not entirely immune to its evolution. As Sino-Soviet relations dithered from 1960s onwards, the small but significant presence of American foundations was further entrenched within their roles as registering change in China. It was at this juncture that the Ford Foundation entered China. While Rockefeller continued its involvement in the PUMC, the Ford focused on specific projects and outcomes. A particular area of interest was that of reproductive technologies and birth control advocacy. (Mc Carthy, *Foundations: International Perspectives* , 1995) This interest was also buttressed with several projects under the same theme in South Asia.

The colonial Government of India took up the challenge of planning for India’s future health services and, perhaps surprisingly, the committee was of distinctly progressive

⁴ It is therefore, perfectly logical that any attempt at historicizing the world politics of the Cold War years, has to be from the archives of these Foundations. That most of the scholars who access these archives in New York are from the history of medicine, science and technology is also not surprising. It affirms the nature of funding towards scientific developmentalism.

complexion. The Health Survey and Development Committee were appointed by the Viceroy in early 1944, under the chairmanship of Sir Joseph Bhore, a leading member of the Indian Civil Service. The Bhore committee was nothing less than a global exercise in social medical planning, involving, amongst others, John Ryle. He travelled to India in 1944 as an expert adviser to the Bhore committee. This visit to India, sponsored by the Rockefeller Foundation, brought Ryle and his Oxford colleague Janet Vaughan (a trained pathologist, managed the blood banks during the Blitz, and took a particular interest in industrial medicine) together with two other leading proponents of social medicine during the war: John B. Grant of the Rockefeller Foundation's International Health Division, and Henry E. Sigerist, of Johns Hopkins medical school. (Amrith, Rockefeller Foundation and Postwar Public Health in India, 2003)

Sunil Amrith outlines the international optimism of the period with this description:

The 1950s and early 1960s saw the height of techno-optimism in the imagination of healthy development. The orthodoxy in international public health, by the early 1950s was that radical new technologies would allow for the control, or even eradication, of 'tropical' diseases, as a precondition for development. (Amrith, 2013: 106)

In terms of relations with the US government, though both Rockefeller and Ford enjoyed a great deal of confidence, they did so at variance with each other. While Rockefeller was an older foundation that operated more like a family enterprise with a thrust towards philanthropy, the Ford Foundation had government officials guiding many of their programs and operational research. (Mc Carthy, Foundations: International Perspectives , 1995) Apart from reproductive technologies, the other site in which Ford institutionalized philanthropic funding was that of social science departments in universities. (Mc Carthy, Paying for Culture, 1984)

What Kathleen Mc Carthy calls 'cultural philanthropy' was influential in streamlining research in fields like demography, health economics, public administration and lately, environment studies.⁵ The period also witnessed the first obvious attempts at philanthropy being carved along the foreign policy needs of a state. (Parmar, 2012)

Programs were designed with an inclination towards grassroots democracy,

⁵ This trend of influence through funding should be read as circumspect by the fact that the study of major social science disciplines was banned in places like the Beijing Normal University for most of the Communist era.

decentralization and building citizens out of former colonial subjects. There is evidence to prove that the Ford Foundation fashioned itself as a guardian for the world post the Second World War, especially for the 'younger nations that are just about starting to grow their wings'. (Krishna Menon Papers, 1948) These programs often cast individuals in multiple roles when dealing with transnational circulations. Albert Mayer was one such individual illustrating space of 'the expert.' A military engineer during the Second World War, he eventually became the trouble shooter for Ford projects on urban planning. When Le Corbusier started finding travels to Chandigarh taxing, Mayer stepped in to finish the final modalities of planning and construction in Chandigarh. (Albert Mayer Papers, 1952) He was also the main architect of the Masterplan of 1962, the first plan for the city of Delhi. Not only was this plan fashioned to be prototypical for urbanizing contexts in India and elsewhere, it is also the first city-planning document that sidestepped the question of public health almost completely. (Albert Mayer Papers, 1952). At the receiving end too, a group of experts or individuals came to be heading many institutional roles simultaneously. Rajkumari Amrit Kaur was not only the first health minister of India, she was also part of the India cell of the Ford Foundation and was heading it at the India office. This dual position eventually came to notice, thanks to the Asian representative, Douglas Ensminger. (File No. F. 21-5652-LSG (Pt III), 1952). The extent of cross pollination of funds via overlapping authority is such that the Rajkumari visited the Soviet Union, as the Health Minister, for a survey of their inoculation programmes and their health systems in the period that she headed the Ford office in Delhi. (Krishna Menon Papers, 1951) Given this complex chain of funds and transnational actors, it is obvious that the Cold War played out at various levels of governance in the developing countries, and often, worked at the level of individual discretions.

China, on the other hand was moving in a direction contrary to the above. By 1951, the PUMC had grown to be the biggest institution that Rockefeller supported. The fact that it was modeled on the Johns Hopkins in US and supported elite education in medicine made it an easy target for being branded as pro-imperialists even though American support was completely removed by then. (Bullock, 2011) The era under Mao's rule was one that saw absolutely no involvement with the American Foundations. However, what becomes of interest is the after-life of the infrastructure that the Rockefeller built? The PUMC for instance, not only worked with the Communist Party and participated in the conflict with USA over Korea, it remained working in ways that were true to its foundational vision: elite education, small number of students with a

keen interest in medical research. (Bullock, 2011) Mary B Bullock therefore raises this pertinent question:

How does a historian explain not expected change but remarkable continuity- especially when one considers the preservation in a Communist system of the original Johns Hopkins elite model of medical training that linked basic research, clinical training, and fulltime professional practice? For what is most surprising about PUMC today is the degree to which it has stubbornly adhered, almost anachronistically, to the original Flexinarian approach to medical education. No Chinese educational or scientific institution has been as buffeted by political forces, even having its famous hospital to be renamed “anti-imperialist,” and yet has emerged so little changed. What explains its persistent and ultimately successful effort to maintain and replicate its original identity? (Bullock, 2011: 121)

A possible answer as Bullock cites, the epistemic community formed by the graduates of the medical college. These students withstood several bouts of public self-criticisms but also went on to teach and produce a whole generation of good pediatrics and general physicians. However, the PUMC itself suffered many attacks. An instance is an exhibition of photographs, letters and other evidence of erstwhile contact with American doctors, part of which showed that the research wing of the hospital was conducting ‘clinical research trials’ on the population which were not known to anybody. Even if most of the vitriol was unsubstantiated, Bullock does leave some space for truth in these statements, by presenting evidence that such tests were conducted and that ‘patient safeguards were less likely to be applied to a foreign population than to an American one.’ (Bullock, 2011: 119)

Apart from the PUMC, it would be interesting to trace how the public health endeavours that the Rockefeller funded were transformed under the communist era. That is a trail which is open for further enquiry.

With the closure of China, international philanthropic attention turned to India (and Latin America).

The late 1950’s were a period of a conjuncture of crisis in the capital of the newly independent India. In the backdrop of the contradictions in the urban structures inherent in

Lutyens Delhi, the intensive influx of population following Partition set the Nehruvian state on the nightmare of numbers in a city that was set to be the capital of this new nation state. The city was to be the bed seat of Nehruvian experimentation. It was to reflect, in a microcosm the principles of developmental modernity that was to be Nehru's vision of India. It is through the plan document, the actors involved, that we suture the base visions of the state-led capitalist model of development of post-1947 India to the aspirations that were associated with the national capital territory.

The ethos of planned development for Delhi, thus, had the context of the ghost of 'overpopulation' and the threat of a failed administration, following Partition: civic amenities were stretched beyond all limits, unauthorised refugee camps were growing, zoning was non-existent, industry was developing wherever convenient, population densities were brimming with disease. (Goodfriend, March 25, 1978: 1) The Town Planning Organisation was set up in 1950, with the aim of surveying the situation and operationalising the planning process for the city. Also in 1956, the Minister of Health Rajkumari Amrit Kaur, who was also the Minister of Local Self-Government for Delhi, formally requested the aid of the Ford Foundation in organising a team of "US experts" to "advise and guide Delhi in its city planning and development work". (Goodfriend, March 25, 1978: 1)

In the immediate post-war period, the Ford Foundation had been reorganised, transformed from a wealthy but local philanthropic organisation into a foundation with national and international prominence. (Sutton, 1987). Its new purpose was to "advance human welfare," which as Francis Sutton ??? observes, "was seen as virtually synonymous with democratic ideals." (Sutton, 1987: 46) The Foundation saw democracy "on challenge in the world today," and argued, "Man now stands uncertain and confused at a critical point in human history." (Ensminger, 1972) Foundation officials, observing the "successes of physical scientists during the war," had great hope that social scientists "might soon enjoy equivalent triumphs in meeting the challenges of human affairs." (Sutton, 1987: 46) Ford had already been deeply involved in population and rural community development programs, devoting more resources to India than to any other country. (Hull, 2011: 760) Thus, Matthew S Hull, a historical anthropologist studying Ford's community development projects in post-1947 Delhi states:

As the world's largest democracy, India was seen by Ford and many other Americans as an important site to demonstrate that democracy can work. Thus, the Ford team that came to work on Delhi's Masterplan was part of a growing number of social scientists that hurried to study non-western societies as part of modernisation projects intended to counter communist expansion. (Hull, 2011: 760).

So, the Ford Foundation contacted Albert Mayer, a noted New York architect, to become the overall consultant for what became the Delhi Master Plan Project (Ford Foundation project numbers 57-108, 57-205 and 57-206). (Goodfriend, March 25, 1978: 1) Mayer had been an army engineer in Burma and India during World War II and he had helped develop a Masterplan for Bombay and the Etawah rural community development project. (Goodfriend, March 25, 1978: 2) He had designed most of Chandigarh before Corbusier joined the project. (Hull, 2011: 760) A letter from Ford Foundation representative Douglas Ensminger to Albert Mayer dated January 19, 1956 indicates that the Prime Minister himself had "*expressed the hope*" that Mayer became the coordinator of the most comprehensive city planning project ever attempted in India by western planners. (Goodfriend, March 25, 1978: 2) He was charged with assembling a team of western experts to cover every aspect of urban planning from physical morphology to economic development, from population planning to social analysis. By 1957 the teams were finalised. Each western planner was to have an Indian counterpart from the newly formed Town Planning Organisation (TPO). This was to encourage "*cross-fertilisation*" of ideas, to train Indian counterparts in modern techniques, and also, to glean valuable ideas to use back in US. (Goodfriend, March 25, 1978: 5)

The Masterplan of 1962, was a project which was considered unique in uniting a rich variety of perspectives to address Delhi's urban problems. It was to be prototypical, for large cities of all newly developing nations, just as, India was seen as a laboratory for testing western planning theory in a developing nation. (Goodfriend, March 25, 1978: 3)

We know there are tens of thousands of people in the cities who are submerged, who have no feeling, of stake in the situation or a sense of community or a larger entity. We would like to help them afflate, to grow to enter into activity that will result in some self-expression and joint effort... to become fully, citizens.

Secondly, by the kind of enquiries that will be made and reactions elicited (from the people), the housing and planning should gain realism and vitality.

If the first two aspects develop, we hope that people will achieve a positive knowledge of, and, a sense of connection with the planning and the process and affect it. (Mayer, July, 22, 1957)

Mayer was also to head a simultaneous project under the Ford Foundation in Delhi: the urban community development project. The primary objective of the urban community development project, as laid out by the Commissioner of Delhi was that of "*giving form to an urban community, which has been drawn from backgrounds varying from one another and trying to achieve homogeneity.*" (Goodfriend, March 25, 1978: 7)

What needs to be asked is how this impetus to form, build and sustain urban solidarities in emerging cities, overlapped with concerns of population-control, and reproductive health services. This was the other major area of funding intervention. While Rockefeller invested in public health projects like the health unit in Pratapgarh, Ford Foundation invested in various programs involving family planning advocacy and research on women's health. Mytheli Sreenivas states that while working through the RF's records from the 1920s to the 1970s, she found no clear connections between the earlier public health work and the post-independence support for policy and research on population growth. Instead, like other key international organizations -- the Ford Foundation, USAID, and the U.N. -- the Rockefeller Foundation funded a series of studies geared towards motivating individuals to accept family planning methods. Although some of these studies referenced overall public health concerns, for the most part an attention to numbers of "acceptors" of contraceptive methods overshadowed any attention to the health impact on any one individual or on the community as a whole. (Sreenivas, 2010)⁶

⁶ Like John Ryle, Rockefeller funded several experts to work in studies that Mytheli Sreenivas has outlined. Many such studies emanated from the Harvard School of Public Health. One key example was the Khanna Study that brought the leading Harvard epidemiologist John Gordon and his two medical missionary students John Wayn and Carl Taylor to the Christian Medical College in Ludhiana in 1953. Based on "family studies" over a five year period, the aim of this study was to survey the families' "demographic status, socio-economic conditions, attitudes towards family limitation and ultimately test contraceptive methods deemed „practicable for such a region." (Williams, Rockefeller Foundation Support to the Khanna Study: Population Policy and Construction of Demographic Knowledge 1945-1953 , 2011)

With this section we see that the post-1947 tasks that Rockefeller and Ford foundations took on in India were synchronized with the closure of communist China. We also see that funding for primary healthcare and community development funding were tuned to the overall developmental trajectory of the newly independent nation. What also comes to fore, through the reading of philanthropic work in the two phases is that both countries were experimenting with forms of developmental economics and centralized planning. This experimentation worked in different ways in both contexts, expressed through the difference in governing structures and responses to the global order.

Phase 3: 1962- 1978: The Intermittent years

The era of social engineering on the basis of technology and scientific progress took certain things for granted. Governments and leadership, be it in China or India, worked towards this scientific progress through clusters of expertise. These clusters and their accompanying policies were removed from the domain of everyday politics. This distance comes under criticism in both nations by the 1960s. The global audience, however, was not in tune with this growing disillusionment with this form of developmentalism.

We can look back on what now seems the golden age in our relationship with China from the time our first Consul General arrived in the 1780s up until the 1930s. Throughout that century-and-a-half, our nations enjoyed a growing sense of friendship and exchange. Yet the relationship was essentially superficial, despite many significant and genuine humanitarian efforts; as a nation, we did not really come to know China and its people. Then China's agony began. Nearly forty years later, it is still going on.

For the past twenty years, we have had no relationship with mainland China whatsoever. During this time our thinking about that great country has been so dominated by fear that in the recent past many regarded it as virtually treasonable even to raise the question of rethinking China policy. This sort of rigidity has no place in a democracy. We must not only understand China better but we must also understand our own fears. We must come to think openly in terms of reasoned and enlightened self-interest. (Rockefeller 3rd, 1970)

John D Rockefeller 3rd was chairing the Rockefeller Foundation along with three

other societies at the time he wrote the above lines. The article was part of a compiled volume of the future of United States-China relations with the Communist revolution in the country as backdrop. From the tone of the articles, as is evident in Rockefeller's words, the National Committee on United States-China Relations was worried. It sponsored the volume and a conference with over 2500 participants in March 1969 which was dedicated to the task of public education on the problems and issues involved in US relations with China. (Barnett & Reischauer, 1970)

When the People's Republic of China was celebrating the twentieth anniversary of its founding in 1969, the China-watchers in United States were lamenting the loss of China. These drastic differences in attitudes towards the same nation can be explained solely by the fact that by 1969, it was apparent that the Communist Party had established a firm rule and were gearing towards the PRC's development in ways not commensurable to American interests. In fact, 1969 was also the year the Ninth Congress of the Communist Party took place. It is in this context of ambiguity that the world grew more interested in the internal developments in the PRC. John Rockefeller 3rd expressed in words, the suspicion with which communist China treated the United States. The other aspect that comes forth from his words is the role that he sees fit for the Rockefeller Foundation. He states that the first Consul General landed in China in 1780s. This statement showed how Rockefeller was keen on building a history to its efforts at familiarizing himself to China. This is important to foreground, at a time when US was hesitatingly accepting the fact that it would have to officially recognize the PRC, after a decade of its turn to communism.

It was about the same time, that China was making its first foray into opening itself to the principles of price mechanism-led market. Economic reforms introducing the said market principles began in 1978 and were carried out in two stages. The first stage, in the late 1970s and early 1980s, involved the decollectivization of agriculture, the opening up of the country to foreign investment and permission for entrepreneurship. However, most industry remained state-owned. The second stage of reform, in the late 1990s involved the privatization and contracting out of much state-owned industry and the lifting of price controls, protectionist policies and regulations although state monopolies in sectors such as banking and petroleum remained. The private sector was to grow remarkably from here on, accounting for as much as 70 percent of

China's GDP by 2005. From 1978 until 2013, the economy has increased by 9.5% per year. (Engardio, 2005)

However, coming back to 1978, the year also saw the end of what came to be known as the period of emergency in India. As historian Matthew Connelley has stated, the period,

...has become emblematic of everything that can go wrong in a program premised on "population control" rather than on reproductive rights and health. This included time-bound performance targets; a preference for methods that minimized the need for sustained motivation; disregard for basic medical standards; incentive payments that, for the very poorest, constituted a form of coercion; disincentives that punished nonparticipation; and official consideration of compulsory sterilization, which, even if never enacted into law, signaled that achieving national population targets might override individual dignity and welfare. (Connelly, 2006: 629)

Connelley goes on to investigate the role of international organisations and foreign advisors in determining the motives behind the policies.

...in the 1950s and 1960s, increasingly coercive policies with grievous health consequences were undertaken in India with the full cognizance of foreign consultants, and often at their explicit recommendation. Coercion was countenanced not just at the level of clinics and their clients, but between countries, especially when the United States could use food aid as leverage. This practice led to a disastrous campaign in 1965–67 to induce 29 million women to accept intrauterine contraceptive devices (IUDs). Shifting the focus back in time shows that the key policies thought to distinguish the Emergency Period had a long gestation, during which the advice and support Indians received from population control proponents abroad played a crucial role. Working together, they succeeded in making India an example of a *worldwide* population emergency requiring ever-more extreme measures.

Connelley's account revisits the years of the Emergency with the perspective available in the post-liberalising world. The American foundations and their work in the phases that have been described till now are just about beginning to be historicised. As more records of their work become accessible, their work will get located in the long term evolutions of health governance. This is particularly true of work on India and China. Scholars are beginning to

understand the way philanthropic intentions of modernisation and decentralisation could be working in very differing ways on ground. This difference is beginning to be historicised. As more scholars engage with the periods of the 1950s to 1970s (the developing world before the liberalisation policies emerge), we get to ascertain a better picture of their impact on global politics of the time.

Phase 4: 1979-1989: 'Open and Reform' and philanthropy

By 1979, the new theoretical route in studying health had been forged in United States: political economy of health. The popularity of this field surged in the backdrop of the international recession of the 1970s. A prominent set of writings emerged within this field, which linked international philanthropic activities to the incremental neo-liberal hegemonic presence in the world. (Brown, 1979) Authors like Henry Cleaver, Pat and John Caldwell linked the philanthropic work to the growing hegemony of United States in the world. These writings placed China within the realm of a possible alternative or even an opposition to this hegemony. Authors of this field not only understood the United States to act within a schema of neo-colonial liberalization, but also attacked, in particular, the philanthropic interventions of Rockefeller in Latin America and its efforts in China. What was keenly commented upon were the kind of programs that Rockefeller chose to invest in: rural public health measures were for diseases, the authors maintained, that were being transported to the global south from the global north (like syphilis in South America or historically, opium addiction in China). (Cleaver, 1977) John and Pat Caldwell noted that the Ford Foundation had spent around \$270 million on population activities, ranging from biomedical research, which absorbed about half this expenditure to demography (together with related social sciences) and assistance to family planning programmes. (Caldwell & Cladwell, 1986) The foundation entered the field in 1952 with a grant to the Population Reference Bureau, followed, in 1954, by its first support for the Population Council. (Caldwell & Cladwell, 1986: 1) The Caldwells ask why was Ford the first to fund Population control activities and invest in graduate studies in the population field within the social sciences. They state that the reasons were purely ideological. In the modernising contexts of the developing world, study and research in demography would result in public health programmes that would be integrated with the demands of controlling numbers. In this way, they forecasted that many developing countries will have lopsided investment patterns in their health

governance, mostly because of the impetus of population control thrust upon them. This was especially true for the Indian case.

Philanthropic aid in India singlehandedly helped in setting the agenda of family planning over and above other aspects of healthcare in India. This privilege worked into the coercive mechanisms of the authoritarian years of the Emergency.

It was also around this time, that the international barricade placed on communist China from 1951 was beginning to be questioned. The first of these waves of questions came, a tad obviously from the Rockefeller family. The members were not only eager to remove the embargo on intergovernmental contact, but were eager to find out about their investments in China, most prominent of which was the PUMC. The speech that is quoted in the previous sections was the one John D Rockefeller 3rd delivered to a house of senators who were keen on reopening communication with China. Among others, one person who sat in this convention was John F Kennedy. Incidentally, John Rockefeller 3rd was slated to be the Ambassador to China the next year, but he chose out of the post due to his commitment to the head the family organization. (Bullock, 2011)

These developments were synchronized with the internal debates taking place within China.

The thirteenth national Congress of the Communist Party of China (CPC) was held from October 25 to November 1, 1987. The congress drew worldwide attention and comment, not only because a CPC congress was a major event, occurring only once every five years, but also because it took a big step towards rejuvenating the leadership. At the same time, it put forward a programme for the reform of China's economic and political structure. The programme was based on the experience of nine years of reform. The twelfth central committee, led by Zhao Ziyang endorsed the Party's basic line of building socialism with Chinese characteristics in the primary stage of socialism. (Beijing Review Publications, 1987) The CPC also recognized Deng Xiaoping's reforms of 1978 to be a successful experiment with the socialist market.

The 1980's were therefore, a period of rapid social change. Deng Xiaoping's

economic reforms resulted in the demise of communes and of collective ownership, especially in provinces with agrarian-centered rural economies. Linda Wong while tracing these changes and shifts in the economy notes that in the countryside, the demise of communes reinstated the family as a unit of production. This reorganization restored the production incentives and efficiency which were lacking in the system of compulsory labour. (Wong, 1998: 167) Notwithstanding these drastic changes in the realm of policy, the diversified farm economy and growing rural industrial enterprises resulted in higher incomes and a better standard of living for the peasantry. However, it was only in the later phases of reform that certain cracks became visible: the improvement in peasant income was not uniform in the different provinces and nor was it uniform across the reform era. From 1978 to 1984, income gains had been the most rapid, with annual increases averaging 15 percent and with a fairly even spread among farm families. In the years 1985-8, peasant incomes increased no more than 5 percent per year. In the three years of austerity after the Tiananmen incident (1989-91), rural earnings rose to a mere 2.1 percent, at 0.7 percent per year, while some 40 percent of peasant households actually saw their incomes diminished. The net incomes had stagnated to 4 percent per year between 1991 and 1994. (Wong, 1998: 167-168)

India, similarly, experienced a high but fragile growth rate all through the 1980s. This was because the Rajiv Gandhi-led government brought about a series of shifts in economic policies, which strategically introduced restructuring domestic markets to the world order. On the external front, policy measures such as import liberalization, export incentives and a more realistic real exchange rate contributed significantly to productive efficiency. On the domestic front, freeing up of several sectors from investment licensing reinforced import liberalization and allowed faster industrial growth than in the past. Second, borrowing on the external front allowed investment to be maintained at levels higher than what was possible otherwise and high levels of public expenditures helped boost the economy through the expansion of demand. Unfortunately, the external borrowing and high public expenditures were both unsustainable without deeper structural reforms and therefore carried the seeds of the macroeconomic crisis of 1991 that brought the economy to a grinding halt. (Panagariya, 2003)

The overall trend of net incomes of Indian farmers can be outlined thus:

TRENDS IN FARM INCOME IN INDIA

Growth rates (%) in output, input and farm income measured by value added in agriculture since 1950/51 at 1993/94 prices

Period	Output	Input	Farm income
Pre green revolution			
1950/51 to 1964/65	2.51	2.00	2.62
Green revolution period			
1965/66 to 1979/80	2.80	3.14	2.72
Wider technology dissemination			
1980/81 to 1994/95	3.22	2.64	3.38
Post reforms			
1995/96 to 2003/04	1.69	1.84	1.65

Source: (Google Cache copy: 'Farm Incomes in India: past, Resent, Future' by Ramesh Chand, FAI Delhi):

<http://webcache.googleusercontent.com/search?q=cache:i1hKtR0vMXEJ:www.faidelhi.org/training%2520programme/BF-April-06/Growth%2520in%2520Farm%2520Incomes%2520-%2520Ramesh%2520Chand.pdf+&cd=1&hl=en&ct=clnk&gl=in>

Accessed on 27 December 2013.

From the figures above, we can see that the period of reforms met with the steepest decline in farming incomes in India. Clearly, this decline imitates the trend that Linda Wong describes in post-reform China. In other words, both countries may have undertaken the liberalization process in distinctly different ways, but the outcomes of the restructuring may be similar. China may not have opened itself to being an export-led economy as immediately as India, but the impact on agrarian economies have been drastic across borders. However, both countries were not alone in the impact that economic reforms had on their agrarian sectors. The next section of the paper will attempt to outline the reasons for the overall restructuring of the global economic order in the 1990s.

Phase 5: 1990s: The Entry of Corporate Philanthropy

The collapse of the Soviet Union not only reconfigured the world towards unipolarity, but it also opened possibilities for a significant expansion of neo-liberal economics. China, India as well as countries of Eastern Europe embarked on a program of economic reform. However, there are great differences between China and the other countries in the objectives,

content, and progress of the reforms. As M.J Gordon states, 'China's policy, stated repeatedly, has been to maintain a socialist economic system while enlarging the role of markets in the economy.' (Gordon, 1992) This section will juxtapose the liberalising policies in India and China, and thereby, locate the new philanthropic models that have been in place in both countries since 1991.

A common starting point for both countries was restructuring their internal markets. Therefore, an immediate result of the structural adjustment programmes was the considerable decentralization in economic decision making, increased reliance on markets, especially its price mechanisms. However, where China departs from India is the 'little departure from state or collective ownership of the means of production, and with little relaxation of state control over foreign economic relations.' (Gordon, 1992) The economic reforms of 1978 resulted in extraordinary growth rates in both output and consumption with comparatively little increase in the inequality in the distribution of income among the Chinese people. However, the second round of reforms not only brought decentralization, but also brought more visible inequalities among regions. It is in the latter mode that liberalization entered India.

Both countries, however, desisted from a complete integration with the international economic order and retained the presence of the state in key infrastructure building units. Examples of these in India are Hindustan Lever, and the state-funded autonomous All India Institute of Medical Sciences. Though both units belong to completely different lines of services, both illustrate how cost mechanisms of the market did not disturb the state subsidized nature of services that these units produced. Companies like Hindustan Lever were given subsidies to build their pharmaceutical wings, even as private companies were opening in India. Till today, we see a mixture of actors, especially in the pharmaceutical field. As far as health was concerned, decentralization led to two developments: an expansion of the kind of services that were being offered within private practice, while on the other hand, creating a pattern of pulling human resources (doctors, hospital staff and hospital administrators) from the government run systems. In China, where private hospitals were restricted, (private practice at primary level is allowed with single person owned clinic); the economic reforms of 1991 meant state-funded hospitals were transforming into state-run enterprises. Thus, in China, what emerges is an interesting combination of state-funded corporatism within the health sector.

By contrast, the economic reforms in Eastern Europe or even East Germany were rapid in nature. The complete reliance on privatization of property, and price mechanism of the market meant drastic falls in employment and output, necessitating further subsidies from the world market. In fact, the impact of this form of liberalization was such that the International Monetary Fund had to provide subsidies or loans in order to prevent a complete breakdown of the economy. At this point, economists like Joseph Stiglitz who were suspicious of the complete and rapid industrialization model, understood that the states that were hedging the process were relatively better off. There developed two schools of economic thought, which differed on the patterns of privatisation they preferred. This divergence of views has a very important bearing on American philanthropic activities in the world. The links between philanthropy and rapid privatisation can be forged through the key individuals on both sides of the debate, and how they tried to influence governance in US.

The most prominent illustration of this trend is Jeffrey Sachs. A professor of Health Policy and Management in at Columbia University's Mailman School of Public Health, he was the special advisor to two consecutive secretary generals of the United Nations (Kofi Annan and Ban Ki-Moon). He was the main strategist behind the Millennium Development Goals, and its eight internationally sanctioned objectives to reduce extreme poverty, hunger, and disease by the year 2015. However, before his current occupation of ridding the world of poverty, he was the financial advisor for the loan ridden Bolivian government in 1985. IN what is termed as a 'shock therapy', he advocated complete withdrawal of state subsidies and limiting import quotas and linking the Bolivian currency to the US dollar. The monetary crises and inflation that followed did not stop the Bolivian government from rewarding him with state honour. He intervened on similar lines in Poland in 1989, and Russia in 1991-93. (Left Business Observer, 1999 (This online article first appeared in Left Business Observer#111, August 2005))

About China, Sachs states that the gradualism that is accorded to the liberalizing policies there, is not true. On the contrary, the Chinese Communist Party used a peculiar 'bottoms-up' approach to opening their economy, which was far from gradual. In a speech delivered in absentia, in a conference organized by the Narodowy Bank Polski, Sachs states the following:

Mao destroyed the incentive-base for the economy, but his system did contribute to the public health, the education, the literacy and the demographic transition. And that became as a very important platform for post-1978 development. Now in the reform period, very briefly, there were essentially maybe three phases that one could note. First was an absolutely rapid kind of shock therapy, if you will, but it wasn't top-down, it was bottom-up of the end of the commune and brigade agriculture system. And this was a kind of a spontaneous revolution, as it was covering hundreds of millions of very poor peasant farmers, roughly from 1978 to 1981. In the end it was blessed by the Central Committee of the Communist Party and by the Communist Party Congress, but it was a bottom-up approach, not a top-down reform: people hated the communes, there were taxes on peasants, the State wasn't providing anything to the peasants, so there was just taxing them, a forced labor in many ways. This was ended in the so called "household responsibility" of individual land-plots was returned. Now from 1981-1985 I would say that three things happened. One is the fruit of that house-hold responsibility system started to be observed in rising crop production. Second was the freedom to establish rural industry, the so-called township and village enterprises. These were private or quasi-private or sometimes truly township or village efforts. But it led to the creation of millions of new jobs in many, many small, rural enterprises, where farmers were no longer tied to their brigade but could now work in industry and services, rather than in agriculture. And the third thing that happened during this 1981-85 period was the opening, beginning opening of the economy and very interestingly Deng Xiaoping went with a designated set of special economic zones that were essentially the trading port-cities of the 19th century. And gave them freedom to experiment with export-led growth, light manufacturing for exports and the attraction of foreign capital and foreign technology, whether in straight outsourcing operations, private capital inflows, foreign direct investment. It was the beginning of the opening of the Chinese economy.

What becomes apparent from the above quote is that China's economic reform was a subject of wide speculation among scholars of macroeconomics. The discussion around India was however, more on the lines of reform implementation than design. In a lecture delivered in 2011 in Mumbai, he states that India, in a global context of 'rapidly changing environment, the unprecedentedly crowded planet' was now entering a phase of sustainable development. What is interesting to see is how his macroeconomic thinking translates into a veritable speech on saving the environment. (Columbia Global Centers/ South Asia, 2013) Not coincidentally, Sachs is

currently involved in providing aid for health provisioning in five districts in India, all of which are located in the states which medium to large population figures. (Sachs J. , 2012) ⁷A more elaborate discussion of the same trend will follow in the next section of this paper.

Though Sachs and his cohort, the global research centers that Columbia University has spawned globally, have only recently been allowed to establish their presence in Beijing (will be elaborated upon later), his macro-economic thinking influenced policy formulation *within* philanthropic entities in the 1990s. The most visible manifestation of this influence is the Bill and Melinda Gates Foundation. A self-description of the Foundation reads thus: ‘a Foundation that works to help all people lead healthy, productive lives. In developing countries, it focuses on improving people’s health and giving them the chance to lift themselves out of hunger and extreme poverty.’ According to the history section of their official website, Bill Gates, a Harvard University drop out and founder of the multibillion corporate entity, Microsoft, decided to start his philanthropic wing in 1994. The thrust area of his William H Gates Foundation was global health. This decision was taken after reading a newspaper article ‘*about millions of children in poor countries who die from diseases eliminated long ago in the U.S.*’. The following image chronicles their start.



Source:<http://www.gatesfoundation.org/Who-We-Are/General-Information/History>; Accessed on 29 Nov 2013

⁷ Incidentally, Sachs was awarded with a Padma Bhushan by the Government of India in 2007 for his contribution to ‘Literature and Education.’ Bhiku Parekh, was the other foreign national to be awarded under the same category in the same year.

By 1997, Gates had visited India and administered polio vaccinations to children and met the Prime Minister Deve Gowda. (Reddy, 2002) Though the foundation established its offices in Delhi and Beijing much later (in 2003 and 2007 respectively), Gates was building the ground for the Foundation's thrust areas while simultaneously accruing intellectual legitimacy for Windows. The visits were timed in response to the popularity that GNU/Linux operating systems were enjoying especially in India and China. Linux offered a viable and cheaper alternate to Windows in the form of a larger Free/Libre Open Source Software (FLOSS) movement across the world. At the time Bill Gates first visited China in 1994, the government had recently launched a version of GNU/Linux to eventually replace Windows on all government computers. (That did not prevent Microsoft from announcing a \$750 million investment in China. This, incidentally, is considerably more than the \$400 million that Mr. Gates has planned for India.) (Reddy, 2002)

Incidentally, Gates' first visit to China was not as amicable as the one in India. The head of Microsoft's China division remembered the following after Gates met President Jiang Zemin: *"After the first meeting Bill Gates (had) with President Jiang, We very clearly understood that the Chinese government wanted Microsoft to participate more in China and also learn how to better help the Chinese software industry."* (Buderi & Huang, 2006:7). In his second visit in 1995, however, Gates was more in tune with the demands of the Chinese market. Not only did he evade the media, but took with him, key members of his family and Warren Buffett. This time round, Jiang Zemin met him in a resort. Not only was the relationship between the corporate and the Chinese state amicable, but it was also mistakenly similar to the way the Rockefeller family's to Chinese history and traditions. The similarity is only superficial, as was evident in the nature of intervention that Bill Gates anointed for himself within China. Back in 1992, the kind of blunders that Microsoft made were inadvertently exposing corporate America's relative lack of ignorance about the Middle kingdom and how its internal markets operate with certain specific Chinese characteristics. Instances of such a blunder were the product introductions which were available in Chinese and Japanese, next to each other. (Buderi & Huang, 2006)

The research division that the company opened in Beijing allowed it to transform itself from a corporate to a 'research and innovation centre. The 'Beijing lab' as it is called,

celebrated its fifteenth anniversary in November 2013. A simultaneous process of assimilating within the Chinese economy was occurring in different sectors with other corporate entities like the PricewaterHouse Coopers or the Mc Kinsey Foundation. Microsoft, however, remains a frontrunner. In many ways, Bill Gates' first forays into China in the 1990s were representative of corporate America's first hesitant steps towards working within the Chinese setting. Which is why, it is especially important to note that one of the first thrust areas for the Bill and Melinda Gates Foundation in China was health, TB and HIV/AIDS in particular? The thrust in India was centered initially on innovative computation and learning centers and the Foundation entered the health sector a little later, in 2000. The modes in which the philanthropic funding was effected were similar for both countries.

The Foundation's AIDS-control grants were routed through an NGO named Avaahan (The Call). As of today, the NGO has already spent \$258 million on an HIV prevention program. (Gates Foundation , 2006). The National Aids Control Organisation (NACO) received a separate \$23 million annually till 2011. (The Indian Express , March 11, 2011) In China, the foundation committed \$50 million annually to 'to work in partnership with the Chinese government and non-governmental organizations to expand HIV prevention efforts in China.' (Gates Foundation, 2007) Of the \$50 million, \$20 million was channeled to the Chinese Ministry of Health through the 'Office of the State Council AIDS Working Committee.' (Gates Foundation, 2007) the rest of the grant was routed to NGOs.

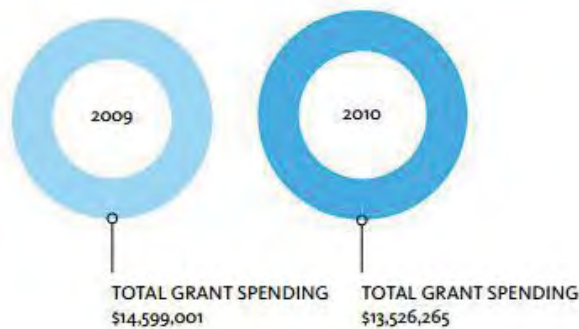
Till as late as 2009, the macroeconomic changes brought about in the shock treatment of the 1990s were the dominant paradigms of the international funding organizations. However, the situation changed with the turn towards 2000. James D Wolfensohn, who was the president of the World Bank in 1995 after being nominated by Bill Clinton, chronicles the change, thus:

Just as at the beginning of the twentieth century, the foundations targeted the alleviation of domestic poverty and the slum-brought about by urbanization and capitalist industrialization; today they focus on the world wide social fallout of neoliberal globalization. (Wolfensohn, 2004) as quoted in (Parmar, 2012: 225-226).

The IMF and the World Bank are widely considered, along with the US Treasury to

be the motors of neoliberal globalisation. Founded at Bretton Woods in 1944-1945 with full support from the Rockefeller/Carnegie foundations, they continue to garner sustenance from their philanthropy. The World Bank received grants from the Ford Foundation, and David Rockefeller has been a consistent IMF stalwart. (Stiglitz, 2002) as quoted in (Parmar, 2012: 226). The new corporate, transnational entities like the Microsoft Corporation, however, did not see a wide gulf between neoliberalism and its critics: by their social amelioration policies, they hope and calim to promote the market *and* social justice. (Peet, 2003: 14) as quoted in (Parmar, 2012: 226)

It is pertinent to add a caveat at this point, that the corporate philanthropy typified by Microsoft was simultaneous to the work of the traditional philanthropists: Ford And Rockefeller. Ford in this phase, transformed its thrust areas in ways that impacted the global health sutrucutres in rather invisible ways. By 1998, Ford had moved towards five key areas of global funding: democratic and accountable governance, human rights , sustainable development; educational oppurtunity and scholarship; and sexuality and reproductive health and rights. The nature of investment in each of the sections in China, are outlined thus:



Source: <http://www.fordfoundation.org/pdfs/library/China-brochure-2011.pdf>. Accessed on 02 Dec 2013.



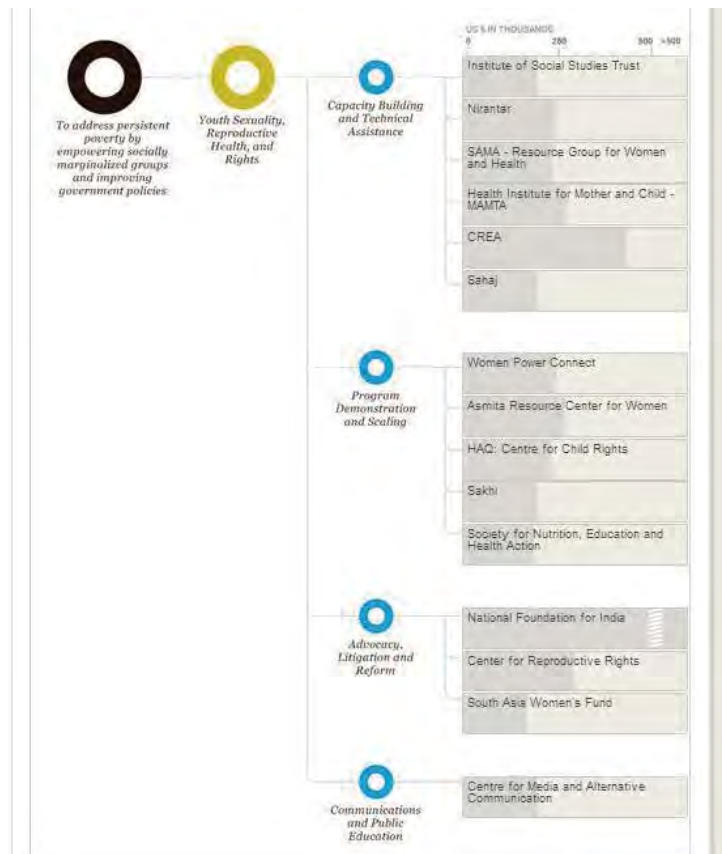
Source: <http://www.fordfoundation.org/pdfs/library/China-brochure-2011.pdf>. Accessed on 02 Dec 2013.

What is noteworthy about this nature of funding is the way it has influenced health studies on China. Studies on maternal health services, especially in rural China have proliferated. (Short & Zhang, 2004) (Kaufman & Jing, 2002) (Lofstedt, Shusheng, & Johansson, 2004) While Ford’s thrust on reproductive health is not new, what is unique about funding in this area from 1990s onwards is the kind of impact the targeted grants have had on the overall health structures in China. This kind of funding intervention comfortably collapses the population control policies

with primary health in such a way that access to health services begins to be gauged through the sole lens of safe reproductive practices and healthy motherhood. What is more, the way this funding combines health services with reproductive rights shows how the grants for sexual health enhances the larger project of garnering legitimacy for democratic liberal philosophies underpinning the philanthropic organisations. To this extent, the corporate philanthropic activities of 1990s onwards, be it through new entrants like Microsoft or through older players like Ford and Rockefeller attuned their funding areas to the overall regime of neo-liberal economic reforms of the globalised world.

Not coincidentally, The Commission on the Status of Women of the United Nations also held its fourth world conference in Beijing in 1995. The Beijing Platform for Action was a follow-up of the conference in Cairo which systematically addressed the shift in governance structures: from reproductive practices to women's health. The Beijing platform added the added layer of human rights to this shift and its mission statement read thus: *"....that the human rights of women and of the girl child are an inalienable, integral and indivisible part of universal human rights. As an agenda for action, the Platform seeks to promote and protect the full enjoyment of all human rights and the fundamental freedoms of all women throughout their life cycle."* (United Nations , 1995)

Funding pattern in India around the global thrust areas differed in one major way: the grants were marked for specific NGOs which have been working with Ford for several years. Thus, the intervention in India, like in the Microsoft case, was routed through individual NGOs. The following shows the nature of funding diversity within reproductive and sexual health in India in the years 1991-2001.



Source: <http://www.fordfoundation.org/regions/india-nepal-sri-lanka/grant-making>. Accessed on 02 December 2013.

The other important development of this period was the creation of the China Foundation. This was started by the Chinese government to be a precursor of the oxymoronic Government-owned non-governmental enterprise (GONGO), which is an oxymoron of a state-owned NGO. The setting up of the China Foundation in 1990 has played a very important role in integrating the health planning under Chinese state into the speculative economy of liberalization. In 1999, the China Foundation raised funds to activate the World Bank's loan to the Chinese Government for providing health care and building Health Centers in the poorest counties in China.⁸ The Bill & Melinda Gates Foundation and the Charles B. Wang Foundation

⁸ The 'permanent honorary chairperson of the foundation was Gerald Rudolph Ford. He first visited China with Nixon in 1976, and maintained ties with Deng Xiaoping after taking over Nixon's presidency after the Watergate scandal. The Foundation was started and currently chaired by Dr Jane Hu, a physician trained in Columbia University, in 1997. She goes on to become part of the US Presidential Advisory Council on HIV/AIDS from 2003 to 2006. (Source: www.chinafoundationusa.org)

were prominent contributors to this fund. The first grant was distributed to 55 poor townships in Gansu, Shanxi and Qinghai to implement Phase I of the World Bank's Health project in China.

The Phase I project of 55 Health Centers has been completed and functioning very well. The Phase II project of the remaining Health Centers is being implemented at the present time. The extreme difficulty of transportation to the remote mountainous villages without roads for cars and trucks is the cause of delayed implementation of the complete project. (China Foundation, 2002)

Phase 6: 2000s: The multitudes of funds and their future

The 2000s saw a changed world and programs of the foundations. This phase witness how the foundations explore their roles in promoting and consolidating two overarching and complementary frameworks of American power in the post-Cold War World: an economic order signified by capitalist globalization and a growing recognition of the necessity of various amelioration strategies, including forums to hear the voices of globalization's critics, and a political/security order characterized by an upsurge in U.S-led democratization. (Parmar, 2012)

The eventual "anti-Americanism" in the wake of the US-led war on Iraq and growing anxiety about America's global role meant that these trends becoming the working areas for philanthropic institutions. In order to bring about "new concepts for American power that might make it more acceptable to the world." (Parmar, 2012)

One key method that was a common theme in all the philanthropic work was building national and international networks within both India and China. These links were forged irrespective of whether they were accessible at all times or not. The closure of the early years of communist China is an instance where the links, however tenuous, could not over grow the influence of national politics. The Emergency years in India showed that the global linkages could also be detrimental to the domestic scenario, if the strings were pulled far in excess to the political will garnered within the civil society of the receiving nation. However, in the contemporary politics of 2000s, Thomas Friedman summarizes the contemporary stance of the foundations in the following sentence:

The historical experience of the Big 3 (Ford, Rockefeller, Carnegie) foundations of building national and international networks finds its contemporary expression in the hectic bid

to create a global order that *suits, extends and defends* globalizing capitalism. (Friedman, 2003: 5)

As Inderjeet Parmar elucidates, effective globalization requires a ‘global institutional architecture as well as a supportive global civil society’ for ‘a series of densely networked publics composed of strategic minorities- to provide social base.’ (Parmar, 2012: 224) The philanthropic foundations based in the US are at the heart of this project to identify and garner networked global audiences for an American-led global capitalism. However, what is distinct about this phase is that they are not the only actors involved in the process. They *along* with several newer American foundations are cohorts at creating philanthropic strategies more suited to the post 9/11 global conditions. It is clear that the foundations with a long trajectory of philanthropic work, particularly in India and China, are not alone in this venture, though they remain the more significant actors.

This shift towards a new kind of corporate philanthropy was heralded by the Bill and Melinda Gates Foundation. Though the Gates Foundation was configured in the 1990s, not till the early 2000s did they establish their physical presence in both countries. Since 1987, the number of foundations in the United States has grown from 28000 to about 50000. The new foundations show the most striking garnering of wealth in the 1990s. Their assets expended from \$115 million in 1987 to over \$300 billion, and their international donations topped \$3 billion in 2002. A significant portion of this rise can be attributed to the Bill and Melinda Foundation. With Warren Buffet’s donations to the Gates Foundation, the latter annually around \$3 million. (Maureen Baehr, 2007: 82 as quoted in Parmar, 2012: 329: Note 5)

The other entrants to philanthropic work in China in the current phase have imitated the Gates Foundation but are limited in their scope and vision. Their areas of work in China are listed in a later section of this paper.

Conclusion: Looking back and future trends

As the paper draws to a close, it is important to revisit some of the patterns and trends that have been described in the sections above. The paper at its beginning, states that the role that the American philanthropic organisations fulfilled in the international relations of the

country was highly limited in the case of China. Not only did the PRC work as an anomaly, it also influenced the philanthropic interventions in the rest of Asia, particularly India. India was, especially in the backdrop of the Cold War, seen as a site of experimentation with democracy in ways that would limit the reach and spread of communism in Asia. With the turn towards the new global economic order of the late 1980s, we see both countries test market reforms at a low scale, with an eye towards expansion in the near future. The 1990s saw both countries open themselves to the global markets and the international speculative economy. This opening has also provided a transformative role to the philanthropy, with the advent of corporate players other than Rockefeller and Ford. Continuities remain in the areas of intervention that the new players mark for themselves, and yet, they differed in many ways from the two traditional organisations. Post the onset of the recession of 2008, what becomes interesting to study is the direction that western philanthropy has taken in both countries. On the current role of these organisations, Anthony S Spires writes:

On the surface, US donor interest in China is no exception to the global promotion of NGOs and civil society by philanthropic foundations. Among such donors are the Gates Foundation for HIV prevention, the Alcoa Foundation for “projects and partnerships with NGOs around the world” and the Ford Foundation for “a focus on poor and disadvantaged groups.”

Yet, in the world’s largest authoritarian state, major US foundations tend to award large grants to established organizations either controlled by the Chinese government or under its influence rather than independent or grassroots NGOs. (Spires, 2012)

The 1990s saw the creation of the oxymoronic “government-organized non-governmental organizations,” or GONGOS. For western scholars of China, these organisations immediately came to be seen as ‘new tools for social control.’ However, they forget to note that the growth of these entities is simultaneous to the scale of funding that is being made available for various social sectors in China.

Top 10 Chinese Recipients of Grants from US Grant-Makers (2002-2009)

Rank	Total (USD)	Grantee Name	Type	Location
1	\$55,766,612	Ministry of Health	Government	Beijing
2	\$18,402,636	Chinese Academy of Agricultural Sciences	Academic	Beijing
3	\$14,152,539	Tsinghua University	Academic	Beijing
4	\$14,108,434	Beijing University	Academic	Beijing
5	\$13,124,044	Ministry of Education	Government	Beijing
6	\$11,168,377	China-Merck Sharp & Dohme HIV/AIDS Partnership	INGO	Beijing
7	\$10,059,557	Chinese Preventive Medicine Association	GONGO	Beijing
8	\$9,999,940	Chinese Association of STD & AIDS Prevention & Control	GONGO	Beijing
9	\$9,383,625	Chinese Academy of Social Sciences	Academic	Beijing
10	\$7,331,076	Beijing Normal University	Academic	Beijing

Source: Foundation Center and Anthony J. Spires

Source: Top 10 Chinese Recipients of Grants from US Grant-Makers (2002-2009). (Spires, 2012)

The role of Jeffrey Sachs, Joseph Stiglitz, and other macro economic scholars can be linked to the creation of these GONGO's. The fact that corporate philanthropy was making inroads into sectors that had not fared well under state financing makes space for the following question: how did those sectors get marginalised anyway? We see in the above table that the Ministry of Health is the biggest recipient of grants in China. This is true for India too.

Simultaneously, a strong continuity in the philanthropic activities is the thrust on promoting democracy, market reforms and creation of civil institutions. Interestingly though, a new area of intervention emerges in the past two-three years, that of funding projects which are essentially data-gathering exercises. This data could be ranging from innovative capacities of young Chinese adults (Dell Foundation) to demography figures (Hewlett Foundation).

The recession, too has influenced the scale of funding activities. While US aid to India drops by 16 percent (Times of India, 2013), the aid to China remains steady as of now (Stonefish, 2013). Simultaneously, with the Third Plenum in November 2013, the Chinese economy is settling into a mode of looking inward and prioritising the domestic market. What can immediately be forecasted in this regime change of economic policies is that, the following years will see the new philanthropic organisations striving to explain their interests in both countries. It may be, that the hosts garner enough impetus to fashion their philanthropy for themselves.

Current Philanthropic bodies engaged with health in China and India

Bill and Melinda Gates Foundation

The Bill & Melinda Gates Foundation's efforts in China include fighting HIV/AIDS and tuberculosis (TB),

improving tobacco control, and investing in agricultural research. A small office opened in Beijing in 2007 under the sponsorship of the Ministry of Health of the People's Republic of China to coordinate this work. It is directed by Dr. Ray Yip, former China director for the U.S. Centers for Disease Control and Prevention. A separate list of their activities and interventions is part of the appendix.

Bloomberg Philanthropies

The main thrust of their work is on tobacco control. As the tobacco control movement gains momentum, the tobacco industry is stepping up their efforts to fight regulation. The third and latest phase of the Bloomberg Initiative to Reduce Tobacco Use, starting in 2013, will continue to focus investment on low- and middle-income countries with the highest tobacco-consuming rates: Bangladesh, China, India, Indonesia, and Russia.

(<http://www.bloomberg.org/initiative/tobacco>)

Coca Cola Foundation

Since 1993, Coca-Cola has built 118 Project Hope Schools in China (<http://www.projecthope.org/where-we-work/china/>), investing a total of over RMB 150 million and helping 100,000 children attend classes in depressed rural areas. Has supplemented the work of the United Nations Development Programme, China, for a feasibility study to improve water quality and accessibility for 30 million people living in the Dongjiang River Basin, China. It contributed \$800,000 for the same. Funding of \$160,000 provided to the Centre for Nutritional Studies, The Chinese University of Hong Kong, Healthy Active Lifestyles, to provide a toolkit on energy balance, healthy nutrition and exercise to secondary school teachers, benefiting more

than 25,000 children and adults, Hong Kong. It has set up 'Chinese Foundation for Prevention of STD & AIDS' (<http://www.cfpsa.org.cn/html/English/2010/0113/207.html?1263373900>), and several 'Caring Projects' of AIDS-Impacted Children and Women Program, to provide educational, psychological and general support to assist 485 women and children affected by AIDS in the Yunnan Province, China. It has contributed \$200,000 for the last programme.

David and Lucile Packard Foundation

It funds non-governmental organizations and networks in the Punjab and Sindh provinces of Pakistan; and in Bihar and Jharkhand states in India, as well as a few regional initiatives in South Asia where there is a strategic opportunity. They do not fund programs in other South Asian countries. While the Foundation focuses on grants that allow it to partner with government and donors, they do not fund governmental institutions. The thrust of their grants is on reproductive health and access to family planning, especially women and girls. In China however, the David and Lucile Packard Foundation has been a major supporter of the China Sustainable Energy Programme implemented by the US-based Energy Foundation, which was created in order to carry out this programme. In the period 2002-2004, the Packard Foundation awarded grants totalling USD 17.5 million to support this programme. The money is used to make grants to Chinese organisations working in the areas of energy conservation and efficiency, renewable energy and clean transportation. In 2011, the Packard Foundation awarded \$40,000 in grant-funding aimed at fund development planning and organizational effectiveness.

(<http://www.chinadevelopmentbrief.cn/DirectoryofNGOs/?p=1708>)

Ford Foundation

John Fitzgerald is current representative of the foundation's office in Beijing. He develops the overall strategy and direction of the foundation's work in China, which emphasizes opportunities for poor and marginal communities to participate fully and equally in China's development. His individual grant making focuses on U.S.-China relations and civil society issues, aiming to build new-generation expertise on the United States and China, and to support Chinese institutions in strengthening domestic infrastructure for the lawful development of civil

society. A separate list of their work is attached in the appendix.

JP Morgan Chase Foundation

In 2011, J.P. Morgan partnered with Planet Water and Sesame Workshop (<http://planet-water.org/wwd-sesame>) to launch Asia Water-for-Life, to deliver clean, safe water and provide education on water health and hygiene in rural villages and schools in five countries across Asia. With \$2 million from J.P. Morgan, Asia Water for-Life (<http://www.outreachasia.org/id6.html>) built 200 Aqua Towers to provide more than 200,000 people in underserved communities with clean, safe water. The Foundation has provided \$13 million in support of The Rainbow Program (<http://www.rainbowprogramme.co.uk/>), a unique partnership with Half the Sky (<http://www.halftheskymovement.org/>) and the China Centre for Child Welfare and Adoption. The programme equips administrators, teachers, caregivers, and support staff with professional, practical knowledge about how to support the healthy development of the children in their care, and help ensure a brighter future for hundreds of thousands of disadvantaged children across China. The Women's Foundation, Hong Kong (<http://www.thewomensfoundationhk.org/>) incorporates workshops on financial literacy and women's health issues into both school curricula and after-school activities. It also offers career and life counselling to help students make good choices about studies, careers, and family life. J.P. Morgan has partnered with the Narada Foundation in China (<http://en.naradafoundation.org/>), which promotes the development of public welfare projects and fosters social innovation. They have together founded the China Foundation for Poverty Alleviation (CFPA) which *"helps poverty-stricken communities by enhancing their capacity for self-sustainability; upgrading basic production conditions and primary social services levels; and mitigating social suffering while promoting a harmonious society."* (<http://www.globalhand.org/en/organisations/10170>)

In 2011, they funded 39 projects in Asia, of which 11 were in India. The projects were on the line of grants for environment sustainability and energy reforms. Kalpana Moraporia heads the India/South Asia office. The work in India is more on the lines of corporate social responsibility, like, employees building Aqua Towers for clean waters. The Foundation continues to support Pratham Education Foundation. It has received more than \$600,000 in the

years 2005-2011. Other NGOs such as Aarambh, GiveIndia and Muktagram also receive funding, though not of this order.

Micheal and Susan Dell Foundation

Founded in 1998, the Foundation has till now spent \$850 million in philanthropic work in Asia and South Africa. Though their grants are majorly focused towards India, their presence in China is growing. Apart from funding NGOs for school health programs, Akshay Patra, the other areas of their work include micro health loans for urban poor families; sanitation education; massive de-worming campaigns in Rajasthan and micro-finance for health to rag picker families in Indore. In china, the focus is on encouraging technical education for schools and young adults. The latest project is introducing robotics in schools in China.

<http://www.dell.com/learn/us/en/uscorp1/corp-comm/youth-connect-china>

MacArthur Foundation

The Foundation made its first grants in China in 1988, only the third to do so after Ford and Rockefeller Foundations. One goal of these early grants was to share the experience of U.S.-Soviet arms control initiatives with Chinese scientists. The workshops and conferences these grants funded opened new lines of communication between some of the most secretive institutions in China and international technical experts working to prevent nuclear accidents, halt nuclear tests, dismantle weapons, and prevent the spread of these technologies. It is believed these interactions reinforced the longstanding Chinese moratorium on nuclear testing and China's decision to sign the Comprehensive Test Ban Treaty, and the grantees have helped study North Korea's nuclear programme, negotiate the Biological and Chemical Weapons Conventions, join the Nuclear Suppliers Group, improve compliance with the Missile Technology Control Regime, and call for a ban on weapons in space.

In 1991, the grants diversified into bio-conservation in the Yunnan province. The Foundation recently provided a grant to the Carnegie Endowment for an expanding program on China that promotes collaborative interactions with a number of research institutions in China on issues such as regime transition in authoritarian states, corruption, and the impact on China's

legal system of joining the World Trade Organization. In 2005, the Foundation began to explore grants to Chinese institutions that are working to improve human rights protections and promote the rule of law within the current political system. An example is the grant to Tsinghua University Law School for training legal aid workers in rural areas. The Foundation has contributed \$10.8 million to conservation, human rights, and peace and security projects related to China, including \$2.6 million directly to Chinese organizations.

(<http://www.macfound.org/press/publications/enewsletter-macarthur-invests-in-china/>)

The aid to India is more centered on reproductive health of young people and reducing maternal mortality.

Robert Wood Johnson Foundation

Funds research on advocacy methods around Tobacco control in China. Funds are routed through the International Tobacco Control societies and projects, such as the VicHealth Centre for Tobacco

Control, a research institute dedicated to tobacco-related cancer research in Australia, Canada, UK, USA, Ireland, South Korea, China, France, Malaysia, Thailand, Mexico and Uruguay. It is based in Australia. Work started in 2008.

The William and Flora Hewlett Foundation

Though this Foundation has started granting money only in 2013, it has already donated more than \$1.9 billion on projects related to sustainable development, data collection and population projects. It is supporting consultation efforts on the Post-2015 Development Agenda in the United Nations, certain American universities and the Kiwanja Foundation.

<p>The Bill and Melinda Gates Foundation</p>	<ul style="list-style-type: none"> • HIV/AIDS • Tuberculosis • Emergency Relief • Tobacco Control • Health Innovation 	<ul style="list-style-type: none"> • HIV/AIDS • Tuberculosis • Emergency Relief • Tobacco Control • Health Innovation • Vaccine Delivery • Polio • Family Planning • Surveillance and Monitoring • Containment Policy
<p>The Ford Foundation</p>	<p>• SEXUALITY AND REPRODUCTIVE HEALTH AND RIGHTS</p> <p>a) Supporting Sexuality Research</p> <p>b) Promoting reproductive Rights and the Right to Sexual Health</p> <p>c) Youth Sexuality, Reproductive Health, Rights</p>	<p>• SEXUALITY AND REPRODUCTIVE HEALTH AND RIGHTS</p> <p>a) Supporting Sexuality Research</p> <p>b) Promoting reproductive Rights and the Right to Sexual Health</p> <p>c) Youth Sexuality, Reproductive Health, Rights</p>
<p>The Rockefeller Foundation (Centre for Health Market Innovation)</p>	<ul style="list-style-type: none"> • Maternal & Child Health • Family Planning & Reproductive Health • HIV/AIDS • Mental Health • Chronic Diseases 	<ul style="list-style-type: none"> • Maternal & Child Health • Family Planning & Reproductive Health • HIV/AIDS • Tuberculosis • Malaria • Mental Health • Emergency Care • Nutrition • Eye Care • Dentistry • Chronic Diseases • Rehabilitative Care • General Primary Care • General Secondary/Tertiary Care • Other/Not Applicable

<p>The Wiliam and Flora Hewlett Foundation</p>	<ul style="list-style-type: none"> • Promoting Transparency and Accountability in Health Service provision • International Access to Family planning (legal reform and policy implementation guaranteeing access to safe abortion, training of health care providers in safe abortion care; Support for advocacy to build political and financial commitment to ensuring universal access to female condoms) • Global Development and Population Program : (Strengthening capacity for research, policy analysis and advocacy; quality education in developing countries) 	<ul style="list-style-type: none"> • Promoting Transparency and Accountability in Health Service provision • International Access to Family planning (legal reform and policy implementation guaranteeing access to safe abortion, training of health care providers in safe abortion care; Support for advocacy to build political and financial commitment to ensuring universal access to female condoms) • Global Development and Population Program : (Strengthening capacity for research, policy analysis and advocacy; quality education in developing countries)
<p>David and Lucile Packard Foundation</p>		<p>Improving Reproductive Health Services (Programs to reduce maternal mortality and morbidity and advance the sexual and reproductive health and rights of young people)</p>
<p>The MacArthur Foundation</p>		<ul style="list-style-type: none"> • Population & Reproductive Health Grant • Resources for Growing, Adapting Successful Development Programs • Reducing Maternal Mortality
<p>The Robert Wood Johnson Foundation</p>	<ul style="list-style-type: none"> • Reported Awareness of tobacco advertising and promotion in China 	

<p>J.P.MORGAN CHASE FOUNDATION</p>	<ul style="list-style-type: none">• To deliver clean, safe water and provide education on water health and hygiene in rural villages and schools.• Healthy development of children.• Development of public welfare projects and fosters social innovation.• Poverty alleviation project.	<ul style="list-style-type: none">• Pratham Education Foundation, India (http://www.pratham.org/)
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