
Responding to Change and Challenge:

Reflections on the 40th Anniversary of
CMB's Return to the Mainland of China
1981-2021



China Medical Board

An American philanthropy dedicated to advancing health, equity,
and the quality of care in China and Southeast Asia

Cover Photos

Left: John D. Rockefeller, Jr. (front row, holding hat) and other distinguished guests at the 1921 dedication of Peking Union Medical College.

Right: Education Vice Minister Lin Huiqing (center) joined by Zhao Yupei of PUMCH (second from left) and CMB representatives Wendy O'Neill (far left), Lincoln Chen (second from right), and Fred Hu (far right), at the opening of CMB's Beijing office in 2016.

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PREFACE

China Medical Board's return to the mainland of China in 1981, after a 30-year hiatus, marked the beginning of a new era of collaboration and friendship. On January 1, 1979, China and the United States normalized their relations, a step that restored diplomatic ties and opened the door for American nongovernmental organizations, such as China Medical Board, to begin rebuilding relationships with Chinese institutions and professional colleagues.

When CMB left the Chinese mainland in 1951, its work focused on a single institution, Peking Union Medical College and Peking Union Medical College Hospital. Through this collaboration, CMB worked to lay the groundwork for a system of modern medical education and, through enhanced medical education, for the provision of excellent medical care. In the late 1970s and early 1980s, as CMB contemplated the best course forward in a new era, its trustees and staff, in consultation with Chinese counterparts, adopted a broader approach. CMB would offer support to

a core group of medical institutions, which in turn would share their growing knowledge and expertise with other institutions throughout the country.

After returning to the Chinese mainland 40 years ago, CMB expanded collaborations in medical education and research to over a dozen medical schools throughout China. In addition to its core mission of improving health through support of medical education and research, CMB began collaborations to address public health, health policy and systems strengthening, and leadership development. Over these years, CMB has been a trusted friend and partner to many Chinese institutions and collaborators.

Much has changed over the past 40 years, in terms of challenges to health and appropriate responses, and China now has sufficient financial and intellectual resources to build and sustain premier medical universities and research facilities. Yet we sense that an appreciation for collaboration and a forthright exchange of ideas, the hallmarks of CMB's interaction with

Chinese educators, researchers, and policy-makers during the years of re-engagement, remains undiminished. Indeed, as CMB's relationships with Chinese medical institutions have matured, and our recognition of areas of mutual concern has grown, the opportunities to pursue shared goals seem boundless.

CMB chairs, trustees, and presidents have shaped the arc of our engagement with China over the past four decades, and this anniversary seemed an opportune moment to ask them to share their reflections on CMB and its relationship with China. This diverse group of leaders with expertise in medicine and public health, finance, as well as China and the surrounding region, have contributed their knowledge, professional contacts throughout the world, insights, and

countless hours of service on behalf of CMB. These essays shine a spotlight on the many ways that the leaders of CMB have ensured the integrity of the foundation, sustained CMB's core values as an institution, considered the best course of action for our grant-making and program development, and built the reservoir of goodwill that sustains our relationships in China.

The leadership and staff of CMB are deeply grateful to our friends in China for the welcome we received upon our return to the mainland of China and for the many ways in which they have enriched our work and experiences over the past 40 years. We look forward to continuing our fruitful collaborations and friendships for many more years to come.

Barbara J. Stoll

Anne Phelan

October 2021

WENDY O'NEILL

CMB CHAIR, 2019-PRESENT

The Rockefeller family's links to the Chinese people and culture span seven generations, and these links have influenced the whole Rockefeller philanthropic tradition and artistic sensibility. The China Medical Board has been at the center of this philanthropic tradition, and appreciation of Chinese art even can be seen in the building of Peking Union Medical College (PUMC). The Rockefeller Foundation created the CMB in 1914 to advance Chinese health, and CMB primarily focused on founding and developing PUMC in our first 37 years, never wavering in our support even in periods of conflict. PUMC remains the largest single project ever funded by Rockefeller philanthropy outside the United States.

The bonds that tie CMB and the Rockefeller family to the Chinese people and institutions were forged by working side by side to improve the health of the Chinese people. In 1921 John D. Rockefeller, Jr., his wife and daughter, both named Abby, journeyed to Beijing for the inauguration of PUMC. Their trip took three months including train rides across the United States and travel by ship across the Pacific Ocean. This not



only showed the importance of CMB and PUMC to the Rockefeller family, but forged bonds between the family and the Chinese people and touched off an even greater passion for Chinese art.

After U.S.-China relations were severed in 1951, the urge to revive those bonds never waned. The Rockefeller family believed in the importance of Americans engaging with China and increasing American understanding of China. Even in the 1960s, when it was unpopular in the United States to hold such sentiments, members of the Rockefeller family, especially John D. Rockefeller, 3rd, publicly articulated this and supported and established

institutions in the United States that furthered this aim.

After President Nixon's trip to China, David Rockefeller, Chairman and CEO of Chase Manhattan Bank, made multiple enquiries about going to China through diplomatic channels and finally received an invitation. He seized on this opportunity and traveled to China in May 1973. During his stay, he visited PUMC where his parents and older sister had traveled in 1921, when he was six years old. On the night before he departed, David was honored to meet with Zhou Enlai.

Originally, CMB operated all aspects of PUMC, including building the physical campus, recruiting international staff, setting the curriculum, and overseeing the budget. In addition, CMB funded other medical schools in China. CMB's staff were intimately enmeshed in China with deep bonds, in many respects deeper than John D. Rockefeller, Jr. and John D. Rockefeller, 3rd, who served as devoted CMB trustees, but had many other responsibilities.

In the 1970s CMB President Pat Ongley traveled in China and met with Chinese medical delegations visiting the United States, rekindling CMB's links on the mainland of China. After the normalization of U.S.-China relations, CMB was invited to return to work on

the Chinese mainland and reconnect with PUMC and its graduates and build new relationships. The CMB trustees decided to concentrate on funding more than one institution. After consultation with the Ministry of Health, seven medical schools were selected for funding with that number eventually expanding to 13. PUMC was among the original core institutions. In these early years after the CMB's return, CMB provided matching endowments funds to these medical schools for faculty development, libraries, and research, thus empowering the medical schools to ask for matching government funding and determining the specific use of grants.

In 1987, when William Sawyer became CMB's president, the core medical schools were stronger institutions. He and the trustees turned to funding specific programs proposed by these core medical schools and supported medical research. CMB had always seen nursing education as central to health, and Sawyer oversaw a program that sent Chinese nurses to Thailand for training. At this time, CMB also played a role in establishing a medical school in Lhasa. With the arrival of Roy Schwarz as president in 1997, CMB refocused attention on medical education, while also supporting medical research, medical ethics, and advanced degree programs. He also brought China into global conversations about the requirements needed for medical doctors.

After the success of Reform and Opening, Chinese capacity to fund its own medical institutions increased dramatically and led the CMB trustees to discuss what role CMB could play in advancing health in China. When Lincoln Chen was selected as president in 2006, CMB started expanding funding beyond the core 13 medical schools. CMB provided grants in new fields, such as health policy, population health and global health, and supported fellowships for both established and emerging medical leaders. Nursing education remained a focus of funding, and with the backing of the National Health Commission, CMB partnered with nine elite medical schools to reform residency education.

Realizing that CMB's ability to connect and convene was more central to our work than pure funding, CMB opened an office in Beijing in 2009 to facilitate our work in China. CMB also became an operating foundation in 2015, changing

from solely being a grant-giving organization. In 2016, PUMC Hospital invited CMB to move its office onto the old PUMC campus. While remaining an independent American foundation funding many institutions in China, CMB was proud to return to its roots and be once again under the green-tiled roofs of the PUMC.

In 2021, our new president, Barbara Stoll, took the helm of CMB to lead us into a new era. CMB has always been dedicated to advancing health in China by forging partnerships with the Chinese people and institutions. As we reflect on our 40 years since returning to the mainland of China, CMB knows that it will continue to work to strengthen its partnerships in China, as this has been the source of our success for over a hundred years. With our partners, we look forward to cooperating on facing challenges and opportunities in the health sector in China.



Wendy O'Neill with family members and CMB colleagues at a reception for PUMC's centennial.

MARY BROWN BULLOCK

CMB CHAIR, 2005-2014

One hundred years ago Peking Union Medical College Hospital opened its doors to world-wide acclaim. Headlines in The New York Times began before the hospital opened – “Green City’ Shows Hope of New China” (The New York Times, August 20, 1920) and on the actual dedication day – “To Dedicate Peking Institution Today: John D. Rockefeller Jr. Will Aid at Opening of New Union Medical College” (The New York Times, September 18, 1921), complete with a description of the college and its hospital: “...a 200 bed hospital, with about 30 private rooms; a large out-patient department ...plants to supply water, heat, electric light and power, and fuel gas. The buildings are fireproof and in harmony with the traditions of Chinese architecture.”

Today, looking from the top floors of the Grand Hyatt Hotel, the green roofs stretch far beyond the original gray walls of the hospital and encompass newer hospital and research buildings. It is appropriate, however, that the Beijing Office of the China Medical Board is ensconced in the original library building. The China Medical



Board, now celebrating 40 years of return to the mainland of China, created Peking Union Medical College more than 100 years ago. Again The New York Times reminds us, this time in 1915: “The China Medical Board of the Rockefeller Foundation, which was organized to introduce modern medicine and modern surgery into parts of China which have practically no modern medical facilities...”

The China Medical Board, established just a year earlier in 1914, was designed by America’s leading medical educators, and existed solely to establish a world-class medical institution in Asia. With

more than \$50 million (about \$1.3 billion in today's dollars) invested and always supported by the Rockefeller family, PUMC more than fulfilled its mission. At the dedication in 1921 John D. Rockefeller, Jr. laid out the purpose of PUMC: "...it must be borne in mind that the hospital is primarily a teaching institution which while affording the best care for patients, exists first of all, for instruction and research." A hundred years later we see the influence of this medical center: the training of tens of thousands of doctors, thousands of medical scientists, and scores of institutions. China's medicine leads the world in providing up-to-date care and modern medical facilities.

I and my husband, George, were privileged to attend the 70th anniversary of PUMC in 1987 representing the China Medical Board, and indeed have attended all of the subsequent anniversary celebrations. The 70th was, however, something very special. PUMC was emerging from years as the anti-imperialist hospital, the China Medical Board had only been back to the mainland of China for six years, and the original American connection was not mentioned. But the medical college and the hospital celebrated the return of their original names, convened the first graduation since the 1950s (with PUMC's distinct robes), and hosted singing and dancing in PUMC's marble courtyard.



Mary Bullock, second from right, at a 2014 conference on Innovation in Health Equity, held as part of CMB's centennial celebration.

The China Medical Board, under Presidents Patrick Ongley, William Sawyer, Roy Schwarz, Lincoln Chen, and now Barbara Stoll, has sought to change its role as China itself has changed so much during these decades. At the suggestion of China's Ministry of Health and the CMB Board of Trustees, it was decided, in 1981, to provide support to China's seven top medical institutions. This was later expanded and the CMB also became active in supporting three-year medical schools and Tibet Medical College. Matching grants in the 1980s signaled CMB's confidence in the decisions of Chinese medical institutions, which needed help in books, training, and research. Chinese institutions rapidly developed their own unique research agendas and the CMB provided assistance. In time, however, China was providing handsomely for the basic research and training needs of its medical institutions. The CMB, under President Lincoln Chen, sought to work on medical equity with both elite medical institutions and networks of

lesser developed institutions. The needs of nursing and clinical training were also stressed. Through these changes the members of the China Medical Board, in consultation with Chinese medical leaders, sought to use limited funds as strategically as possible, complementing what China itself does.

Through it all the China Medical Board has remained close to PUMC, which has always served as the coordinating center for these activities. PUMC Hospital, well-known throughout China, has more than fulfilled the vision of the early twentieth century. The China Medical Board is proud and humbled by its return to Beijing's "green city."



Mary Bullock, left, signs books for guests at a 2014 reception to launch CMB's centennial book series.

ROBERT J. BUCHANAN

CMB CHAIR, 1989-1999

I served as a China Medical Board trustee for 30 years, joining the board of trustees in 1969, becoming board chair in 1989, and retiring in 1999, when I turned 70. At the time I joined the board, I was the dean of Cornell University Medical College. Cornell had a long history of connections with CMB, with distinguished figures such as Joseph C. Hinsey (dean of the Cornell University Medical College and later the director of New York Hospital-Cornell Medical School) and Clarke Wescoe (professor of pharmacology at Cornell University Medical College and later chancellor of the University of Kansas) serving as trustees. Over the course of CMB's history, many of its trustees were products of Cornell, Harvard, Yale, and Johns Hopkins – experts in their fields who were willing to undertake constructive work on behalf of CMB.

When I joined the board, CMB had been absent from the Chinese mainland for 18 years and its grant-making was directed toward South Korea, Japan, Hong Kong, the Philippines, and other parts of Asia. In 1969, the idea of returning to work on the mainland of China was far from our minds, but our



outlook began to change in the late 1970s. As the United States and China began to re-engage on the governmental level, people in various sectors of American society began to consider how they might collaborate with counterparts in China. We started to have those discussions at CMB as well, driven in part by Patrick Ongley, CMB's president at the time. Pat was something of a phenomenon – attractive, bright, energetic – and he had served as a clinical professor of pediatrics at Yale University Medical School prior to joining CMB. Over the course of his travels in Asia, he got the sense that we might open discussions with China about raising the standards of its medical institutions. Together with Pat, a small group of trustees made an

unofficial trip to China in 1978 to get a better sense of the state of medical education and to see if Chinese institutions might be receptive to CMB assistance at some point in the future.

In 1979, the United States and China normalized relations, and CMB's discussions about a future role in China became serious. That same year, the board had an all-day meeting in New York to discuss a strategy for working in China. Those of us who had visited Beijing had seen the physical deterioration of Peking Union Medical College, but we knew that our greatest challenge would be restoring the intellectual capacity of faculty at PUMC and other institutions in the aftermath of the Cultural Revolution.

We made some key decisions at that 1979 meeting. First, we would make sure that PUMC's physical facility was functional, as this was fundamental for the safe care of patients. Second, we would focus on revitalizing the faculty, by re-engaging with the established faculty when possible and by training young people in the fields most needed, often by sending them abroad for advanced studies. Third, a hospital requires supporting staff – nurses, technicians, pharmacists – so we advocated a comprehensive approach to building up human resources.

CMB trustees reached another understanding at that New York meeting: we needed to approach the Chinese collaboratively about how we could best reach our shared goals. Through discussions with government officials, PUMC faculty, and hospital staff, we reached an agreement that CMB initially would help revitalize seven medical centers across the country, concentrating on education, training, and basic research. (The number of institutions soon increased to eight, and later to 13.) We also recommended an innovative approach to grant-making. We proposed setting up endowment funds, whose interest earnings would provide ongoing support, and we asked the Chinese to match our contributions to the endowment funds. Perhaps this suggestion of matching grants initially startled our Chinese interlocutors, but it was intended to signal a spirit of equal partnership. In 1981, when CMB trustees met with the Minister of Health in the Great Hall of the People, he accepted our proposition and a new era for CMB's work in China began.

Returning to work on the Chinese mainland was a significant turning point for CMB. We were ambitious but also humble. After all, we had never done anything like this before, so we would be learning as much as our Chinese partners would. This was not a solitary endeavor –

we mobilized an enormous number of people in the health sciences, in the United States and Europe, to help us. Our Chinese partners found us to be extraordinarily helpful and useful in large part because we relied on constructive dialogue with the leaders of the universities we served about their needs, creating a dynamic operation. Roy Schwarz, the former dean of the University of Colorado School of Medicine and senior vice president of medical education science at the American Medical Association, who I helped recruit as CMB president in 1997, formalized the President's Council, a regular convening of leaders from CMB grantee institutions and a forum to exchange information, discuss problems, and make plans.

I think it also is important that we maintained our support for institutions in other parts of Asia, reducing the size of grants to Japan and South Korea, as their economies grew stronger, but continuing to

direct resources to countries where the needs were great.

When I retired from the CMB board in 1999, the China I had encountered in the late 1970s was transformed. Its transition to a socialist market economy was underway, its medical universities were gaining strength, and its people were living longer and healthier lives. But the consultative approach that CMB adopted with Chinese institutions in the early 1980s remained intact, and it continued to facilitate opportunities for us to collaboratively respond to the challenges of a new century.



Robert Buchanan, center, on an early trip to China. CMB President Pat Ongley is in the front row, far left.

DWIGHT H. PERKINS

CMB CHAIR, 1999-2004

My term on the board of trustees of the China Medical Board ran from 1995 through 2004. I served as chairman of the board during the last five years, ending when I reached the then-firm CMB retirement age of 70. I have been doing research and teaching about China and China's economy beginning in my undergraduate years in the 1950s and continuing up to the present (2021). Beginning in the 1960s and 1970s I also began a long involvement with South Korea and several countries in Southeast Asia.

When I joined the CMB board, in 1995, China was nearing the completion of its transformation from a centrally planned command economy to a market economy that began in 1978. Many of the key reforms were begun in the 1980s (the return to household agriculture, making industrial inputs available on market with partially freed-up prices, etc.). Many state-owned

enterprises including the banking system, however, continued to operate as if they were still in a command economy. By the time China joined the World Trade Organization in 2000, however, Zhu Rongji as Vice Premier and then Premier had forced most of the central planning mentality out of the system and China had a full market economy with market-driven prices for the most part.

As is now well-known throughout the world, these reforms had an enormous positive impact on the economy. The



Dwight Perkins, front row center, with the Board of Trustees in 2000.

per capita GDP of China rose 3.4-fold in 1995 over 1978 (and by 29 times in 2020). There was a dramatic fall in the most extreme forms of poverty beginning in the 1980s. Rural incomes actually grew faster than urban incomes during the first few years of reform. By 2020 China's leadership announced that poverty, meaning the most extreme forms of poverty according to standards set by the World Bank among others, had been eliminated.

There were also major improvements in the health of the Chinese people but transition to a market economy was a mixed blessing in the health field. The collective rural commune system introduced in 1958 and modified substantially in the early 1960s did little to promote the development of agriculture or the income of the rural population (that was 82 percent of the total population as late as 1978). Collectivized agricultural units, however, were an effective vehicle for promoting public health measures. Individuals from the communes could be given basic training as paramedics ("barefoot doctors") with the commune compensating them for the time spent both in training and later ministering to the local population. These paramedics could deal with a wide variety of common ailments and could

carry out national mandates designed to control infectious diseases. As a result, the death rate from infectious diseases fell dramatically. Paramedics, of course, could do little to deal with cancers or heart and pulmonary diseases. There were some doctors with three years of formal training practicing in rural area clinics, but they also had limited access to resources to deal with the more serious diseases that dominate in high-income countries and increasingly came to dominate in China.

As late as 1991, infant and child under-5 mortality were 50.2 and 61 per 100,000 and maternal mortality was 80, fairly high figures but far below what they were in China in the first half of the twentieth century (the figures in 2019 were 5.6, 7.8, and 17.8 respectively). The elimination of the commune system and the return to household-based farming in the early 1980s led to the decline and eventual disappearance of the rural barefoot doctor system. Farm households were not willing to spend their limited incomes on supporting rural paramedics although some of the paramedics were able to become what amounted to rural pharmacists.

The rural clinic and county hospital system did expand as the nation's resources increased. Government expenditures on public health more

than doubled in real terms from several billion yuan in 1978* to 40.6 billion yuan (roughly US\$5 billion) in 1999. In the market economy context, however, hospitals and health interventions generally shifted emphasis toward a curative as contrasted to a preventive approach to health issues. Government regulation of doctors' and hospitals' pricing policies also included many directives that distorted curative medical procedures (increased prescription of not always appropriate medicines, sometimes acceptance of side payments to get around government salary limits, etc.). Health insurance for rural residents and many urban residents as well was limited and serious illness frequently led to family financial crises.

The health insurance system today, however, has become nearly universal and funding for the health system has increased by an enormous amount. The government health budget (central plus local) in 2019 was 1,666.5 billion yuan (roughly US\$250 billion). Individual elite hospitals today sometimes get grants from the government of hundreds of millions of U.S. dollars. In addition, the average disposable income of individuals rose to 31,000 yuan (roughly US\$4600) in 2019.

The shift to a market economy and the huge increase in Chinese GDP and average family incomes have had a profound impact on the China Medical Board. During my decade on the board, both of the presidents of CMB, Bill Sawyer (Wright State) and Roy Schwarz (Colorado and University of Washington), were former medical school deans among other things, and my predecessor as chairman of the board, Bob Buchanan, was also a former medical school dean (Cornell) and at the time was head of a leading teaching hospital (Massachusetts General). The members of the board were more or less equally divided among senior medical people, non-medical people with substantial experience in East and Southeast Asia, and financial professionals. The president was the chief and only program officer.

The rest of the small CMB staff handled administrative and financial matters. During my time as chairman, management of the endowment was moved to professional financial firms with the board serving only an oversight role.

Because the president of CMB was the only program officer, not surprisingly the identification of grantees was heavily influenced by the interests and background of the president in discussions with hospital heads and

**The official budget only gives a figure for total expenditure on culture, science and health of 11.8 billion yuan.*

medical school leaders in China and Southeast Asia. I have not tried to go back and review the many grants given but my memory is that Bill Sawyer put special emphasis on medical research and Roy Schwarz on reform of medical education but neither did this exclusively. Grants were mostly made to hospitals and medical schools, which is not surprising given that CMB began with support for the Rockefeller-financed Peking Union Medical College and hospital. Of relevance to the current issues facing CMB, PUMC was not just a school and hospital focusing on sophisticated curative medicine for those that could afford it. Among other things, C. C. Chen (a graduate of PUMC) and John Grant (a staff doctor at PUMC) in the 1930s both played a central role in the introduction of modern public health to rural China.

While each of the past CMB presidents made important contributions to medical teaching and research in China and elsewhere in Asia, it became increasingly clear to the board that the context in which CMB operated in China was rapidly changing. It was likely that if CMB continued down the existent grant-

making path, it would evolve from an important and influential contributor to medical education and research in the country into a minor contributor. The total annual grants of CMB were little over US\$10 million and the Chinese government grants by 2005 were in the tens of billions of dollars. It is to the credit of the CMB board that followed my time that it found an effective solution to the challenge and in Lincoln Chen the right person to lead that challenge. CMB changed its focus to health policy systems and health professional education. By expanding the focus from hospitals and medical schools, CMB found a niche of central importance to health in China and Southeast Asia that was not receiving the attention it deserved and where the CMB contribution could make a profound difference.



Dwight Perkins, facing forward, at a 2014 dinner for current and former CMB trustees and guests.

TONY SAICH

CMB CHAIR, 2015-2019

On joining the board of CMB in 2006, China was experiencing post-WTO entry phenomenal growth, which necessitated a serious rethink about the approach to grant-making and collaboration with Chinese partners. As with other foreign foundations, the old model of one-way transfer of knowledge and resources was no longer suitable when government resources for the medical sector dwarfed anything that an American foundation could provide. The history of CMB engagement has been shaped by these internal developments and the state of the U.S.-China relationship, and both will determine the nature of future CMB work.

CMB's return to the Chinese mainland came with the establishment of diplomatic relations, and health was a safe field in which to work. Within the Chinese medical community, there was a thirst for new knowledge to make up for the lost years of contact, stemming from the nation's relative isolation. Most traffic was uni-directional, with CMB making large grants for basic medical research, to expose medical professionals to global trends, and to provide international training.



However, it was becoming increasingly clear that the situation was changing rapidly. The Chinese government now provided far more significant funding for basic medical research than CMB could ever have dreamed of providing, and a new generation of well-trained professionals was assuming leadership positions in the hospitals and the medical bureaucracy. The relatively smaller CMB funding, in comparison with that of the government, raised the question of whether it made sense to continue working in China.

The answer was an emphatic yes, but the question was how? This necessitated the shift to a second phase

of work. As with many other international foundations and organizations, CMB decided to move toward more substantive partnerships with a wider range of institutions. The shift was aided by the appointment of Lincoln Chen as president, who brought with him substantive experience not only within the field of international health but also in program-building. The new approach had several consequences: grant funding was more clearly focused on programmatic themes, the return to a physical presence in Beijing (crowned, of course, with opening the office in Peking Union Medical College Hospital, September 2016), and finally the

replacement of the original grant-making model with that of an operating foundation. In 2008, the board decided to focus on critical support to promote equitable health outcomes, especially in terms of access to primary and preventive health services, with the primary focus on health policy systems and health professional education. The former sought to build a more analytical community to develop supportive policies and to free up support for a new generation. The latter sought to spark innovation for training in graduate medical education and nursing.

This evolving approach was aided by the physical presence in Beijing. The field



Tony Saich, second from right, moderates a 2014 discussion on philanthropy in China.

office allowed CMB deeper engagement with colleagues in China and to be better informed about events within the country that would influence our programming. As the new approach evolved and as China's own resources continued to grow, there were two major consequences for our work as we entered a third phase. First, it became clear that our major asset was not just funding but rather the connections and reputational assets that CMB enjoyed. Consequently, to deploy these assets more effectively, the board made the dramatic shift from grant-making to become a direct operating foundation (2015). Second, our Chinese colleagues now not only wanted to learn from best global practices but also to engage as equals and to present their own work to the international community. Among other notable achievements, this resulted in the Lancet China project, which put medical trends in China squarely on the international agenda.

As CMB reflects on the next decade of work, the terrain does not look easy to navigate. The relationship between the United States and China is in its worst state since the restoration of diplomatic relations. Governments on both sides have hardened their positions and blame the other for the deterioration of relations. Under these circumstances what can CMB do? It would be easy to call it a day and reflect on the "glory" of previous work. However, the history of CMB and medicine is too closely entwined to be cast aside, and the relationship between the U.S. and China is too complex for disengagement to be complete. Surveying the global commons, providing new public goods to deal with challenges such as climate change, health crises, and pandemics, producing equitable health access, and finding cures for debilitating diseases demand cooperation between the two nations. When trust is lacking at the national level, organizations such as CMB can continue to provide a venue for collaborative research and for resolving key challenges that humanity faces.

M. ROY SCHWARZ

CMB PRESIDENT, 1997-2006

In the nine years I was president of the China Medical Board (1997-2006), I observed a monumental political and economic change in the Far East. China emerged economically and some of the nations around it, such as Vietnam, followed suit. From the day I began, when few Chinese had a camera to take a picture, until the day I left, when it seemed they had three cameras, all better than the one I carried, transformation was present everywhere. During this time, there were also friendly relationships with the United States of America, and the various countries' leaders were open to new ideas and foreign visitors.

During my tenure, I viewed the China Medical Board as a "Venture Capital Partnership." This meant that we invested in new ideas, some of which were very risky, and that if they worked, the governments were expected to support them if they wanted them to continue. This required the development of partnerships with institutions of higher education in Asia. To be a partner, the recipients had to learn how to write a grant proposal and progress reports and how fiscal management



was reported in western nations.

In the nine years I served as president, the China Medical Board worked in seven different countries and with 24 different institutions. Among these were the "leading" university medical schools in each country. These were the cutting edge universities that had enormous policy and political influences in their countries. In addition, the China Medical Board supported "emerging" medical schools. These schools were on the cusp of breaking into the leading category, were developing rapidly, and had the motivation, resources, and expertise to reach the top tier.

Finally, China Medical Board grants were made to "developing" medical schools which primarily served rural and smaller town needs.

Given the different levels of development among these universities, their needs were different and their influences were quite broad and divergent. Taken as a whole, however, this group had the potential of improving an entire country's education, research, and health care system. In turn, it was believed that this would improve the health of their people.

During my tenure as president, the China Medical Board funded 177 projects costing a total of US\$76 million. These projects covered education (primarily medical education) and, in the broad sense, research in biomedicine, clinical medicine, public health, and nursing. In addition, we supported projects in clinical care. Among the projects that emerged from applying our "Venture Capital Partnership" philosophy were the following: new degree programs, curricular reform and new methods of instruction and assessment, centers for specific clinical conditions or diseases, new research centers, and foci of study. In addition, educational programs funded aimed to combat major public health challenges.

Among all of the projects, one stands out as having been especially significant. This was called "The Global Minimum Essential Requirement for Medical Education Project" (GMER). This project asked educators: "What do you want all graduating students from medical schools around the globe to know? What do you want them to be able to do? How do you want them to think? And how do you want them to behave?" It consisted of four phases. The first phase was to define the core competencies that all graduates of medical schools should possess. The second phase was to define methods to determine whether a student had acquired these competencies. The third phase involved testing the graduating seniors of eight Chinese medical schools to determine whether they possessed these competencies. The fourth phase consisted of setting standards for individual student performances, individual school performances, and the combined performance of all eight schools. These standards were expressed as strengths, borderline, and weaknesses, and not as "pass/fail" or by letter grade. The borderline and weakness findings served as a blueprint for educational reform in China.

Throughout all of these efforts, I was guided by four rules. First: The China Medical Board was a guest in the countries where we worked and its president

could not escape the responsibilities that accompanied him 24/7 while representing the China Medical Board. Second: China Medical Board projects were designed to build bridges between the China Medical Board countries and the United States over which communication, cooperation, and interchanges can occur. Third: As the history and culture of these countries were far older than that of the United States, I should learn about their history and culture before attempting to tell the countries what it was that they needed and how they should achieve it. Fourth: All proposed projects should be developed in partnership with the proposing medical school and never dictated by the China Medical Board.

Did the "Venture Capital Partnership" model work? While many end points could be used to answer this question, one important insight is provided by the fact that only two of the 177 projects failed to meet the outcomes we expected and many of these projects are continuing to this day.

As I conclude this overview, I am compelled to thank the China Medical Board and its trustees for the opportunity to serve and the money to conduct the projects. I also thank the institutions and their leaders that cooperated with us as partners to achieve our successes. Finally, I thank many Asian people for the education they provided for me, personally, and the continuing friendships they offered, which were wholeheartedly accepted and will be forever treasured.



Roy Schwarz, second row fifth from left, at the 1999 President's Council Meeting.

LINCOLN C. CHEN

CMB PRESIDENT, 2006-2020

In 2006, I began my presidency of China Medical Board, a role that brought together different strands of my career and gave me a set of exciting new challenges. Through my tenure at the Harvard School of Public Health I became familiar with building the capacity of students in a medical university. Through my years at the Ford Foundation (based in Bangladesh and India) and at the Rockefeller Foundation (where I oversaw a global portfolio), I understood how philanthropy, applied strategically and collaboratively, can have a significant impact. Even more challenging would be my early years at CMB, since my goal was to craft a new mission, vision, and strategy for a nearly 100-year-old foundation in a rapidly changing world. In the end, I decided to “brand” CMB for its history of excellence in medicine and nursing for the health of the public. Every step I took was guided by that branding vision.

China had undergone dramatic transformations since CMB’s founding in 1914. Its reform and opening program, launched in 1978, catalyzed market-based growth that resulted in



the fastest economic transition in human history. I was immensely impressed with the economic progress I witnessed during my first trip as CMB president in June 2006 – though CMB trustees warned me that many Americans were still unaware of these advances. I was told the 2008 Beijing Olympics would surprise the world – a prognostication that turned out to be true!

My first steps at CMB were to learn about and build upon the work of my predecessors. My immediate predecessor, Roy Schwarz, strengthened the focus on medical education and

encouraged CMB's partner institutions to introduce global minimum educational requirements (GMER). Bill Sawyer, whose areas of expertise included internal medicine and infectious diseases, directed resources toward research and training in primary and rural health. Pat Ongley navigated CMB's return to the Chinese mainland in 1981, with clinical medicine providing common ground with new partners.

The President's Council, an annual gathering of a dozen medical school presidents, gave me opportunities to listen and learn. I asked questions – in English, as I had lost my native Chinese language at age eight – and I received valuable advice, especially from Ba Denian, Han Qide, and Huang Jiefu. In all these conversations, I tried to make it clear that I was seeking to understand the priorities of Chinese health and education leaders. How did they perceive the needs? What solutions were they considering? What role might CMB play in helping them make progress?

Through these conversations I gained a clearer picture of the landscape. Noteworthy was that China would be embarking on major health reform in 2009, after decades of recovery from the Cultural Revolution and the collapse of the former barefoot doctor system. Educational reform also had

been launched, integrating medical faculties into comprehensive universities. These contextual developments formed the basis of two major CMB programs. Our support for health policy and systems would help Chinese to produce knowledge to guide health care reforms, and our support for medical education would strengthen innovations and quality standards in health professional education in comprehensive universities.

Based on that two-prong strategy, several major CMB programs were created. CMB Distinguished Professorships and Next Generation Fellowships provided academic faculty and young researchers with funding to generate knowledge for improving China's health care system. A pioneering Lancet series drew greater attention to developments in China and brought more Chinese voices (and authors) into global discussions. The Westlake Forum, with sessions for both established and young scholars, elevated the field of health policy and science. Through collaborative relationships we took a fresh look at medical education, bringing expertise and resources to medical education, nursing, and public health, and seeding efforts to harness IT for learning, for example developing MOOCs (massive, open, online courses) for medical education. We were an early supporter of global health training in China, encouraging Chinese universities

to assume global leadership by developing and integrating global health curricula into medical and public health education.

Several initiatives, although pertinent, were started but then tapered down for lack of success. Our efforts to “leap frog” by creating four academic centers of excellence in health policy and systems did not achieve our shared ambitions. Efforts to help less advanced medical universities in Western China did not generate the equity that we sought because most rural care was delivered by 3-year medical schools, distinct from the 5-year schools that CMB had been working with. We tried in many ways to promote training of GPs (general

practitioners) to expand equitable primary health care. But these efforts did not meet sufficient demand from Chinese medical students and universities, especially young doctors seeking to enter a prestigious profession.

CMB’s 100th anniversary, in 2014, combined substance and celebration. We commissioned four books, with Chinese and international authors; a series of Lancet papers; and a major international conference. All of these activities reviewed history while pointing to the future. In September 2014 the Chinese government hosted a formal ceremony for the centennial and a Summit on Medical Education in the Great Hall of the People. Senior dignitaries were in



Lincoln Chen, second from left, with dignitaries at the 2015 International Conference on Residency Education.

attendance, and CMB trustees welcomed Chinese partners and guests from other Asian countries and the U.S. to a celebratory gala in Beijing.

CMB's direction for its second century gradually emerged from these interactions. Chinese leaders wanted CMB to focus on medical education. Undergraduate medical education had already been reformed, but postgraduate residency training had been neglected and accreditation/certification of professional practice training lagged behind. Together with Peking Union Medical College Hospital and a network of elite Chinese hospitals selected by the Chinese, CMB launched a program on residency training.

First, we returned to CMB's original mandate of strengthening PUMCH as the premier Chinese hospital and residency training program. Second, we facilitated a Chinese consortium of nine elite hospitals in residency development. These would become regional models to disseminate best practices to more than 500 accredited hospitals. Third, we cooperated with the Chinese Medical Doctors Association, which had been assigned to perform accreditation functions. And fourth, to enrich CMB's work, we tapped the best talent in residency education from around the world.

Over the 14 years of my presidency, we committed more than \$100 million in grants through 500 projects in China. I commuted from CMB headquarters in Boston to China at least six times a year. We recruited a Chinese staff. CMB staff was expanded, led by Roman Xu, Ye Zhang, and Wenkai Li, enabling us to intensify operational collaboration. We opened a Beijing office, initially in a modern office building. And, with the centennial celebration, we were invited to return to the PUMCH campus, where we built a CMB office, working in harmony with PUMCH and the government. To our delight, the office suite reflects the original vision of CMB – bringing the best of modern medical sciences but enhancing and adapting the finest art and architecture of China.

As we head into a new era of U.S.-China relations, it is worth recognizing the hallmarks of CMB's success. Through decades of friendship, exchange, networking, and program development, CMB and its Chinese partners have established a model of international medical cooperation to promote good health in China, the United States, and globally. The Chinese recognized CMB's capacity-building work, and CMB appreciated the opportunity to join together on pursuing a shared vision based on a rich history, the search for academic excellence, and good health for all.

BARBARA J. STOLL

CMB PRESIDENT, 2020-PRESENT

CMB is among the jewels in the crown of the Rockefeller family's philanthropy – over 100 years of engagement in China with the noble goal of enhancing the health of the Chinese people through medical education, research, and public health. The foundation is fortunate to have continued close links to the Rockefeller family. Wendy O'Neill, our current board chair, brings a long historical perspective, enhanced by her own special connection to and understanding of China and Chinese culture, adding great value to CMB at the beginning of the foundation's second century. Being associated with CMB has allowed me to be a part of this rich history.

China has certainly changed in ways that would have been unfathomable to John D. Rockefeller, Jr. when he traveled to China in 1921. Furthermore, China is a very different place than it was in 1981 when CMB returned to the mainland of China. Forty years ago, China was just opening up to the



Barbara Stoll signs a memorandum of understanding to extend CMB's collaboration with PUMCH.

outside world. Over the past four decades, China has had remarkable economic growth; it is now the second-largest economy in the world, approaching high-income country status, with marked reduction in poverty and substantial investments in education and health. China's work in the health sector has resulted in a reduction in mortality, with a substantial increase in lifespan and an aging population, and a decrease in communicable infectious diseases. At the same time, it has witnessed an

increase in the burden of non-communicable chronic diseases, including mental and neurologic disorders. Given the size of the Chinese population (>1.4 billion), any disease of importance in China represents a substantial percentage of the overall global burden of disease, with potential lessons to be learned for all countries.

What has not changed over the past 40 years, since CMB's return to the Chinese mainland, is the foundation's steadfast commitment to collaboration between the United States and China. These collaborations are perhaps more important today than at any other time in our history. CMB's focus on medical and nursing education, medical research, career and work force development, and public health underscores the interconnected nature of health missions and disciplines, opening avenues for diverse health professionals to enhance the well-being of people in China, Southeast Asia, and more broadly throughout the world. The 100-year bond between CMB and PUMC/PUMCH, an important and fundamental part of our history, is one illustration of how collaborative relationships can evolve to meet the needs of the moment. We are delighted to have just signed a new Memorandum of Understanding with

PUMCH (2021-2026), a symbol of our enduring friendship, collaboration, and work together to enhance medical and nursing education and development of young and emerging leaders in health.

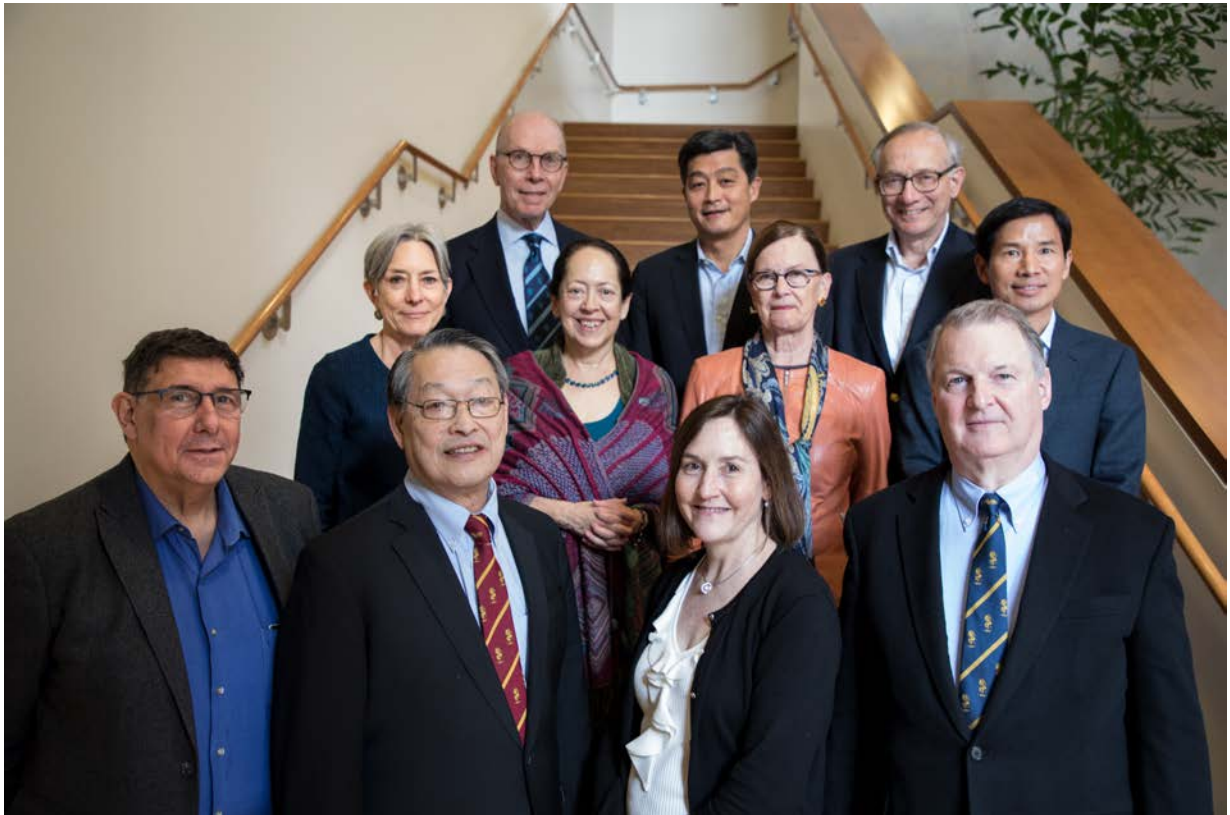
The current COVID-19 pandemic – one of the deadliest pandemics in history – reminds us that we live in one world where problems anywhere can very quickly become problems everywhere. The pandemic has shed light on the social determinants of health and disease, with the increased risks to low-income countries and communities, highlighting the vulnerability of special at-risk populations, particularly the poor and the elderly. Never before in my own life or career has the fundamental importance of equity in health been so apparent. CMB's long commitment to equity through many projects over the past century is something to be proud of.

Joining the leadership team of CMB during the pandemic has been challenging. I've spent the last year speaking to many people in China, Southeast Asia, and the United States and reading a lot – to start to get to know our collaborators and to gain a broader perspective on CMB's work and history, with an eye to our future work. I've gotten to know and respect our staff – separated by distance, with offices in China, Thailand, and the United States –

but joined by common goals and focus.

It would have been impossible for me to begin my position at CMB during these complicated times without the support and hard work of a knowledgeable, committed, and resilient staff. They are so important to our success today and going into the future. But Zoom and telephone conversations are no substitute for meeting in person – especially for the

first time. I am cautiously optimistic that with vaccine rollout, international travel will open up and we will be able to travel to China. Like my predecessors of 40 years ago, who returned to the mainland of China after a hiatus, I look forward to meeting face to face with CMB's colleagues and friends throughout China and to working together to address current needs and shared priorities to enhance health and well-being in China and Southeast Asia in the years ahead.



Barbara Stoll, second row, second from left, at a 2018 CMB Board of Trustees meeting.

FRED Z. HU

CMB TRUSTEE, 2010-PRESENT

At a time when the world is divided by the coronavirus pandemic, racial and income inequality, and rising geopolitical tensions, it is especially worth reflecting upon and celebrating the remarkable 40 years of engagement and partnership since the China Medical Board returned to the mainland of China and resumed its original mission of advancing medicine and health in the world's most populous nation.

My first introduction to the CMB was through Professor Dwight Perkins, who I got to know well during my time as a graduate student at Harvard, and the late Peter Geithner. It was Dwight and Peter who enticed me to join the CMB board as a trustee. I am honored to be the first Chinese citizen to have served as a trustee since CMB left the Chinese mainland in 1951. It has been a rewarding experience for me to be associated with this venerable institution for more than a decade.

The China Medical Board was founded in 1914 as a major program of the



Rockefeller Foundation to introduce the best of medicine and public health to China and improve the welfare of Chinese society. CMB's return to the Chinese mainland in 1981 in the wake of the country's historic reform and opening-up marked the beginning of four decades of fruitful cooperation between China and the United States in the interest of advancing scientific knowledge and improving public health.

During the four decades since CMB's return, China has been undergoing a truly remarkable economic and social transformation from its low base of per capita GDP to becoming the world's second-largest economy after the

United States, with hundreds of millions of people lifted up from extreme poverty to enjoy middle-class standards of living. The recent years have also seen China shifting from a low-cost, low-end manufacturing economy to a global innovation powerhouse.

In the arena of health care, China's private sector has helped drive innovative solutions to meet the growing need of the country's increasingly affluent population, including many advancements in medical device development, emerging drug research, and pharmaceutical e-commerce – many of which we at Primavera support and partner with through our investments. Needless to say, an efficient modern health care system must be supported by well-educated medical professionals and rigorous medical research, and it is in these key areas that CMB's strategic philanthropic activities have been pivotal to achieving excellence and building critical capacities among Chinese medical institutions.

In collaboration with key Chinese institutions, and in support of the government's "Healthy China 2030 Plan," CMB has helped to establish the China Consortium of Elite Teaching Hospitals for Residency Education in

2015. This nongovernmental, academic consortium provides a platform to share resources, learning, and information among nine leading teaching hospitals in China,* including the Peking Union Medical College Hospital and Fudan University's Zhongshan Hospital. Through this unprecedented partnership, CMB is leading a collaborative effort to develop a model of excellence in graduate medical education, with the mission of producing high-quality medical professionals to strengthen China's health care system.

CMB has also contributed significantly toward guiding academic research and influencing health-related policies through the advance of health policy sciences. Through more than 120 Open Competition research grants, CMB supports the research of next generation leaders in academia. In China's context, where most research grants are limited to senior researchers, CMB funding provides an unparalleled opportunity for young researchers to gain exposure, while at the same time enhancing academic rigor and transparency in the funding process. Over the past decade, CMB has invested over \$12 million in four Centers of Excellence and 15 Collaborating Programs to address key health issues such as air pollution, aging, migrant health, and other problems pertinent to contemporary China.

**The nine members are: Peking Union Medical College Hospital; Peking University First Hospital; The First Affiliated Hospital, Zhejiang University; Zhongshan Hospital, Fudan University; West China Hospital, Sichuan University; Xiangya Hospital, Central South University; The First Affiliated Hospital, Sun Yat-sen University; LKS Faculty of Medicine, The University of Hong Kong; Peking University Third Hospital.*

Working collaboratively with governmental institutions, academia, and other Chinese partners, CMB has been a driving force in building up China's capacity for global health leadership and enabling rich academic discussions and exchanges in the field of medicine.

CMB's flagship establishment, the Peking Union Medical College in Beijing, is particularly representative of CMB's unique impact and long-lasting contribution in China. PUMC, founded by the Rockefeller Foundation in 1917, is today perhaps the most prestigious medical institution in the country, educating generations of leaders in

academic and clinical medicine and health care. In 2016, CMB opened its doors to a new Beijing office, set on the grounds of the Peking Union Medical College Hospital campus.

I had the special pleasure of introducing the renowned Chinese architects, Mo Ping and Gerald Szeto, to transform and design the space within PUMCH into an elegant office suite for CMB's use. I met Ping when we both studied at Harvard in the 1980s. He later joined the famous I.M. Pei Associates and oversaw the Bank of China Headquarters Building in Beijing, among other landmark projects. The resulting design reflected the original vision of John D. Rockefeller, Jr.



Fred Hu, second from right, at the inauguration of CMB's Beijing office, joined by CMB leaders and architects Mo Ping (third from left) and Gerald Szeto (third from right).

to highlight the beauty of Chinese arts and architecture, while introducing modern elements to create an efficient office space. The interplay of traditional and modern, western and Chinese influences, reflects CMB's century of intercultural collaboration in China, looking back at its heritage while addressing the contemporary needs of the society it serves today.

Despite its shining history of successes, CMB has endured numerous challenges before – revolutions, social upheavals, Japanese invasion and occupation of

much of China, civil wars, and on and on. In light of the transformative changes within China and the uncertainties facing its relations with the United States at the present time, CMB, as a proven and trusted partner between China and the United States for over a century, remains a beacon of light for cross-border collaboration and engagement.

I am proud to be affiliated with CMB as a trustee. I believe in CMB's noble mission, and I am confident that CMB is uniquely positioned to play an important role in the years and decades ahead.

JORDAN COHEN

CMB TRUSTEE, 1998-2006

The China Medical Board's contributions over the past century to the health and welfare of the Chinese people and, more recently, to the people of Southeast Asia, cannot be overestimated. The establishment and nurturing of PUMC in the early decades of the twentieth century established a focal point from which CMB's wide-ranging efforts could

mature. The success of those efforts not only established CMB as a trusted, beneficent change agent, but also enabled CMB to quickly refocus its energies on Southeast Asia more broadly when its work in China was temporarily interrupted by the Cultural Revolution.

I had the pleasure of serving on the China Medical Board from 1998 to 2006, which was during Roy Schwarz's tenure as president of CMB. This period was not long after CMB had returned to the mainland of China following its brief exile from the country.

CMB's emphasis at that time was almost exclusively on strengthening undergraduate education and was



pursued largely through grants to leading institutions and experienced or promising academicians. The principal goals were to introduce uniformly high standards, promote institutional accreditation, foster professionalism, and support educational innovations. The unexpressed but clear intent was to gradually shift medical education in the region toward a more evidence-based, outcomes-driven, quality-improvement model. CMB's many partners seemed very receptive to its efforts along these lines. And, despite the understandable inertia inherent in systems as enormous and variable as China's medical education system, for example, progress was widely acknowledged and greatly appreciated.

One of my last official duties on the CMB board was to chair the search committee that brought Lincoln Chen to the presidency of the organization. The transition of presidencies prompted the CMB board to reassess the region's contemporary needs and to reevaluate the ways in which CMB could deploy its human and fiscal resources to greater effect to meet those needs. While maintaining a focus on the education of individual doctors, CMB redirected substantial resources toward population health and the requisite public health infrastructure. In addition, by establishing an office and permanent staff in Beijing, CMB gained much greater visibility and its programs throughout the region have had much greater impact.

Especially noteworthy are the personal relationships that CMB staff have established with key decision makers and partners in China and South-east Asia. Those personal relationships, and the trust they have engendered, have been

a crucial feature of CMB's success. Indeed, they are emblematic of a core value of the organization: respectful, appreciative, and collaborative engagement. That core value has also informed the deep friendships that have developed between the CMB president and individual board members and among the CMB board members themselves. The CMB board may not be unique in this respect, but there can't be many nonprofit boards that have as strong a feeling of family as does the China Medical Board. In addition to the satisfaction of participating in its transformative work, CMB has fostered lasting friendships and myriad enduring memories.



Jordan Cohen at a conference on residency education.

JANE E. HENNEY

CMB TRUSTEE, 2004-2019

In 2004, I was asked to join the CMB after a recruitment visit from Dwight Perkins, then chair of the board of CMB, and Roy Schwarz at the Queen City Club in Cincinnati, Ohio. They said they were looking for a person who had experience in leadership roles at academic medical centers in the United States. I had served as the interim dean of the School of Medicine at the University of Kansas and later as the vice president for the Health Sciences Center at the University of New Mexico. At the time of their visit to Cincinnati, I had also recently assumed a similar set of responsibilities at the University of Cincinnati as senior vice president and provost for the UC Health Sciences Center. However, I had only been exposed to China through reading, but had never had the opportunity to visit China. They assured me that there were many board members who had deep expertise in China and that I would be given opportunities to visit China and learn firsthand the history of CMB's work in China, and gain exposure to the rapidly changing China of the twenty-first century.



As I reflect on my 15-year tenure as a board member of CMB the theme never changed, but change was the consistent theme! Some changes were expected; other changes occurred in response to the changing needs, challenges, and opportunities of both CMB and/or China that arose during that time. Although the number of changes over these years was at times breathtaking, some commitments and expectations were constant.

The bedrock of all of CMB's work has always been the commitment to the health and well-being of the people of China and the Southeast Asia region,

with an expectation that all activities will reflect academic excellence whether in a publication of a Lancet series or the design and execution of a programmatic initiative.

Notable Changes

CMB Leadership – The President.

I joined the CMB during Roy Schwarz's last year as president, and had the privilege of being on the board during Lincoln Chen's entire 14-year tenure. During my last year of service on the board, I was a member of the Presidential Search Committee that recommended to the board CMB's current president, Barbara Stoll. Each president brought different experiences to the role – academic medicine, philanthropy, global and population health, pediatrics – and all brought a deep and abiding commitment to China and enormous energy and enthusiasm to each task at hand.

CMB Leadership – The Board Chair.

Dwight Perkins, Mary Bullock, Tony Saich, and Wendy O'Neill – each one a China specialist in his or her own right – had an implicit recognition that a strategy for health/medicine should be grounded in the context of China's history and development.

Location and Structure. CMB's headquarters moved from its long-standing

home (New York City) to Cambridge a year or two after Lincoln became president. CMB's office presence also expanded with the opening of sites in Beijing and Bangkok, making it easier to turn goals and strategies into effective programs. CMB also changed from a grant-making foundation to a direct operating foundation, recognizing the value of CMB's intellectual, social, and reputational assets in addition to its modest endowment.

Strategy

Although CMB's strategic direction and investments in China changed over the course of my tenure as a CMB board member, these decisions were always guided by a number of underlying principles. Among these principles were:

- **Listening to our Chinese colleagues, analyzing the current economic and health environment to identify opportunities, and then acting.** With this approach, we affirmed CMB's commitment to undergraduate medical education and the separate programs in nursing education at the institutions in China that had long been CMB's partners. It also opened the aperture of CMB's work to additional opportunities, and supported work in the areas of public and population health, leadership development for both senior and

midlevel professionals with a multi-disciplinary approach to training, and outreach initiatives in the rural areas of China.

- **Identifying where CMB, with its limited resources, would have the most impact.** The Lancet series on Health in China and Southeast Asia were to become landmark publications, documenting the current state of health in China and the Southeast Asia region, and sharing this with a global audience. Moreover, the interaction of the authors and sponsors provided a

springboard for many programmatic activities that followed. One of the most notable of these was the partnership and later major grant received by CMB from the Atlantic Philanthropies to develop a leadership program on health equity throughout the region.

- **Partnering with other organizations that shared similar interests.** One of the first was with the Gates Foundation. With a grant from Gates, CMB supported Chinese academic institutions in a smoking cessation program. The



Jane Henney, third from right, at the June 2010 Board of Trustees meeting in Beijing.

relationship with Gates proved to be a difficult one, but it served as a learning platform for defining what was required in a relationship to make CMB programs both relevant and successful.

- **Responding to our partners.** One of the more recent programmatic initiatives was undertaken at the request of our Chinese academic partners to enhance postgraduate residency training programs.

Conclusion

Being a CMB board member was a remarkable experience for me, both professionally and personally. It required being involved, listening, learning, and contributing. It also provided an opportunity to meet scores of new colleagues who are now friends from China and Southeast Asia. It has also meant having the opportunity to enjoy the vast richness of the culture, heritage, and traditions of China.

The 100th celebrations of CMB, PUMC, and now PUMCH reflect the work that has been done together, in spite of many turbulent and challenging times. These were all formal celebrations of great achievement – but often the less formal events and places established the professional and personal relationships that have made it all possible. It would be impossible for me to list them all but a few that come to mind: a formal tea ceremony in Juijiang, a boat trip down the Li River in Guilin, the beauty of West Lake in Hangzhou, the pandas in Chengdu, the terracotta warriors in Xi'an, the Stone Forest of Kunming, exploring The Bund, Yu Gardens, and the Shanghai Museum in Shanghai, the Great Wall, Forbidden City, and Summer Palace in Beijing – and of course karaoke everywhere. All recall wonderful memories of people and places I've been so fortunate to see and know – and to all that made this and many other memories possible, I extend my heartfelt thanks for the privilege to play a part in the CMB journey.

WILLIAM Y. YUN

CMB TRUSTEE, 2008-PRESENT

As the China Medical Board celebrates the fortieth anniversary of its return to the mainland of China, I would like to briefly reflect on my time as a trustee for the past 13 years. My time on the board has been a terrific experience not only due to the CMB's mission and notable impact in Asia, but importantly for the lasting friendships of my fellow trustees and staff as well as the numerous interactions with CMB's grantees and other beneficiaries of CMB's philanthropy. While many of the current and previous trustees have significant experience either directly with the medical and health communities in Asia or in the United States, my background and work experience is in the field of investment management – thus my contributions lay primarily in the financial and investment aspects of the CMB and its endowment.

The endowment of the China Medical Board allows the organization to provide funding to advance health, equity and quality of care initiatives in China and many other parts of Asia, as well as fund CMB's operating expenses. Initially funded with generous donations from the Rockefeller Family,



the CMB's endowment has grown steadily over time, overseen assiduously by the trustees of the CMB who have the overall fiduciary responsibility of the endowment. The endowment fund's diversified portfolio is designed to manage risk, reduce volatility, and avoid large drawdowns so that it can deliver consistently the support needed to sustain the mission of the CMB. The endowment serves, in essence, as a silent partner in all of CMB's programs.

There have been two models of endowment management since my time on the board – first, the Investment

Committee (itself composed of board trustees) directly managed the fund with the assistance of an outside investment consultant. The second and current model (over the past 10 years) is the use of an outsourced chief investment office (OCIO), which is an external investment management company employed to manage the endowment on the board's behalf. Speaking as a current Investment Committee member, I think we can say that this form of endowment management best suits our needs as the OCIO provides a unique portfolio skill level, experienced staffing in many asset classes, and access to underlying managers that we, on our own, would have difficulty matching. The investment results of our manager have exceeded the various benchmarks we have given them, all with commensurate lower risk than the benchmarks as well.

I would be remiss if I did not comment on the CMB's financial and operations staff who work with our Investment Committee and OCIO manager. Their long-term contributions to making the endowment management operate smoothly and efficiently in terms of reporting, movement of funds, and overall coordination should not be underestimated or unrecognized. It has been a real pleasure to work with all of

them on behalf of the endowment. I think our organization structure for management of the endowment – Investment Committee, OCIO, and staff – works particularly well for the CMB given its size, and I am glad that I have been part of its growth over the past 13 years.

There have certainly been some exciting moments for the Investment Committee and the board with respect to the endowment over the past 10-plus years, mostly having to do with the ups and downs of endowment valuation, and heightened market volatility, particularly during the Great Financial Crisis in 2008-09 and more recently in 2020 with the onset of COVID-19 and its impact on shutting down the global economy. Throughout these volatile moments, however, the Investment Committee and the board itself held steady, met regularly, and continued to focus on investing for the long term. This prudent approach has benefited the endowment greatly as markets recovered and endowment levels eventually reached new highs in 2021. I would also like to say how much I have enjoyed working with my fellow trustees during my time on the board. They are some of most intelligent people I know, great fun to be around, and perhaps most importantly, genuinely passionate about the China Medical Board and its mission. They have devoted countless hours to formal board

meetings, intervening subcommittee meetings, informal discussions, overseas field trips, and many post-dinner drinks. I consider all my fellow trustees to be wonderful colleagues, and greatly value their insights and knowledge. While this past year we have only been able to meet over Zoom, I look forward to when we will all be able to meet again face to face to not only share our CMB insights but to celebrate the centennial anniversary of

the PUMCH; it's an important event, most worthy of celebrating.

While the CMB history is rich with over 100 years of experience working in China and Asia, CMB has a bright future ahead. Its leadership is strong, its staff experienced, its board committed, and its endowment healthy - all ingredients that will help to propel CMB's contributions to China and Asia well into its second century.



Bill Yun at a CMB centennial reception in Beijing with his wife, Julie (center), and Martha Chen.

DON E. DETMER

CMB TRUSTEE, 1991-2004

My tenure on the China Medical Board began a decade after the reentry of the CMB to the Chinese mainland. Gloria Spivak, Bayless Manning, Mary Brown Bullock, Tom Kessinger, and others shared many stories from that earlier time including the vision of Dr. Pat Ongley for the CMB. I enjoyed working with Bill Sawyer and Roy Schwarz who followed in this same trajectory of focusing primarily on medical research and medical and nursing education. My initial trip to China as a board member was in September 1992.

Prior to that, through support from the W.K. Kellogg Foundation, some years earlier I served as one of a half-dozen U.S. professors who taught courses on administrative medicine including quality of care improvement to 30-some emerging clinical leaders in Beijing and Shanghai. The language barrier was substantial then, and the impression received was that clinicians knew essentially nothing about hospital or clinic management. Further, there was essentially no discernible nursing profession. Medical records were very simple, and informed



consent was seen as a curious concept since patients followed whatever the doctor recommended. The “red envelope” was part of the picture. The level of technology in the hospitals and clinics reminded me of my medical school years in the 1960s, and the libraries were spacious but had few books or students. Lectures were the norm and class discussion, let alone challenging the professor, was unheard of. The compelling exception was witnessing a number of surgical procedures being performed largely with acupuncture anesthesia.

Over my 13 years on the board, substantial gains were made in both medical education and biomedical

research as well as development of a nursing profession in China and the neighboring nations. Partnerships with Thai universities helped, particularly on the nursing initiatives, and exchanges and substantial fellowships for rising Chinese researchers to spend time in excellent research laboratories in the United States also became part of the pattern. In short, both training and research flourished under the guidance of Bill and Roy. Our trips were always compelling due in part to the long and admirable history of the CMB, although many of those who greeted us for any initial visits to their institution's front gates were quite puzzled to see Americans exiting the arriving cars. "Why aren't you Chinese, if you are the China Medical Board?" I recall one visit to a new museum that had yet to fully open to the public. At the entrance, there were two portals, one for foreigners and the other for Chinese, and the Chinese portal was for anyone of Chinese extraction regardless of their nationality.

Initially the language barrier was profound plus there was almost uniformly a silent "person" around as well. These folks were assumed to be party "mindes." In my earliest trips, I recall staying at the old Beijing Hotel a few blocks away from Tiananmen Square where the rooms were spacious

and the sheets were clean but that also included an old woman sitting in a chair at the end of the long hallway on each floor, a tiny refrigerator in the room that hummed away while sporting a blinking red light with the word "trouble" written in English beneath it, and an abundance of roaches. At that time the train trip south to Hong Kong from Guangzhou revealed a barren agricultural landscape punctuated with hovels, field laborers, and the occasional beast pulling a cart. This scene morphed into a vision of countless construction cranes as far as the eye could see. The final trip revealed an endless view of buildings and cities along the entire route. The transition was beyond comprehension.

The people we considered to be "mindes" that accompanied physicians with limited English skills transitioned eventually to friendly well-trained physician specialists speaking excellent English. "Mindes" had disappeared completely. Apparently, this last cohort of impressive clinical leaders were party members. I never really knew but one Chinese colleague intimated that one's career prospects were much better if you were a member of the party. In the early days, some of the rising star physicians seemed to be held back by older physicians with strong party connections.

Of course, PUMC was the clear leader and genuine personal friendships developed with individuals such as Dr. Ba Denian, who was inducted into the Institute of Medicine through Dr. Robert Buchanan supporting my nomination of him. Since then, others followed. Other medical institutions made huge progress during those years as well. It seemed that there was great preference given to Beijing and Shanghai but Chengdu impressed me a great deal and of course Guangzhou also was quite developed. The air pollution in the city of Xi'an was so profound that an effort to take an afternoon jog prior to dinner resulted in my beating a hasty retreat to the clear air inside the new modern hotel.

Information technology and biomedical informatics developed quite slowly with large computers swathed in plastic in the hallways whose sole function seemed to be to gather dust. There was essentially no clinical informatics of note. Of course, Hong Kong was the great exception which made huge strides with electronic medical records during the early 1990s under the able leadership of N.T. Cheung and with supportive leadership from the Hospital Authority. We witnessed the SARS era as well with Dr. Margaret Chan moving from Hong Kong to the headquarters of WHO.

Visits to rural sites initially included meeting people who were aware of the “barefoot doctor” era and a few who recalled the hard times during the rural re-education period. Regardless of where you were, the food tended to be really good with one of the best meals for all those years coming at a small restaurant in one of these rural areas. All the vegetables had been picked that morning. The people were overwhelmingly interested, hospitable, and also enjoyable with ready smiles and open laughter. China's progress was quite breathtaking. To witness and help support China's historic transformation remains one of the most remarkable sets of memories of my lifetime. I am most grateful.

Postscript

My own interest in China stemmed from an initial engagement with distinguished medical clinicians from the PRC at a dinner in October 1972 in the Great Hall of the National Academy of Sciences when a small delegation visited for the first time in over two decades. I was spending a year as the inaugural health policy fellow at the then new Institute of Medicine where Dr. John Hogness was president and my mentor. Obviously, the experience was quite exciting for a young surgeon studying policy after seven years of residency at Hopkins, NIH, and Duke. That visit sparked a genuine

interest in China and Chinese medicine.

I served on the Steering Committee for the Kellogg International Health Leadership Program and this program supported 25 fellows from 19 nations, including six from the PRC. Indeed, Wang Debing was one of those fellows who subsequently become a leading health administrator in Beijing. My last visit with him occurred in the Great Hall of the People at the time of the CMB's 100th anniversary conference.

Dr. Hogness' involvement with the CMB led to my awareness of it. This was heightened by reading the distinguished history of the board and especially the connection of Johns Hopkins Hospital luminaries to the creation and development of PUMC. I'd spent summers in research at Hopkins as well as two years as a Halsted intern and resident. Among the notable past CMB leaders was Dr. Clark Wescoe. While a medical student doing physiology research one summer at the University of Kansas, I received a summer "scholarship" that offered free housing in the basement of his chancellor's mansion.

When you visit China today, it is virtually impossible to comprehend the changes that have occurred there over the past 30 years. Dr. Roy Schwarz often spoke of the awakening of the giant sleeping dragon and the metaphor was quite apt.

Most of the work was serious and scholarly but some of the "down" times proved to be memorable as well. During those early visits, and especially to villages, people would stop in the streets to look at us, amazed by our height and our large noses! Occasionally, we witnessed genuine mutual fascination over cross-cultural exchanges. While at one park, we were as fascinated as the Chinese visitors who hesitantly and delicately fingered a few curly locks on the head of a western couple's blonde-haired son. Finally, I recall the banner strung along one of the side streets in Beijing announcing the opening of a new eatery, "Welcome to Here," and the souvenir button at the Summer Palace that announced "Happy to You." Wonderful.

HARVEY V. FINEBERG

CMB TRUSTEE, 2006-PRESENT

I first visited China in the spring of 1975. The country had barely opened to visitors from the United States, and there was no way for an American to obtain a visa for entry into China prior to arrival at the Beijing airport. My future wife and I were lucky to be invited to join a dozen physicians on a three-week visit. The trip was organized by Max (Manny) Granich, an American who lived on Cape Cod and in the 1930s had published a newspaper in Shanghai sympathetic to the communist cause. He fled Shanghai at the start of the war, but his old comrades never forgot him, and these many years later asked him to bring this first group of American doctors. Fortunately for us, a mutual friend introduced us to Manny, and we were eager to sign on to the trip.

At the time, I knew nothing of the pioneering work of the China Medical Board (CMB) in China and had only a vague appreciation of the country itself. Being a western visitor to China in 1975 was a strange experience. This was the tail end of the Cultural Revolution, and many professionals had been sent to do physical labor in the countryside. We



visited a hospital in Beijing and were introduced to the chief of anesthesia, a woman, who was outside digging a trench along with other laborers. A key dictum at the time was to integrate Chinese and western medicine, and we witnessed examples of surgery under acupuncture anesthesia and use of traditional methods of cupping and herbal medicine in western-style hospitals. We saw short splints used to treat bone fractures and learned about the work of barefoot doctors in rural areas. We met Ma Haide, the renowned Lebanese-American physician who came to China in 1933, joined Mao and the communist movement, and after the

war helped eradicate leprosy and venereal disease in China.

On this first visit, every adult we encountered wore the same blue or gray outfit of heavy cotton shirt and trousers. Airports were staid and mostly empty. Bicycles filled broad boulevards in major cities, with just two central lanes reserved for the occasional official car. Foreigners were invited to shop in Friendship Stores, where exclusive foreign-exchange script could be used. Whenever our group would venture into the street, a crowd of curious locals would encircle us, giving way in the direction we walked, while gazing at our strange appearance, especially one tall woman who wore her long blonde hair combed straight down her back and one African-American colleague. No one in a hotel or restaurant or anywhere else would accept a tip. We brought a Polaroid instant film camera, and that allowed us to leave photos as souvenirs for some with whom we interacted. One of our party tried to discard an old pair of sneakers by leaving them behind at a hotel. The shoes showed up, neatly packaged, in his room at the hotel in the next city.

No large country has more profoundly transformed itself materially in the space of a half century than has China

over the past 50 years. When CMB was invited to return to the Chinese mainland in 1981, much had changed since CMB's departure in 1951, but the core aim of bringing modern western medicine and medical education to China was still a valid philanthropic purpose. As China's economic strength and technological prowess advanced over the years, the CMB as a source of funding diminished in significance.

Since joining CMB more than a dozen years ago, my wife, Dr. Mary Wilson, and I have made a number of trips to China to attend conferences, build new professional relationships, and strengthen ties with medical and public health colleagues and institutions. We made up for one gap from our first visit by traveling to Guilin and experiencing its magical landscape, and we have been fortunate to visit Tibet on a couple of occasions. Especially memorable was the 100th anniversary of CMB and its partnership with PUMC. I am honored to serve as an overseas member of the Chinese Academy of Engineering. More recently, I have been invited to co-chair the external advisory committee for the new Vanke School of Public Health at Tsinghua University. It has been impressive over these years to witness the dramatic progress in science, engineering, medicine, and public health in China.

The partnership of CMB with institutions in China, and especially its association with PUMC, has endured not because it has remained unaltered, but because it has adapted to China's changing circumstances and CMB's comparative advantages. At present, CMB serves PUMC and China as a partner: a neutral, multi-institutional, and multinational convener; a source of global thinking about the quality of health care, health professional education and certification; a promoter of public health as a social resource

and source of global health equity; and an ally in dealing with complex social and ethical issues in health and medicine that are universal challenges in every country. CMB today represents an important avenue of exchange and cooperation within China and with outside countries, especially the United States. So long as scientists, engineers, professionals, and scholars in all countries share the goals of open inquiry and human progress, the PUMC-CMB partnership will continue to thrive and serve a valuable purpose.



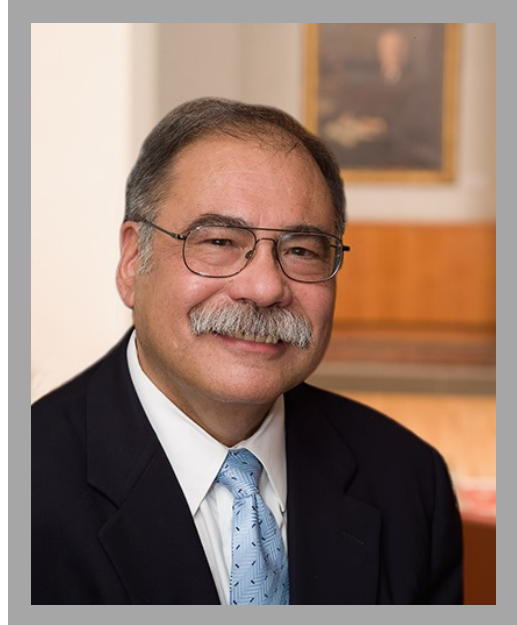
Harvey Fineberg and his wife, Mary Wilson (right), joined by Echo Zong of CMB (left), at the Innovations for Health Equity conference, held in 2014 as part of CMB's centennial.

THOMAS S. INUI

CMB TRUSTEE, 1999-2015

My career in medicine was coterminous with the modern history of the People's Republic of China. During medical school at Johns Hopkins, I regularly browsed copies of the Chinese Medical Journal until it mysteriously to me ceased publication in 1967 – one impact of the Cultural Revolution. This CMJ reading was my first exposure to clinical research and – upon its reappearance – to articles on TCM, traditional Chinese medicine. In my fiancée's parental home copies of China Reconstructs, the PRC's English-language publication, with its heroic photographs and lithographs, early articles on mass campaigns to rid the country of snails that were vectors for schistosomiasis and the use of acupuncture for anesthesia astonished me. The family into which I subsequently married gathered from time to time to view slides and photographs of pre-revolutionary Tientsin and Peking, where my wife's parents served as Mandarin-fluent missionaries and teachers.

It wasn't until 1984 that I had an opportunity to see post-revolutionary China firsthand. Joining a small band



of clinician-educators (mostly from McMaster and the University of Pennsylvania) we prepared a short course on the methods of clinical epidemiology (dubbed "DME" for Design, Measurement and Epidemiology). The World Bank and Rockefeller Foundation officer Dr. John Evans convened us in Chengdu at Huaxi Medical School in Sichuan Province. We roomed in the best hotel in town, a Russian architectural-style hotel with red carpets, high ceilings, leaking plumbing, dark rooms and long hallways. In the daytime, streets were chocked with commuters riding bicycles and wearing either blue or gray "Mao suits." After dark, cars and trucks in the streets turned off

their head lights to save energy. In the classroom, electricity ebbed and flowed, making our 35mm slide-based presentations an adventure. There were usually no questions at the conclusion of our lectures, until on one occasion after a lecture on methods to assess the cost-effectiveness of medical interventions, a senior Huaxi professor asked whether the methods presented "Could be applied to euthanasia?" – stunning the North American faculty into a clear recognition that we were engaged in cross-cultural education. Our western money was especially welcome in the "Friendship Store," just behind the massive golden statue of Mao in central city.

My term as a trustee of China Medical Board (1999-2015) occupied the last third of my career in academic medicine. By this time, I had served in leadership positions in the Institute of Medicine (National Academy of Medicine), the American Public Health Association, the National Board of Medical Examiners, the Society of General Internal Medicine, and also been appointed to professorships in three medical schools (University of Washington, Harvard, and Indiana University). As a CMB trustee, I joined a small board with expertise in Chinese history, medicine, medical education, philanthropy, investment and

financial management. Discussions at every board meeting and reading through the grants docket were a deep dive into China's rapidly modernizing social/political and educational scene. On occasions in which members of the board traveled to China and to our partner schools, I was stunned by the transformation of the general society, perhaps first in Shanghai and then everywhere. New buildings, new roads, new technologies, new clothing styles, new communication and transportation infrastructure. On one occasion in which weather stranded a few of us in Guangzhou's airport, more than 1200 flights were cancelled in a single day! In Beijing, a few traditional neighborhoods (hutong) had to be gentrified and preserved as tourist destinations or disappear altogether.

During my term, I served two CMB presidents and functioned not only as a board member, but as a member of the Executive Committee, board secretary/treasurer, a member of the Investment Committee, and as a member of the Audit Committee. My proudest actions were in support of collaboration with our partner schools in China in the development of a multi-method panel of competency measures for medical school graduates, the emergence of a collaboration with Atlantic Philanthropies for leadership in health

equity in Southeast Asia and, with other members of the board, in the decision to outsource investment and financial management of the CMB financial resources. My most sobering experiences were the quest to find a productive approach to reducing the toll of tobacco-related illnesses in the PRC, the need on multiple stays in Beijing to wear a respirator to walk the two blocks from my hotel to the CMB office in PUMCH, and a visit to a model rural primary site in Guizhou, where the quality of care was sadly deficient.

My largest personal service to CMB actually engaged my time and energy as a trustee-emeritus, especially in two long visits to our China partners, one in 2016 and a second in 2018. These activities amounted to technical assistance to the China Consortium of Elite Teaching Hospitals as they responded to a national mandate for the development of three-year standardized graduate medical education residencies that were on par with international standards such as those

articulated by the U.S. Accreditation Council for Graduate Medical Education and the Canadian Royal College of Physicians. There were two national workshops, the first an introduction to the standards (content and meaning) and the second on progress by the six CMB partner institutions in implementing the standards. In-person single day site visits were made by a small CMB team for interviews with university and teaching hospital leadership, residency program directors, education program personnel, and residents, using a semi-structured guide for data-gathering and compilation across the institutions. In each year, visits were also made to leadership in the National Health Commission (NHC) and the China Medical Doctor Association (CMDA).



Thomas Inui, fourth from right, at a meeting of leaders of the China Consortium of Elite Teaching Hospitals in Residency Education.

The timing of this GME-improvement activity could not have been more fortuitous. By our presence, CMB could assist our six partner hospitals to step forward as early responders to the NHC mandate, recognize their strengths, and take preliminary actions to remediate their weaknesses.

In site visits, the CMB team helped program directors and institutional leadership understand the North American context and meaning of the sometimes arcane standards for accreditation. NHC turned to CMDA for training of physician site visitors who began to conduct site visits (“inspections”) to more than 700 teaching hospitals in China to assess their compliance with a checklist of standards that were requirements for continued designation as “standardized residency training bases” and the supplemental funding that accompanied such designation. It was reported that careful attention to the CMB team’s North American standards was optimal preparation for the NHC/CMDA inspections. In GME improvement, CMB was an early, friendly facilitator and by working within the recognizable “iron triangle” (NHC, CMDA, and the China Consortium) could then step back and allow the forcing function of CMDA

compliance inspections to push continuous improvement onwards.

On matters of substance, the CMB site visits were revealing. Even in 2018, implementation of standards was quite uneven, within and across institutions. Standardized residencies in such specialties as anesthesia, radiology, and surgery were generally more uniform and stronger than those in pediatrics and internal medicine. Residencies in primary care, in general, were poorly conceived and implementation was far below international standards. The ranks of salaried clinician-educators were thin, and the role of program directors underappreciated. Educational analytics, for example in assessing program performance, resident and faculty evaluation for feedback, was largely undeveloped. University infrastructure and policy for supporting the careers of clinician-educators was underdeveloped. The university dominant culture of biomedical science and technology swamped attention to educational affairs. Reference to national/regional/local medical workforce needs seemed absent. Two years into the initiative, substantive progress was evident, but as our 2018 Journal of GME report on the Consortium’s activities concludes, in graduate medical education “...the journey of 1000 miles has [just] begun.” *

**Zhang S, Yan Z, Wan X, Shen Y, Lei G, Kuang M, Pan H, Yu Q, Wang X, Jiang G, Peng J, Tang L, Guo C, Zhu J, Inui TS. Improving graduate medical education in China – Leading teaching hospitals engage in self-analysis. J Grad Med Educ. DOI: <http://dx.doi.org/10.4300/JGME-D-17-00771.1>; April 2018: 125-129.*

JEFFREY R. WILLIAMS

CMB TRUSTEE, 2010-PRESENT

The fortieth anniversary of CMB's return to working on the mainland of China has personal resonance. Having earlier studied in Taiwan in the mid-1970s, I made my own first trip to the Chinese mainland in 1979 – almost the same time that CMB returned.

In that year I arrived in Beijing as a “foreign expert” employed by the Ministry of Education to teach English at Peking University. China and the United States had only recently resumed diplomatic relations. As a student of Chinese language and literature, I leapt at the chance to go to China to participate in this new phase in the relationship between our two countries.

The first class was a group of some 300 senior scholars spending the summer brushing up their English before heading to the four corners of the world for advanced study, many to the United States. These scholars had received advanced degrees upon the eve of the Cultural Revolution – for 10 years they had been unable to teach or do research or access foreign academic journals to keep abreast of their field.



In many cases they had been sent to the countryside to learn from the peasants. When the universities reopened and this select group was to be sent abroad to restart the education system, none displayed any bitterness about the past, but rather a strong sense of optimism about the future, and a commitment to do their best to contribute to the Chinese nation's modernization.

During my year in Beijing I had few encounters with the health care system. Once, a tour was arranged for foreign experts to visit a local hospital and witness a caesarian section using acupuncture as anesthesia. We viewed

the procedure from a balcony overlooking an operating theater – almost certainly at Capital Hospital, as PUMCH was then known.

The second encounter was my wife's visit to the clinic at the Friendship Hotel, complaining of nausea. The doctor gave her a blood test and asked her to return the next day, whereupon she congratulated my wife on her pregnancy. When she asked if she would be referred to an obstetrician, the clinic doctor replied, "No, you will just continue coming to me." Specialization had clearly not yet taken off in China.

The closing of the universities for a decade clearly took a toll, and I imagine PUMC went through a similar painful process of restarting the medical education system almost from scratch. At this precise juncture, China Medical Board resumed engagement with the Chinese mainland, and in partnership with PUMC established a consortium of top medical schools to develop and disseminate best practices for medical education and research.

This collaboration has certainly been beneficial to the Chinese health care system, but also to the many global scholars and practitioners who over the four decades since 1981 have come to China under CMB auspices to join with Chinese partners in a variety of projects.

John D. Rockefeller, Jr., speaking about the work of CMB at PUMC, said, "We have the strongest kind of obligation to continue our support of modern medicine in China." For me personally, whose educational and professional career has been inextricably linked with China, it is an honor to serve on the CMB board of trustees and help to continue this mission, joining with our partners in the United States and in China to promote "modern medicine in China," and global health and health equity throughout Asia and the world.



Jeff Williams welcomes guests to a 2014 reception in Beijing.

JEFFREY P. KOPLAN

CMB TRUSTEE, 2007-PRESENT

I first visited China in 1980, a fortuitous experience that has had a remarkable impact on my career. At the time, I was serving as Assistant Director for Public Health Protection at the U.S. Centers for Disease Control and Prevention, a role that linked the CDC with state and local government officials. Like many other Americans, I had been following news reports on the emerging political relationship between the United States and China, but the possibility of linking my areas of professional expertise with those of Chinese counterparts could not have been further from my mind. That began to change when Bill Foege, then director of the CDC, was invited to join a delegation of representatives of U.S. health agencies on a trip to China. Bill was unable to make the trip, and asked me to take his place.

Our delegation spent three weeks in China, examining a wide range of health activities, reviewing data on immunization levels and disease control, and discussing population-based issues. In some respects, it felt like traveling back in time, seeing more bicycles than cars on city streets, staying in basic accommodations,



visiting communes, and finding people of all ages and professions similarly attired. However, our focus was very much on the future, and we sensed our Chinese interlocutors were equally eager to build enduring relationships. Our discussions helped lay the foundation for the U.S.-China Joint Committee for Cooperation in Medicine and Public Health—Public Health and Health Services Research Subject Area, a task force I co-chaired from 1982-1992, which opened the door for longer-term, substantive exchanges.

Since that 1980 trip, I have traveled to China more than 60 times and hosted hundreds of Chinese medical and health

professionals in the United States. I began an adult lifetime of reading about modern Chinese history, and found a new lens through which to view the structures of public health. Most satisfying have been the relationships I developed with Chinese professionals and my informal interactions with them. Professor Yang Mingding of Shanghai Medical University (now part of Fudan University) was the first of many Chinese colleagues to make me feel accepted in China, and my decades-long friendship with him was one of the great gifts of my career.

My awareness of China Medical Board and the breadth of its work was fairly limited when I was invited to join its board of trustees in 2007. I knew of the Rockefeller family's influence on medical education in China, and I admired John Grant's pioneering population study of Dingxian, undertaken when he was on the faculty of Peking Union Medical College during the 1920s. Still, I felt the opportunity to join the CMB board was like a gift from heaven. My earlier interactions with China had been government-to-government or university-to-university collaborations, typically focusing on a



Jeff Koplan, second from left, at the 2019 Westlake Youth Forum in Hangzhou.

particular disease, like schistosomiasis, or health concern, like tobacco control. CMB gave me a much broader view of the health landscape in China and a chance to see how elite medical education institutions and health science centers throughout the country were responding to new challenges. CMB trustee meetings and travel brought me into regular contact with an outstanding group of professionals, with a stimulating blend of expertise in medicine and public health, U.S.-China relations, history, philanthropy, finance, and governance.

In CMB, Chinese leaders in health and medicine found a trusted advisor who could connect them with international expertise, particularly as they built up new fields such as health policy and systems science (HPS) and global health. For example, the Westlake Forum, launched with Zhejiang University in 2007, has given Chinese university leaders, researchers, and policy-makers a platform to present their

work and brought greater visibility to HPS. Its corresponding Westlake Youth Forum has promoted health policy research among China's next generation of researchers. In global health, CMB has helped to integrate global health curricula into medical and public health education and offered fellowships for young researchers to gain field experience in Southeast Asia and Africa. These efforts in HPS and global health have brought senior-level attention to two significant areas and invested in the training of talented young professionals who will help the fields to grow further.

CMB is unique in many respects, yet it also is one piece of a larger pattern of U.S.-China cooperation in science, medicine, and health. The relationships forged through that cooperation – built by professionals bringing shared goals and a sense of pride to their projects – have proven to be durable, and for 40 years have added a measure of stability to the larger U.S.-China relationship.

SUZANNE E. SISKEL

CMB TRUSTEE, 2014 - PRESENT

It is a great honor to join the celebration of this momentous 100th anniversary of Peking Union Medical College Hospital. I was privileged to become a trustee of China Medical Board about seven years ago when plans for its own centennial were underway. Being part of this process felt like time travel back into CMB's historic initial engagement with China, while also reaffirming a century-old commitment to an enduring partnership. Today, as Chinese philanthropy has begun to thrive and expand beyond China's borders, it is appropriate to reflect on an earlier era when the Rockefeller Foundation affirmed its pioneering commitment to international development and cooperation through CMB's support for the establishment of PUMCH. While the first CMB trustees and the founders of PUMCH might not have imagined the world of 2021, they were visionaries in anticipating the importance of global collaboration in medicine and medical education. Again, in the early 1980s, with the opportunity for CMB to resume its grant-making on the Chinese mainland, the original vision of this great partnership was renewed and



adapted to contemporary needs. Today, as we commemorate PUMCH's 100th anniversary we can build upon this great legacy as we enter a second century of partnership.

My first experience in Asia began nearly 50 years ago in Indonesia as I embarked on what I thought would be a career in medical anthropology. As the recipient of a fellowship from another American philanthropy that also believed in international cooperation, I had the privilege of working with Indonesian medical students who were required to perform public health service upon graduation as physicians. My job was to

help them learn about the rural communities to which they would be assigned from an anthropological perspective. The context was quite different from that of China in that era, but after joining the CMB board – and learning about its long history of supporting medical education through PUMCH and other Chinese institutions – I often reflect on my early Indonesia experience, which illuminated the great need for high-quality medical education, practical training, and equitable access to quality care. That experience also cemented a lifelong commitment to learning about and working for the well-being of people throughout Southeast Asia and beyond. It

eventually led to a career in international development and philanthropy as means to support this work. And it has motivated my dedication to CMB and its important programs in China and Southeast Asia.

While CMB's focus in China and in Southeast Asia is somewhat different, the principles that guide its philanthropy and programming are consistent, and they represent what I regard as best practice for long-term impact and success. First and foremost are trust and shared understanding among the partners involved. This is just as critical, if not more so, than financial resources. Flexibility and adaptation to a changing context are also key factors.



Suzanne Siskel, fourth from right, with trustees at their June 2017 meeting.

And, as CMB has demonstrated in its over century-long history, its willingness to take risks that other public and private sectors cannot afford; its patience and commitment to the long term; and its long-range vision have helped to enable PUMCH and its other partners to evolve and grow in accordance with current and future conditions, needs, and opportunities. These elements are evident in CMB's China grant-making in health professional education, health policy and systems science, and global health.

CMB's Southeast Asia program is more specifically focused on leadership development and constituency building through its flagship program there, The Equity Initiative: Transformative Leadership for Health Equity. Yet common to its Southeast Asia and China programs is the recognition that health equity is a critical challenge and global imperative. And through its Open Competition grants in China, CMB

enables young researchers to design and implement projects in health, just as it provides young Chinese professionals field experience in Southeast Asia and Africa.

We take pride in the evolution of CMB from its early history focused on one country, China, and one institution, PUMC, and later the school's associated health care system, PUMCH. This experience provided the foundation from which it has enlarged its geographic scope, cultivated and greatly expanded collaborative relationships around the world, and adapted and enhanced its programming to address critical issues and needs in health education, policy and inclusivity. In doing so, CMB is demonstrating that a philanthropy can be both responsive to changing times and steadfast in its mission; and that it honors and sustains enduring relationships to remarkable partners like PUMCH.

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