

## **Rockefeller Philanthropy and Maternal/Infant Health in the Republic of China**

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The Rockefeller-founded China Medical Board and the Rockefeller Foundation's International Health Commission/Board/Division (hereafter, IHC/B/D) maintained operations in China from the early to mid-twentieth century. These efforts developed in close relation to Rockefeller-funded endeavors elsewhere in the world, though they soon adopted emphases and methods to address the particularities of the Chinese case. Although initially hindered by a highly volatile and violent political environment, by 1930, these Rockefeller-affiliated health philanthropies forged an enduring partnership with the Kuomintang (KMT or Chinese Nationalist Party)-led government founded in 1927. Given China's climate, prevalent maladies, and gendered norms surrounding childbirth, the interests of these parties converged on maternal and infant health as a matter of utmost concern for public health and national development.

Rockefeller-affiliated medical philanthropy in China emerged in tandem with similar efforts in the United States and around the world. Following campaigns to promote education that began in the American South in 1902, the Rockefeller Sanitary Commission for the Eradication of Hookworm, founded in 1909, treated nearly 700,000 southerners for hookworm

infection by 1914 and helped facilitate the development of sanitation and public health departments in southern counties and states.<sup>1</sup> The Sanitary Commission's successes in the treatment of hookworm disease encouraged the export of its methods around the world. In 1913, the Rockefellers founded an IHC aiming first to survey and target hookworm and thereby develop public health infrastructures throughout Asia, Africa, and Latin America. In many tropical regions, hookworm proved a prevalent and remediable problem. In 1914, the director of health in the American-administered Philippines, Victor Heiser, joined the Rockefeller IHC, becoming regional director of its operations in the Far East. Under Heiser's leadership and with Rockefeller aid, public health in the Philippines prioritized treatment of hookworm and malaria, while also working to promote medical education. At the urging of the Surgeon General of the U.S. Navy, the Rockefeller IHB also conducted a survey of hookworm disease in Guam in 1918, while continuing its work in the Philippines. The surveyors found 71% of a sample of 857 Guamanians infected with hookworm, a problem, the IHB argued, that could be easily resolved with local resources through the building of inexpensive but sanitary latrines.<sup>2</sup>

While the IHC/B targeted hookworm infection in various locales, Rockefeller-funded commissions investigated the possibilities for medical and educational philanthropy in China. A 1908 commission, though concerned about a precarious political environment in the years surrounding the fall of the Qing dynasty (1644-1912), advocated for Rockefeller intervention in the form of medical education. After a conference on China in New York in early 1914, two additional commissions cited a dearth of medical professionals and resources in China to justify immediate intervention of Western philanthropists. In light of these commissions, John D. Rockefeller, Jr. and Frederick T. Gates along with three other philanthropists founded the China

Medical Board of the Rockefeller Foundation in 1914 with an initial endowment of twelve million dollars.<sup>3</sup>

Following the directives of earlier exploratory commissions, the China Medical Board targeted medical education in China to further the development of public health and its benefactors' interests in fostering a class of cosmopolitan elites trained in Western medicine. In 1915, the China Medical Board purchased the missionary-founded Peking<sup>4</sup> Union Medical College (PUMC) from the London Missionary Society, and began a program to make it the premier institution for medical education in China. Although an on-site hospital had been the primary focus of earlier missionary overseers, China Medical Board representatives promoted PUMC as a facility that would provide a rigorous education in Western-medicine for personnel to be sent later as public health ambassadors throughout China.<sup>5</sup>

However, the China Medical Board encountered significant challenges in its early operation of PUMC.<sup>6</sup> Medical missionaries and Rockefeller Foundation representatives expressed concern regarding the difficulties of maintaining a permanent staff of foreign doctors. This problem purportedly stemmed from a perception among American and British doctors that “a man cuts himself off from his associations at home by accepting a post [in Peking].”<sup>7</sup> The prevalence of conflict in North China during the late 1910s and 1920s presented further logistical and safety challenges for the PUMC and its affiliated hospital. Conflicts between warlords interrupted classes at the college, with students and teachers leaving educational work to treat wounded soldiers and civilians in the area around Beijing. Though the college continued operation through the Zhili-Fengtian wars of the early 1920s, classes were suspended before final semester examinations in June 1925 and again in the winter of that year when armed conflict reignited between northern warlords Feng Yuxiang and Li Jinglin in December. During

December 1925 and January 1926, Feng recruited physicians serving as instructors at PUMC and many of their students to treat his soldiers in the Army Hospital at Nanyuan, just south of Beijing.<sup>8</sup>

These challenges hindered the ability of PUMC to promote the development of a large-scale public health system in China. PUMC's efforts remained confined to greater Beijing through the 1920s, with limited efficacy in cultivating allies or building infrastructures for additional philanthropic endeavors elsewhere in China. With limited returns on the investments at PUMC, the Rockefeller Foundation sought to increase the role of its IHB in China in the 1920s and dissociate them, to some degree, from the work of the China Medical Board in Beijing. As the IHB/D looked for opportunities to promote public health throughout the fragmented country, the China Medical Board became increasingly autonomous, becoming a distinct yet still Rockefeller-affiliated corporation in 1928.<sup>9</sup>

The IHB chose John Black Grant to conduct survey work throughout China in the 1920s, given his ability to speak Mandarin and experience growing up in China as the son of medical missionaries. The IHB first employed Grant in its survey of Guam in 1918 soon after his graduation from the University of Michigan. After a brief visit to China in 1918, Grant returned to the United States to earn a public health degree from Johns Hopkins University, before rejoining the efforts of the IHB and ultimately becoming a key orchestrator of IHB/D efforts throughout Asia and the Pacific from the later 1910s until the 1950s.<sup>10</sup> In an interview in the early 1950s, Dr. Goodrich Schauffler of Stanford Medical School recalled Grant's unique qualifications for public health philanthropy in China. "The Chinese race have a very difficult psychology which involves the matter of 'face.' Understanding was difficult; only someone born and brought up there like [Grant] could penetrate the crust and achieve a strategic approach to

the problem of teaching and organizing in that country.”<sup>11</sup> Under the auspices of the IHB/D, Grant began traveling widely in China in 1921 and reporting regularly to Rockefeller representatives in Beijing, Manila, and New York.

Though hookworm had served as the primary target of IHC/B operations elsewhere, North China’s temperate climate and particular maladies directed Grant’s attention to other concerns. By the mid-1920s, Grant’s surveying work, including that conducted through a newly constructed Health Station in Beijing,<sup>12</sup> identified neonatal tetanus (along with smallpox) as the primary cause of mortality in China. In multiple letters, Grant advocated for the founding of a midwifery training center to address the latter cause, arguing that the core problem of unhygienic childbirth could be easily remedied and have a significant impact. Unlike in the United States, where the medicalization of childbirth had made it increasingly the purview of male surgeons, Chinese social and medical practices dating to the late imperial period sustained the prevalence of midwifery, often to the disdain of male practitioners of Chinese medicine. Although both biomedical and Chinese-medical physicians saw midwives as ignorant and dangerous, midwives facilitated the observance of gender segregation among elite Chinese, while serving locales with minimal doctors of any kind.<sup>13</sup> For Grant, these conditions presented an opportunity to advance IHB aims through the (re)training of midwives in scientific and hygienic methods.

In 1926, Grant wrote to Heiser urging the IHB to develop an institution for promoting scientific midwifery, at first through a cooperative effort with the municipal government of Beijing. He wrote, “At present there is no governmental training or supervision of midwives anywhere in China. We desire to submit a proposal to have the Metropolitan Government undertake such a demonstration and at the same time stimulate public health through control of one of the two chief causes of mortality.” Grant cited his IHB survey work to highlight the

severity of infant mortality in the area, pointing to unhygienic midwives as the primary culprits.<sup>14</sup>

A subsequent report from Grant used statistical data and more explicit language to present childbirth as a central public health issue in China. He wrote,

The midwifery question in China forms an important part of the whole medical problem of the country considered either from the standpoint of lack of teaching facilities or of inadequate standards in practice. Its relative importance is indicated when one recalls there are 12,000,000 births per annum and that, even in a center as well provided with medical care as Peking, statistics show the deplorable state where fifty per cent of deliveries are by untrained midwives and an additional twenty-five per cent by relatives or the parturient woman herself. This condition is reflected in turn by the high infant mortality rate in China and by Tetanus Neonatorum being one of the two chief causes of what is termed “excess” infant mortality.<sup>15</sup>

Grant presented a strong humanitarian case for using the prevalence of midwifery in China to make medical interventions in childbirth, but other modes of rationale figured more prominently in the IHB’s consideration of Grant’s proposals. In correspondence between Beijing, Manila, and New York, men with various ties to the Rockefeller Foundation spoke candidly about the motives and potential of a proposed midwifery training program. In a 1926 letter to PUMC President Henry Houghton regarding a conversation with Far East IHB director Victor Heiser about Grant’s proposal, Roger Greene of the China Medical Board and PUMC wrote, “I told [Heiser] of my sympathy with the general plan and said that I was disposed to think that such maternity welfare work might prove to be the ideal entering wedge for public health enterprises in China just as hookworm had been used in other countries.”<sup>16</sup> Roughly a year later, Greene again emphasized the potential of midwifery training for advancing Rockefeller interests in a letter to Rockefeller Foundation President Vincent. After alluding to the “importance of midwifery training from the public health point of view,” about which, he argued, “there can be little difference of opinion,” Greene explicitly connected the proposed endeavor to train midwives to IHB programs throughout the world and the original impetus behind its

development. “Furthermore,” he wrote, “[midwifery] is a field in which great interest can be aroused locally with correspondingly hopeful prospects for securing local support. In fact it is not unlikely this will prove one of the most effective ways of interesting the public in public health as a whole, just as the hookworm campaigns have served that purpose in other countries.”<sup>17</sup>

Grant’s proposal met persistent opposition from Greene, Houghton, and Heiser in the mid-1920s. The opposition came not from doubts about the efficacy or need of midwifery training, but rather from China’s volatile political situation. Unlike in Guam and the Philippines where the American military aided the entry and operation of the IHC/B, China in the early to mid-1920s lacked a stable, centralized state, with many areas plagued by persistent civil war among regional militarists. In light of the difficulties encountered by PUMC, IHB officials were hesitant to invest heavily in new operations amid warfare and instability. However, IHB leaders were concerned not only with safety, but also the difficulties of operating without the formal cooperation of a national government. In regard to the Chinese case, unnamed members of the IHB expressed concerns that operations in China accepted “responsibility without authority.”<sup>18</sup>

Grant’s proposals for a program of midwifery training followed a series of challenges and failures for the IHB elsewhere in Asia. In Indonesia, competing approaches to public health between the IHB and the Dutch colonial government hampered efforts to address hookworm and promote medical education in the islands.<sup>19</sup> IHB efforts to prevent hookworm infection among colonial plantation workers in India and Ceylon also ended abruptly, with minimal results, in the early 1920s. Though the IHB, under Heiser’s leadership, had attempted to forge a cooperative effort with colonial officials, poor sanitation in workers’ villages ensured repeated reinfection with hookworm despite IHB work on plantations. These failures brought about a shift in IHB

methods. Rather than using campaigns (like those against hookworm) to spur the development of public health around the world, the IHB/D would provide aid and expertise to existing public health ministries of politically stable regions.<sup>20</sup>

In correspondence with IHB/D leadership, Grant conceded the critical role of a stable, national government for the success of Rockefeller intervention. In a July 1927 letter to Heiser, Grant wrote, “The interests of foreigners in China is essentially one of finding a market for the goods they wish to sell, whether cigarettes, religion, medicine or kerosene oil. The most important factor in determining the market is the type and stability of government.”<sup>21</sup> Amid the concerns of the IHB/D regarding a stable government and existing public health operations, Grant turned his attention from Beijing to Canton (Guangzhou) in the far south, where a rebel nationalist movement descending from Sun Yat-sen had begun experimenting with public health initiatives on a local level. Addressing the concerns of IHD members, Grant wrote, “Realizing...the dependence for the eventual success of health plans on the condition of government as a whole, I have attempted to offer such comments on the situation as I thought might aid you in appreciating the present and future trend of events in China.”<sup>22</sup> If the persistent conflicts among warlords in the north hurt the prospects of IHD intervention, perhaps, Grant argued, there was a possibility for cooperation between the IHD and a group that Rockefeller philanthropists referred to as “the Cantonese” before adopting a transliteration of the group’s Chinese name, “the Kuomintang.” Though Rockefeller officials had envisioned a new program in Beijing when the political situation allowed, Grant’s report on efforts of “the Cantonese” in the south proposed Canton as “the strategical [sic.] point for influencing a really large area that would be reached only with difficulty from demonstration in Peking or even as far south as Shanghai due to the distances in China.” Citing officials and medical professionals with Western

educations like the University of Syracuse-educated Dr. H. C. Szeto who served as Commissioner of Health, Grant argued, “Canton now presents the situation where initiative in medical affairs has passed definitely from the foreigner to the native.” Despite some hesitation regarding the strong missionary and German-Japanese influence in Canton’s public health, Grant ultimately argued that the nationalist movement presented the IHD with an opportunity to gain greater influence through the funding of fellowships and the expansion of public health institutions into southern China.<sup>23</sup>

Grant’s advocacy for the KMT in Canton fostered favorable views of the party within the Rockefeller Foundation, even if the rapid expansion of KMT territory and the relocation of its capital to Nanjing kept the Rockefeller’s primary investments further north. By 1927, as the right wing of the KMT under Chiang Kai-shek began consolidating its power, Grant’s proposal for midwifery training won the support of Greene. Greene had been sufficiently convinced of the all but assured return of stability to China given Grant’s assessment of the “nationalist movement.” Yet, Heiser and IHD Director Russell continued to resist committing to a new program of midwifery education. Greene conceded that “...no harm will be done by waiting to see what the political situation actually is...”<sup>24</sup>

By 1929, the new KMT-led government in Nanjing had proved a willing partner for the IHD’s efforts in China. With a relatively stable and cooperative government in place, the IHD gained greater confidence in the organs of the Nationalist government as it worked in close cooperation with the League of Nations Health Organization (LNHO) into the 1930s. In December 1929, Grant, who had been serving as IHD advisor to the developing National Health Administration (NHA) of the Nanjing government, sent a positive update to Heiser in New York. According to Grant, Dr. Ludwik Rajchman, director of the LNHO, had done much to increase

the prestige of the KMT's nascent public health service and to secure additional funding for its work from the Nanjing government. Though Rajchman, like Heiser, had insisted that the Nationalist government assume primary responsibility for its public health work, he also recommended that the IHD maintain a representative in China to work closely with the NHA when a series of new initiatives began the following year.<sup>25</sup>

With growing faith in KMT institutions, the IHD finally initiated a large-scale program to reform midwifery and childbirth. In consultation with Grant, Technical Vice-Minister J. Heng Liu (Liu Ruiheng), who had worked and trained at Rockefeller institutions in China and abroad, also came to see maternal and infant health as among the most pressing public health concerns for China. In 1929, the NHA and the KMT Ministry of Education jointly formed a National Midwifery Board to oversee a new First National Midwifery School (FNMS), funded and staffed, in part, by the Rockefeller Foundation. When the FNMS obtained a permanent location for its operation in Beijing in 1930, Grant's years of lobbying finally bore fruit and received the formal endorsement of the Nanjing government as well as Heiser, Greene, and Vincent.<sup>26</sup>

Expectations that Nanjing would maintain responsibility for its own programs allowed the FNMS to be founded with minimal direct financial investment of the Rockefeller Foundation, even if the foundation would ultimately devote large sums of money to various aspects of public health work in China (eg: PUMC, fellowships, rural health initiatives). Rajchman of the LNHO confided to Greene in late 1930 that, though he hoped the P.U.M.C. would continue to be supported by the CMB, it was essential that the Nanjing government quickly become otherwise fully financially responsible for its public health system. The Rockefeller Foundation and its affiliated philanthropies were eager to comply with Rajchman's wishes. The initial budget for the first year of the FNMS' operation called for a contribution of \$20,900 (USD) from the

Rockefeller Foundation, but contributions were steadily reduced in subsequent years. In the school's second year of operation, less than twenty-percent of its total funding came from the Rockefeller Foundation. By fiscal year 1934-5, despite continued Rockefeller oversight, Nanjing supplied one hundred percent of the school's budget.<sup>27</sup>

Since the mid-1920s, Grant had based his case for a midwifery-training center in China in part on the readily available expertise of Dr. Marion Yang (Yang Chongrui). Yang had first come into contact with Rockefeller representatives as a resident in gynecology and obstetrics at PUMC. With recommendations from Houghton and British doctor John Preston Maxwell (Head of Obstetrics and Gynecology at PUMC), Yang won a Rockefeller IHB fellowship to study at Johns Hopkins in 1925. Her original plans to study for one year soon morphed into a multiple-year tour of medical institutions throughout the United States and Europe. During her tours, supervising hosts praised Yang in correspondence with the Rockefeller Foundation, often commenting on her inquisitive and fearless demeanor. When Grant proposed IHB/D investments in the modernization of childbirth, he identified Yang as the best person to head such an effort. Rockefeller leaders saw Yang as so central to the proposed program, that Greene offered her continued study in the West as partial reason for delaying the enterprise in the mid-1920s. When FNMS was finally founded in 1929, Yang became its first director.<sup>28</sup>

Like J. Heng Liu, Yang embodied the potential successes of Rockefeller efforts to promote medical education and public health in China. Given her history with PUMC and the IHD's fellowship program, she represented the ideal of a modern, Chinese public health system staffed by Western-trained biomedical practitioners with strong ties to the U.S. and the Rockefeller Foundation. Given Grant's argument that childbirth presented a prime site for IHD intervention, of which Greene and Heiser ultimately became convinced, Yang and her work

became integral components in the cooperative efforts of the IHD and NHA. In 1933, Greene of PUMC referred to her as “the most outstanding personality in the public health movement today.”<sup>29</sup> Yang simultaneously held the positions of FNMS Director and Head of the NHA’s Division of Maternal and Child Health, liaising between her benefactors.

Under Yang’s direction, the work of FNMS and the NHA’s Maternal and Child Health Division expanded dramatically. The curriculum of FNMS diversified to meet the demands of the developing public health apparatus, providing courses for new midwives, retraining for old-style midwives, and “refresher courses” for missionary-trained midwives seeking licensure from the Nanjing government. Midwifery training schools founded on FNMS’ model were founded in areas throughout the country, while midwives trained at FNMS traveled throughout the interior to promote hygienic childbirth. The number of patients seen at the maternity hospital affiliated with FNMS grew rapidly also, quadrupling in its second year of operation to a total of more than 4500.<sup>30</sup>

Yang’s work in Beiping also sought to improve statistical data on infant and maternal mortality. Detailed records on the sex and size of infants as well as location and time of birth were recorded for all births overseen by the FNMS hospital and the local calls of its midwives. Frustrated by the wide variation in estimates of infant mortality in China and their purported causes, Yang also implemented a detailed survey method through which midwives, nurses, and doctors collected information on their patients. Yang’s methods drew heavily from those used by the LNHO in the 1920s to account for stillbirths and infant mortality in Beiping and its surrounding county. Based on her findings, Yang concluded that earlier LNHO figures served as “conservative estimates” of a far-reaching public health crisis.<sup>31</sup>

Here, Yang Chongrui's collection of new data in Beijing supplemented earlier findings by Grant and the LNHO on abysmal maternal and infant mortality to provide an empirical justification for the continuation and expansion of the national public health system and "maternal welfare work" in particular, under the auspices of the NHA and in close cooperation with the IHD, and LNHO. In her annual reports to the IHD, Yang reiterated the great need for her work even as she highlighted moderate successes. To emphasize the severity of China's public health emergency and the central role of maternal and infant health, she wrote, "China possesses a high morbidity rate and about 24,000,000 people are ill every day together with annual excess of deaths of 6,000,000. The main groups of the excess deaths are infants and women during the child bearing period."<sup>32</sup> Yang wrote in 1932 that more than eight hundred years of unregulated and unscientific midwifery in China had resulted in this widespread crisis, but that recent "appreciation of modern medicine" had brought about more hospital deliveries and a reliance on trained biomedical personnel in childbirth that "has saved many lives of both mothers and babies."<sup>33</sup> Yang's expressed ambitions for FNMS and its affiliated schools of midwifery throughout the country surpassed the earlier goals of the LNHO and IHD to call for the training of 100,000 biomedical midwives within fifty years.<sup>34</sup>

Although these large-scale efforts to address infant mortality in China remained largely in accordance with the aims of Chinese nationalism and state-building, their origins, as this report has shown, predate the founding of the KMT-led government. In the years preceding the KMT's rise to power, John Grant of the Rockefeller Foundation's IHB/D identified maternal and infant health as a primary public health concern and advocated for the development of institutions to address the crisis of infant mortality in China. After the founding of the KMT-led government in Nanjing, Rockefeller-trained personnel, including prominent figures such as Marian Yang and J.

Heng Liu, helped to realize Grant's proposal and facilitate continued cooperation between the IHD and the newly founded Chinese NHA. Although factionalism, lack of revenue, and armed conflict plagued the Nanjing regime throughout the following decades, the institutions formed and professionals trained in cooperation with the China Medical Board and the IHB/D remained significant in the further development of public health in China throughout the Second World War and after the Communist Revolution.

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<sup>1</sup>F. T. Gates to J. D. Rockefeller, Dec. 12, 1910 (RAC RG 2) quoted in E. Richard Brown, "Public Health in Imperialism: Early Rockefeller Programs at Home and Abroad," *American Journal of Public Health* 66, no. 9 (Sept. 1976): 897-903; Victor Heiser, *An American Doctor's Odyssey*, 266-269; see also Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham, NC: Duke University Press, 2006).

<sup>2</sup>Rockefeller International Health Board, *Fifth Annual Report, January 1, 1918-December 31, 1918* (New York, 1919), 87.

<sup>3</sup>John D. Rockefeller, Jr. to Dr. Harry Pratt Judson, January 31, 1914 (RAC, digitized document); Certificate of Incorporation of the China Medical Board of the Rockefeller Foundation, July 7, 1915 (RAC, digitized document).

<sup>4</sup>Westerners usually referred to the current and former northern capital of China as Peking until the later twentieth century. After the founding of the Nationalist capital in Nanjing, Beijing became known as Beiping until the Communist Revolution of 1949, when the city's name reverted to Beijing. When quoting or paraphrasing from primary sources, I attempt to use the name used in the source, retaining Beijing as a default when in doubt. Thus, the name of the city shifts throughout this chapter, as it did across time and linguistic barriers in the period discussed.

<sup>5</sup>Certificate of Incorporation of the China Medical Board of the Rockefeller Foundation.

<sup>6</sup>See L.W. Hackett, Interview with Raymond B. Fosdick, May 1951 (RAC, Rockefeller Foundation Archives, RG3 Series 908 Box 6 Folder 58). See also James L. Maxwell to Richard M. Pearce, June 23, 1928 (RAC, CMB Records, Box 35 Folder 249).

<sup>7</sup>Greene to M.K. Eggleston, April 11, 1931 (RAC, CMB Records, Box 35 Folder 249).

<sup>8</sup>Barchet to Greene, June 15, 1923; John Grant, "Surgical Work of the Peking Union Medical College at the Nanyuan Army Hospital, December 1925 to January 1926;" Grover Clark to Henry Houghton, June 15, 1925; W. S. Carter to Houghton, December 28, 1925; Archibald Chien, "War Relief Work at Nanyuan December, 1925 – January, 1926," December 21, 1926 (RAC, CMB Records, Box 124 Folder 900).

<sup>9</sup>China Medical Board, RF Confidential Monthly Report No. 173, March 1, 1956 (RAC, Rockefeller Foundation Archives, RG 3 Series 908 Box 6 Folder 58).

<sup>10</sup>Obituary for John Black Grant, *New York Times*, October 18, 1962 (Bentley Historical Library, Necrology Files, John Black Grant).

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<sup>11</sup> L. W. Hackett, Interview with G. C. Schauffler, n.d. (RAC, Rockefeller Foundation Archives, RG 3 Series 908 Box 6 Folder 58).

<sup>12</sup> For more on this early Health Station, founded in 1925, see Mary Bullock, *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* (Berkeley and Los Angeles: University of California Press, 1980), 144-149.

<sup>13</sup> Yili Wu, *Reproducing Women*, 227-229.

<sup>14</sup> Grant to Heiser, September 20, 1926 (RAC, Rockefeller Foundation Archives, RG 1.1 Series 601 Box 268 Folder 3398).

<sup>15</sup> John B. Grant, "Midwifery Training", December 22, 1927 (RAC, Rockefeller Foundation Archives, RG 1.1 Series 601 Folder 371).

<sup>16</sup> Greene to Houghton, October 29, 1926 (RAC, Rockefeller Foundation Archives, RG 1.1 Series 601 Box 268 Folder 3398).

<sup>17</sup> Greene to Vincent, December 27, 1927 (RAC, Rockefeller Foundation Archives, RG 1.1 Series 601 Folder 371).

<sup>18</sup> L.W. Hackett, Interview with Fosdick.

<sup>19</sup> Terence H. Hull, "Conflict and Collaboration in Public Health: The Rockefeller Foundation and the Dutch Colonial Government in Indonesia," in Milton J. Lewis and Kerrie L. MacPherson, eds., *Public Health in Asia and the Pacific: Historical and Comparative Perspectives* (New York: Routledge, 2008), 139-152.

<sup>20</sup> John Farley, *To Cast Out Disease: A History of the International Health Division of the Rockefeller Foundation (1913-1951)* (New York: Oxford University Press, 2004), 66-68; 75-76.

<sup>21</sup> John Black Grant, "Central Trends in the Nationalist Movement," July 1927 (RAC, Rockefeller Foundation Archives, RG 5 Series 1 Box 309 Folder 3922).

<sup>22</sup> Grant to Heiser, July 11, 1927. (RAC, Rockefeller Foundation Archives, RG 1.1 Box 309, Folder 3921).

<sup>23</sup> Grant, "A Tentative Proposal for Public Health Cooperation with Canton," July 1927 (RAC, Rockefeller Foundation Archives, RG 1.1 Box 309, Folder 3921).

<sup>24</sup> Greene to Houghton, January 27, 1927 (RAC, CMB Records, RG 4 Box 94, Folder 669).

<sup>25</sup> Grant to Heiser, December 28, 1929 (RAC, Rockefeller Foundation Archives, RG 2 Series 601 Box 28 Folder 232).

<sup>26</sup> Grant to Heiser, November 16, 1928 (RAC, Rockefeller Foundation Archives, RG 2 Series 601 Box 11 Folder 93); Marion Yang, First Annual Report – First National Midwifery School, Peiping, 1929-31 (1932) (RAC, Rockefeller Foundation Archives RG 5 Series 3 Box 221 Folder 2763).

<sup>27</sup> Yang, First Annual Report – First National Midwifery School; Second Annual Report – First National Midwifery School, Peiping, July 1, 1930-June 30, 1931; Fifth Annual Report – First National Midwifery School, Peiping, July 1, 1933-June 30, 1934 (RAC, Rockefeller Foundation Archives RG 5 Series 3 Box 221 Folder 2763).

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<sup>28</sup> Marion Yang, Personal History Record and Application for Fellowship, December 6, 1924; Yang to M. K. Eggleston, January 9, 1926 (RAC, CMB Records, Box 76 Folder 538); Greene to Heiser, September 20, 1926 (RAC, Rockefeller Foundation Archives, RG 1 Series 601 Box 268 Folder 3398).

<sup>29</sup> Greene to Mary K. Eggleston, June 12, 1933 (RAC, CMB Records Box 22 Folder 155).

<sup>30</sup> Yang, Second Annual Report – First National Midwifery School.

<sup>31</sup> Ibid.

<sup>32</sup> Yang, First Annual Report – First National Midwifery School.

<sup>33</sup> Ibid.

<sup>34</sup> Yang to Grant, March 7, 1930 (RAC, Rockefeller Foundation Archives, RG 1.1 Series 601 Folder 372).