

The China Medical Board's Fellowship Programs and Its Shifting Focus to Taiwan during the Postwar Era, 1951–1973

by Shinyi (Hsin-Yi) Hsieh

University of California, San Francisco



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Introduction

In this report, I investigate the institutionalization of the China Medical Board's (CMB) exchange fellowship programs and its shifting focus from Mainland China to a broader East Asia region from 1951 to 1973. In particular, this report looks at the CMB fellowship programs in Taiwan, which facilitated a gigantic wave of young health professionals moving from Taiwan to the United States during the postwar era. I begin by analyzing the major historical events that ultimately shifted CMB's direction from Mainland China to other parts of Asia, and the ways in which Taiwan became a critical focus for CMB after its retreat from Mainland China. The report's second half lies in the anatomy of the CMB fellowship program's operation in the two elite medical schools in Taiwan—the Medical College at the National Taiwan University (NTU) and the National Defense Medical Center (NDMC). I examine the demographical trends from the CMB fellowship allocation files and the key components that emerged from the CMB fellowship program.

The CMB's engagement should be situated in a broader history of US financing of medical programs during the postwar era. According to historian Michael Shiyung Liu, the “American medical models and professional practices eventually guided the medical reforms in Taiwan between 1952–1965, creating new professional standards for the post-war generation.”¹ Moreover, this report also aims to understand how the CMB institutionalized an ethos of the American dream among postwar Taiwanese youth. The cultural influence was phenomenal even though the disparities in the CMB fellowship program were salient, since it only supported students from either NTU, the most prestigious medical school, or NDMC, the military medical school of Taiwan. As a result, a popular slogan from the 1950s, “Come, come, come, come study at NTU! Go, go, go, go to the U.S. next!” has been circulating ever since among Taiwanese young people.² The materials for this report are primarily based on the CMB collection at the Rockefeller Archive Center, including the proposals, agendas, minutes, annual reports, committee meetings, correspondences, fellowship applications, and evaluations found in the CMB records. The existing scholarship on CMB's institutional history, and the emphasis on CMB's relation

to Peking Union Medical College (PUMC) during the pre-Chinese Civil War Era, also provide a crucial context for me to examine CMB's postwar transition.³

CMB's Shift from Mainland China

Historians generally categorize CMB's established chronology for engagement in twentieth-century Asia into three eras: the PUMC era (1914–1951), the transition to East and Southeast Asia (1951–1980) era, and the current “back to Mainland” era, after the Chinese Communist Party (CCP) initiated its Open Door Policy (1980– Current).⁴ Shifting from the PUMC era to postwar supports for Asia outside the Iron Curtain, the CMB changed its agenda from focusing on building one single-institution in Mainland China to developing several programs funding research, equipment, buildings, libraries, visiting professors, and fellowship programs.⁵ Indeed, it was the political change in China that interrupted CMB's work on the mainland for three decades and prompted CMB's extension throughout Asia in the 1950s. According to Ryan and Bullock, “In its one-hundred-year history, CMB has provided US \$1.5 billion to more than 118 Asian medical universities, supporting young and senior fellows and funding innovations in research and education.”⁶

Following PUMC's postwar rehabilitation that started in the fall of 1947, the CMB was still confident that it could remain in Mainland China to “continue effectively to perform its mission in medical, hospital and education work under the unrestricted direction and control of the present director and staff.”⁷ CMB also proposed to return to full-scale operations there by 1951. However, this early postwar goal became harder to achieve due to the political change in China after 1949, most dramatically signified by the city of Peking's fall to the communists.

By mid-1950, the CMB decided to withdraw all American staff from PUMC. At that time, only very few American staff members were still in China or were attempting to return there, primarily those CMB members who had been dedicated to PUMC for years. The American staff claimed that “there seems no

reason to fear for personal safety,” and the living situation and environment at that moment actually was good for the Americans.⁸ Yet the CMB was still concerned that:

the gravity of the situation, as a result of the increasing tension between the United States and the Communist Government of China, the seeming eventuality that the College will be taken over by the Communists, and the possible necessity for the CMB to protect any endangered Americans by probably large expenditures of money were paramount importance, outweighing all other considerations.”⁹

“This period of uncertainty,”¹⁰ as CMB trustee Edwin A. Locke, Jr. called it, could be the most accurate phrase to describe the dual postwar condition—the post-WWII and post-Chinese Civil War. On June 6, 1950, Locke expressed his support for continuing the existing policy, although he noted the period of uncertainty and the possible consequence on “the peculiarly delicate and complex position in which our government now finds itself vis-à-vis the Communist regime now in control in China.”¹¹ At the annual meeting on November 8, 1950, CMB members and trustees decided not to withdraw from China: They only agreed to authorize a committee to formulate plans for CMB’s future in China.¹²

Two major events ultimately shifted the CMB’s direction from Mainland China to other parts of Asia and areas with an overseas Chinese population. First, by December 17, 1950, the US government froze all CMB funds for China. The government’s freezing order clearly forbade the transmission of funds to the PUMC because the PUMC was classified as a CCP national facility.¹³ Historian Mary Brown Bullock identified the freezing order as the point when “the era of American participation and of private colleges had terminated.”¹⁴ The PUMC was not an exceptional case; the order also applied to transactions made by any such organizations in China. On January 24, 1950, CMB transferred its funds from PUMC to the Union Bank of Switzerland.¹⁵ Later, in January 1951, the CCP nationalized the PUMC. The two events demonstrate how the political economy dramatically influenced the postwar non-governmental, non-profit programs in international health affairs.

CMB's new program direction and policy did not resolve itself straight away. Instead, it was a long process developed through correspondence, meetings, and in-person visits among board members, trustees, and the political and medical leaders of the Far Eastern countries. In their portrayal of CMB's institutional history, Jennifer Ryan and Mary Brown Bullock have identified four major programs—fellowships, visiting professorships, medical libraries, and equipment for laboratories—that the CMB developed for thirteen countries and areas in Asia.¹⁶ Indeed, the first twenty-four medical schools outside China to receive CMB funding in 1951 were the beginning of the new CMB program policy after its withdrawal from Communist China.¹⁷

From July 1, 1950 to June 30, 1951, CMB members were designing new programs for a wider area of the world in which they had never previously worked. The PUMC experience led CMB members to picture the CMB's relation to the "Far East" differently. Some members suggested that the CMB should go to Africa, to move its field of interests far from the "troubled water" of Asia "to avoid repetition of recent experience in Peking."¹⁸ Yet others argued that it might be wise to pass areas such as Indo-China, Siam and Burma due to their relative political instability. And others in the Future Planning Committee envisioned a more active role for CMB when it came to the future of Asia that was facing the communist threat:

If the future of the world hinges on the ability of democratic peoples to assist under-privileged populations to overcome disease, poverty and oppression to the point that they no longer are highly susceptible to the wiles of Communist propaganda, then perhaps the Board faces a real challenge to take its place alongside the ECA, the WHO, and all other agencies working for physical, economic and education health in the Far East.¹⁹

Both the Cold War concern and the ultimate goal of returning to China led to CMB's reluctance to remove "China" from the organization's name, even after its retreat in 1951. Between 1951 and 1955, the discussion about the name change continued. At the end of 1953, the CMB Future Planning Committee suggested removing the term "China" from the CMB's name to articulate and accurately represent the larger Asian region what was being enrolled since 1951.

However, “it might prove a happy circumstance were the word ‘China’ still an integral part of the Board’s name,” as the CMB committee envisioned, although “it well may be many years.”²⁰ When John D. Rockefeller 3rd commented on CMB’s new policy proposal on May 13, 1955, he questioned CMB’s idea about changing the name into Asian Medical Board.²¹ In the “Future Policy and Program” statement released on April 4, 1955, the final decision about the name was made. The word “China” remained due to “the Cold War China influences”:

Despite China’s present withdrawal from the family of free nations and denunciation of its former friends, the Committee finds it difficult to believe that the Chinese people will forever prove willing to forego the liberty of thought and action which adherence to communist philosophy demands. For this reason, it would seem wise policy not at this time to eliminate “China” from the Board’s name.²²

The CMB also added “New York,” the location of its headquarter, to its organizational title, a decision supported by John D. Rockefeller 3rd.²³ The concern about “Cold War China” played a crucial part not only in maintaining China in the philanthropy’s title but also in some other plans proposed by the CMB’s Future Planning Committee. For example, one plan sought to provide special training for foreign students and financial aids for Chinese students in the United States (although overall the CMB believed in assistance to foreign rather than domestic students), and the consensus on funding for local institutions instead of building another PUMC like facility outside China.²⁴

Some proposals were not accepted, however. For instance, on March 30, 1951, CMB’s Future Planning Committee suggested that it would be a great opportunity for CMB to assist African American medical colleges:

The situation at Howard and Meharry, the two Negro med colleges in this country, is not dissimilar to that of the American med schools in general except that it is more urgent. Perhaps, as institutions of an under-privileged minority, these schools have never been able to elicit the assistance and support which has been available to others. They were organized relatively late, and even yet have not been able to achieve the strength and stability which can enable them to readily weather the present crisis.²⁵

The Future Planning Committee's thought indicates a similar belief about medical education for the Asian and the African American population. It did not matter where they were geographically —the minorities faced political economic inequalities both in foreign lands and domestic American territories. When the CMB started to provide grants to institutions to develop medical education, along with twelve medical schools in Asia, the rest were twelve US institutions. The CMB never funded African American medical colleges; however, funding for US medical schools was still endowed to fifteen Ivy League and other selected prestigious schools.²⁶

CMB's Fellowship Program in Taiwan

The Future Planning Committee considered Taiwan/Formosa in their conversation, even though this island had not previously been associated with CMB. The island started to attract the CMB's attention because "China [remained] the [CMB's] ultimate objective."²⁷ Most CMB members agreed that "China should remain the eventual target,"²⁸ hoping that "the day would yet come when it could return to the primary purpose for which it was established—aid to the PUMC."²⁹ Therefore, the Future Planning Committee suggested that they start certain projects in Taiwan. On the October 1951, Dr. Harold H. Loucks visited Taiwan for the first time during the CMB's official Far East survey. In his report, Dr. Loucks first acknowledged the infrastructure and medical education established during the Japanese colonial period and noted that the island's medical problem was different from China's. Loucks also labelled Taiwan as a "virgin land" when CMB started its first mission there. Along with the social crisis of the recently outnumbered Chinese refugees moving to the island with the Chinese Nationalist regime, Taiwan's medical problem, as Loucks stated in his report on Taiwan, was "how best to re-educate and use this group" of around 1000–1200 "poorly trained" doctors.³⁰

After ten days in Taiwan, Dr. Loucks's proposal for the first funding to Taiwan in 1951–1952 was made. Loucks proposed four programs that ranged from fellowships for junior faculty in medicine and nursing, one visiting professor,

and funds for books, equipment, and a medical library.³¹ He also favored focusing support on two facilities, the NTU and NDMC, despite the latter's identity as technically being a military institution.

Although members debated their new CMB policy and proposals, they reached agreement on the fellowship program, which became recognized as “one of the most useful contributions the Board can make toward the strengthening of med education in the Far East.”³² They also gradually increased the fellowship program's annual budget, which proved how much the CMB valued the program.³³

The year 1952 marked CMB's first grants to new territories. Support went first to Japan and Taiwan in 1952, then to Korea, Hong Kong, and Thailand in 1953, and ultimately, over the next three decades, to medical institutions in fourteen countries and regions outside the United States and China, including medical schools in Philippines, Indonesia, Ceylon (Sri Lanka), Malaya (Malaysia), Burma (Myanmar), Singapore, and Vietnam.

In the early days of CMB's new programs in the Far East, the projects aided by its grants fell into the following four major categories: fellowships, visiting professorships, medical libraries, and equipment for laboratories. Individuals sponsored by CMB fellowships and visiting professorships crisscrossed the globe—Asian physician-teachers traveled to US institutions for educational exchanges while American professors joined the medical faculty at Asian institutions.³⁴

The Cold War climate definitely affected the CMB fellowship process, too. Along with medical examinations, the candidates were required to submit “a statement on the security screening,” which guaranteed “the institution with which candidates are connected are in non-communist areas or in countries where communism is regarding as an even closer threat than in the United States, no one is likely to consider recommending a Communist for a fellowship grant.”³⁵ In some cases, a second or even a third check was needed for granting a visa.

Taiwan had the highest number of CMB study fellowships among all fourteen countries and areas receiving fellowships, with students from Taiwan receiving almost 25 percent of the study fellowship programs during 1951–1973.³⁶ Based on the official records, the total number of both study and travel fellowship programs to Taiwan was 185.³⁷ Except for a few governmental officials who received the travel grant for attending WHO regional conferences, the others were selected from the two elite medical schools in Taiwan, NTU and NDMC.³⁸ This decision speaks to the CMB’s concern to ensure that the CMB fellowship program would benefit the whole country instead of individuals. The two medical institutions were chosen after Dr. Loucks’s first visit to Taiwan in 1951. In 1960–1961, the CMB stated that “fellowship grants are made to the schools with which applicants are connected and require agreement from the applicant that he will return to his home school when the fellowship is ended.”³⁹

From the perspective of the local medical community, the CMB’s support was part of the larger technical assistance from the United States that resulted in the Americanization of the medical and public health infrastructure in postwar Taiwan. At the 1952 annual meeting of the Formosa Medical Association, the president, Dr. Tu Tsung-ming (杜聰明, 1893–1986), pointed out that the CMB was a US ally in Taiwan’s postwar medical development.⁴⁰ Dr. Shi-Baiu Yang (楊思標, 1920–2021) also noted the funding mechanism from the NTU’s side of that history:

By that time the government focused mainly on the development of the VA hospital system, and as I know exactly about the situation of NTU, all we could do was to attain grants or fellowship from ABMAC, ICA, CMB, and the Foundation (China Foundation for the Promotion of Education and Culture) to conduct the advanced training abroad.⁴¹

In the first ten years of the CMB fellowship program (1951–1960), the resources were largely given to NDMC, and the ratio was about 5:1 (NDMC: NTU). By documenting the fellowship allocation forms from the CMB archive, the distribution imbalance is illustrated in Figure 2. Demographically, the fellows in the early stage were mostly Mainlanders moving to Taiwan after WWII,

which is unsurprising because they came from NDMC, which itself was a recent Chinese “institutional migrant” to Taiwanese society after the Chinese Civil War. In contrast to the CMB’s distrust of the Japanese trained-Taiwanese leaders at NTU in the early 1950s, the CMB recognized that “the chief problem of this group [NDMC] is a financial one.”⁴² The strong tie between CMB and NDMC has been examined by many scholars. By situating the notion of Chinese diaspora at the center of China’s medical development, Wayne Soon examined the ways in which the postwar Overseas Chinese medical personnel mobilized global and local strategies to reform transplant biomedicine and NDMC in Taiwan; Michael Shiyung Liu identified that it was the CMB (along with the American Bureau for Medical Advancement in China - ABMAC) that helped out two-thirds of the NDMC staff to migrate from Mainland China to Taiwan.⁴³

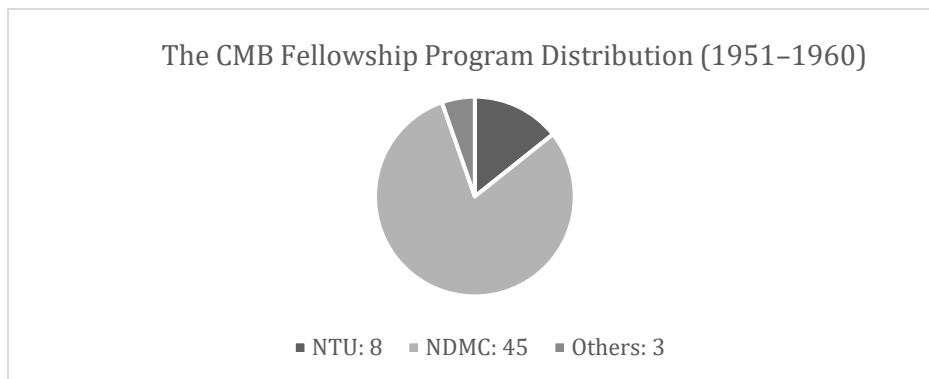


Figure 2: The CMB Fellowship Program Distribution (1951-1960) (created by author)

The dynamic between the CMB and the NTU medical college during the early 1950s is complex. On the one hand, the CMB officials did sympathize with NTU’s struggles in postwar reconstruction, demonstrated by CMB’s early support to NTU. That support was associated with Columbia University’s rejection of NTU’s collaboration proposal in 1953 when the CMB expressed its interests in supplementing certain projects in the plan.⁴⁴ On the other hand, Dr. Loucks questioned whether Dr. Tu Tseng-ming was a qualified leader for the NTU medical college. Dr. Tu was seen as:

strongly entrenched with the Formosan [Taiwanese] profession, and what might be gained by replacing him with a more competent Mainlander probably would be more than lost in terms of the antagonism created among the large group of local doctors whose cooperation must be maintained if attempts to elevate standards on the island are to prove successful.⁴⁵

The ethnic bias in Dr. Loucks's judgment was clear throughout the letter, especially when he mentioned that "it is natural that he [Dr. Tsung-ming Tu] views change from a non-American and non-Chinese point of view. But perhaps this very fact has some virtue in that it can serve as an indicator to the modernizers as to the nature of their problem and the speed at which they can profitably bring about change."⁴⁶

The CMB fellowship program began to play a key role in transforming the postwar NTU medical school system from a Japanese to an American style when Dr. Hou-yao Wei (魏火曜, 1908–1995) was appointed dean of the NTU medical college after his first research trip to the United States in 1953. In contrast to CMB's concern about Dr. Tsung-ming Tu, Dr. Hou-yao Wei, who was also a Japan-trained Taiwanese physician, was very much adored by the CMB and twice received a CMB travel grant (in 1958 and 1959) to conduct "observation of American methods of medical education and college administration."⁴⁷ Born in colonial Taiwan and trained as a pediatrician at the medical school of the Tokyo Imperial University (東京帝國大學, Tōkyō Teikoku Daigaku, 1897–1947), Dr. Wei served as the dean of the medical college at NTU in postwar Taiwan (1953–1972). He also was one of the key local leaders engaging in the postwar American reconstruction of Taiwan medical education. His nineteen-year service and the CMB fellowship program fully overlapped. In an oral historical interview, Dr. Wei remembered that rather than having one chief-professor in one field (in the German/Japanese style), the American style of medical education structure allows multiple professors in each field. He also admired the discussive feature and engagement in the training when he visited the medical schools in the United States.⁴⁸

As a result, NTU postwar medical training shifted from the existing Japanese

lecture style to the US form of pedagogy, which focused on group-discussion and adopted new technical examinations. For those who opposed the structural reforms, Dr. Wei said that “we used the US funding to send those professors to study aboard, so they can see the result of the American style of medical training themselves.”⁴⁹ Nevertheless, some, like Dr. Tu Tsung-ming, still favored the Japanese type of medical education, even after visiting the United States. Most accepted the systematic change Dr. Wei proposed for the NTU medical school after witnessing the American style of training.⁵⁰

As the CMB increased support for NTU starting in 1960, the competitively raised number of CMB fellowship program in the 1960s (see Figure 3) led the medical reconstruction at NTU towards a US-type of system and culture.⁵¹ We can easily find praise for the contribution of the CMB documented in different type of historical writings. The institutional narratives mentioned the CMB’s assistance in research, equipment, building, animal house, and library construction, as well as in the fellowship programs.⁵² The CMB’s influence went beyond the institutional level to the establishment of individual specialties such as the departments of nursing, surgery, and obstetrics. Many Taiwanese physicians’ autobiographies and oral history interviews shared positive feelings about their own encounters with CMB or the CMB’s postwar engagement in the medical college at NTU, in general.⁵³ For example, Tzu-Yao Lee (李鎡堯, 1927–2015), a gynecologist, recalled his study fellowship at the University of Washington in the 1965 academic year for reproductive endocrinology and infertility research:

I admire American people’s attitude toward research very much because they all had different backgrounds in different basic sciences so it’s always plenty of point of views popped up during the discussions. Even the professors would humbly ask their students for advice! I have seen they argued during discussion meetings, but they would still shake hands and be friends after the meetings. I think they are really professional.⁵⁴

It was not merely the financial aspect, however. Rather, Taiwan’s medical community emphasized that the US training opportunity was what stimulated the medical development within postwar Taiwan, as well as boosted

international collaborations, especially when martial law prohibited the right to freely travel internationally. Dr. Yen-fei Yang (楊燕飛, 1910–1997), who had been famous for working with the WHO and the US Naval Medical Research Unit Two on the international trachoma campaign in postwar Taiwan, was also given a CMB travel fellowship in 1964.⁵⁵ He leveraged the opportunity in 1964 to represent Taiwan at the American Ophthalmology Society (AOS) meeting and to continue conversations with the US researchers such as Dr. Phillips Thygeson at the University of California, San Francisco and Dr. Thomas Grayston and his team at the University of Washington.⁵⁶ In his historical investigation of Dr. Shih-jung Chiu and the development of obstetrics and gynecology in Taiwan, the author Hung-De Liu also highlights the role of the CMB fellowship program in the postwar establishment of the ob/gyn professional society in Taiwan and for its later international network building, as well.⁵⁷

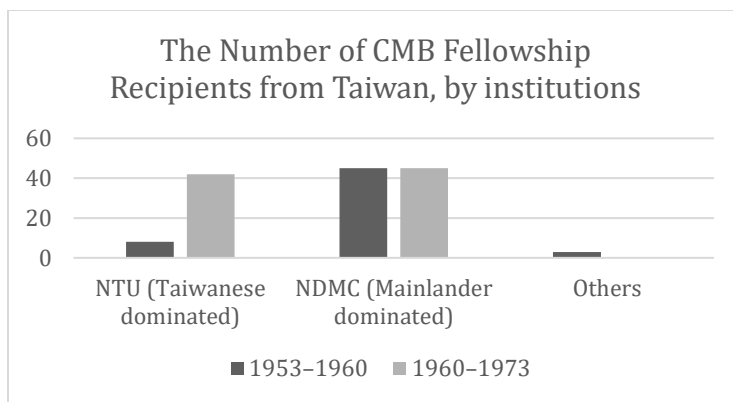


Figure 3: The CMB Fellowship Recipients from Taiwan, by institutions (created by author)

Beyond the ethnic gap in the early stage of CMB fellowship distribution in Taiwan, the CMB fellowship recipients from both NTU and NDMC were overwhelmingly male. Among the 143 CMB fellowship allocation files during the period 1951–1973, only twelve were granted to women (see Figure 4). It was not a result of selection bias, however, but a truthful reflection of the huge gap between men and women in higher education in postwar Taiwanese society (see Chart 1).⁵⁸ The history of women in science and medicine cannot be physically defined by linear time and is geographically situated. Taiwanese society at this

time was still under the longest martial law imposed in world history, where constitutional rights were almost completely violated by the Chinese Nationalist government’s fear of the threat from Red China.

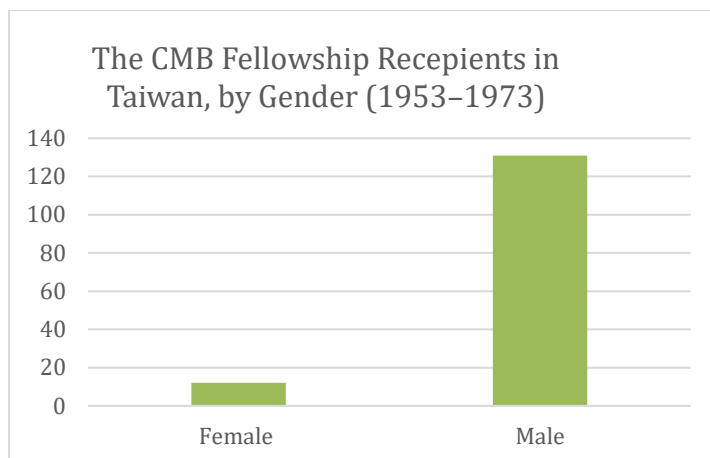
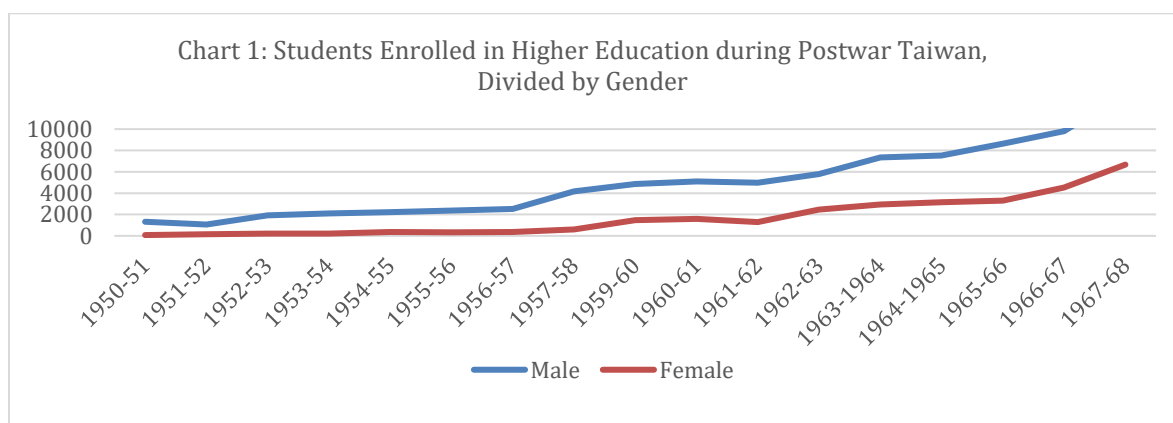


Figure 4: The CMB Fellowship Recipients from Taiwan, by gender (created by author)



Most of the twelve female CMB fellows came from the field of nursing. As the existing literature has shown, General Mei-yu Chow (周美玉, 1910–2001), known as “the mother of military nursing in China,”⁵⁹ had a strong connection to the CMB back to her early career at PUMC before 1949.⁶⁰ Her relation with CMB remained after 1949, and the CMB described that “today in Taiwan, nurses in Free China are being trained under General Chow’s supervision for both

civilian and military work.”⁶¹ She also advanced many female nursing candidates for the CMB fellowship program with her proactive recommendations and appeals.⁶² In addition to the CMB’s general one-year study fellowship, General Chow further won three-year study fellowship positions for two female students from NDMC, which began in 1955, to study nursing at Yale University.⁶³

In contrast to military nursing developing in NDMC, NTU’s department of nursing was not officially founded until 1955. Before 1955, it was the National Taiwan University Affiliated Nursing Vocational High School (台大醫院附設高級護理職業學校), which was established in 1950. It was directed by a Taiwanese nurse, Cuiyu Chen (陳翠玉 1917–1988), who had been the chief nurse at the NTU hospital, starting in August 1949.⁶⁴ Due to some administrative controversies and the political battles with the newly arrived Chinese military officer within the campus, Principal Chen resigned and went overseas.⁶⁵ Chen’s exit almost overlapped with the transformation of nursing from a vocational high school to a department of nursing at NTU, and also a shift in leadership to a mainlander, Prof. Tao-Chen Yu. Prof. Tao-Chen Yu received her nursing education at PUMC from 1934–1937, and then became the second nursing instructor and professor at NDMC with General Yu. After she moved to NTU, Prof. Yu herself went on a one-year CMB fellowship for nursing education at Columbia University (1961–1962), and helped other NTU nursing students to achieve their master’s degree in nursing. For instance, the first nursing PhD in Taiwanese history is Yu-mei Yu (余玉眉), who received her degree from the University of Pittsburgh.⁶⁶ Lesser known is that her master’s degree from Pittsburgh was sponsored by the CMB study fellowship in 1964–1965.⁶⁷

Among many tasks assigned for the CMB officers’ trips to East Asia every year between 1953 to 1973), the in-person interview for the CMB fellowship was critical.⁶⁸ The NTU and NDMC proposed that the recipients would be selected for grants largely based on a conversation between the applicant in Taiwan and the CMB officer. Before June 30, 1959, the interviews were conducted by CMB Director Dr. Loucks during his visits to Taiwan. After Dr. Loucks’s retirement, the mission shifted to the subsequent CMB director, Dr. Oliver R. McCoy.⁶⁹

Generally, about ten candidates were interviewed for each institution. And since the total yearly budget for the whole fellowship program was decided before their visit, the CMB officers needed to make sure they could distribute fairly the positions for candidates from different countries and areas. They also had to adjust the fellowship fund (e.g., to save for some extension requests) with other CMB officers at the New York office during their on-site interview process.⁷⁰

Based on Dr. Loucks's and Dr. McCoy's notes, their critical concerns were language and health conditions. During the 1950s and early 1960s, the language evaluation was based on the two doctors' judgment during candidate interviews.⁷¹ They would mark each candidate's English as "excellent," "good," "satisfactory," or "needs some improvement." In the late 1960s, the CMB also adopted the recently developed TOEFL (Test of English as a Foreign Language) assessment for foreign students. The candidates' TOEFL score was attached to their CMB fellowship application file, and sometimes Dr. McCoy would note when an applicant did not achieve a good TOEFL score, so the candidate was required to take the test again before guaranteeing a fellowship.⁷²

The health examination started at the very beginning of the fellowship program because of US visa application requirements. The CMB had its own medical examination form that required the examining physicians to fill out, in which the questions included family history and personal history in tuberculosis and medical disorders. For the applicants, inquiries about a few other infectious and chronic diseases were made, along with their vaccination status. The end of the form was the information on the physical examination. As questions for candidates in the developing countries, they were asked about whether their nutrition and the general development was good, fair, or poor, and also if they had any eyes and skin diseases.⁷³

Along with a chest X-ray, urinalysis, and blood serological reports, the fellowship candidates were required to check boxes on another medical form ensuring that they had "no defect, disease, or disability." The applicants had to prove that they did not have any of the health conditions in three categories: Class A referred to tuberculosis, leprosy, twelve other "dangerous contagious

diseases,” and “mental conditions” such as insanity and feeble-mindedness.⁷⁴ Class B was defined as “physical defect, disease, or disability series in degree or permanent in nature amounting to a substantial departure from normal physical well-being,”⁷⁵ which was built up with the concept of ability and disability, and the unspecific minor conditions belonged to Class C. During Dr. Loucks’s visit to Taiwan in November 1959, he mentioned that two prospective NTU candidates likely would not be able to secure their visas because their x-rays showed old chest lesions.⁷⁶ This issue demonstrates that the CMB fellowship program was embedded in the broader postwar US medical immigration policy. This echoes to the literature on the history of changing dynamic among immigration policy and medical examination and the racialized conception of diseases, as “the foreignness of germs,”⁷⁷ emerging from this process of border-control/social control.⁷⁸

The CMB had designed a separate policy for awardees to return to their home country and service their home schools when the fellowship ended.⁷⁹ In 1967, Prof. Katherine R. Nelson, a CMB visiting professor at NTU, expressed her opinion about the “brain-drain” issue, namely, the loss of valuable personnel in Taiwan.⁸⁰ Prof. Nelson used the WHO fellowship program as an example: only half of the nursing students from NTU returned Taiwan after completing the training in the United States. However, she disagreed with the term “brain drain,” preferring instead to describe these non-returned fellows from Taiwan as participating in a “voluntary exodus.” As she elaborated, “they want to be free. They have all expressed the same desire, to save their own money, go abroad, study and then make up their own mind as to what they will do.”⁸¹

The reason for ending the fellowship program was twofold. Under new CMB President Dr. Patrick Ongley, the foundation set new goals in 1973, specifically with a sharper focus on empowering Asian institutions. At the same time, IRS tax rules in the United States changed, ending the “return home” provision. With concern over contributing to brain drain given the fellowships’ overall objectives, Dr. Ongley modified the program and eventually moved the funds to block grants and matching grants.⁸²

Conclusion

By examining the CMB archives at the Rockefeller Archive Center, this report illustrates how the CMB's dramatic directional change was influenced by the Cold War. I argue that the shift to Taiwan and other parts of Asia can be considered CMB's strategic transition due to political concerns, but also was the result of an unexpected expansion of CMB in East Asia. In order to support the medical development on a national rather than an individual scale, the CMB only focused on two major elite medical schools in Taiwan and required the recipients to return to their home institutions after the fellowships were completed. We can see the ethnic and gender inequalities in the CMB fellowship distribution in postwar Taiwan, but we should also acknowledge how certain female and Taiwanese leaders leveraged the CMB's support to improve ethnic and gender equality in postwar reconstruction. From the individual perspective, those CMB fellowship recipients were, in general, honored and admired for their training and education in the United States, which motivated the Americanization of medicine and public health in postwar Taiwan.

¹ Michael Shiyung Liu, "From Japanese Colonial Medicine to American-Standard Medicine," in *Science, Public Health and the State in Modern Asia*, Liping Bu, Darwin H. Stapleton and Ka-che Yip (eds.), 161–176 (Oxon: Routledge, 2012), 172. For a systematic review of US aid in medicine and public health programs to postwar Taiwan, see Cuihua Yang, "U.S. Aid in the Formation of Health Planning and the Medical System in Taiwan," *Bulletin of the Institute of Modern History of Academia Sinica* 62 (Dec 2008), 91–139; Wen Hua Kuo, "How to Write a History of Public Health under U.S. Aid in Taiwan: A Critical Review," *Taiwan Historical Research* 17, no. 1 (Mar 2010): 175–210. For an introductory history of the impact of US aid in postwar medical reform in Taiwan, see Wenhua Huo and shu-ching Chang, "Meiyuan yiliao," in *Taiwan yiliao sibainian* (Taipei: RHYTHMS MONTHLY, 2006), 142–166.

² For the history of the exodus of young doctors from Taiwan during 1950s and 1960s, see Hung-Bin Hsu, "Medical Education, Professional Career and the Exodus of Young Doctors in Taiwan during the 1950s and 1960s, an Analysis based on "Qingxing"," *Chung-Hsing Journal of History* 27 (Dec 2013): 53-81; Wen-Hua, Kuo, "Crafting Medical Professionals: Dr. Albert Ly-Young Shen as an Exemplar for Role Modeling," *Journal of Humanities, Social Sciences and Medicine* 1 (Apr 2014): 1-36.

³ Mary E. Ferguson, *China Medical Board and Peking Union Medical College: A Chronicle of Fruitful Collaboration 1914-1951* (New York: China Medical Board of New York, 1970); Wen

Heng, "From the China Medical Board to the China Foundation: The Network of Interlocking Patronage and China's New Scientific Community, 1920s–1930s." *Isis* 111, no. 2 (2020): 264–283; Jennifer Ryan, Lincoln C. Chen, and Tony Saich (eds.), *Philanthropy for Health in China* (Bloomington: Indiana University Press, 2014); Bridie Andrews, Mary Brown Bullock (eds.), *Medical Transitions in Twentieth-Century China* (Bloomington: Indiana University Press, 2014).

⁴ Jennifer Ryan and Mary Brown Bullock, "The China Medical Board in East Asia, 1950–2000," in *Medical Education in East Asia: Past and Future*, Lincoln C. Chen, Michael R. Reich, and Jennifer Ryan (eds.), 21–37. Bloomington: Indiana University Press, 2017, 22.

⁵ China Medical Board records (hereafter, CMB), SG1, Series 1, Box 11, Folder 41; CMB, SG1, Series 1, Box 11, Folder 42.

⁶ CMB, SG1, Series 1, Box 11, Folder 41; CMB, SG1, Series 1, Box 11, Folder 42.

⁷ CMB, SG1, Series 2, Box 23, Folder 164.

⁸ CMB, SG1, Series 1, Box 10, Folder 40.

⁹ *Ibid.*

¹⁰ *Ibid.*

¹¹ *Ibid.*

¹² *Ibid.*

¹³ CMB Records, SG 1, Series 1, Box 5, Folder 13.

¹⁴ Mary Brown Bullock. *An American Transplant: The Rockefeller Foundation and Peking Union Medical College* (Berkeley: University of California Press, 1980), 420.

¹⁵ CMB Records, SG 1, Series 1, Box 5, Folder 13.

¹⁶ Ryan and Bullock, "The China Medical Board in East Asia, 1950–2000," 21.

¹⁷ CMB, SG1, Series 1, Box 11, Folder 41.

¹⁸ *Ibid.*

¹⁹ *Ibid.*

²⁰ *Ibid.*

²¹ *Ibid.*

²² CMB, SG1, Series 1, Box 10, Folder 33.

²³ The final decision only added "New York" to the title. The minutes of the special meeting of members and trustees of CMB included P.W. Parker, F.W. Ecker, Alan Gregg, William R. Herod, Joseph C. Hinsey, Chester S. Keefer, Edwin A. Locke, Jr., Walter H. Mallory, Dean Mathey, Henry S. Sturgis, and H.B. van Dyk (other attendants: Harold H. Loucks, Director Agnes M. Pearce, Secretary, and by invitation, Florence E. Bard, assistant treasurer, and John. T. Duncan, counsel.

²⁴ CMB, SG1, Series 1, Box 11, Folder 41.

²⁵ *Ibid.*

²⁶ CMB, SG1, Series 1, Box 11, Folder 41; RF Records, Projects, SG 1.2, Series 300-833, Subseries 600.GEN, Box 2, Folder 17.

²⁷ CMB, SG1, Series 1, Box 11, Folder 41.

²⁸ *Ibid.*

²⁹ *Ibid.*

³⁰ CMB, Series 2, Box 2, Folder 25.

³¹ *Ibid.*

³² CMB records, SG 1, Series 1, Box 5, Folder 13. It was suggested that the appropriation for 1954-55 be increased by \$25,000. The additional sum would provide from five to eight more fellowships, the actual number depending upon distance, duration, and type of each.

³³ CMB, SG 1, Series 1, Box 5, Folder 13.

³⁴ Ryan and Bullock, “The China Medical Board in East Asia, 1950–2000,” 25.

³⁵ CMB records, SG 1, Series 1, Box 5, Folder 13.

³⁶ The number of the study fellowship for Taiwan is 148, in total.

³⁷ Since the fellowship allocation files are preserved in different folders and being arranged in different ways, unfortunately I only documented 144 fellowship grants for people in postwar Taiwan from the archival materials I have encountered during my visit to RAC. It requires future scholars to complete this examination.

³⁸ There were three travel grants in the 1950s provided for the governmental health administrative of Taiwan. See CMB, SG 1, Series 2, Box 12, Folder 49.

³⁹ CMB, SG1, Series 1, Box 11, Folder 41.

⁴⁰ Tsung-ming Tu, “Disiwujie zonghui kaihui zhici : guangfuhou taiwan yixue zhi jinzhuan,” *Journal of the Formosan Medical Association*, 51, no. 12 (Dec 1952): 591-606. After graduating from the Medical School of the Government of Formosa (臺灣總督府醫學校) in 1914, Dr. Tsung-ming Tu continued his education in medicine at Kyoto Imperial University and received his PhD degree in medicine in 1922. Dr. Tu was the first Taiwanese PhD in medicine in the history of Taiwan. Historian Hung-Bin Hsu has argued that Dr. Tsung-ming Tu has been one of the most important historical figures since 2000. Regarding Dr. Tu’s contribution to the medical community and the society, see Yanxian Zhang and Yongming Zhuang et al. *Taiwan jindai mingrenzhi diyice*. Taipei: Independence Evening Post, 1990); 2001; Yu-ling Yang. *Yidaiyiren ducongming*. 2002. Taipei: Commonwealth Publishing. Critical historical investigations see Hung-Bin Hsu, “Who Is Writing Whose Stories about Du Congming? - Reconsideration of the Contemporary Images of Scientist in Taiwan.” *Taiwan: A Radical Quarterly in Social Studies* 54 (2004): 149-176. doi:10.29816/TARQSS.200406.0005; Sean Hsiang-Lin Lei, “The Enigma Concerning Dr. Tsungming Tu’s Research in Traditional East Asian Medicine: On the Creation of Value in Integrative Medicine.” *Taiwanese Journal for Studies of Science, Technology and Medicine*, no. 11 (Oct 2010): 199 - 263+265-283; Shu-Hui Lin, “The Memories of Medical Pilgrimage: Dr. Tsungming Tu’s Narrative Tactics of Travel Writings about Europe and America during the Japanese Colonial Period,” *Journal of Taiwan Literary Studies* 21 (2015), 1-38.

⁴¹ Dr. Sze-Piao Yang’s oral historical interview, documented by Hong-de Liu, in Hong-de Liu, “Zai yiliao xingzheng yu yixue zhuanke zhijian- qiushirong jiqi tongshidai de taidaiyuan yu taiwan yixue” (Master’s thesis, National Chengchi University, 2008), 284.

⁴² CMB, Series 2, Box 2, Folder 26.

⁴³ Wayne Soon. *Global Medicine in China: A Diasporic History* (Palo Alto: Stanford University Press, 2020), 155–198; Michael Shiyung Liu, “Epidemic Control and Wars in Republican China (1935-1955).” *Extrême-Orient Extrême-Occident* 37 (2014): 111-139, 130.

⁴⁴ CMB Inc., Series 2, Box 2, Folder 26.

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ CMB, SG 1, Series 1, Box 11, Folder 48; also see CMB, SG1, Series 2, Box 84, Folder 1454. Besides, these trips sponsored by the CMB travel fellowship were not Dr. Wei’s first visit in the US. According to Dr. Wei, he came to the US in October 1952 as sponsored by the US Aid. During this trip, he stayed at Columbia University and visited Boston, Cincinnati, and San Francisco for learning the American form of medical and public health education, professional training, and hospital management. See Houyao Wei, *Weihuoyao xiansheng fangwen jilu*.

Ping-chen Hsiung and Tong-Liang Chiang (interview), Li-jung Cheng (documented) (Taipei: Institute of Modern History, Academia Sinica, 1990), 45-48.

⁴⁸ Wei, “*Weihuoyao xiansheng fangwen jilu*,” 46.

⁴⁹ Wei, “*Weihuoyao xiansheng fangwen jilu*,” 57.

⁵⁰ Ibid.

⁵¹ Liu, “Zai yiliao xingzheng yu yixue zhuan ye zhijian,” 118-120; For longitudinal statistics of CMB assistance to the National Taiwan University Colleges of Medicine and Nursing from 1952 to 1984, see CMB, SG1, Series 2, Box 68, Folder 1061.

⁵² CMB, SG 1, Series 1, Box 5, Folder 13. Secondary sources: see the Editorial Team, *Taidayixueyuan bainian yuanshi zhongce: guangfuhou, 1945–1997*. Mingbin Li and Chao hua Wang (eds.) (Taipei: Medical College, National Taiwan University, 1998), 162 and 203.

⁵³ Department of Nursing at National Defense Medical College (ed.), *In the Footsteps of Our Predecessors at NDMC, Celebrating Our Sixtieth Anniversary* (Taipei: publisher, 2007), 17–32; Duu-Jian Tsai and Meng-Chih Lee, “A long stream: The historical influence of Peking Union Medical College on the development of modern nursing education in Taiwan,” *The Journal of Nursing* 64, no. 5 (2007): 100–105; Hung-De Liu. “Zai yiliao xingzheng yu yixue zhuan ye zhijian- qiushirong jiqi tongshidai de taidayiyuan yu taiwan yixue.” Jhe-nan Lin. *Wode waike rensheng: linzhenan yishi huiyilu* (Taipei: Commonwealth Publishing, 2019); Duu-Jian Tsai. *History of Surgery in Taiwan*. (Taipei: Taiwan Surgery Society and Tang Shan, 2002); Tai Hsin (ed). *Weiai ersheng: liziyao jiaoshou taida sisannian rongtuizhi* (Taipei, Liziyaojiaoshou rongtuizhi bianjiweiyuanhui, 1998), 35-36.

⁵⁴ Tai Hsin, “Weiai ersheng,” 35-36.

⁵⁵ The biography of Dr. Yang, see Muh-Shy Chen, “Yangyanfei mingyu jiaoshou shengping shiji,” *The Ophthalmological Society of Taiwan* 37, no. 1 (Mar 1998): 1-4. Doi: 10.30048/ACTASOS.

⁵⁶ CMB, SG1, Series 2, Box 85, Folder 1461. Based on Dr. Yang’s letter on May 19, 1964, he eventually did not go to the AOS event because of a foot injury.

⁵⁷ Liu, “Zai yiliao xingzheng yu yixue zhuan ye zhijian,” 212 and 214.

⁵⁸ Chart 1 is made by the author with the data from *Educational Statistics of the Republic of China*, yearly report from 1957-1969. The 1957 report includes previous data from the 1950-1951 school year.

⁵⁹ S. R. Chang. *Our Mentor—The Mother of Military Nurses, General Mei-Yu Chou* (Taipei: Alumni Association of Nursing Department at National Defense Medical College, 2004).

⁶⁰ For the relationship between these crucial Chinese nursing figures, U.S. Aid, the PUMC during pre-WWII era, see Hsin-hsin Chiang, “Laoxiehe jingshen dui taiwan de yingxiang: yingmei yihu jiaoyu de chuancheng,” in *Taiwan yiliao daode zhi yanbian: ruogan licheng ji gean tantao*, edited by Yumei Yu and Duu-Jian Tsai (Taipei: National Health Research Institute, 2003), 41-67.

⁶¹ CMB, SG 1, Series 2, Box 69, Folder 1107.

⁶² Liu “Epidemic Control and Wars in Republican China (1935-1955),” 130; Chang, 2014; Meiyu Chow. *Zhoumeiyu xiansheng fangwen jilu*, Peng-yuan Chang (interview), Lo Chiu-jung Lo (document) (Taipei: Institute of Modern History, Academia Sinica, 1993), 86-95; CMB, SG 1, Series 2, Box 78, Folder 1324, Folder 1325, and Folder 1335. CMB, SG 1, S1, Box 11, Folder 47.

⁶³ CMB, SG 1, Series 2, Box 11, Folder 43.

⁶⁴ Historian Shu-Ching Chang has critically examined the history of the development of nursing profession in the international health context, particularly its association with WHO assistance in postwar Taiwan. See Chang Shu-ching, “Shijie weisheng zuzhi yu 1950 niandai taiwan hu lizhuanye zhi fazhan,” in Yen-chiou Fann (ed.), *Modern Medicine in Taiwan* (Taipei: National Taiwan University Publisher, 2020), chapter 8. Jin-ron Lee. *Taiwan nuyingxiong chencuiyu* (Taipei: Avanguard Publisher), 39–45.

⁶⁵Jin-ron Lee. “Taiwan nuyingxiong chencuiyu,” 92. After leaving Taiwan, Ms. Cuiyu Chen was hired by the WHO and worked in the Central and South American regions for the next eighteen years.

⁶⁶ CMB, SG 2, Series 2, Box 12, Folder 49.

⁶⁷ CMB, SG 2, Series 2, Box 12, Folder 53.

⁶⁸ Other tasks included reviewing existing programs, taking new proposals, and maintaining conversations with the leaders at NTU and NDMC and other US officials in Taiwan. See CMB, Series 2, Box 2, Folder 26; CMB, Series 2, Box 2, Folder 27; CMB, Series 2, Box 2, Folder 29; CMB, SG 1, Series 3, Box 121, Folder 1926.

⁶⁹ CMB, SG 1, Series 3, Box 121, Folder 1919.

⁷⁰ CMB, SG 1, Series 3, Box 121, Folder 1926.

⁷¹ CMB, Series 2, Box 2, Folder 26; CMB, S2, B2, F27; CMB, Series 2, Box 2, Folder 29; CMB., SG 1, Series 3, Box 121, Folder 1926.

⁷² CMB, SG 1, Series 2, Box 43, Folder 501 and CMB, SG1, Series 2, Box 84, Folder 1436.

⁷³ CMB, SG 1, Series 2, Box 75, Folder 1270.

⁷⁴ CMB, SG 1, Series 2, Box 75, Folder 1264.

⁷⁵ Ibid.

⁷⁶ CMB Inc., Series 2, Box 2, Folder 29.

⁷⁷ Howard Markel and Alexandra Minna Stern, “The Foreignness of Germs: The Persistent Association of Immigrants and Disease in American Society,” *The Milbank Quarterly* 80, no. 4 (2002): 757-788.

⁷⁸ See Howard Markel and Alexandra Minna Stern, “Which Face? Whose Nation? Immigration, Public Health, and the Construction of Disease at America's Ports and Borders, 1891-1928,” *American Behavioral Scientist* 42, no. 9 (1999): 1314-1331; Mathew Coleman, “US Immigration Law and Its Geographies of Social Control: Lessons from Homosexual Exclusion during the Cold War,” *Environment and Planning D: Society and Space* 26, no. 6 (2008): 1096-1114; Nancy Ordover. *American Eugenics: Race, Queer Anatomy, and the Science of Nationalism* (Minneapolis: University of Minnesota Press, 2003).

⁷⁹ CMB, SG 1, Series 1, Box 11, Folder 41.

⁸⁰ CMB, SG 1, Series 2, Box 43, Folder 500.

⁸¹ Ibid.

⁸² Ryan and Bullock, “The China Medical Board in East Asia, 1950–2000,” 26.