

# **JOURNAL FÜR ENTWICKLUNGSPOLITIK**

herausgegeben vom Mattersburger Kreis für Entwicklungspolitik  
an den österreichischen Universitäten

vol. XXVI 3–2010

## **EntwicklungsexpertInnen**

Schwerpunktredaktion: Berthold Unfried

mandelbaum *edition südwind*

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**ALICIA ALTORFER-ONG**

*They came as brothers, not masters:*

**Chinese experts in Tanzania in the 1960s and 1970s**

The governments of the People's Republic of China (PRC) and the Republic of Tanzania shared an ostensibly similar political objective in the mid-1960s: the pursuit of a socialist path of development. To further its diplomatic and ideological objectives, Beijing gave moral, economic and military assistance to many developing countries. Tanzanian president Julius K. Nyerere explicitly stated his desire for assistance from socialist experts in October 1967 (Nyerere 1967) and, in the ensuing decade, Tanzania became the largest African recipient of Chinese aid. However, accounts of the cross-cultural nexus between the Chinese personnel and their Tanzanian counterparts reveal the gaps between their respective perceptions and expectations in the foreign expert-local trainee relationship, as well as the limitations of the rhetoric of solidarity that was so prevalent at the time. This case study uses a historical lens to elucidate the role of Chinese experts as agents of knowledge dissemination in Tanzania in the late 1960s; specifically, it examines how their social behaviour was perceived by the recipient community. It is not an appraisal of the success or effectiveness of the Chinese aid programme per se, but rather a focus on the 'soft' side of south-south cooperation, an extremely relevant point even today, where, as with the north-south development assistance model, cultural mores and behaviour remain sites of contention.

This study necessarily lends itself to some broad generalisations, not least of all that both cultures were homogenous, but it is in these brush strokes that some conclusions can be drawn on the cultural embeddedness of the understandings and practices of development. The meeting of Chinese and Tanzanian cultures in the space of the 1960s 'development project' was a significantly different encounter than the more frequently

studied north-south configuration. Indeed, in the last half decade, the literature on Chinese development assistance has moved markedly from the political science discipline that assesses the high level objectives and motivations of Chinese communist aid, to more development-centred studies that emphasise the actual effects and outcomes on African recipients and communities (Yu 1970; Yu 1975; Hsu 2007a; Monson 2009). Exceptions to this are Brautigam's comprehensive studies of Chinese agricultural assistance to West African countries (Brautigam 1998, 2009). With the benefit of hindsight and the less polarised literature available following the end of the cold war, it is perhaps now possible to undertake a more 'liberated' discussion of culture and development assistance in that period. Nonetheless, the limited access to official primary sources leads to a greater reliance on more anecdotal ones, such as oral interviews, memoirs and reports generated by the state-run media.

This article is organised in three sections. It begins with the context in which the Chinese and Tanzanian governments first established contact and analyses Tanzanian perspectives of Chinese development. The second section will discuss the 'revolutionary' tenets of Chinese aid and the extent to which the rhetoric of solidarity rang true in practice. The final section is a case study of the Chinese medical teams in Zanzibar and mainland Tanzania in the 1960s to 1970s.

### **1. Julius Nyerere and elite Tanzanian perspectives of the Chinese**

To understand the Sino-Tanzanian relationship, a brief mention of the political history of Tanzania is warranted. The people of mainland Tanganyika had a considerable history of interaction with the British administrators from 1919 to 1961 and, prior to that, as part of German East Africa from 1885. The territory gained independence in December 1961 under the leadership of Julius Nyerere and the Tanganyika African Nationalist Union (TANU). That experience, for all its overall detriment to indigenous empowerment and nationalism, inadvertently fostered a kind of familiarity amongst the local population with the systems and structures of colonial rule. Social interactions and observations of the dealings of the settler communities and

colonial officials shaped local memories and understandings of development, modernity and perspectives of power in interpersonal relationships. Zanzibar, comprising Unguja (also known as Zanzibar island) and Pemba, was historically a separate entity, ruled by the Omani sultanate from the 17<sup>th</sup> century and as a British protectorate from 1890. It gained independence under an Arab-led government and constitutional monarchy in December 1963, which succumbed to a coup barely a month later, on 12 January 1964. Although the Zanzibar Revolution was a domestic expression of discontent against the socio-economic disaffection of indigenous Africans, it installed the Zanzibar Revolutionary Council (ZRC), led by Abeid Karume. The ZRC had strong left-wing elements, which raised concerns amongst western governments about the possibility of its transformation into 'Africa's Cuba'. To consolidate their domestic power and quell external threats, Nyerere and Karume established the Union of Tanganyika and Zanzibar in April 1964, which was later re-named Tanzania.

Political independence brought with it the unpleasant reality of foreign aid, so necessary for national development, and its attendant constraints on national sovereignty. Nonetheless, in spite of the Union and cosmetic attempts to synchronise their public and government institutions, both Tanganyika and Zanzibar operated quite separately. This was evident from their cultivation of bilateral donor assistance, which was closely tied to the prevailing international political dynamics. Nyerere actively pursued a non-aligned foreign policy, which welcomed development assistance from donors across the political spectrum, from the Soviet Union and East Germany, to the United States and Scandinavian countries, as well as the United Kingdom. Tanzania, with a popularly respected president at its helm, quickly became a favoured destination for bilateral and other forms of support. The predominantly western slant of the country's donor profile, particularly in visible consulting positions with government ministries, made certain comparisons with the recent colonial period inevitable. This was reinforced by the disparity between the lifestyles of the locals and their observations of the more privileged lifestyles of the western development experts who had come to help. It was against these sorts of impressions that the Chinese experts would later be compared. Karume and the ZRC concentrated on forging very visible ties with the Eastern Bloc countries and Zanzibar saw an influx of socialist experts assisting in a wide range of

areas. Indeed, Beijing had by then cultivated relations with members of the ZRC and given loans for technical cooperation and development, including military aid.

Prior to 1960, the PRC had minimal contact with both East African countries until the Afro-Asian movement gained momentum and the wave of decolonisation spread across the African continent. From the early 1960s, Beijing also had an expansive African foreign policy which professed its support and sympathy with African struggles for self-determination. This was in tandem with Tanzania's commitment to the liberation struggles in southern Africa. Nyerere made his first state visit to China in February 1965, after numerous Tanganyikan government delegations visited in 1962 and 1963. Much of what Nyerere saw in China broadly resonated with his own sentiments on national construction and development. While it is true that the Chinese rhetoric on anti-imperialism, as well as a shared history of colonial oppression and self-reliance was appropriated by many African leaders for their own purposes, a case can be made for their common concerns about their relative impotence in the face of great power rivalry and massive developmental challenges (Brautigam 1998: 179). With struggles for national liberation ongoing in Southern Africa and the ravages of cold war rivalry on fledgling governments, the Chinese experience of state-driven development was a valuable precedent. Moreover, the Chinese appeared to be building upon local rather than foreign resources whilst retaining their distinctive culture. This point resonated strongly with Nyerere's own aspirations for the perpetuation of traditional African values and his understanding of family and community (Schech/Haggis 2000: 40). As he declared in Mwanza in 1967: "ideally we also need socialists in every job – which is not necessarily the same thing as wanting a citizen for every job, because not all Tanzanians are socialists. But if a competent doctor also has socialist attitudes, then he is surely an especially great asset to us. And the truth is that the international reputation of Tanzania is such that many socialists from other countries very much want to come and work with us. One day in the future Tanzanian socialists may be able to assist other socialists to achieve their objectives. Today we should be ready and happy to welcome socialists from other countries who are ready to help us achieve our objectives" (Nyerere 1967).

The Tanzanian president began sending more of his officials to observe Chinese achievements firsthand and to "witness for themselves what a deter-

mined people can do” (Nyerere 1973: 43). One of these was Pius Msekwa, then TANU National Executive Secretary, who recalled that TANU officials were sent to observe how the Communist Party of China (CPC) mobilized people and even adopted some of these lessons upon their return to Tanzania (interview with Msekwa 2006). This gave new resonance to the Swahili saying, based on an old Islamic *hadith*, which emphasised the distance and ends that one should go to further learning: *one should be willing to learn, even if it means going to China*. Nyerere himself would visit China a dozen times throughout his life.

On a personal level, Nyerere found the Chinese officials modest and frugal, and also found the Chinese people diligent (interview with Sanga 2006). In the Chinese context, these values had Confucian origins, along with concepts of filial piety, a respect for authority and putting the community above oneself (Schech/Haggis 2000: 41). These traits struck a personal chord with Nyerere, as he abhorred any ostentatious display of wealth and was endeavouring to pursue a more egalitarian, socialist Tanzania.

## **2. A revolutionary donor-recipient relationship?**

As is the case elsewhere, the cultural underpinnings and evolution of Chinese notions of development have long historical, political and social origins. Most notably, Maoist China viewed development as the progress towards socialism, and not modernisation per se, a very different goal altogether (Schech/Haggis 2000: 45). The state and its organs defined, designed and implemented the singular approach to bettering people’s lives, which was anchored on notions of independence, socialism and national reconstruction. There was a fundamental difference in Beijing’s definition of ‘aid’ to that of the traditional donor set. It was an atypical donor, as it was financially incapacitated, diplomatically isolated and generally vilified by cold war propaganda. Its development policy was inevitably shaped by its historical experience as an aid recipient as well: New China had received Soviet industrial and economic assistance in its initial years. The Eight Principles Governing China’s Economic and Technical Aid to Other Countries, unveiled during Zhou’s visit to Africa from late 1963 to early 1964, was also an indignant stab at Soviet ‘insincerity’ and the hasty withdrawal of its assis-

tance and experts with the intensification of the Sino-Soviet rift in the late 1950s. Beijing's response was to embark on an expansive diplomatic drive to cultivate relations with the newly independent African countries from 1960, partly through developmental and economic assistance. This was institutionalized in an explicit political statement about sovereignty and equality between donor and recipient, as laid out in the Eight Principles.

As an articulation of intent and development approach, the Principles were provocative –even revolutionary– on a number of levels. The donor-recipient relationship was declared to be one between equals and encouraged self-reliance. Development cooperation was positioned as a potent, politicised process that countered colonial and imperialist control when, up to that point, most development projects were politically impotent entities which never specifically mentioned inequalities in political power, national pride, sovereignty, or the challenges of the countries' colonial inheritance. In contrast to the 'bargaining' and extensive reporting required by many bilateral donors, for the most part, Chinese aid monies and the extension of loan facilities did not need extended negotiations. Therefore, at the ideational level, the Chinese 'model' was an interesting and unique option to newly independent governments. Pragmatically speaking, Chinese aid was an additional source of development support, although the prevailing international milieu also meant that there were contingent political implications to accepting it.

Compared to the Weberian Protestant work ethic that stresses salvation through individual effort, its Confucian counterpart has entirely different motivations. Diligence is considered an innate, fulfilling value in itself (Lim/Chua 2003). As Lim and Chua posit, each individual is accountable to himself and those around him, which manifests itself as law-abiding behaviour in order to prevent conflicts and maintain harmony. Indeed, the collective good warrants a degree of individual sacrifice and through their work individuals can contribute and 'give back' to society (*ibid.*). The sense of pride that the Chinese experts felt from their work and its completion meant a fulfilment of their assignment and mission, be it in providing medical treatment to isolated villages, the laying of railway tracks or harvesting a rice farm. However, the long hours that they spent working and the urgency with which they tried to meet –and in many cases complete in advance of– project deadlines was admired on the one hand, but also derided by

the local workers who had to toil alongside them (Monson 2009: 52). The Chinese penchant for adherence to an internalised code of behaviour and 'right path' was often articulated as 'principles', which, to those more used to open-ended discussion, only emphasized their reputation for rigidity and lack of spontaneity.

As Brautigam argues, the differences in attitudes to work and cross-cultural issues meant that the Chinese projects and their management became an arena of cultural conflict. Chinese projects were generally stand-alone endeavours which enjoyed a high level of independence, were centrally controlled and rarely connected with other agencies. While their organizational structure at times seemed unclear, the Chinese experts and managers appeared rigid in their adherence to their planned programmes (Brautigam 1998: 158f). As much as the Chinese were generally respected for their professional work ethic and shouldering of responsibilities alongside their local colleagues, this did not necessarily carry over into personal relations. The completion of the said assignment was in most cases not the only expectation that the local staff and communities had of them. After all, to employ the rhetoric of solidarity, 'brothers' did not just work or fight alongside each other; it also followed that they relaxed and had fun together. As an illustration, according to the late Haroub Othman, the Cuban experts in Zanzibar were able to integrate much better and mixed easily with the locals. There was more cultural affinity between them and they participated actively in social events and dancing, which was similar to the experience that Zanzibari visitors had in Cuba as well (interview with Othman 2006, 2009). Indeed, some aspects of the Chinese experts' social behaviour were regarded as somewhat strange. The factors which influenced their behaviour cannot be easily separated or reduced to a simple laundry list, but there were notably elements of Confucian philosophy which provide plausible explanations.

The Chinese experts' expectations for their social lives and settings overseas were not grandiose, nor their material demands extravagant. This was bred from a culture of scarcity and Confucian community-mindedness at home, coupled with a high level of political mobilisation and strong socialist overtones, both of which permeated all levels of Chinese society. As dictated by the Eight Principles, the ideological precept of solidarity was reflected in the salaries of the Chinese experts, who received an equivalent wage to local

counterparts of a similar grade. In this way, Chinese experts were comparatively ‘cheaper’ to engage than development practitioners from other countries. In line with its aid agreements elsewhere, the Chinese government paid for the team’s salaries, including travel expenses between China and Zanzibar, which would be drawn on Beijing’s loan amount. The Zanzibari government was responsible for the experts’ food expenses, pocket money, accommodation, medical expenses, local transportation, facilities and stationery.<sup>1</sup> The team’s entitlement during their period of service was a month’s leave following eleven months’ uninterrupted work, as well as official local and Chinese public holidays. The Chinese experts and technical personnel were also legally obliged to observe the local laws and regulations and to keep confidential the data relating to their work. Upon the completion of their assignments, certificates would be issued by the Zanzibari government stating their period of service and their work performance. Their modest salaries limited the kinds of activities that the Chinese experts could indulge in, though it was not uncommon for them to browse the shops of Dar es Salaam for consumer goods, unavailable in China, before the end of their assignments. Unlike the Cuban system, which trained an excess of medical professionals to work overseas and generate foreign currency, China’s overseas medical teams meant a real loss to its domestic healthcare system.

There was also a perceptible social pressure to conform to a common and acceptable standard across the team. To observers, their simple dress way of dressing and almost identical deportment made the Chinese experts appear bland and faceless, as a foreign journalist’s description of the railway experts shows: “I had watched the Chinese coming ashore in Dar es Salaam harbour, drawn up in rows, each carrying Mao’s little red book, each in an identical uniform with blank faces that look straight ahead – no laughing, no chattering, no whistling at the girls. They looked like zombies, the opposite pole of temperament compared to their Tanzanian counterparts” (Smyth/Seftel 1998: iv).

Rumours that the Chinese experts were actually convicts or conscripted labour circulated and seemed entirely plausible, because these new arrivals to the development scene appeared markedly different from those who had preceded them. Their obvious frugality and simplicity also worked against them, as did China’s status as a developing country. According to the late

Zanzibari journalist Ali Nabwa, local perceptions of the teams' professional competence and the quality of the equipment they donated was at times regarded as inferior to the West (interview with Nabwa 2006). The physicians were also rumoured to be the ideologically-laden 'barefoot doctors' in the Chinese communes. However, as will be explained later, this was not true, as the barefoot doctors were a domestic phenomenon. The experts' living arrangements were modest, if austere, and comprised of dormitory-style sleeping quarters and communal cooking facilities in a shared house. The team members prepared their own food, performed their own chores and spent their leisure time together, engaging in activities like table tennis (Hsu 2007b). Some of the personnel working on the Tanzania-Zambia rail link project even cultivated little vegetable patches and practiced small-scale animal husbandry to supplement their otherwise basic diets.

The Chinese experts on the aid projects were predominantly male and did not interfere in local affairs or leave 'a trail of children behind' with local women (interviews with Othman 2006, 2009, Mmari 2006, Kahama 2007). On the other hand, the experts' Confucian moderation, self-restraint and conformity to collective norms often conflicted with local expectations. The perceived absence of virility or visible signs of masculine assertion amongst the Chinese men and the androgynous look of the few women, usually the interpreters, in their unisex garments was perturbing and gave the experts an unnatural, almost monastic, quality. Similarly, Tanzanian and other African students living in China have in many instances described the difficulties they faced in trying to establish closer relationships with the Chinese, especially romantic relationships with the opposite sex. The Chinese experts' reputation for sticking to themselves and not socializing with the locals after work hours was particularly acute during the Cultural Revolution. It was a period of tumultuous political developments within China and, in some cases, motivated radical pronouncements by its citizens overseas.

Moving on to the specific case of the Chinese medical experts, the success of their assignment was typically reflected in the number of patients seen, the range of conditions treated and the geographical area covered. Local memories and accounts of them usually originated from their Tanzanian colleagues, officials in the Ministry of Health and more sporadic impressions from patients who had received treatment, as well as from members of the rural communities where they served.

### 3. Chinese medical experts in Tanzania

Mao put forward his proposals to focus on rural health in January 1965 and thus ignited China's domestic medical revolution, which gave impetus to the organisation of mobile medical teams in the rural areas and the training of rural health workers (Fang 2008). This initiative, as well as Mao's criticisms of the Ministry of Public Health, was also indicative of his disgruntlement with President Liu Shaoqi and CPC General Secretary Deng Xiaoping. The Great Proletariat Cultural Revolution launched the following year led to the barefoot doctor campaign, which "effectively ruined the urban healthcare system" in China (Li 1994: 419ff). The training of socialist-minded specialists was now a priority alongside the development of professional competence in the medical schools. Medical students underwent the same socialist political education as those in other schools and were required to do manual labour while living and working with the peasants (Peking Review 13.II.1964: 64). The explicit rationale was that it would help the students to better link theory with practice, to spread medical knowledge among the masses and pass on knowledge of the prevention and treatment of diseases. Implicitly, those sent to the countryside were also the segment of the population that Mao harboured a deep-seated disregard for: namely, the intellectuals. An almost immediate result was a strain on domestic medical resources, as hospitals and medical schools were immobilised and highly qualified, overseas-trained Chinese physicians, who had returned to China in the early 1960s, left the country (Lampton 1977: 226). In spite of these setbacks, health diplomacy continued to be a tool of Beijing's foreign policy and a visible expression of international solidarity.

Beijing sent medical experts to Zanzibar from 1964. While there was a small Chinese business community in Tanganyika and Zanzibar, this was only useful for propaganda purposes and highlighting the country's old ties with China, with little influence on the despatch of experts, which was a political decision. From the 1960s till 1976, political loyalty and trustworthiness were incorporated into the criteria for the selection of candidates for the overseas assignments, as well as whether the person came from a politically reliable family. The drive to flatten the medical hierarchy and send physicians to the rural areas in China shaped the experts' perceptions of their role in the community and was carried over to their overseas

assignments. The medical teams at the V. I. Lenin Hospital on Unguja and Mkoani Hospital on nearby Pemba were assigned to oversee village health and were reputed for their expertise, reliability and diligence. They often kept long hours working alongside the local staff in administering medication, or assisting with injections or minor tasks like folding gauze and cleaning. This comparatively more egalitarian structure was also evident in other Chinese institutions, such as the military. Sandhurst-trained Brigadier General Sam Sarikikya conducted a fact-finding mission to China in July 1964 and observed that the officers shared sleeping quarters with their men at the platoon level. Upon his return to Tanzania, he expressed his reservations about the suitability of such a system for Tanzania to British embassy staff. The Chinese doctors tended to the rural areas and were “very close to the people” because of their experience in the countryside, which was also perceived as sincerity in wanting to help (Burgess 2009: 122). In the words of Ali Sultan Issa, who was appointed Minister of Education, Youth and Culture in January 1965, they were “more akin to us” and more easily accepted than the Soviets (ibid.: 106f). A health official similarly found the East Germans arrogant in their dealings with local staff on Pemba island, complaining that they behaved like ‘prima donnas’ (Swift 2002: 94). The Sino-Soviet dispute also manifested itself in the Islands, where there was a clear division and rivalry amongst the aid teams, including medical ones, which had to be assigned to separate regions and projects. Chinese criticisms were largely made through its media, with more ideological critiques directed against Moscow.

One of the key tenets of Chinese aid was to promote self-reliance. By February 1967, after more than two years in Zanzibar, the Chinese medical team had reportedly treated over 230 critically ill patients. The Chinese team established a preparation room to manufacture a variety of injections to reduce Zanzibar’s reliance on imported, mainly British, drugs. By July 1965, the first Chinese-equipped injection preparation room had produced nearly one million cubic centimetres of over 30 kinds of injections and drops. These products were reportedly used in hospitals and clinics in both Zanzibar and Pemba. This was later complemented by the Islands’ first pharmaceutical workshop, which was inaugurated in September 1968, under the auspices of the Lenin Hospital (People’s Daily 3.9.1968). However, medical training on the Islands remained patchy. The sustainability element was limited insofar

as the programme was managed by the Jiangsu and Shandong provinces' health bureaus, which were responsible for the continuity and replacement of personnel. The agreements were extended based on the host institution's requests and thus tended to be styled along the lines of direct service and training through demonstration rather than comprehensive long term training programmes. As such, Tanzanian doctors would only have been trained in China, where they faced a different set of challenges. A report commissioned by the United States Agency for International Development entitled *A Review of Zanzibar's Health Sector* observed that, as late as 1979, there was still no formal institution for training health professionals in the islands and nearly all of the 25 local doctors practicing at the time had been trained in the Soviet Union or China, with a number of students trained at colleges on mainland Tanzania and the Chinese team at Lenin Hospital also training rural medical assistants (USAID 1979).

On mainland Tanganyika, there had been no real rural healthcare provision at the national level prior to independence in December 1961. Rural hospital and dispensary services were run by missionary societies and voluntary groups, while some mine and plantation owners with vested economic interests in their workers' productivity had also offered their own medical services (Titmuss 1964: 33). The government remained largely dependent on foreign assistance for staffing, medication and equipment for its health service following independence. This situation was exacerbated by the global demand and shortage of qualified healthcare personnel, coupled with the long training periods and highly specialised nature of the medical field (Loxley 1973: 66). Ironically, the absence of an integrated healthcare structure meant that the country was able to absorb a large amount of foreign assistance, although this posed a challenge to the standardization of treatment and systems countrywide (Turshen 1984: 199).

Nyerere's 1967 Arusha Declaration and the concept of *ujamaa* celebrated traditional African notions of 'family hood' and harmonious communal life. In late 1967, Chinese and Tanzanian officials met in Beijing to explore the possibility of a medical project, and a feasibility team arrived in Tanzania in January the following year for a month-long tour of various medical facilities (Yu 1970: 71; People's Daily 23.1.1968). The formal medical team arrived in April 1968 and had specialists in general surgery, obstetrics and gynaecology, orthopaedics, otolaryngology, paediatrics and pharmacology

(People's Daily 20.6.1968). During his second state visit to China in June 1968, Nyerere delivered a speech titled *The Supremacy of the People*, which emphasised that Tanzania's search was for the 'committed expert' who sought to "only use his knowledge and abilities for the service of the people – and service as the people themselves define it" (Nyerere 1973: 37). The President took a great interest in the Chinese medical system, particularly in how the barefoot doctors set up a temporary clinic and trained farmers to assist medical workers in rural areas (People's Daily 16.7.1970). The barefoot doctor training was underscored by the increase in rural incomes after the economically catastrophic early 1960s, which meant that peasants were able to apportion a small sum of earnings to medical care (Lampton 1977: 229f). They earned the same wage as the farmers. A similar scheme was later developed for *ujamaa* villages to select health workers from the community that would also support them financially, modelled after the Chinese barefoot doctor scheme (Etten 1976).

However, the ideological pronouncements of the Cultural Revolution had deleterious effects on perceptions of the Chinese experts and of Beijing's diplomacy more generally. Charles Swift, an American doctor who worked with the Tanzanian Ministry of Health, recalls a lecture by a visiting senior physician on medical services in China in the late 1960s. The Chinese doctor's script brimmed with ideological verbiage "loaded with Mao-isms", probably drafted by an apparatchik, but in the discussion which followed, he spoke more freely, impressing the audience with his knowledge and professionalism (Swift 2002: 73). Regulations also governed the experts' routines; they were advised to stay indoors in the evening and not to mingle with the locals, a measure of social control which heightened the level of collective supervision within the team. This led to feelings that they were extremely secretive and formal (Hsu 2007a; Brautigam 1998: 158f). Part of this was of course linguistic, a handicap that dogged nearly all the Chinese experts who were sent overseas, as few of them spoke English and even fewer Swahili, although there were translators within the team. Neither were they cosmopolitan, and it is not surprising that the intensity of the cross-cultural encounter during the work day was balanced by a more familiar, communal routine in the evenings and benefited from the support it offered while in a foreign land.

In June 1969, a local Tanzanian newspaper published an irate letter criticising an episode of Radio Beijing's Swahili service.<sup>2</sup> The programme allegedly claimed that the Chinese doctors had made great sacrifices in order to save primitive Tanzanians who should believe in one god only – that is, Chairman Mao. The letter highlighted this as a “deliberately construed” act designed to damage Tanzanian reputation, pride and freedom and is an illustration of how local sensitivities were outraged by any suggestion of ideological supremacy by an external power. The letter waxed sarcastically that the radio service had perhaps forgotten that Tanzania had “[its] own President and [its] own Party [...]”. The Chairman and the doctors of China inject the sick and present them with small red books which, according to what I have been told by one friend of mine from Mtwara, can cure a sick man if it is read carefully. Let us leave these Chinese doctors to love their Chairman Mao; but as far as we all are concerned, we do not want the Chinese to mislead us into believing that Mao is also our God [...] if we are to have faith in this group of Chinese doctors, it will be better if they sincerely treat the sick people and not mix their medical profession with Chinese politics. I have got faith in God and in our President but not in Mao at all” (ibid.).

However, while the increasingly radical policies of the Cultural Revolution and the state media no doubt reinforced a particular mindset and approach to helping their African ‘brothers and sisters’, the Chinese experts were not devoid of a genuine sense of altruism. Indeed, many of the experts volunteered because of their personal desire to help communities in the recipient country, as well as “do something for China” (interview with Gan 2006). Particularly in that period, when opportunities to travel were few and far between and life back home was not easy, many of them were keen to have some overseas experience. They were willing to put up with the hardship, distance and attendant risks of the job, which ranged from tropical diseases to attacks by wild animals.

The villagisation policy that began in 1969 on a voluntary basis would later involve more coercive and forceful measures undertaken by the Tanzanian government from 1973. Attractive in theory, in practice the shortage of personnel and resources made the extension of health services to remote villages difficult, yet insofar as the Chinese were concerned, their medical assistance remained aligned with Nyerere's efforts to extend medical care

to the rural areas. Overall, it can be argued that there was a good match in terms of the Chinese experts' expectations and their actual assignments. In May 1972, the Tanzanian Ministry of Health and Social Welfare reported in an internal document that the Chinese doctors provided health services to those in the rural villages at a level that they were used to, in line with the Arusha Declaration's emphasis on extending services to the rural areas.<sup>3</sup> This was reinforced by the Health Division's annual report for 1968 and 1969, published in 1973, that they 'rendered invaluable assistance' in running hospitals and through regular visits to rural health centres, dispensaries and villages (United Republic of Tanzania 1973). The teams adopted a 'circuit system' of medical treatment, with each group assigned to a particular area, with the length of stay in each village ranging from a few days up to a month (Yu 1975: 110). Aside from treating patients, the team also ran health education classes which emphasised disease prevention. In July 1969, a press release issued by the Information Services Division, Ministry of Information and Tourism in Dar es Salaam reported that the Chinese medical team assigned there had attended to a total of 2,013 patients in five villages of Nachingwea District.<sup>4</sup> Once again, the report praised their efforts at having boosted morale in the rural healthcare system. It stated that, aside from assisting with the running of regional and district hospitals, it was their 'spirit of devotion to duty', 'hard devoted work' and enthusiasm for establishing mobile medical services in rural areas through regular visits which made a difference. This was invaluable in 'stimulating and supplementing' the Health Division's efforts to extend its services to rural communities. Indeed, the correspondence between the Ministry of Health and Nyerere's personal assistant Joan Wicken in August 1971 suggests that the Chinese medical team's arrival in 1968 had provided the impetus for the increased frequency of staff visits to rural communities, making it a common feature of the health service.

The Chinese teams in Mtwara, Lindi and Nachingwea hospitals paid twice weekly visits to dispensaries and *ujamaa* villages to conduct child welfare clinics, seminars, health demonstrations, vaccinations and treatment, and stayed with the rural communities for several days in some instances. Following from that precedence, according to the 1968-1969 Ministry of Health and Social Welfare annual report, a new initiative to extend health services was taken by the formation of a mobile health team in

Lindi (United Republic of Tanzania 1973). The Minister for Health's budget speech to the National Assembly in 1971/2 commended the Chinese teams for their active participation in the promotion of rural health services. They had reportedly cured no less than 16,500 patients in Shinyanga and Musoma districts by the autumn of 1970. One anecdotal report submitted by the Ministry of Health to the Chinese Medical Team Leader mentions that they stayed on for ten further days to participate in village life and work, which was considered 'evidence' of the 'strongest and warmest friendship' between the countries.<sup>5</sup> A number of parliamentarians had occasionally requested for Chinese doctors to work in their respective constituency hospitals, in response to appeals from their constituents.<sup>6</sup>

By 1972 the total number of Chinese medical teams was eleven at previously existing stations in Musoma, Dodoma, Morogoro, Mbeya, Kigoma, Mtwara, Nachingwea, Newala and Kondoa, which allowed for some continuity and handing-over of responsibilities, as well as the inclusion of two new stations at Bukoba and Singida. For more than six months, the medical team would use the Musoma Mara county hospital as a base for between two to three days a week, to carry out rural outpatient care. They often faced harsh weather conditions and had to travel long distances over difficult terrain to their destinations (*People's Daily* 31.3.1969). In the absence of clinics in the rural areas, the teams would improvise and operate from whatever facilities were available, such as a school classroom; in one account, they even donated blood for a patient's transfusion.

The Chinese medical teams in Tanzania also catered to the increasing number of experts arriving from China for aid projects from the mid-1960s. Physicians who were assigned to attend to the medical needs of the estimated 25,000 Chinese personnel who came to work on the massive Tanzania-Zambia rail link project from 1970 also treated the locals living in the vicinity of the project sites.<sup>7</sup> According to Hsu, people in Mbeya had good memories of the Chinese experts and doctors in the early 1970s (Hsu 2007a). These doctors were likely to have been trained in specialised centres for particular branches of medicine, for example to treat coal-miners or rail workers (*Peking Review* 13.11.1964: 46). Chinese assistance in rural health met an important need and contributed to Tanzania's social development through direct service. Professionally, the Chinese doctors were perceived to have left a positive impression, with a 'strong personal

influence as models' (Yu 1975: 110). The teaching of work ethics was done through demonstration and through doing the work alongside their Tanzanian counterparts, hoping in this way that they would see the value and results and would thus adopt them. They were also reinforced by remuneration contracts which rewarded diligence and performance, penalizing tardiness and bad behaviour. Furthermore, the Chinese medical teams enjoyed strong political support from the highest levels of the Tanzanian government.

At the policy level, the Chinese medical experts supported Nyerere's *ujamaa* outreach programme and rural emphasis – in spite of the increasingly contentious and arbitrary nature of the villagisation programme – by extending a public service to the remote communities, which would otherwise have exceeded the capacity of the healthcare system. As the evidence from the Tanzanian health ministry reports show, the teams provided a valuable direct service in a range of specialties to remote communities. There were attempts at increasing self-reliance through the establishment of preparation rooms and improvisation where conditions were basic. Furthermore, the teams boosted the Health Division's impetus and morale to extend their services. The Chinese model appeared to offer a feasible option for rural medical assistants, based on the barefoot doctor model. The hands-on approach of the Chinese physicians was particularly useful in an environment of limited personnel and conditions, while their attitude to work was generally viewed positively. Nonetheless, there was a low level of social interaction between the experts and their colleagues and the communities they served. That distance allowed rumours and speculation about the experts' skills and capabilities to spread, many of which persist in their memories even today. Indeed, one of the testaments to the medical teams' positive contributions is the success that the new wave of Chinese medical entrepreneurs had in riding on the coat-tails and reputation of the earlier, government-sent practitioners. Nevertheless, there is little evidence to support the assumption that these Chinese experts of the 1960s and 1970s were sent to prepare the ground for Beijing's contemporary economic engagements in Africa. The political upheavals within the Chinese government in the interim period shaped China with outcomes that could not have been predicted. What can be said, however, is that Beijing's African policy during its socialist period was intended to foster diplomatic relations for the long

term and was buttressed through a convergence of political means, development assistance and its leaders' personal diplomacy.

#### **4. Conclusion**

In the post-colonial, cold war context of newly independent African countries in the 1960s, Western development initiatives were generally unable to make a clean break from the long shadow of neo-colonialism. It was in that period that Chinese aid was dispensed to fellow developing countries, for which the phrase 'south-south cooperation for development' would only surface some years later. Bringing together historical studies and the discourse on culture and development, this article examined the role of Chinese experts as agents of knowledge dissemination in Tanzania from the 1960s to 1976. Putting aside the dissemination of hard skills and technical lessons, the focus is instead on the experts' work ethic and social behaviour. These had evolved from a mix of historical, political and social factors peculiar to the Chinese context. In particular, the traits of diligence, modesty and frugality were highlighted by President Julius Nyerere as strengths in Chinese society and were similarly observed by lay Tanzanians who interacted with the experts. Indeed, these qualities seemed to have a direct bearing on what Nyerere viewed as successful national development and nation-building in China. The Chinese experts themselves were a radical departure from popular perceptions of the development expert as being from a Northern or Western country, bringing high technology and operating in a vertical hierarchy that was not entirely unlike Tanzanians' memories of interactions which took place in the colonial era. The Confucian tradition of community above self sat very comfortably with the politically driven rhetoric of solidarity and internationalist duty. However, in spite of the professed similarities between the political and development paths of the Chinese and Tanzanian governments, as well as pronouncements of solidarity and fraternal feelings between their peoples, there was indubitably a cross-cultural clash. While this did not entirely jeopardise the physical outcomes of the Chinese projects, it had a dampening impact on the transmission of the 'soft' qualities and values that comprised the body of knowledge brought by the Chinese experts. The experts' traits of diligence, modesty and frugality were generally viewed positively by Tanza-

nian workers, although their separate social activities and perceived austerity made them appear aloof or truly foreign. This dichotomy made the rhetoric of fraternal solidarity ring hollow. This brief study suggests that while the profile of the donor country might have political and perhaps even moral implications on the recipient country and its politics – in this case a collaboration between developing countries with similar socialist ideologies – there is no escaping the critical importance that cross-cultural issues have on the dissemination and appreciation of knowledge at the inter-personal level.

- 1 ZNA (Zanzibar National Archives, Zanzibar, Tanzania), DLI/80: 26.10.1964.
- 2 NA (National Archives, Kew, United Kingdom), FCO31/441: 10.6.1969.
- 3 TNA (Tanzania National Archives, Dar es Salaam, Tanzania), Technical Assistance China, Acc. 450, HEA/90/5/II, 12.5.1972.
- 4 TNA, Ministry of Information and Tourism, A/1724/69, 3.7.1969.
- 5 TNA, Ministry of Health, HEA/90/50/405, 20.3.1973.
- 6 TNA, Ministry of Health, HEA/90/5, 2.1.1974.
- 7 TNA, Dar es Salaam. Acc. 450, HEA/90/5/II.

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## **Interviews**

Gan, Professor, interview: 14.12.2006, Dar es Salaam. He was leader of the Chinese medical team in Tanzania.

- Kahama, George C., interview: 3.5.2007, Dar es Salaam. He began his political career in the Tanganyikan cabinet in 1958 and has been in the Tanzanian public service for roughly five decades,.
- Mmari, Geoffrey R.V., interview: 7.II.2006, Dar es Salaam. He first visited China in 1967 and had twice led delegations to China when he was later Vice-Chancellor of the Open University.
- Msekwa, Pius, interview: 6.I2.2006, Dar es Salaam. He joined TANU in 1964 and later became TANU National Executive Secretary and National Assembly Speaker.
- Nabwa, Ali, interview: 26.II.2006, Stone Town, Zanzibar. He was a former journalist with the Chinese-sponsored Zanzibar News Agency (Zanews) in the early 1960s and Swahili teacher at Beijing's Institute of Journalism from 1965 to 1967.
- Othman, Haroub, interview: 14.II.2006 and 17/18.I.2009, Dar es Salaam. He worked for Radio Beijing in China from 1960 to 1962 and was most recently Professor at the Institute of Development Studies, University of Dar es Salaam.
- Sanga, Charles A, interview: 7.I2.2006, Dar es Salaam. He had two assignments in China (1985–1988 as a junior embassy officer and again from 2000 as Ambassador); he was also Nyerere's Private Secretary for eight years.

## **Newspapers**

- Peking Review, Beijing, People's Republic of China.  
 People's Daily, Beijing, People's Republic of China.

## **Abstracts**

The People's Republic of China and the Republic of Tanzania shared an ostensibly similar political objective in the 1960s: the pursuit of socialist development. As part of its drive to promote internationalist solidarity, Beijing despatched a range of experts to Tanzania and elsewhere in Africa to undertake development projects. Their encounters with members of the recipient communities were shaped by cultural mores and expectations at the interpersonal level and proved to be points of engagement as well as contention. This study uses a historical lens to elucidate the role of the Chinese experts as agents of knowledge dissemination in Tanzania and focuses on the 'soft' side of south-south cooperation. Based on historical

data from the 1960s and 1970s, this contribution's conclusions emphasise the primary role of culture in shaping understandings of development, as well as the critical importance that cross-cultural issues have on the transmission and appreciation of knowledge at the most basic interpersonal level.

Die Volksrepublik China und die Republik Tansania hatten vordergründig ein ähnliches politisches Ziel: das Streben nach sozialistischer Entwicklung. Als Teil ihrer Initiative zur Förderung internationaler Solidarität sandte Peking eine Reihe von ExpertInnen für Entwicklungsprojekte nach Tansania und andere Länder Afrikas. Deren Begegnungen mit der Gesellschaft des Gastlandes wurden durch unterschiedliche kulturelle Gepflogenheiten und Erwartungen auf der zwischenmenschlichen Ebene geprägt und erwiesen sich sowohl als verbindendes als auch als trennendes Element. Diese Studie untersucht auf der Grundlage von Quellen aus den 1960er und 1970er Jahren aus einem historischen Blickwinkel die Rolle der chinesischen ExpertInnen als Akteure der Wissensverbreitung in Tansania. Sie fokussiert auf die „weichen“ Aspekte der Süd-Süd-Zusammenarbeit. In ihren Schlussfolgerungen hebt sie die Rolle von Kultur in der Herausbildung von Auffassungen über Entwicklung hervor sowie die entscheidende Bedeutung interkultureller Belange für die Vermittlung und das Verständnis von Wissen auf der grundlegenden zwischenmenschlichen Ebene.

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