Chapter Three
A History of Chinese Medical Teams in Tanzania, 1968–2010

3.1 Introduction

While the preceding chapter demonstrated indirect ways in which the Chinese government assisted the Tanzanian government through exposure to its health policies, this chapter examines China's direct assistance using the Chinese Medical Team (CMT) program as its focal point. The chapter discusses the history of CMTs in Tanzania from 1968 to 2010. It shows that Africa was the first frontier for the Chinese government to provide medical assistance, before its extension to other continents. The chapter discusses the implications of China's foreign aid policy in shaping the operation of the CMT program in Tanzania. It also analyzes several means of medical knowledge exchange and their roles in building the health sector's capacity in Tanzania. I argue that the CMT program was a humanitarian mission, but was simultaneously driven by political and economic calculations. The program served as a soft way of securing allies during the Cold War era and a vital tool in maintaining China's political and economic interests in Africa. At the same time, the ways in which the CMT program unfolded in Tanzania translated into modest increases in sustainability and self-dependency in the country's health sector.

3.2 Chinese Medical Teams in Africa

The Chinese medical team program was China's first medical assistance to Africa. CMTs started first in Algeria in 1963 due to their request to the Chinese government after experiencing rapidly deteriorating health services following the withdrawal of French medical staff soon after the liberation war in 1962. The dispatch of Chinese doctors to Algeria marked the beginning of the Chinese government's medical assistance to Africa, Latin America, Asia, Oceania and Southern Europe.[1] The CMT program was among several frontiers of China's medical assistance to

1 The Republic of Malta, a Southern European country, is the only European nation receiving CMTs. Malta, which signed diplomatic relations with China in 1972, has received medical teams from Jiangsu province for over 25 years. Unlike countries of the South, China's medical aid to Malta is neither relief nor charity since Malta's health system is quite strong. China's medical

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Africa. However, the lack of sufficient medical personnel in many African countries made the CMT category a more interventionist form of medical assistance than the rest, taking the largest share of China's health aid.[2] The Chinese government recruited medical workers from different provinces, where each province dispatched medical workers to one or more African countries (Table 5). Thus, the local government sent the teams abroad while the central government administered the program through its Ministry of Public Health. A single medical team comprised members from different medical departments: physicians, surgeons, gynecologists, ophthalmologists, acupuncturists, pharmacists, radiologists, laboratory technicians, anesthesiologists, and nurses. The team also included cooks and language translators. In total, a single team consisted of between 15 and 25 people, each working for a period of two years.[3] From 1963 to 1978, the Chinese government mostly covered the costs for maintaining medical teams, while recipient countries carried a fraction. The Chinese government covered the costs of language training, food, salaries, medicines, and transportation, while recipient countries provided the team with medical facilities, medical instruments, accommodation, and security.[4]

After the first CMT mission to Algeria, other African countries received CMTs for consecutive years. For instance, up to the end of the 1960s, about seven African countries received CMTs.[5] There was an increase in CMTs in Africa between 1970 and 1978, during which about 22 African countries received CMTs (Table 5).[6] The

assistance, therefore, aimed at bolstering diplomatic relations between the two countries and mainly boosting the practice of traditional Chinese medicine. By 2014, the Jiangsu province dispatched about 11 batches with 66 medical doctors. See Li Bo *et al*., "The Development of China's Medical Assistance Based on Jiangsu Province's Medical Aid to Malta and Zanzibar: Review and Suggestions," *Chinese Journal of Disaster Medicine* 6, no. 3 (March 2018): 122; "Diplomatic Relations Established Between China and Malta," *Peking Review*, March 3, 1972, 3; Li Anshan, "From "How Could" to "How Should": The Possibility of a Pilot U.S.-China Project in Africa," in *China's Emerging Global Health and Foreign Aid Engagement in Africa*, ed. Xiaoqing Lu Boyton (Washington DC: Centre for Strategic and International Studies, 2011): 41, also see Shuang Lin *et al*., "China's Health Assistance to Africa: Opportunism or Altruism?" *Globalization and Health*, (2016): 1. https://doi.org/10.1186/s12992-016-0217-1.

2 Peilong Liu, *et al*., "China's Distinctive Engagement in Global Health," *Lancet* 308 (August 2014): 795.

3 Interview with Ge Yonghe, March 1, 2016, Jinan. Ge is a Director of Medical Department, Health and Family Planning Commission of Shandong Province.

4 Global Health Strategies Initiatives (GHSi), *Shifting Paradigm: How the BRICS are Reshaping Global Health and Development,* (2012), 64.

5 Li, "From 'How Could' to 'How Should,'" 41.

6 Gail A. Eadie and Denise M. Grizzell, "China's Foreign Aid, 1975–78," *The China Quarterly*, no 77 (Mar. 1979): 228.

increase in the number occurred concurrently with the rise of African countries, which signed diplomatic relationships with the Beijing regime. China's medical assistance to African countries further increased in the 1970s following the support African countries provided to China in its admission to the UN Assembly in 1971.[7]

However, the dispatch of the CMTs underwent drastic changes in the 1970s following China's reform and opening-up policy. The changes did not last long. From 1981 to 1987, the Chinese government dispatched teams to about ten countries (Table 5). After a freeze of almost six years (1988–1994), medical teams began to flow from 1994, when Namibia, the Comoro Islands, and Lesotho received medical doctors for the first time. The medical teams, however, retreated from countries with political instabilities and those which signed diplomatic relations with the Republic of China (ROC)/Taiwan. For example, in 1991 and 97, the Chinese government withdrew teams from Somalia and Congo Kinshasa due to political instabilities and from Liberia in 1989, Burkina Faso in 1994, the Gambia in 1995, and Sao Tome and Principe in 1997 after they recognized Taiwan. The teams to Liberia resumed in 2005 after the country restored diplomatic relations with China. In the years after the 2000s, CMTs increasingly were sent to African countries (Table 5).[8] Generally, from its inception in 1963, the Chinese government sent many CMTs to Africa. By 2009, it dispatched about 21,000 medical workers to 69 countries of the Global South, about 17,000 of whom were in 48 African countries.[9] The table below shows the trend of Chinese medical workers in different African countries from 1963 to 2012. This chapter discusses specific case studies after this broad overview of the CMT program in Africa.

3.3 Origin, Roles, and Challenges of CMTs in Tanzania

The dispatch of medical teams to Tanzania resulted from a severe crisis in the health sector following the withdrawal of medical assistance from traditional donors of the Global North due to diplomatic rifts in the mid-1960s (Chapter 1). Following the crisis, Tanzania's Minister for Economic Affairs and Development Planning, Paul Bomani, made a special request for the CMTs to the Chinese government in 1966.[10] The official signing of the Memorandum of Understanding (MoU) for the CMT program between the two countries was, however, delayed since the Tanzanian Minister for Health,

7 Li Anshan, *Chinese Medical Cooperation in Africa: With Special Emphasis on the Medical Teams and Anti-Malaria Campaign* (Uppsala: Nordiska Afrikainstitutet, 2011), 9.

8 Li, *Chinese Medical Cooperation in Africa*, 12.

9 Xi Jinping, *The Governance of China*, (Beijing: Foreign Language Press, 2014), 334.

10 "A Special Report, Chinese Medical Assistance to Tanzania, May 12, 1972," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

Table 5: African countries and their respective serving provinces, 1963–2013.

Country	Dispatching Province	Year Started	Number CMTs up to 2013	Number of Aided Facilities	Changes
Algeria	Hubei	Apr. 1963	23	0	Withdrew in Feb. 1995 due to war, re-dispatched in 1997
Zanzibar	Jiangsu	Aug. 1964	26	1	
Somalia	Jilin + Shanghai	June 1965	13	2	Withdrew in 1991 due to civil war
Congo Brazzaville	Tianjin	Feb. 1967	22	4	Withdrew in 1997 due to civil war, and returned in Dec. 2000
Mali	Zhejiang	Feb. 1968	23	1	
Tanzania	Shandong	Mar.1968	22	2	
Mauritania	Heilongjiang	Apr. 1968	30	5	
Guinea	Beijing	June 1968	23	2	
Sudan	Shanxi	Apr. 1971	31	2	
Equatorial Guinea	Guangdong	Oct. 1971	26	1	
Sierra Leone	Hunan	Mar. 1973	16	1	Withdrew in 1993 due to war, re-dispatched in Dec. 2002
Tunisia	Jiangxi	June 1973	20	1	
DR Congo Kinshasa	Hebei	Sept. 1973	15	1	Withdrew in 1997 due to war, and returned in June 2006
Ethiopia	Henan	Nov. 1974	17	1	Interrupted in Sept. 1979, and returned in Dec. 1984
Togo	Shanghai +Shanxi	Nov. 1974	20	2	
Cameroon	Shanghai+ Shanxi	June 1975	16	6	Interrupted in Jan. 1979, and dispatched by Shanxi in 1985
Senegal	Fujian	July 1975	15	1	Withdrew in 1996, and re-dispatched in Sept. 2007
Madagascar	Gansu	Aug.1975	19	1	
Morocco	Shanghai + Jianxi	Sept. 1975	–	6	Jiangxi province joined in 2000

Table 5 (continued)

Country	Dispatching Province	Year Started	Number CMTs up to 2013	Number of Aided Facilities	Changes
Niger	Guangxi	Jan. 1976	17	1	Withdrew in July 1992 and re-dispatched in Dec. 1996
Mozambique	Sichuan	Apr. 1976	19	0	
Sao Tome and Principe	Heilongjiang + Sichuan	June 1976	11	0	Withdrew in 1997 after Sino-STP diplomatic relations ended
Burkina Faso (Upper Volta)	Beijing	June 1976	10	1	Withdrew in 1994 after Sino-BF diplomatic relationship suspended
Guinea-Bissau	Guizhou + Sichuan	July 1976	14	4	Withdrew in 1990 and re-dispatched by Sichuan in 2002
Gabon	Tianjin	May 1977	17	2	
Gambia	Tianjin +Guangdong	May 1977	9	5	Dispatched by Guangdong province instead in 1991, and withdrew in 1995
Benin	Ningxia	Jan. 1978	19	3	
Zambia	Henan	Jan. 1978	16	1	
Central African Republic	Zhejiang	July 1978	15	2	Withdrew in July 1991, re-dispatched in Aug. 1998
Chad	Jiangxi	Dec. 1978	10	1	Withdrew in 1979 and re-dispatched in 1989; withdrew in 1997 and re-dispatched in 2006; withdrew in Feb. 2008 due to war and re-dispatched in May 2008
Botswana	Fujian	Feb. 1981	13	1	
Djibouti	Shanxi	Feb. 1981	17	2	
Rwanda	Inner Mongolia	June 1982	16	3	
Uganda	Yunnan	Jan. 1983	16	1	

Table 5 (continued)

Country	Dispatching Province	Year Started	Number CMTs up to 2013	Number of Aided Facilities	Changes
Zimbabwe	Hunan	May 1985	13	3	
Libya	Jiangsu	Dec. 1983	5	0	Contract expired in 1994 and was not renewed
Cape Verde	Heilongjiang +Sichuan +Hunan	July 1984	15	2	Dispatching province changed to Sichuan in Feb. 1998, and late changed to Hunan
Liberia	Heilongjiang	July 1984	7	2	Withdrew in 1989 and returned in 2005
Burundi	Guangxi + Qinghai	Dec. 1986	15	1	The dispatching province was changed to Qinghai
Seychelles	Guangxi	May 1987	14	1	
Comoros	Guangxi	1994	9	1	
Namibia	Zhejiang	Apr. 1996	9	1	
Lesotho	Hubei	June 1997	9	0	
Eritrea	Henan	Sept.1997	8	1	
Angola	Sichuan	2007	3	2	Postponed, since the accommodation was not ready. The first batch finally arrived on June 23, 2009
Malawi	Shaanxi	June 2008	3	0	
Ghana	Guangdong	2008	3	3	The team set off on December 29, 2009
South Sudan	Anhui	2012	1	1	

Source: Modified from Liu et al., "China's Distinctive Engagement in Global Health," 796–797; Li Anshan, *Chinese Medical Cooperation in Africa*, 10–11.

Derek Bryceson, who was British-born and educated at Cambridge, was highly skeptical of the quality of Chinese doctors. Only after Bryceson attended a conference held at the University of Dar es Salaam in 1967, where visiting Chinese Professor Wu Jieping presented the development of medical services in China, did the Minister for Health change his perception of what Chinese doctors could offer to Tanzania. Due to the Minister's original skepticism, the 1966 request for medical assistance had

been drafted and sent to China by the Minister for Economic Affairs and Development Planning rather than the Ministry of Health.[11]

In 1967, the Ministry of Health (MoH) submitted a detailed report to Chinese Premier Zhou Enlai, highlighting Tanzania's health challenges, including troubling diseases and a shortage of medical staff, medicines, and equipment, underscoring the country's pressing need for assistance.[12] A tour to China by medical delegates of Tanzania in November 1967 amplified the request for the CMTs. The delegates met Premier Zhou and signed a general agreement on the CMT program, upon which Zhou ordered Shandong province to send medical teams to Tanzania every two years. On May 6, 1968, the Ministries of Health of the two countries signed a contract for the CMT program (Figure 3). Thus, from 1968 to the present, the Shandong province has sent medical teams to Tanzania.[13]

The Chinese government dispatched the CMTs to Tanzania at the height of Cold War politics when China was not a member of the UN General Assembly. Furthermore, it was the period when China, alienated from the Soviet Union, was fighting against both so-called US "imperialism" and Soviet "revisionism." It was also during the time when China implemented its Great Proletarian Cultural Revolution (1966–1976). Chairman Mao vowed to eliminate old-fashioned capitalistic ideas through the Revolution, fight his political enemies who threatened his position within China's Communist Party (CCP), and promote Maoist ideology overseas. Thus, throughout the 1960s and 1970s, the Chinese experts deployed by the government to work abroad spearheaded the fight against "imperialism" and "revisionism," promoting Maoism while maintaining their country's influence and interests.[14] These contexts informed the recruitment, training, and activities of

11 Alicia N. Altorfer-Ong, "Old Comrades and New Brothers: A Historical Re-Examination of the Sino-Zanzibari and Sino-Tanzanian Bilateral Relationships in the 1960s," (PhD diss., Department of International History, London School of Economics and Political Science, 2014), 254.

12 "A Special Report, Chinese Medical Assistance to Tanzania, May 12, 1972," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China; also see, Health Department of the Shandong Province, *The Chinese Medical-Aid Team in the United Republic of Tanzania, 1968–1998*, (Shandong, 1998), 11.

13 "Medical Aid to Tanzania, 1968," SPA. File No. A034-03-006, Shandong Province Health Bureau; "URT, Ministry of Health and Social Welfare, the 40th Anniversary on Chinese Medical Team Workers in Tanzania, 1968–2008," NRC. Ministry of Health and Social Welfare, 14/05/03, File Ref. No. HC. 74/311/02 Chinese Medical Team 2007–2010; Interview with Sun Yazhou, March 1, 2016, Jinan; "Madaktari Zaidi toka China Watakuja," *Uhuru*, May 7, 1968, 1; "China Yasaidia Tanzania Dawa na Madaktari," *Ngurumo*, May 7, 1968, 1.

14 Yanzhong Huang, "Pursuing Health as Foreign Policy: The Case of China," *Indiana Journal of Global Legal Studies* 17, no. 1 (Winter 2010): 111; Miriam Gross, "Between Party, People and Profession: The Many Faces of the 'Doctor' during the Cultural Revolution," *Medical History* 62, no. 3 (2018): 333.

Figure 3: Minister for Health A. K. Shaba (left) and the Chinese Ambassador to Tanzania, Chou Po-Ping (right), exchanging MoUs for the CMT program in Tanzania, May 6, 1968. Source: "Madaktari Zaidi toka China Watakuja," *Uhuru*, May 7, 1968, 1 (printed with permission).

the CMTs in Tanzania. For instance, medical doctors dispatched in the 1960s and 1970s were all faithful members of the CCP. Besides attending to patients, the doctors promoted Maoism, boosted Sino-Tanzanian friendship, and maintained China's influence in the region.[15] The partisanship criterion continued even after China halted political propaganda following its reform and opening-up policy in 1978. The Chinese government needed diligent medical doctors to defend China's political, social, and economic interests.[16]

The doctors recruited possessed specific professional and physical merits such as clinical training with tertiary qualifications, good professional recommendations, and at least five to ten years of working experience, as well as healthy physiques, with a maximum age of 55. Under such criteria, most doctors sent to Tanzania were older than 30, and many were married.[17] As shown in Table 6, the

15 "Medical Aid to Tanzania, 1968," SPA. File No. A034-03-006, Shandong Province Health Bureau.

16 "Job Description and Work Reports of the Medical Team in Tanzania, 1981," SPA. File No. A034-06-159, Shandong Province Health Bureau, Foreign Affairs Office.

17 "The Dispatch of Medical Aid Team to Tanzania, 1978," SPA. File No. A034-06-0358, Shandong Province Health Bureau; Interview with Deng Shucai, May 23, 2019, Jinan.

number of male doctors surpassed the number of females since Shandong province had fewer female doctors. Above all, most female doctors were unwilling to join the CMT program since they attended to social responsibilities at home than their male counterparts.[18] The province needed to recruit qualified doctors to meet regulations by the Registrar of the Medical Council of Tanganyika (MCT), who verified the merits of their professional qualifications. The council was mandated to issue medical doctors with professional working licenses or otherwise, based on the council's promulgated criteria.[19] In the 1960s and 1970s, Shandong, like many other Chinese provinces, encountered inadequacies of medical personnel. The province faced difficulties mobilizing qualified medical personnel to participate in the CMT program, especially in gynecology, anesthesia, surgery, and other more skilled personnel, since it did not have enough experts in those fields due to the growing population and disease burden.[20] Yet, despite the demands of medical doctors at home, the prevailing Cold War politics made the dispatch of CMTs overseas politically imperative for Beijing's health diplomacy and its evident illustration of international solidarity.

Chinese doctors deployed to Tanzania were experts with varying specializations depending on prevailing health challenges and special requests from Tanzania's MoH. The oral anecdotes I collected support the theory that negotiations took place between officials from the MoH and the Shandong Health Bureau regarding the types of experts required by the Tanzanian government.[21] Before the 1990s, following the country's shortage of medical personnel, the MoH requested and received experts of all levels of expertise (specialists and non-specialists). However, from the 1990s onwards, the number of local medical personnel increased. Yet, they were primarily physicians who needed further training and mentorship to address pressing health cases. Subsequently, the MoH requested and received specialist doctors to address more critical health cases of gynecology, obstetrics, and surgery to ease mentorships and address cases that could not be adequately cared for by local personnel.[22]

18 Interview with Qin Chengwei, July 22, 2018, Posta-Dar es Salaam.

19 "Letter from Registrar, September 5, 2009, to the Principal Secretary MoH, headed, Letter of Authorization," NRC. Ministry of Health and Social Welfare, 14/05/03, File Ref. No. HC. 74/311/02 Chinese Medical Team 2007–2010.

20 Interview with Ge Yonghe, March 1, 2016, Jinan.

21 Interview with Simon Ernest, May 7, 2018, MoH Headquarters, Dar es Salaam; Che Yansong, May 23, 2019, Jinan.

22 "List of Names of Doctors of the Chinese Medical Team, July 1, 1972," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5, Technical Assistance China; "Muhtasari wa Mkutano wa Ndugu L. D. Stirling Waziri wa Afya na Madaktari wa Kichina Uliofanyika Tarehe 25 Agosti, 1976 Saa 5:30–6:15 Adhuhuri Katika Ukumbi wa Chumba cha Mkutano Wizara ya Afya, Dar es Salaam, Tar-

Chinese doctors underwent language training before travelling overseas to interact easily with patients and local doctors. While Tanzania's lingua franca is Kiswahili, many Tanzanians speak and understand English with varying levels of fluency. The CMTs dispatched to Tanzania attended six months of training in English and Kiswahili in Jinan.[23] Under Mao's regime, language training stressed Kiswahili since the doctors spent half their time in rural areas where most people spoke Kiswahili and local languages. Moreover, under Mao, China sought to expand its influence and political propaganda. Thus, the CMTs had to interact effectively with political elites and other influential people through Kiswahili.[24]

However, language training courses did not effectively address the communication barrier, pushing the Chinese government to include two or more translators in each team to address the challenge. In the 1960s and 1970s, the Chinese government dispatched many doctors to work in several regions and districts of Tanzania. Such distributions demanded more translators, at least one in each region, which could not be sufficiently provided.[25] Worse still, the language barrier remained unsolved, not only because there were few translators but also because they were unfamiliar with some medical terms and did not always accompany medical doctors at their work sites.[26] Song Tao, an interpreter with over eight years of experience, admitted that he translated ordinary conversations, especially when the teams met government officers, and rarely to patients. However, Song underscored that the language handicap was always critical in the early months, but the teams addressed the challenge gradually as they interacted with patients and local doctors.[27]

The recruitment of translators was consistent with the needs of the Chinese government. As for the CMTs, translators were faithful members of the CCP. Their functions and competencies went far beyond translation. For instance, they worked as drivers for the CMTs and wrote reports and minutes after meetings with government officials. Translators also taught the English language to the doctors at night and assisted medical workers when needed. More importantly, they interacted with different groups of people and engaged in political discus-

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ehe September 7, 1976," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5, Technical Assistance China; Interview with Simon Ernest, May 7, 2018, MoH Headquarters, Dar es Salaam.

23 Interview with Sui Guangxin, March 1, 2016, Jinan; Chen Zhufeng, March 1, 2016, Jinan.

24 "Medical Aid to Tanzania, 1968," SPA. File No. A034-03-006, Shandong Province Health Bureau.

25 "List of Names of Doctors of the Chinese Medical Team, July 1, 1972," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

26 Interview with Rajabu Kisonga, April 24, 2018, Dodoma Regional Referral Hospital.

27 Interview with Song Tao, March 16, 2018, Posta-Dar es Salaam.

sions to discern people's perceptions of the Chinese presence in Tanzania in comparison to doctors from capitalist and socialist countries. Similarly, they read local newspapers and reported their discoveries to the Chinese government. They compiled and submitted reports detailing the political and economic situations of Tanzania and the activities of the CMTs every six months for a brief mid-year report and annually for an extensive report.[28]

In 1968, before dispatching the CMTs to Tanzania for the first time, the Shandong province sent a team of doctors to study the existing needs in healthcare, living conditions, work environment, climatic conditions, and political atmosphere in the country, in order to inform their preparations. There were two rounds of visits. The first, which preceded the arrival of the whole team, and the second, as a follow-up, took place before the teams started working.[29] The visiting teams not only studied Tanzania's health system and the challenges facing the health sector but also performed a diplomatic and political role. For instance, they explored the stability and influence of countries of the Global North in Tanzania and studied people's perceptions of China and Mao's philosophy. In their reports, they noted that imperialist countries still had a strong influence in Tanzania despite the country's taking the socialist path in 1967. The teams suggested curbing the hardships and improving the living and working conditions to ensure their effective performance and comfort.[30] Their reports marked a wake-up call and guided their preparations before travelling to Tanzania. Nevertheless, preliminary tours ended in the 1980s, since the activities of the CMTs were limited to four regions (see below), whose living and working conditions were already familiar.[31]

Activities of the CMTs in the 1960s and 70s involved political propaganda. For example, Chinese doctors distributed Mao Zedong's Little Red Book to political elites, college students, doctors, and patients and encouraged them to read. Doctors strongly promoted Mao's popularity in line with China's radical policies dur-

28 "Job Description and Work Reports of the Medical Team in Tanzania, 1981," SPA. File No. A034-06-159, Shandong Province Health Bureau, Foreign Affairs Office, also see "Work Report and Letters of the Medical Team in Tanzania, 1983," SPA. File No. A034-06-310, Shandong Province Health Bureau.

29 "Medical Aid to Tanzania, 1968," SPA. File No. A034-03-006, Shandong Province Health Bureau, also see "Chinese Medical Team in Mtwara," *The Nationalist*, February 1, 1968, 8; "Madaktari wa Kichina," *Ngurumo*, February 12, 1968, 1; "Chinese in Singida," *The Nationalist*, February 1968, 8.

30 "Medical Aid to Tanzania, 1968," SPA. File No. A034-03-006, Shandong Province Health Bureau.

31 From the 1980s onwards, CMT activities were limited to the Dodoma, Tabora, Mara, and Dar es Salaam regions. Interview with Simon Ernest, May 7, 2018, MoH Headquarters, Dar es Salaam.

ing the Great Proletarian Cultural Revolution. Chinese doctors attended to patients and presented them with Mao's Little Red Book, claiming they would cure their ills if carefully read, making patients believe that Mao was a god. The doctors' spread of political propaganda won them applause. Acknowledging their roles, the Radio Beijing Swahili services reported that Chinese doctors made great sacrifices to save the primitive Tanzanians to believe in one god, Chairman Mao.[32] Chinese doctors further criticized imperialism and neo-colonialism in their talks with different groups of Tanzanians. They carried and distributed printed portraits of Mao to regional, district, and village leaders. In the Dodoma Region, a Regional Commissioner received Mao's portrait and "kissed" it. While in Butiama, Nyerere's brother received the portrait and hung it on the wall of the house. Such deeds enhanced China's influence in the country and boosted Mao's popularity and his anti-imperialistic propaganda. Through the activities of the CMTs, many Tanzanians knew Mao. The Director of Muhimbili National Hospital first did not know Mao but came to know him through books and portraits he received from Chinese doctors as gifts.[33] After the reform and opening-up policy, the CMT discouraged the influence of pro-Maoists who were against the reform and opening-up policy. The doctors further commended the merits of the newly adopted policy for Sino-Tanzanian relations. Additionally, they spread Deng Xiaoping's speeches and publications to enhance his influence and strengthen and communicate the reform and opening-up policy in Tanzania.[34]

During the height of Cold War politics, the Chinese government anticipated that capitalist countries would spy on the Chinese government through Chinese workers overseas. Hence, at its inception, the CMTs working in Tanzania were forbidden from interfering in the internal affairs of the recipient country, talking to journalists, attending entertainment centers, and revealing the secrets of the Chinese government to foreigners. Moreover, the government prohibited them from engaging in conversations with foreigners and establishing private connections, including romantic relationships and marriages.[35] Generally, the CMTs had limited interactions with foreigners in Tanzania throughout Mao's reign. Nevertheless, after Deng Xiaoping's reform and opening-up policy, the CMTs began to

32 Alicia Altorfer-Ong, "They Came as Brothers, not Masters: Chinese Experts in Tanzania in the 1960s and 1970s," *Austrian Journal of Development Studies* xxvi, no. 3 (2010): 86.

33 "Job Description and Work Reports of the Medical Team in Tanzania, 1981," SPA. File No. A034-06-159, Shandong Province Health Bureau, Foreign Affairs Office.

34 "Work Reports of the Medical Aid Team in Tanzania, 1978," SPA. File No. A034-06-035, Shandong Province Health Bureau.

35 "Medical Aid to Tanzania, 1968," SPA. File No. A034-03-006, Shandong Province Health Bureau.

interact with foreigners strategically. The government enhanced doctors' training in English. Recruitment processes preferred doctors who mastered English to facilitate interactions with foreigners, deemed imperative to boost medical science and technology. The Chinese government, therefore, instructed the CMTs to work closely with foreign doctors, examine their technical expertise, and learn from them.[36]

CMT did not spread to all regions and districts of Tanzania because of the limited number of doctors. Their services reached regions and districts that reported many health cases and where outstanding politicians and leaders originated. For example, Chinese doctors worked in the Mara Region, the home province of President Nyerere. They further worked in Monduli District, the constituency of the Prime Minister, Edward Moringe Sokoine, and Mtwara, the home and constituency of the Minister for Health, Austin Shaba. The influence of political leaders likely prompted the distribution process. Furthermore, the Chinese government probably prioritized such regions to win the hearts and minds of political elites.[37] Generally, up to 2015, the CMTs provided medical services to 13 regions of Tanzania, including Dodoma, Tabora, Mara, Mtwara, Lindi, Kigoma, Shinyanga, Mbeya, Morogoro, Singida, Mwanza, Arusha, and Dar es Salaam (Figure 4).[38] However, from the 1990s onwards, the services by the CMTs concentrated on only four regions of Tanzania, namely Dar es Salaam, Dodoma, Tabora, and Mara.[39]

While working in Tanzania, the CMTs faced numerous challenges, in addition to the communication barrier, which I have discussed above. For instance, in the 1960s, the transport challenge was critical, especially in rural areas. Roads were hardly passable, especially during the rainy season, and public buses were limited to towns and cities. Although by the 1960s and 1970s, China's economic and social infrastructures were less advanced, they already had better roads and friendly public transportation in many places. Thus, the challenges they experienced were somewhat of a shock to the CMTs, and they took some time to adjust

36 "Job Description and Work Reports of the Medical Team in Tanzania, 1981," SPA. File No. A034-06-159, Shandong Province Health Bureau, Foreign Affairs Office.

37 "Bomani to Discuss Aid in Moscow," *Sunday News*, November 2, 1967, 1; "Cuba Sends More Doctors," *Daily News*, September 12, 1977, 3, and "Italian Doctors Arrive," *Daily News*, July 19, 1977, 1, for Italians.

38 "Work Reports of the Medical Aid Team in Tanzania, 1978," SPA. File No. A034-06-035, Shandong Province Health Bureau; "List of Names of Doctors of the Chinese Medical Team, July 1, 1972," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China; also see Johanna Jansson, Christopher Burke and Tracy Hon, *Patterns of Chinese Investment Aid and Trade in Tanzania* (South Africa: Centre for Chinese Studies, University of Stellenbosch, 2009), 2.

39 Interview with Simon Ernest, May 7, 2018, MoH Headquarters, Dar es Salaam.

to the new lifestyle.[40] The MoH gave CMTs with vehicles, but the supply was insufficient for all, and some were old, which, in turn, led to frequent breakdowns. Ineffective transportation services forced Chinese doctors to travel on foot through forests and mountains, along with portable medical equipment and drugs, to reach *Ujamaa* villages (Figure 5). Yet, Chinese doctors did not hire porters to carry medical boxes and other equipment, showing a distinctive approach to responding to the transportation difficulties compared to colonialists, who used African porters to carry goods. Consequently, inconveniences in reliable transport systems complicated the transportation of food, medicines, and medical equipment, affecting effective clinical care.[41]

The inadequate supply of medicines, medical equipment, water, and electricity further hampered the activities of CMTs in Tanzania. The medical supplies that CMTs brought did not meet the demands. Furthermore, the effective use of some medical equipment was hampered because of the lack of an electricity supply in some hospitals. Besides, many health facilities lacked modern medical equipment.[42] The economic crisis which heavily affected the Tanzanian government in the 1980s caused severe cutbacks in government expenditure on health, falling from 7.1% in 1975/76 to 4.0% in 1987/88.[43] While the Tanzanian government attempted to address the challenges of providing essential medicines, health service, and equipment, its economic muscles to achieve this task remained limited. Thus, it touched on a few areas by providing generators and other social amenities, such as water and improved weather roads.[44]

Chinese medical doctors further encountered unaccustomed diseases and a threat of dangerous communicable and non-communicable diseases that were not common in China. There were diseases such as trachoma, which the doctors knew of theoretically but had never confronted throughout their professional lives in China. Such a disease and many others challenged their medical expertise, but allowed Chinese doctors to apply their medical expertise and gain new

40 Interview with Deng Shucai, May 23, 2019, Jinan, and Sui Guangxin, March 1, 2016, Jinan.

41 "Medical Aid Team in Tanzania, 1986," SPA, File No. A034-06-637, Shandong Province Health Bureau.

42 "Medical Aid Team in Tanzania, 1981," SPA. File No. A034-06-157, Shandong Province Health Bureau; Interview with Ding Zhaowei and Jin Xunbo, May 23, 2019, Jinan.

43 Lucian A. Msambichaka, *et al*., *Economic Adjustment Policies and Health Care in Tanzania* (Dar es Salaam: Economic Research Bureau, University of Dar es Salaam, 1997), 95.

44 "Letter from Daktari Mkuu wa Mkoa, Shinyanga, to Katibu wa TANU, Mkoa wa Shinyanga, 15th August, 1974, Madaktari wa Kichina," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

Figure 4: Map showing places where CMTs worked in Tanzania from 1968 to 2019. Source: Created by the Geographic Information System (GIS), Institute of Resource Assessment (IRA), University of Dar es Salaam, September 2019, based on data from "Work Reports of the Medical Aid Team in Tanzania, 1978," SPA. File No. A034-06-035, Shandong Province Health Bureau, and "List of Names of Doctors of the Chinese Medical Team, July 1, 1972," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

experiences.[45] Furthermore, dangerous diseases such as malaria, typhoid, cholera, and AIDS were a considerable challenge. Archival evidence shows that the Chinese government inoculated the CMTs to enhance their immunity to diseases

45 Interview with Rajabu Kisonga, April 24, 2018, Dodoma Regional Referral Hospital; Ding Zhaowei and Jin Xunbo, May 23, 2019, Jinan.

Figure 5: CMT members traveling to *Ujamaa* villages in Mtwara Region, 1971. Source: Health Department of the Shandong Province, Unforgettable Memory: The Chinese Medical Teams in the United Republic of Tanzania and Seychelles, 1968–2008 (Shandong, 2008), 25 (printed with permission).

such as cholera, tuberculosis, and smallpox.[46] However, many still contracted diseases. For instance, in 1986, six out of eight Chinese doctors working in Tabora contracted malaria.[47] The Chinese Embassy in Tanzania repatriated medical workers with complicated health problems. In 1986, a cook named Yu Shanjie and a doctor, Su Zhongyuan, left the country after facing severe health problems. On the one hand, such challenges threatened Chinese doctors, but on the other hand, they increased the attention of both the doctors and the hosting government.[48] Still, from the inception of the CMT program to the present, only two Chinese doctor have died while working in Tanzania.

Additionally, Chinese medical doctors working in Tanzania encountered challenges related to foodstuffs and their preparations, as they were often forced to compromise and make do with the available local foodstuffs to cope with the situ-

46 Interview with Zhang Jing, April 11, 2016, Hangzhou; "Chinese Medical Delegation Meets Principal Secretary AFYA," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China; Interview with Che Yansong, May 23, 2019, Jinan.

47 "Medical Aid Team in Tanzania, 1986," SPA. File No. A034-06-637, Shandong Province Health Bureau.

48 "Medical Aid Team in Tanzania, 1986," SPA. File No. A034-06-637, Shandong Province Health Bureau.

ation. The Chinese government first addressed this hurdle by dispatching a cook with every medical team. However, they did not adequately address the challenge because, in Tanzania, Chinese doctors were divided into small groups comprising five to eight doctors or more and worked in different district hospitals. A cook had to accompany a single group. Therefore, other doctors had to cook for themselves, which, in turn, consumed part of their working hours.[49] Similarly, some food items desired by the Chinese were either missing or unavailable due to inadequate supplies. Generally, Chinese cuisine consists of two components: *fan*, which comprises grains and other starches, and *cai*, which includes vegetables and meat. These two divisions made a complete Chinese cuisine. Some essential foodstuffs, such as noodles, soybean products, vegetables, herbs-related foods, different sauces, and Asian spices, were not readily available in Tanzania. The Chinese government imported foodstuffs to address this, and the Tanzanian government waived their taxes at the Dar es Salaam port.[50] In some places of Tanzania, the CMTs planted several kinds of vegetables, and they kept chickens and ducks to produce their desired foodstuffs, which were either missing or not adequately available in the local market.[51] The Shandong province consistently dispatched many doctors to Tanzania despite the hurdles. Statistics show that up to 2017, Shandong province deployed 24 batches of CMTs, equivalent to about 1080 medical workers (Table 6).[52]

3.4 Changes in China's Foreign Aid Policy and the CMT Program

China's foreign aid policy has evolved over time, aligning with the changing political and economic interests of the Chinese government. For example, in the 1960s and early 1970s, foreign policy focused on enabling China to win diplomatic recognition

49 "Job Description and Work Reports of the Medical Team in Tanzania, 1981," SPA. File No. A034-06-159, Shandong Province Health Bureau, Foreign Affairs Office; Interview with Deng Shucai, May 23, 2019, Jinan.

50 "Protocol Between the Government of the United Republic of Tanzania and the Government of the People's Republic of China on Dispatching Medical Team from China to Serve in Tanzania from August 2007 to August 2009," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008.

51 "Medical Aid to Tanzania, Work Reports, Job Descriptions and Distribution Table, 1975," SPA, File No. A034-04-085, Shandong Province Health Bureau, Revolutionary Committee, Policy Office; Interview with Che Yansong, May 23, 2019, Jinan.

52 A speech by H. E. Wang Ke, Ambassador of China to Tanzania, at the Farewell Reception for the 24th Chinese Medical Team in Tanzania, Dar es Salaam, November 3, 2017.

Table 6: CMTs dispatched to Tanzania, 1968 to 2011.

Year	Team	Batch No.	Month	Male	Female	Total
1968–1970	1	1	May[53]	30	13	43
1968–1969	1	2	Aug.	1	–	1
1968–1970	1	2	Aug.	3	–	3
1968–1971	1	2	Aug.	23	5	28
1969–1971	1	2	Jan. & May	8	1	9
1969–1972	1	2	Oct.	1	–	1
1970–1972	1	2	Jan.	1	–	1
1970–1972	2	1	Aug.	36	10	46
1971–1973	2	2	April	29	9	38
1972–1974	3	1	Aug.	39	6	45
1973–1975	3	2	Aug.	27	10	37
1974–1976	4	1	Sept.	38	8	46
1975–1977	4	2	July	30	7	37
1976–1978	5	1	Aug.	37	8	45
1977–1979	5	2	Aug.	34	7	41
1978–1980	6	1	Aug.	31	11	42
1979–1981	6	2	Aug.	14	5	19
1980–1982	7	1	Aug.	28	14	42
1981–1983	7	2	Aug.	13	6	19
1982–1984	8	1	Sept.	15	3	18
1983–1985	8	2	Sept.	13	5	18
1984–1987	9	1	Aug.	12	5	17
1985–1987	9	2	Sept.	16	6	22
1987–1989	10	–	Sept. & Dec.	25	13	38
1989–1991	11	–	Aug., Sept. & Dec.	28	8	36
1991–1993	12	–	Aug.	31	9	40
1993–1995	13	–	Aug.	26	13	39
1995–1997	14	–	Aug.	19	9	28
1997–1999	15	–	Aug.	16	7	23
1999–2001	16	–	Aug.	18	6	24
2001–2003	17	–	Aug.	20	5	25

53 Information from the health department of the Shandong province such as *The Chinese Medical-Aid Team*, 117, shows that the first batch was dispatched to Tanzania in March 1968. In contrast, many sources I consulted mention that the first batch arrived in May 1968. For this research, I use May 1968, the month when the MoU was signed and recorded by many sources. See, for instance, "A Special Report, Chinese Medical Assistance to Tanzania, May 12, 1972," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China; "Madaktari Zaidi toka China Watakuja," *Uhuru*, May 7, 1968, 1; "China Yasaidia Tanzania Dawa na Madaktari," *Ngurumo*, May 7, 1968, 1.

Table 6 (continued)

Year	Team	Batch No.	Month	Male	Female	Total
2003–2005	18	–	Aug.	21	4	25
2005–2007	19	–	Aug.	23	2	25
2007–2009	20	–	Aug.	18	6	24
2009–2011	21	–	Aug.	22	3	25
Total	**21**			**746**	**224**	**970**

Source: Modified from the Health Department of the Shandong Province. *The Chinese Medical-Aid Team in the United Republic of Tanzania, 1968–1998* (Shandong, 1998), 117–126; Health Department of the Shandong Province, *Unforgettable Memory: The Chinese Medical Teams in the United Republic of Tanzania and Seychelles, 1968–2008* (Shandong, 2008), 135–145; Health Department of the Shandong Province, *Do not Afraid the Hardship, be willing to Contribute, Heal the Wounded and Rescue the Dying, Great Love no Boundaries, 1968–2013* (Shandong, 2013), 118–129.

over Taiwan and be admitted into the UN General Assembly (UNGA). China vowed to maintain its relationships with countries of the Global South in exchange for their votes in the Assembly. During this era, it extended medical assistance to countries of the South, supporting the "One China policy." Countries that recognized Taiwan as a nation were disqualified from receiving China's medical assistance.[54]

The Chinese government dispatched many doctors to Africa to forge close relations and win allies, carrying most of the costs associated with hosting them. For instance, throughout the 1960s and 1970s, Shandong province dispatched medical workers to Tanzania in two batches per medical team, with each team arriving in the country at intervals of either several months or a year. This tendency enabled the country to receive medical doctors from China every year from 1968 to 1985 (Table 6). At the beginning of the CMT program, Tanzania received a more significant number of Chinese medical doctors than other African countries, which, in turn, enhanced Sino-Tanzanian relations. On the one hand, the dispatch of Chinese doctors to Tanzania was couched in humanitarian discourse. Still, it came at a significant cost to the Chinese government, given the country's shortage of trained medical personnel. On the other hand, China's devotion was driven by political calculations since the Tanzanian president, Julius Nyerere, had significant influence over China's admission to the UNGA campaign.[55]

54 Li, *Chinese Medical Cooperation in Africa,* 12; Huang, "Pursuing Health as Foreign Policy," 108.
55 Julius K. Nyerere's Speech at the United Nations General Assembly, in *Nyerere Freedom and Development/ Uhuru na Maendeleo: A Selection from Writings and Speeches, 1968–1973* (Dar es Salaam: Oxford University Press, 1973), 205.

Before China's foreign policy changes, the Chinese government mainly covered the costs of hosting CMTs in Tanzania. It met charges for domestic salary, international travel, and language training. Moreover, the government compensated hospitals from which members of the CMTs came during their training at home and service abroad.[56] The Chinese government also shipped the daily necessities for the CMT to the port of Dar es Salaam, including imported means of transportation, air conditioners, electrical household appliances, and food, and the Tanzanian government waived the tax on their shipments at the port.[57]

Furthermore, the Chinese government granted Tanzania medicines and medical equipment to address deficits throughout Mao's reign. Under the signed MoU, the Tanzanian government was to supply the CMTs with medical equipment and drugs for their work.[58] Nevertheless, many hospitals in post-colonial Tanzania lacked enough medical equipment and a sufficient supply of medicines. The Chinese government intervened by offering grants for medical supplies and equipment. For instance, the first team of doctors went to Tanzania with over 1,000 boxes containing drugs and medical equipment. Consistently, other CMTs carried along with medicines and medical equipment.[59] Indeed, grants for medicines and medical equipment were imperative for CMTs' work and for improving healthcare services in Tanzania.

Between 1968 and 1977, the Tanzanian government incurred a small cost for hosting the CMTs. The government met the costs for the return flights and upcountry trips. While in Tanzania, the teams travelled by train, MoH vehicles, and flights, depending on the distance from the capital city to the working stations. Moreover, the Tanzanian government provided lodging for the CMTs and covered

56 "Agreement for China's Medical Assistance by the PRC to Zanzibar, June 15, 1964," ZNA. Group Index. AJ. Medical Department, File No. AJ26/92, 1964 June, Chinese Agreement; also see, "Protocol Between the Government of the United Republic of Tanzania and the Government of the People's Republic of China on Dispatching Medical Team from China to Serve in Tanzania from August 2007 to August 2009," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 3.

57 "Agreement for China's Medical Assistance by the PRC to Zanzibar, June 15, 1964," ZNA. Group Index. AJ. Medical Department, File No. AJ26/92, 1964 June, Chinese Agreement; "The Agreement Protocol of 2007–2009," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 3.

58 "Letter from Consulate of the People's Republic of China in Zanzibar, August 17, 1978, to Honourable E. I. M. Mtei, Minister for Finance and Planning, the Government of the URT," ZNA. Group Index. DO. Ministry of Trade and Industry, File No. DO5/25, 1976 March to May 1983, Mahusiano na Nchi za Nje-China.

59 "Madaktari Zaidi toka China Watakuja," *Uhuru*, May 7, 1968, 1; Interview with Che Yansong, March 1, 2016, Jinan.

costs related to house maintenance, water, electricity, and phone bills. Additionally, it provided security guards and cleaners for the residences and drivers for each Chinese doctor team and team leader, and met their necessary costs.[60] These assertions show that, compared to costs incurred by the Chinese government, Tanzania paid significantly less for hosting the CMTs in the country, which reflected the importance the Chinese government attributed to its partners in the Global South.

Yet, China's enthusiasm for hosting CMTs in Tanzania ended in 1978 after the launch of its new policy. A statement by the State Planning Commission avowed:

> We [Chinese] must expand our economic technical and cultural exchange with other countries on the principle of equality, mutual benefit and one supplying what the other needs [. . .]. We must learn hard from the good experience of other countries and combine this with our own originality. We learn from other countries and introduce their advanced technology to meet our needs, not to hinder but to promote our own creativeness, not to weaken but to increase our ability to develop our national economy and achieve modernization independently.[61]

China's open-door policy was inconsistent with Maoist policies, which limited interactions with foreign countries, especially from the Global North.[62] The government implemented the policy after Chairman Mao and Premier Zhou Enlai died. The repercussions of the policy change were evident in countries in the Global South. China's assistance to countries of the Global South declined as it shifted its interest to countries with advanced technology. The post-Mao leaders stressed economic gains for the Chinese government over ideological and political interests. Consequently, they discouraged aid with less or no economic interests.[63] These changes in foreign policy affected the dispatch of medical doctors to Tanzania, as the Chinese government

60 "A Memo, 6/6/1973," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China; "Chinese Medical Delegation Meets Principal Secretary AFYA, September 12, 1972," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China; "Protocol Between the Government of the United Republic of Tanzania and the Government of the People's Republic of China on Dispatching Medical Team from China to Serve in Tanzania from August 2007 to August 2009," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 4–5; also see, "Letter from Consulate of the People's Republic of China in Zanzibar, August 17, 1978 to Honourable E. I. M. Mtei, Minister for Finance and Planning, the Government of the URT," ZNA. Group Index. DO. Ministry of Trade and Industry, File No. DO5/25, 1976 March to May 1983, Mahusiano na Nchi za Nje-China.

61 "China's Open-Door Policy," *Daily News*, September 13, 1977, 2.

62 Huang, "Pursuing Health as Foreign Policy," 111.

63 Yanzhong Huang, "Domestic Factors and China's Health Aid Programs in Africa," in *China's Emerging Global Health and Foreign Aid Engagement in Africa*, ed. Xiaoqing Lu Boyton (Washington: Center for Strategic and International Studies, CSIS, 2011): 20.

began to send medical doctors in a single batch only every two years. Even worse, from 1987 to 1993, the Tanzanian government received a team with fewer than 40 medical workers. The number of medical doctors further declined from 1995 to 2011, when the government received a team with fewer than 30 medical workers (Table 6). Undeniably, the decrease in the number of medical doctors sent to Tanzania affected healthcare delivery, especially in complex health cases and rural areas.[64]

Chinese doctors working in Tanzania supported the newly adopted reform policy. Their 1978 annual report advised the government to reduce the costs spent on the CMT program by reducing the number of medical workers sent to Tanzania. A team leader, Yu Changan, affirmed that the Shandong province lacked enough medical personnel and faced several health challenges. Thus, it was advantageous for the province to encourage doctors to work at home.[65] Their advice manifested the fact that the execution of the program did not satisfy some medical workers. In their view, sending medical doctors abroad was worthless and hurt healthcare delivery in their province. The 1986 annual report, besides discouraging the dispatch of CMTs, criticized the distribution of the CMTs to many districts of Tanzania. They argued that the distributions increased maintenance costs and hindered the effective delivery of health services since some medicines, equipment, foodstuffs, supporting staff, and medical experts had to serve multiple locations. In their view, the facilities and stuffs mentioned would have been satisfactorily used if they had been concentrated in a few hospitals. As a result, by the end of 1980, the activities of the CMTs had become dominant in four regional referral hospitals.[66]

The changes in China's foreign policy increased the burden of hosting CMTs on recipient countries. Since 1978, the Tanzanian government paid more to bring and host the CMTs. Under the 1978 MoU signed between the two countries, the government had to cover some expenses previously carried by the Chinese government. For instance, it began paying monthly allowances, including board expenses and pocket money for the CMTs, amounting to Tshs. 900 per month per head. Under the MoU, the government had to adjust the allowances if the commodity price fluctuation would exceed 10%. As a result, on October 25, 1979, the CMTs demanded an increase in allowances from Tshs. 900 of 1978 to Tshs. 1,400 per head per month due to soaring inflation. In the 1980s, when Tanzania's economy was in turmoil, its currency lost value. Thus, allowances shot from Tshs.

64 Interview with Gallus Namangaya Abedi, June 6, 2018, Dar es Salaam.

65 "Work Reports of the Medical Aid Team in Tanzania, 1978," SPA. File No. A034-06-035, Shandong Province Health Bureau.

66 "Medical Aid Team in Tanzania, 1986," SPA. File No. A034-06-637, Shandong Province Health Bureau.

1400 of 1979 to Tshs. 2,250 per head per month starting from October 1, 1981.[67] Information about the living allowances for the 1990s could not be found. However, data from the mid-to-late 2000s shows that the constant decline of the local currency influenced the execution of payments in the USD. Article VII of the 2007 MoU instructed the Tanzanian government to pay living allowances of about USD 170, equivalent to Tshs, per head per month. Subsequently, in February 2009, the MoH issued Tshs. 16,834,734, a three-month allowance for 25 Chinese doctors.[68] The initiation of allowances to the CMTs and their tremendous increase over time added a cost burden to Tanzania's economy while reflecting the priorities of the post-Mao regime, which discouraged free aid to overseas countries.

Furthermore, since the 1980s, the Tanzanian government has arranged and covered the costs for the CMTs' tours of several parts of the country, including the national parks, so that doctors could have a holiday. Thus, before the expiration of the contract, or after CMTs had worked in the country for about 12 months, the government set a 15-day holiday and a seven-day trip to Kilimanjaro, Ngorongoro, and Serengeti or any other places of interest proposed by the CMTs.[69] The cost burden for regional and district governments was considerable. For example, in 1981, Chinese doctors visited Bagamoyo, Mikumi, and Serengeti National Parks, where the regions hosting them covered all costs related to the tour, amounting to Tshs. 144,510 in total.[70] The costs for the tour rose with time. For example, in 1996, the

67 "Letter from Consulate of the People's Republic of China in Zanzibar, August 17, 1978, to Honourable E. I. M. Mtei, Minister for Finance and Planning, the Government of the URT," ZNA. Group Index. DO. Ministry of Trade and Industry, File No. DO5/25, 1976 March to May 1983, Mahusiano na Nchi za Nje-China; "Letter from the Consulate of the People's Republic of China in Zanzibar, October 25, 1979, to the Principal Secretary to the Ministry of Finance and Planning of the United Republic of Tanzania," ZNA. Group Index. DO. Ministry of Trade and Industry, File No. DO5/25, 1976 March to May 1983, Mahusiano na Nchi za Nje-China; "Letter from the Principal Secretary to the Treasury of the URT, February 25, 1982, to Mr Chung Chien Hua, Economic Representative of the PRC to the URT," ZNA. Group Index. DO. Ministry of Trade and Industry, File No. DO5/25, 1976 March to May 1983, Mahusiano na Nchi za Nje-China.

68 "The Agreement Protocol of 2007–2009," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 4–5; "Minute, February 25, 2009," NRC. Ministry of Health and Social Welfare, 14/05/03, File Ref. No. HC. 74/311/02 Chinese Medical Team 2007–2010.

69 "Protocol Between the Government of the United Republic of Tanzania and the Government of the People's Republic of China on Dispatching Medical Team from China to Serve in Tanzania from August 2007 to August 2009," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 4–5.

70 The costs were determined by the number of doctors the region/district received. For instance, Dar es Salaam paid Tshs. 2,500, Mtwara 5,505, Monduli 15,000, Singida 30,000, Kigoma 21,000, Dodoma 11,000, Tabora 19,000, Shinyanga 20,000, and Musoma 15,000. See "Job Descrip-

Dodoma Regional government alone spent Tshs. 2.5 million for the tour by Chinese doctors working at the referral hospital. The regional government complained about the costs, arguing that they were higher and a burden to the government, given the country's economic plight.[71]

Furthermore, the Chinese government stopped supplying free medicines and equipment to Tanzania after the policy change. Instead, it agreed to continue providing grants of medicines and medical equipment while charging fees to patients, of which about 70% of the fees collected belonged to the CMTs, and 30% went to respective hospitals. According to the MoU, the charges were aimed at maintaining the sustainability and effectiveness of the CMT program since the money collected was sent to China's MoH to purchase drugs and medical equipment for use by the next batch of CMTs. Chinese doctors presented the costs and quantity of the donated medicines to the hospital management for further reference.[72] Thus, there were two pharmacies in the hospitals where the CMTs worked: one for Chinese medicines served by a CMT member and the other for general medicines served by local pharmacists. Oral and archival evidence show that Chinese medicines were sold at a lower price than in local pharmacies.[73] This strategy promoted the use, popularity, and market of Chinese drugs in Tanzania in line with the priorities formulated by China's senior officer from the MoH: "China's health aid should not only serve China's foreign policy but also act as a broker for economic development in China and recipient countries."[74] Surely, from 1978 onwards, the Chinese government used the CMT program to promote the market for Chinese medicines in Tanza-

tion and Work Reports of the Medical Team in Tanzania, 1981," SPA. File No. A034-06-159, Shandong Province Health Bureau, Foreign Affairs Office.

71 "Letter from Regional Medical Officer, July 26, 1996, to the Minister for Health, Ziara ya Madaktari wa Kichina Mbuga za Wanyama," Dodoma Regional Referral Hospital, File No. PA. 133/250/01 Chinese Medical Team, Health Services, Technical Assistant, 2016.

72 "The Agreement Protocol of 2007–2009," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 2–3.

73 Interview with Rajabu Kisonga, April 24, 2018, Dodoma Regional Referral Hospital; "Taratibu za Dawa kwa Wachina," Dodoma Regional Referral Hospital, File No. PA. 133/250/01 Chinese Medical Team, Health Services, Technical Assistant, 2016; "Letter from the CMTs, February 4, 2000, to Regional Medical Officer, Formal Statement about Medical Aid to Regional Medical Officer," Dodoma Regional Referral Hospital, File No. PA. 133/250/01 Chinese Medical Team, Health Services, Technical Assistant, 2016.

74 Quoted in Huang, "Domestic Factors and China's Health Aid Programs in Africa," 20.

nia. These manipulations increased significantly in the 1990s, following the official approval of Chinese anti-malaria medicine (artemisinin), where the CMTs promoted its efficacy and use by prescribing the therapy to patients with malaria.[75]

From the mid-1990s, China's interests in Africa resumed, fueled by its economic, diplomatic, and political interests. Yanzhong Huang states that in the 2000s, China's medical assistance to Africa heightened and bolstered China's friendship with many African states, which, in turn, helped the Chinese government to tap into natural resources, win diplomatic recognition, dilute criticism from countries of the Global North over its violation of human and democratic rights at the UN, and win the competition to host the 2008 Olympic games.[76] From 1995 onwards, it bolstered diplomatic ties with African countries by waiving several costs for hosting CMTs, which was endorsed shortly after the policy change. It further dispatched a large number of medical doctors to several African countries.[77] In Tanzania, for instance, from August 2009, the Chinese government covered costs related to monthly allowances and return tickets for the CMTs. The Chinese government also took steps to permanently waive costs associated with logging. It has built a house in Dar es Salaam for use by members of the CMT and other technical teams sent to Tanzania.[78] These assertions imply that from the mid-1990s, China lessened the cost burden of some African countries while using the CMT program to bolster its relationship with African countries and portray itself as a more responsible and reliable partner than traditional donors of the Global North.

75 Deborah Brautigam, "U.S. and Chinese Efforts in Africa in Global Health and Foreign Aid: Objectives, Impact, and Potential Conflicts of Interest," in *China's Emerging Global Health and Foreign Aid Engagement in Africa,* ed. Xiaoqing Lu Boyton (Washington DC: Centre for Strategic and International Studies, 2011), 4.

76 Huang, "Pursuing Health as Foreign Policy," 128.

77 For Chinese government commitment to medical assistance in the 2000s read Part IV of "China's African Policy, January 2006," *Xinhua News Agency*, October 2006, 6–7.

78 "Talking Notes for the Permanent Secretary on the Occasion of Farewell and Welcome Ceremony to the Chinese Medical Team in Tanzania, August 14, 2009 at New Holiday Inn," NRC. Ministry of Health and Social Welfare, 14/05/03, File Ref. No. HC. 74/311/02 Chinese Medical Team 2007–2010; Interview with Edwin Mng'ong'o, May 7, 2018, MoH Headquarters, Dar es Salaam; Song Tao, May 6, 2018, Posta, Dar es Salaam.

3.5 The CMT Program and the Medical Knowledge Exchange

The CMT program was executed under the South-South Cooperation agenda, which promoted knowledge production and transmission among member countries to achieve self-dependency. From its inception, the architects of the CMT program vowed to use it as a vehicle for the easy exchange of medical knowledge among Chinese and Tanzanian medical personnel. Thus, among the responsibilities of the Chinese medical doctors in Tanzania was to communicate medical knowledge with local medical workers, a role initially performed mainly by personnel from countries of the Global North.[79] In line with Mao's philosophy, the Chinese doctors perceived recipients to have prior knowledge worth sharing while working together.[80] In 1965, Premier Zhou Enlai visited Zanzibar and underscored the role of Chinese doctors in building the capacity of the recipient country's health sector. He said:

> Now we have several dozens of CMTs abroad, yet it is not enough. CMTs should not only cure the disease, but help training work. They should bring medicine and facilities, train African doctors, who can be self-reliant and would work even if CMTs went away [. . .]. We would provide sincere help to any independent country. Our assistance is to make the country able to stand up. Just like building a bridge, so you can cross the river without a staff. That would be good.[81]

Zhou's commitment was highlighted by Mao when he met Nyerere in 1974. Mao reaffirmed that the role of CMTs in Tanzania would be "teaching" local medical doctors and "clinical care" to patients.[82]

The exchange of medical knowledge was executed through long-term and short-term training in numerous Chinese medical colleges and through the CMT program, where local medical workers learned while working alongside Chinese doctors. The Chinese government offered several scholarships to Tanzanians to pursue medical education in different Chinese medical colleges, mainly in the 1970s, at the height of the Sino-Tanzanian relationship. For instance, in November 1973, about five Tanzanians, all females, were sponsored by the Chinese government to pursue

79 Permanent Secretariat of the Afro-Asian Peoples' Solidarity Organisations, *Afro-Asian Peoples' Solidarity Movement* (Cairo), 12.

80 "Report of the Chinese medical doctors to the Minister for Health, January 27, 1967," ZNA. Group Index. AJ. Medical Department, File No. AJ29/322, 1964 September to 1966 December, Ripoti ya Madaktari wa Kichina.

81 Quoted in Li Anshan, *China and Africa in the Global Context: Encounter, Policy, Cooperation and Migration*, (Cape Town: Africa Century Editions (ACE) Press, 2020), 293.

82 "Medical Aid to Tanzania, Work Reports, Job Descriptions and Distribution Table, 1975," SPA, File No. A034-04-085, Shandong Province Health Bureau, Revolutionary Committee, Policy Office.

a medical education in Chinese universities.[83] The Chinese government offered more scholarships in 1976 when five local medical workers attended a three-month training in replantation and acupuncture, and one person went on for a long-term medical education. A few Tanzanians received provincial government scholarships, whereby, in 1984, the surgical department of the Shandong Medical Academy admitted two Tanzanians.[84]

Long- and short-term training exposed Tanzanians to Chinese medical knowledge and healthcare systems, maintaining trust in the expediency of Chinese medical education and bolstering the country's influence in Tanzania. In 1977, a delegation of medical workers led by the Principal Secretary of the MoH, G. J. Kileo, attended a short-term training in China. Upon returning to Tanzania, Kileo wrote an appreciation letter saying:

> All of us were very excited to see your Revolution in practice. We were particularly impressed by your health delivery system. I think the World has a great deal to learn from your experience, and in particular from the way you have been able to improve the health of the rural population in a very short time. Your willingness to share this experience with us is praiseworthy, and I would like to assure you that on our part, we shall always appreciate exchanging experiences with you.[85]

The above quotation suggests that medical training for Tanzanians in China persuaded the country to adopt some Chinese health policies, as I elaborated at length in Chapter 2. Moreover, the training influenced the shift from medical knowledge dependence upon countries of the Global North. Training opportunities offered by the Chinese government made the MoH realize that China was an adequate place for medical knowledge production and transmission.

Stereotypes over the quality of China's medical education system hijacked the expediency and sustainability of the Chinese government sponsorships to Tanzania's medical students. In the 1970s and 1980s, medical students who pursued

83 Names of Scholarship recipients were, Hawa Kawawa, Naomi Lunogelo, Victoria Dionice, Josephine Ndemaeli, and Sabina Mnaliwa. See "Waenda China," *Uhuru*, Novemba 27, 1973, 5.

84 "Letter from the office of the Embassy of the People's Republic of China in the United Republic of Tanzania, March 8, 1977, to the Principal Secretary of the MoH," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China; "Letter from the Ministry of Education to the Principal Secretary Ministry of Health of June 14, 1976, Ndugu Lema Kupewa Scholarship ya China Kusomea Udaktari Huko China 1976/77," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China; "Notifications and Letter for Medical Aid to Tanzania, 1984," SPA, File No. A034-06-363, Shandong Province Health Bureau, Foreign Affairs Office.

85 "Letter from the Principal Secretary, Ministry of Health, to the Vice Minister of Public Health, Ministry of Public Health, People's Republic of China, October 13, 1977," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

medical studies in China were highly discriminated against by the "Makerere Group", a group composed of Tanzanians who had also pursued medical studies at Makerere Medical College in Uganda, Mhimbili Medical College in Tanzania, and medical schools in Europe and the US. Graduates from China were perceived as less skillful, and the Medical Council of Tanganyika (MCT) did not recognize their certificates.[86] The council regarded MD certificates offered by Chinese medical colleges as advanced diplomas and recognized the graduates only as assistant medical officers (AMOs). The issue became severe in the mid-1980s when the Tanzanian government denied employment to medical graduates from China.[87] The Makerere Group queried the relevance of the duration of studies in China, where MD students studied for less than seven years. After China's Great Proletarian Cultural Revolution of 1966 to 76, the training period for MD courses was reduced to five and three years, enabling the country to have 2,800,000 qualified but short-trained medical personnel and a comparatively favorable ratio of one doctor per 250 people by 1977.[88]

The duration of five and three years of training for the MD program was inconsistent with the globally accepted training system. However, Chairman Mao advocated the system politically, directing that:

> Medical education should be reformed. There's no need to read so many books. How many years did Hua T'o [Hua Tuo][89] spend at college? How many years [of] education did Li Shih-chen [Li Shizhen][90] of the Ming dynasty receive? In medical education, there is no need to accept only higher middle school graduates or lower middle school graduates. It will be enough to give three years to graduates from higher primary schools. They would then

86 The Medical Council of Tanganyika was established in 1959 to oversee medical and dental practice in Tanzania. The Council is mandated to register or deregister medical and dental practitioners based on qualifications.

87 Interview with Modest C. Kapingu, June 8, 2018, Dar es Salaam. Modest was awarded a Chinese government scholarship and studied at Nanjing University. He secured employment without hurdles, as he was employed when Cold War politics ended. Interview with Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam. Naomi pursued her medical education (MD) in China and was among the graduates affected by the challenges of Cold War politics. However, she survived and secured government employment as an assistant medical officer at Mhimbili National Hospital.

88 "Report on Visit of Ministry of Health Delegation to the People's Republic of China, September 1977," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China; Parris H. Chang, "The Cultural Revolution and Chinese Higher Education: Change and Controversy," *The Journal of General Education* 74, no. 3 (1974): 188.

89 Hua Tuo was a Chinese physician who lived during the late Eastern Han dynasty. He was the first person in China to use anesthesia during surgery.

90 Li Shizhen was a Chinese acupuncturist, herbalist, naturalist, pharmacologist, physician and writer of the Ming dynasty. He is considered the most outstanding scientific naturalist in China.

> study and raise their standards mainly through practice. If this kind of doctor is sent down to the countryside, even if they haven't much talent, they would be better than quacks and witchdoctors, and the villages would be better able to afford to keep them. The more books one reads, the more stupid one gets.[91]

Mao stressed idealism and the "right" political allegiance – "a red heart" – over academic training. To him, what mattered most was not the number of years trainees accumulated but the trained personnel's practical knowledge, passion, and eagerness. During the Cultural Revolution, schooling duration was shortened at all levels, claiming that some courses were irrelevant or repetitive and that students would learn more knowledge while on the job. Emphasis was put on proletarian politics and practical training at the expense of bookish or theoretical knowledge.[92]

The Chinese government established a one-year upgrade course in Chinese medical colleges to enable the MCT to recognize Tanzanian graduates following the government's request. Accordingly, the MCT recognized medical graduates who were admitted to the upgrade course. By contrast, the MoH demoted graduates who did not join the upgrade course to the rank of AMOs, and others were recategorized to administrative posts.[93] This incident illuminates the incompatibilities of the Chinese and Tanzanian education systems. After independence, the Tanzanian government sustained the British education system, retaining the MCT established in the late 1950s to control the quality of MD graduates. As a result, it discouraged prospective medical students from accepting Chinese government scholarships since they perceived China as an undesirable place for medical education compared to European and American medical colleges.[94]

Moreover, medical knowledge was conveyed to local doctors through on-site training. A study by Paul Kadetz and Johanna Hood indicates that CMTs working in Madagascar mainly provided clinical care to patients and scarcely dedicated time to training local medical workers, failing to build capacity and improve the

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91 Mao Tse-tung, "Directive on Public Health, June 26, 1965," in *Selected Works of Mao Tse-tung Volume IX*, (India: Pragathi Book House, 1994), 216.

92 Ling Yang, "Training Medical Workers," *Peking Review*, November 13, 1964, 23; Chang, "The Cultural Revolution and Chinese Higher Education," 189.

93 Interview with Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam, also see Stacey A. Langwick, *Bodies, Politics, and African Healing: The Matter of Maladies in Tanzania*, (Bloomington, IL: Indiana University Press, 2011), 61.

94 Interview with Modest C. Kapingu, June 8, 2018, Dar es Salaam; Naomi Vuhahula Mpemba, August 1, 2018, Dar es Salaam.

local health sector sustainably.[95] In contrast to the situation in Madagascar, findings from Tanzania show that Chinese doctors did share knowledge with local medical workers. However, the roles of knowledge sharing and mentorship were less stressful than those of clinical care. Archival evidence collected from Zanzibar shows that the doctors allocated at least one hour per week to train local doctors in basic physical diagnosis and practical pharmacology.[96] In mainland Tanzania, Chinese doctors were overwhelmed by the floods of patients who came to their clinics for treatment. Thus, they lacked time to offer formal training to local orderlies, but they disseminated knowledge during medical practice.[97]

Existing evidence shows that on-site training did not equip local medical workers with sufficient medical knowledge to work independently, especially for complicated health cases. This shortcoming defeated the goal of using the CMT program as a bridge to self-dependency. Accounts from local medical workers contend that many Chinese doctors could neither speak English nor Kiswahili fluently.[98] Such linguistic handicaps limited medical knowledge exchanges and implied that the six months of language training the CMTs received were insufficient. In the 1978 annual report, the CMTs affirmed that the language barrier was the main hindrance to passing medical knowledge on to local medical personnel. However, this study noted that practical medical works such as surgery gave local doctors more opportunities to learn by seeing and practicing under the guidance of Chinese doctors (Figure 6).[99]

Reciprocal learning between Chinese and local medical workers seemed even more problematic. This research has found that, in most cases, Chinese experts were disseminating medical knowledge to local personnel. Nevertheless, they learned medical practices from local experts through interactions and observa-

95 Paul Kadetz and Johanna Hood, "Outsourcing China's Welfare: Unpacking the Outcomes of Sustainable Self-Development in Sino-African Health Diplomacy," in *Handbook of Welfare in China (Handbooks of Research on Contemporary China Series*, ed. Beatriz Carrillo, Johanna Hood and Paul Kadetz, (Cheltenham: Edward Elgar Publishers, 2017), 339.

96 "Report of the Chinese medical doctors to the Minister for Health, January 27, 1967," ZNA. Group Index. AJ. Medical Department, File No. AJ29/322, 1964 September to 1966 December, Ripoti ya Madaktari wa Kichina.

97 Interview with Gallus Namangaya Abedi, June 6, 2018, Dar es Salaam; John G. Myonga, April 24, 2018, Dodoma Regional Referral Hospital.

98 Andrea Azizi Kifyasi, "On the Cover: Showcasing China's On-the-Job Training in Rural Africa." *Technology and Culture* 65, no. 1 (2024): 2; Interview with John G. Myonga, April 24, 2018, Dodoma Regional Referral Hospital, Amunga Meda, July 18, 2018, Dar es Salaam.

99 "Work Reports of the Medical Aid Team in Tanzania, 1978," SPA. File No. A034-06-035, Shandong Province Health Bureau; Interview with Elisiana Danford and Martha Manyirezi, April 24, 2018, Dodoma; Ding Zhaowei and Jin Xunbo, May 23, 2019, Jinan.

tions during medical practices, hence gaining experience in addressing several unaccustomed diseases.[100] Moreover, Chinese doctors conducted medical research while working in Tanzania, further enhancing their expertise. For instance, in 1978, the CMTs working in the Kigoma and Dar es Salaam regions conducted medical research on tropical diseases that were less prevalent in China, and they composed intensive reports about their discoveries.[101]

A few cases reflect the legacy of Chinese medical doctors in places where they worked. For instance, at Dodoma Regional Referral Hospital, Rajabu Kisonga testified that he learned from Chinese doctors and subsequently took over the ophthalmology department after the doctors left. Doctor Kisonga, not an ophthalmologist, worked closely with Chinese doctors, and after two years, he was able to address many eye cases, except for those requiring surgery.[102] Other evidence collected from Zanzibar reveals that trainees from the surgical department addressed several surgical cases by themselves after working with Chinese doctors for a year. Others from the ophthalmology department attended eye cases independently after being trained by Chinese doctors.[103] These assertions imply that the CMT program would have played a resounding role in boosting medical knowledge if the Chinese and Tanzanian governments had created a conducive environment and effective strategies for knowledge exchange. However, within the training modality, the framework of the signed agreements and language barriers were the main hindrances to on-site medical knowledge exchange.

3.6 Perceptions of the CMT Medical Services

Before 1968, Chinese doctors had neither worked in Tanzania nor had any experience with the country's health challenges. Unlike medical doctors from Britain, the expertise of Chinese doctors was little known to political elites and the Tanzanian community. This scenario and the prevailing Cold War politics and stereotypes prompted a negative perception of Chinese doctors.[104] Chinese doctors

100 Interview with Deng Shucai, May 23, 2019, Jinan; Ding Zhaowei and Jin Xunbo, May 23, 2019, Jinan.

101 "Work Reports of the Medical Aid Team in Tanzania, 1978," SPA. File No. A034-06-035, Shandong Province Health Bureau; Interview with Deng Shucai, May 23, 2019, Jinan.

102 Interview with Rajabu Kisonga, April 24, 2018, Dodoma.

103 "Report of the Chinese medical doctors to the Minister for Health, January 27, 1967," ZNA. Group Index. AJ. Medical Department, File No. AJ29/322, 1964 September to 1966 December, Ripoti ya Madaktari wa Kichina.

104 Interview with Gallus Namangaya Abedi, June 6, 2018, Dar es Salaam.

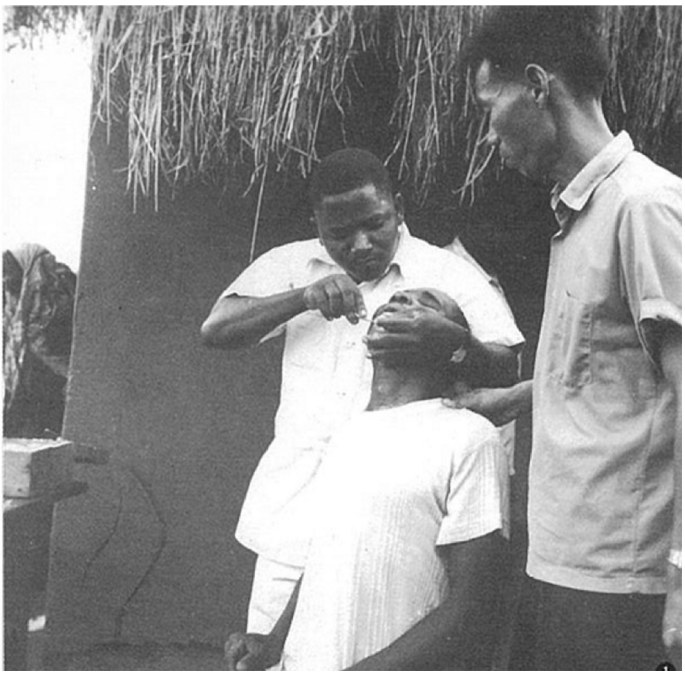

Figure 6: A Tanzanian dentist practicing dental surgery under the guidance of a Chinese doctor (undated, likely 1970s). Source: Health Department of the Shandong Province, *The Chinese Medical-Aid Team,* 76 (printed with permission).

themselves realized that patients, medical doctors of the Global North, and political elites had little faith in their expertise. In Tanzania, Chinese doctors worked hard and enthusiastically to win people's approval and eliminate doubts, attracting many patients (Figure 7). For instance, in the Mbeya region, patients from different nearby districts travelled to Mbeya Regional Hospital to get treatment from CMTs.[105]

Throughout the 1960s to the 1980s, hospitals and places with CMTs thrived (Figure 7), and some patients attempted to bypass the queue in several ways, including writing letters to seek special permits from the MoH. For instance, *Mzee* Mohamedi Swala tried unsuccessfully to receive treatment from Chinese doctors at Muhimbili Hospital. Fortunately, he got a chance through his letter to the MoH. The Ministry gave him an introductory letter, which helped him to be attended to

105 "Utekelezaji wa DK. 37 NA 38, Dr S. M. Kinunda, 12/9/1974," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

Figure 7: Chinese doctors providing clinical care to patients in a village, 1972. Source: Health Department of the Shandong Province, *The Chinese Medical-Aid Team,* 17 (Printed with Permission).

swiftly. Part of the introductory letter read: "[Mohamedi Swala] has been ill with left hemiparesis since 1968. He also gives [a] history of High Blood Pressure. He has been treated by a number of doctors with very little, if any, improvement. He has heard that Chinese doctors can help him. He has, therefore, asked us for assistance to see Chinese doctors."[106] This incident shows how difficult it was for patients to obtain hospital treatment and their tenacity to benefit from the CMTs.

Oral accounts confirm that patients flocked to places where CMTs operated after hearing the good news of their expertise and the provision of free services while enduring various health issues without effective clinical care for an extended period.[107] Generally, the hardworking spirit of the CMTs and their kindness towards patients earned them the trust of their patients. Their 1975 annual report noted that some patients believed the medicines offered by Chinese doc-

106 "Letter from the Office of the Principal Secretary, Ministry of Health, March 20, 1973, to the Team Leader, Chinese Medical Team, Bwana Mzee Mohamedi Swala," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

107 Interview with Cleopa David Msuya, July 6, 2018, Dar es Salaam; also see Philip Snow, *The Star Raft: China's Encounter with Africa* (New York: Cornell University Press, 1988), 159.

tors were more efficacious than those provided by local and foreign doctors from the Global North, despite their therapeutic values being the same.[108] Undoubtedly, the CMTs worked in places where neither European nor local doctors, apart from a few missionaries, were willing to venture. However, from the 1990s onwards, fewer patients sought healthcare services at hospitals staffed by CMTs. This decline is partly due to the increasing number of local medical personnel, whom many patients prefer over Chinese doctors.[109] Moreover, during this period, the Tanzanian government commenced the cost-sharing policy, which made patients pay to be attended to by either Chinese or local medical workers. Additionally, Chinese doctors began to charge fees to patients, limiting access for low-income patients.[110]

Oral testimonies further illustrated the nuanced perceptions of patients regarding the services offered by the CMTs in some places. The nuances were influenced by communication barriers, which created two groups of patients with contrasting satisfaction levels over the received clinical services. A group of middle-class patients who also spoke English were well informed about the CMTs and were attended by Chinese doctors whose English was at a good level of proficiency. Many patients from this group were satisfied with the clinical services they received from the doctors. The second group comprised ordinary patients who did not speak English and whose Kiswahili was not fluent, but instead a mixture of local dialects. The latter category preferred the services of local doctors who spoke Kiswahili and some local languages with them. They reported less favorably on the services they received, except those that involved surgery. Patients in this non-surgical group often consulted local doctors, asking them to confirm whether the prescriptions were consistent with their ailment cases.[111] Mistrust arose from the fact that these patients were less confident in their ability to express themselves to the Chinese doctors and could not be sure whether the doctors' prescriptions accurately reflected their expressed health concerns.

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108 "Medical Aid to Tanzania, Work Reports, Job Descriptions and Distribution Table, 1975," SPA, File No. A034-04-085, Shandong Province Health Bureau.

109 Interview with Simon Ernest, May 7, 2018, Dar es Salaam; Rajabu Kisonga, April 24, 2018, Dodoma.

110 "The Agreement Protocol of 2007–2009," NRC. Ministry of Health and Social Welfare, 14/7/01, File Ref. No. BC. 74/544/01, Technical Aid China 2005–2008, 4–5.

111 The nuanced perceptions between the middle class and ordinary patients were mainly relevant from the 1980s onwards, when the language training for Chinese doctors stressed English rather than Kiswahili. Dr Kisonga and Dr Myonga contended that many ordinary patients consulted them to verify their prescriptions after meeting Chinese doctors. In contrast, middle-class patients seemed satisfied with the services and did not seek further clarification. Interview with Rajabu Kisonga and John G. Myonga, April 24, 2018, at Dodoma.

Different groups of people testified to the abilities of Chinese doctors in delivering clinical care in Tanzania. For instance, in the late 1960s and early 1970s, several members of parliament (MPs) applauded the CMTs, testifying about their efficiency and capability. They further acknowledged the implications of their services to the general improvement of healthcare services, requesting that the MoH allow them to stay longer.[112] For instance, in April 1971, the MP of Tarime said: "Healthcare services offered by our brothers, Chinese doctors who volunteered to help us in hospitals and dispensaries in Mara Region are outstanding. Can the Ministry request them to live and work in villages for two consecutive years instead of just two weeks?"[113] MPs who could not receive the services from the CMTs requested that the MoH consider sending them next time.[114] Generally, the requests reflected the MP's acceptance of the CMTs' services and the demands for medical personnel in their constituencies. Furthermore, the ability of Chinese surgeons was appreciated by several patients. For instance, in April 1998, at Kitete Hospital, Tabora, Chinese surgeons performed about 100 eye surgeries successfully, after which 20 patients were doing fine, while ten regained their sight, and 70 gradually recovered, receiving warm appreciation from patients.[115] Such clinical achievements added value and acceptance of the Chinese doctors and, more importantly, justified their presence in Tanzania.

The activities of the Chinese doctors were also commended by officials of Tanzania's ruling party, Chama Cha Mapinduzi (CCM), also a partner of the Chinese Communist Party (CCP). On different occasions, CCM officials met the CMTs and praised their clinical care of patients. Bidding farewell to a CMT and welcoming another team in 1991, the Party Vice-Chairman, Rashidi Kawawa, paid tributes to the CMTs and the Chinese government, saying: "Your services are appreciated by Tanzanians because you are kind and caring, things that have moved a lot of people."[116] Meetings of CMTs with the ruling party leaders bolstered relationships between the CCM and the CCP political parties. The findings of this study show that Chinese doctors competed vigorously to meet and attend to government and party officials, who were attended to by doctors with higher levels of expertise, in order to earn positive appreciation (Figure 8). For instance, the CMTs working in

112 "Chinese Doctors Praised by Mara Region MP," NRC. PMO-RALG 8/2/3, File Ref. No. LGRD. N2/21, Tanzania News Bulletin, 1968–68.

113 My translation from Kiswahili text, "Maswali Bungeni, October 22, 1971, Parliamentary Hansard," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

114 "Maswali Bungeni, April 22, 1971, Parliamentary Hansard, Madaktari wa Kichina Masasi," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

115 Mujuni Anatory, "China yatoa Misaada kwa Hospitali," *Heko*, April 25, 1998.

116 Mussa Lupatu, "Kawawa Hails Chinese Doctors," *Daily News*, August 30, 1991, 5.

the Mara region cared for Nyerere's family. In August 1975, they camped at Nyerere's residence in Butiama to attend to Nyerere's mother, who was sick.[117] Such enthusiasm to provide care to political elites was not limited to Tanzania alone. Mu Tao and Yu Bin show that the CMTs working in Uganda offered special clinical care to President Yoweri K. Museveni and his government officers.[118] Such prioritizations allowed for easier acceptance and earned them the hearts and minds of political elites. Diplomatically, positive annotations from the party and government officials were of importance. Larry Hanauer and Lyle J. Morris maintain that some African political elites praised China's assistance to ensure continued support from the Chinese government.[119]

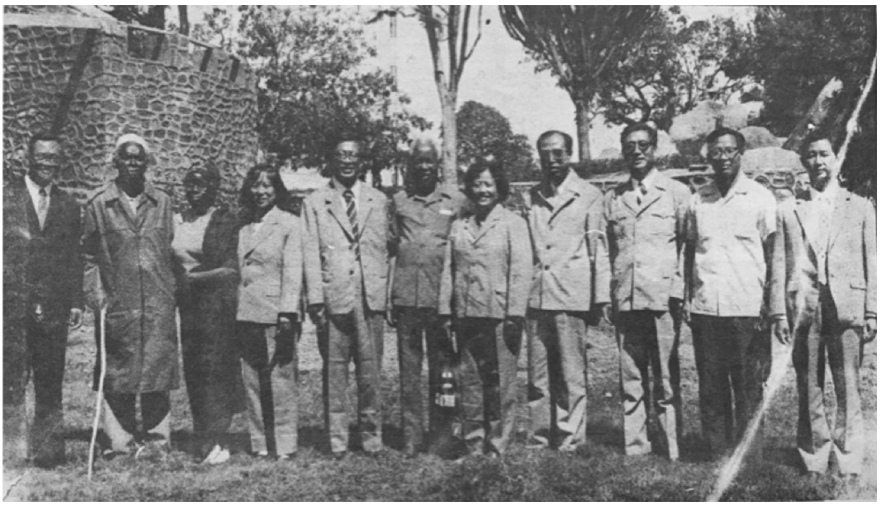

Figure 8: President Nyerere (sixth left) with Chinese doctors in Butiama, 1985. Source: "Matembezi ya Marafiki wa Mwalimu Butiama," *Uhuru*, October 31, 1985, 3 (printed with permission).

Nevertheless, perceptions of CMTs were negative among some medical doctors from other countries working in Tanzania. Information from the health department of Shandong province shows that the CMTs complained about the fierce

117 "Medical Aid to Tanzania, Work Reports, Job Descriptions and Distribution Table, 1975," SPA, File No. A034-04-085, Shandong Province Health Bureau.

118 Mu Tao and Yu Bin, *President Y. K. Museveni and Uganda: The Permanent Snow Mountain on the Equator and the Pearl of Africa, English Edition*, (Shanghai: Shanghai Lexicographic Publishing House, 2016), 266.

119 Larry Hanauer and Lyle J. Morris, *Chinese Engagement in Africa: Drivers, Reactions and Implications for U.S Policy*, (Washington DC.: RAND Corporation, 2014), 55.

competition between Chinese doctors and doctors from other countries. Huang Xichang, the leader of the fourteenth batch of the CMTs in Tanzania, said: "In Tanzania, there are doctors from more than ten countries, the competition is rather fierce, our advantage in addition to technical support, is a spirit, which is hardworking, fearing neither hardship nor tiredness, being on call, win the trust of the people with technology advantage."[120] This account confirms the oral testimonies I collected, in which respondents affirmed that, unlike medical doctors from the Global North, Chinese doctors worked harder to demonstrate their abilities in clinical care.[121] Apparently, medical doctors from other countries underrated their expertise. In their report to the provincial health department, the CMTs mention that doctors from countries of the Global North praised the health services that the former provided to patients, but not the skills they possessed. Still, a few doctors of the Global North collaborated with Chinese doctors to address severe health cases.[122]

Respondents' general overview suggests that the healthcare services provided by the CMTs in Tanzania from the 1960s to the 1980s met with overall positive responses. Some Tanzanians who experienced the services from this period gave credit to their expertise.[123] However, responses from Tanzanians who experienced the abilities and services of the CMTs from the end of the 1990s to the 2000s gave a different response. They claimed they did not see any extraordinary expertise from the CMTs, underscoring that their abilities were modest and similar to those of many Tanzanian medical workers – even though they ranked higher than the expertise of Cuban and medical doctors of the North.[124] Surely, Tanzania's healthcare situation largely influenced these contrasting perceptions. Therefore, Chinese doctors came to Tanzania when the country had a severe shortage of medical personnel. Furthermore, the CMTs were more qualified than local doctors, which also explains the positive perceptions of their services by patients, political elites, and local doctors. The increased number of trained local medical personnel might have influenced the perceptions of the 1990s and 2000s informants, who offered less enthusiastic evaluations of the CMTs.

120 Translated from Chinese text by Guo Suhang under my request, Health Department of the Shandong Province, *The Chinese Medical-Aid Team*, 32.

121 Interview with Rajabu Kisonga, April 24, 2018, Dodoma; Cleopa David Msuya, July 6, 2018, Dar es Salaam; Joseph W. Butiku, July 9, 2018, Dar es Salaam and Gallus Namangaya Abedi, June 6, 2018, Dar es Salaam.

122 Health Department of the Shandong Province, *The Chinese Medical-Aid Team*, 11.

123 Interview with Cleopa David Msuya, July 6, 2018, Dar es Salaam; Joseph W. Butiku, July 9, 2018, Dar es Salaam; Gallus Namangaya Abedi, June 6, 2018, Dar es Salaam.

124 Interview with Elisiana Danford, April 24, 2018, Dodoma; Martha Manyirezi, April, 2018, Dodoma; Simon Ernest, May 7, 2018, Dar es Salaam; Rajabu Kisonga, April 24, 2018, Dodoma.

3.7 The Distinctiveness of CMT Services

Before the onset of the CMT program in Tanzania, medical teams from countries of the Global North and South were working in the country. To distinguish the CMTs from previous approaches, avoid mistakes, and thus win popularity, prospective CMT members went on study tours before their dispatch. This confirmed a broader pattern since, as Deborah Brautigam has shown, the Chinese government had been keen to study traditional donors of the Global North and, on this basis, design aid strategically to bolster its interventions, acceptance, and popularity.[125] The CMT report of March 1, 1968, confirmed that donors of the Global North dominated the provision of clinical care, medicines, medical equipment, and scholarships to medical students in Tanzania. Accordingly, they advised their government to find its distinct approach towards medical assistance.[126] Indeed, before Tanzania's diplomatic clashes with the Federal Republic of Germany and Great Britain in the mid-1960s, the government had hired many medical doctors from Britain, Israel, Yugoslavia, Italy, Canada, and the USA.[127] Nevertheless, the government also received medical workers from different communist countries, such as the Soviet Union and Cuba.[128]

These medical teams triggered mixed responses. While talking to Consul Zhou Boping in 1967, Nyerere expressed concern that medical doctors from countries of the Global North were overly demanding and preferred a lavish lifestyle in a low-income country. He grumbled that they demanded pleasant, expensive houses with air conditioning, which cost the country dearly. Nyerere anticipated that doctors from China would be different simply because they came from a country of the Global South.[129] Coincidentally, the Chinese government had pledged in its Eight Principles of overseas aid that "[T]he experts dispatched by the Chinese Government to help in construction in the recipient countries will have the same standard of living as the experts of the recipient country. The Chi-

125 Deborah Brautigam, *The Dragon's Gift: The Real Story of China in Africa* (New York: Oxford University Press, 2009), 11.

126 "Medical Aid to Tanzania, 1968," SPA. File No. A034-03-006, Shandong Province Health Bureau.

127 "URT, President's Address to the National Assembly, Tuesday, June 8, 1965," TNA. Acc. No. 589 Orodha ya Majalada ya Mtu Binafsi, Bhoke Munanka, File No. BMC. 10/03, Speeches of Ministers and Junior Ministers, 23; "Italian Doctors Arrive," *Daily News*, July 19, 1977, 1.

128 "Bomani to Discuss Aid in Moscow," *Sunday News*, November 2, 1967, 1; "Cuba Sends More Doctors," *Daily News*, September 12, 1977, 3.

129 Altorfer-Ong, "Old Comrades and New Brothers," 261.

nese experts are not allowed to make any special demands or enjoy any special amenities."[130] Consequently, while other expatriates working in Tanzania enjoyed good salaries and comfortable living environments that were better than those of local medical workers with the same level of expertise, the Chinese experts put up with the local lifestyle and earnings.

Maoist philosophy manifested itself in Tanzania. For instance, in 1970, the Chinese government proposed to lower salaries to Tshs. 400 per month for the Chinese experts working in Zanzibar to adjust to local wages. Part of the letter by Chen Ching, the Chinese Consul in Zanzibar, to the First Vice-President, Sheikh Abeid Amani Karume, read:

> On behalf of the Government of the People's Republic of China, I have the honour to confirm hereby that following the teaching of the great leader of the Chinese people, Chairman Mao, to preserve the style of plain living and hard struggle with a view to reducing Zanzibar's burden in its national economy through self-reliance, the Chinese Government proposes hereby to lower the standard of living expenses of Chinese experts in Zanzibar.[131]

The argument for "plain living" advocated by Chinese experts was based on the view that countries of the Global South, including China, were equal since, at different historical periods, they experienced similar social, economic, and political predicaments instigated by the impacts of imperialism, colonialism, and neocolonialism.[132] This context enhanced the CMTs' acceptance in Tanzania as the government expected them to evade an imperialistic lifestyle. Similarly, Nyerere anticipated that doctors from socialist countries would transmit socialist lifestyles to local doctors through their positive examples.[133]

In 1968, the Second Vice President of Tanzania, Rashidi M. Kawawa, maintained that Chinese doctors distinguished themselves from medical doctors of the Global North by being obliging and capable of living and working in any environment.[134] While the sources used for this study confirm that the CMTs endured

130 "Eight Principles for Economic and Technical Aid Contended by Premier Zhou Enlai when Answering Questions from Reporters of the Ghana News Agency on January 15, 1964, in Ghana," quoted in *Afro-Asian Solidarity Against Imperialism: A Collection of Documents, Speeches and Press Interviews from the Visits of Chinese Leaders to Thirteen African and Asian Countries* (Peking: Foreign Languages Press, 1964), 150.

131 Quoted in "Chinese in Zanzibar to Earn Less," *The Nationalist*, November 20, 1970, 1.

132 Read, for instance, "A Speech by Chiao Kuan-Hua, Chairman of the Chinese Delegation and Minister of Foreign Affairs at the 31st Session of the United Nations General Assembly, October 6, 1976," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

133 Julius K. Nyerere, *Ujamaa: Essays on Socialism* (Dar es Salaam: Oxford University Press, 1968), 148.

134 "Misaada ya China Haina Mirija," *Ngurumo*, February 12, 1968, 1.

modest living and working conditions in Tanzania, CMT members did submit a few complaints to the MoH. For example, they were unhappy with old furniture, and they demanded repair and purchase of some items such as curtains, air conditioners, cooking utensils, gas cookers, and others, which Nyerere initially perceived as luxurious amenities. They also complained about the old vehicles the ministry gave them for an upcountry medical tour. Moreover, in some regions, apartments rented for the CMTs were not of low quality. In 2008, for instance, the Tanzanian government paid up to USD 1,500 a month per apartment.[135] This study has found that the CMTs' living and working environments varied from time to time and from one region to another. The MoH addressed several challenges at national and regional administrative levels to enable the CMTs to live and work comfortably.

Working in *Ujamaa* villages was among the distinctive features of the CMTs. Such attempts aligned with the country's socialist health policies, prioritizing rural healthcare, similar to the Chinese healthcare policy adopted following the Great Proletarian Cultural Revolution.[136] To become consistent with the government's health policy, the CMTs spent at least half their time attending to patients in villages under their mobile health services, enduring challenges such as unreliable water and electricity supply and public transport.[137] For example, in 1970, the doctors attended to 16,500 patients residing in rural areas of the Shinyanga and Maswa Districts. In a single *Ujamaa* village, the Chinese doctors stayed for more than ten days to participate in village life and work, winning the hearts and minds of political elites and the general rural communities.[138] In 1975, the Principal Secretary of the MoH applauded the CMTs by saying:

> Chinese doctors work in rural areas where the health care services are indigent, and patients are most in need of assistance. Doctors from other countries cannot adapt to such an environment, while Chinese doctors in those places can work with enthusiasm. Secondly, they [Chinese doctors] know Tanzania very well and understand the problems of the people.

135 "A Memo, 9/4/1974," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China; "Meeting Minutes: 29th February 2008," NRC. Ministry of Health and Social Welfare, 14/05/03, File Ref. No. HC. 74/311/02 Chinese Medical Team 2007–2010.

136 "Madaktari Zaidi toka China Watakuja," *Uhuru*, May 7, 1968, 1; "'Rash' of Clinics but no Staff, Self-Help Hitch," *Tanganyika Standard*, Wednesday, July 18, 1962, 3.

137 "Letter from Daktari Mkuu wa Mkoa, Shinyanga, to Katibu wa TANU, Mkoa wa Shinyanga, August 15, 1974, Madaktari wa Kichina," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

138 "A Special Report, Chinese Medical Assistance to Tanzania, May 12, 1972," TNA. Acc. No. 450, Ministry of Health, File No. HEA/90/5 Technical Assistance China.

> Working with the people of Tanzania and helping them is both a challenge and a pleasure for Chinese doctors.[139]

Such assertions illuminate that working in rural areas by the CMTs pleased officials in the MoH, as it differentiated them from other teams whose doctors were scared of working in villages. More importantly, it pleased grateful villagers who, in different places, presented gifts to the CMTs to express their gratitude (Figure 9). Mothers in villages whose infants' lives were saved or whose fertility cases were addressed by Chinese gynecologists gave their children Chinese names or surnames of the doctors.[140] Generally, throughout the 1960s and 1970s, the CMTs prioritized rural healthcare. Nevertheless, since the end of the 1980s, their services have been primarily based in national and referral hospitals, preferably in Dar es Salaam, Dodoma, Tabora, and Musoma.[141] During this period, the roles of the CMTs were less stressed in spreading communist propaganda. Instead, they focused on bolstering the market for Chinese medicines and painting the Sino-Tanzanian relationship. Such new roles did not primarily require CMTs to work in rural areas.

Structural differences existed between the CMTs and medical teams from other countries working in Tanzania. While medical doctors from China, from its inception, remained public and decentralized at the provincial level, medical teams from other donor countries were primarily provided by public, private, and multilateral foundations. The Chinese central government and African countries negotiated for medical assistance, but the provinces deployed medical doctors to the continent.[142] This structure gave Chinese provinces arguably greater control over the CMT program than the central government. As a result, it maintained relationships between recipient countries and their respective provinces, helping Chinese provinces swiftly access markets and investment opportunities in recipient countries. In Tanzania, for instance, traditional Chinese medicine practitioners from Shandong province mainly invested in traditional Chinese medicine clinics.[143] It is, therefore, fair to contend that the CMT program played a soft power role in easing the penetration of provincial hard power through trade and direct investment in Tanzania.

Maintenance cost was among the aspects that distinguished the CMTs from medical doctors from other countries working in Tanzania. Since 1978, following

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139 Translated from Chinese text by Guo Suhang under my request, Health Department of Shandong Province, *The Chinese Medical-Aid Team,* 32.

140 Health Department of Shandong Province, *The Chinese Medical-Aid Team,* 60.

141 Interview with Edith Bakari, May 8, 2018, Dar es Salaam; Rajabu Kisonga, April 24, 2018, Dodoma.

142 Paul Kadetz, "Unpacking Sino-African Health Diplomacy: Problematizing a Hegemonic Construction," *St Antony's International Review* 8, no. 2 (2013): 156.

143 Interview with Sui Guangxin and Chen Zhufeng, March 1, 2016, Jinan.

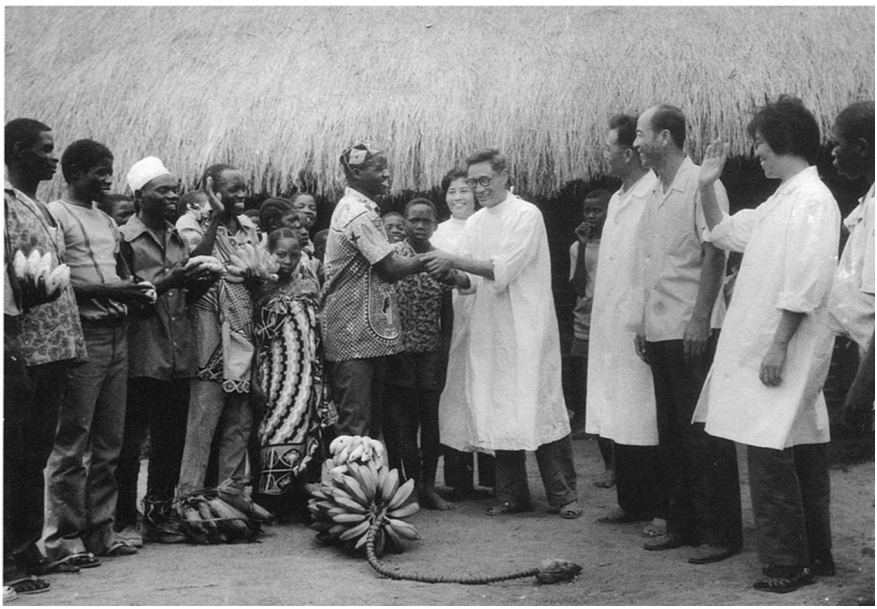

Figure 9: A gift of bananas to the CMT (undated, likely 1970s). Source: Health Department of the Shandong Province, *Unforgettable Memory,* 71 (printed with permission).

China's open-door policy, recipient countries paid more to host CMTs. However, compared to medical teams from other countries, the CMTs were cheaper. For example, while the CMTs working in Tanzania received USD 170 a month by the 2000s, the Cuban doctors received a living allowance of up to USD 300 per month per person in the same period.[144] In other countries, such as South Africa, the Cuban government demanded full salaries for its medical doctors, and it collected 57% of income tax from doctors' working salaries.[145] Distinctively, throughout the CMT program in Tanzania, the Chinese government paid salaries to its medical workers working in the country. The cheapness of the CMTs was further realized in the aspect of flight costs, where the Tanzanian government paid only for the return tickets to the CMTs, but it paid for the round-trip tickets to Cuban doctors.[146]

144 "Minute, August 31, 2005," NRC. Ministry of Health and Social Welfare, 14/3/04, File Ref. No. BC. 103/544/01 Republic of Cuba Technical Assistance, 2005–2010.

145 Daniel Hammett, "Cuban Intervention in South African Health Care Service Provision," *Journal of Southern African Studies*, 33, no. 1 (March 2007): 76–77.

146 "Minute, August 31, 2005," NRC. Ministry of Health and Social Welfare, 14/3/04, File Ref. No. BC. 103/544/01 Republic of Cuba Technical Assistance, 2005–2010.

Therefore, despite the changes in China's foreign policy, Chinese doctors were far cheaper than medical teams from other countries. Nevertheless, the cheapness of the services provided by the CMTs does not mean that the Chinese government gained nothing from its medical missions. Instead, the CMT program promoted market access for Chinese medicines and bolstered diplomatic relations between the two countries.

3.8 Conclusion

This chapter has unpacked the history of the CMT program in Tanzania. Discussions in the chapter have contended that the CMTs had a long history in the country. The chapter discussed how the CMT program distinguished itself from medical assistance provided by other nations, making the Chinese government appear a more responsible and reliable partner than traditional donors of the Global North. The analyses in this chapter add weight to the argument by Jeremy Youde, Olivia Killeen, and colleagues, who hold that China's medical diplomacy extended hard and soft powers.[147] The chapter has shown that the CMT program went hand in hand with donating Chinese-made drugs, which partly assisted Tanzanians in getting access to basic medicines while promoting market access and acceptance of Chinese medicines in Tanzania. The chapter maintained that the CMT program modestly promoted self-dependence in Tanzania's health sector. Even worse, the Tanzanian actors failed to negotiate, shape, or drive Chinese actors to turn the CMT program into a bridge for the self-sufficiency agenda. To this end, the CMT program, which has been in place for more than half a century, has not lived up to its claims of capacity building, which would have been a vital step in promoting a sustainable healthcare system. Dispatching CMTs to Tanzania, overwhelmed training programs, and joint medical research activities. This situation exacerbated Tanzania's dependence on Chinese doctors up to the present day, as, following Drew Thompson, the Tanzanian health sector is under serious threat by the fact that China's population increase and disease burden will cause some provinces to withdraw their dispatch of medical specialists to Africa.[148]

147 Olivia J. Killeen, *et al*., "Chinese Global Health Diplomacy in Africa: Opportunities and Challenges," *Global Health Governance* 12, no. 2 (Fall 2018): 19; Jeremy Youde, "China's Diplomacy in Africa," *China an International Journal* (March 2010): 151.

148 Drew Thompson, "China's Soft Power in Africa: From the "Beijing Consensus" to Health Diplomacy," *China Brief* 5, no. 21 (October 13, 2005): 4.