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**ASHA PROGRAM ASSESSMENT:
PROGRAM CRITERIA FOR
AMERICAN IDEAS AND PRACTICES**

PART I

Prepared for:

**THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
FHA/ASHA
Washington, D.C.**

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INTRODUCTION

In a few months, the ASHA program will mark its 33rd anniversary. Grants totaling over \$680 million have been made to 172 institutions¹ in 56 countries. The leading recipients have been institutions in Lebanon (\$232 million), Israel (\$112 million), Egypt (\$40 million), and Turkey (\$38 million). The newest recipients, having received their first grants in 1992, are four institutions in Armenia, Bulgaria, Bolivia and Sierra Leone.

During the first two decades of the program, decisions on ASHA grants were made largely on the basis of U.S. geo-political concerns as interpreted by key members of Congress. In recent years, however, with the winding down of the cold war, policy-makers have expressed the need for ASHA awards to be made more on the basis of objective criteria and less on political grounds. This has led to the exploration of several issues inherent in the ASHA program thrust which had been allowed to remain dormant.

Undoubtedly, the most important issue to surface during the re-thinking of the ASHA criteria has been "whether it is possible to label a set of ideas and practices exclusively as American?." Discussion of this issue has led to others such as: how can the inculcation of American² ideas abroad be assessed... what is the ASHA end-product...and, is there a potential down side to the ASHA effort?

The intent of this paper is to improve the effectiveness of the ASHA program by re-examining its central thrust -- the attempt to "export" American Ideas and Practices (AMIP).

Part One of the paper contains the assessment team's analysis of the content, legitimacy and feasibility of the AMIP effort as well as suggestions for improving program criteria, assessing AMIP progress and avoiding potential pitfalls. Part Two of the paper consists of corroborative material -- in the form of trip reports compiled by the members of the assessment team who visited ASHA-supported institutions³ in Israel and the West Bank, Turkey, Greece, Pakistan, India, Thailand and The Philippines during November-December 1992.

The members of the team for this program criteria assessment were Jim Kelly, Team Leader; Kathleen Hansen and Jacquelyn Stanton-Rosario, Policy Analysts; and Laura Cooley, Research Assistant.

¹ Forty-eight medical centers, hospitals, or clinics; 57 universities; 64 secondary or special education schools; and 3 world-wide training or research organizations.

² Throughout the paper the word "American" is used interchangeably with "citizens of the United States." A recent A.I.D. analysis suggested that "the term 'American' should not be used in Central America to refer to the ASHA program...which should be forthrightly named a United States program." See "ASHA Program Analysis: Central American Site Visit Report: Tom Marchione, FHA/PPE, December 20, 1992, page 12.

³ See annex #1 for a list of the 29 institutions visited.

I. PRINCIPAL CONCLUSIONS OF THE ASSESSMENT TEAM

The purpose of the team's overseas travel was to gather information on the most effective means for diffusing American ideas and practices abroad. Although the time allocated did not allow for a full evaluation of institutional performance at the 19 schools and 11 hospitals visited, the team was able to form some useful impressions about the effectiveness of these institutions in disseminating AMIP.

The team came to the following overall conclusions about the ASHA program:

- the program has been quite effective over the years in exposing a large number of students, professional staff, and hospital patients to the "American way."
- agreement is needed within A.I.D and with ASHA sponsors on what constitutes "American ideas and practices."
- a more structured approach is needed for assessing ASHA impact to determine the most effective techniques for inculcating AMIP.
- considerably more mileage can be obtained from the existing level of ASHA resources by "graduating" some of the "older" grantees and replacing them with institutions with promise in the developing world.
- the ASHA review process for grant awards can be strengthened by the adoption of more objective program criteria.

II. THE ASHA PROGRAM CONCEPT

A. HOW CLEAR ARE ASHA'S GUIDELINES ON "AMERICAN IDEAS AND PRACTICES?"

The starting point, of course, for determining the background and objectives of Congress-approved programs is the enacting legislation. In the case of ASHA, however, the legislation does not shed much light on these issue areas. Congress simply directed that monies appropriated for ASHA be given "to schools and hospitals abroad which serve as demonstration centers for Ideas and Practices of the United States."

Some suggest that the purpose and intended results of the ASHA program are "clear on the face" of the legislation inasmuch as the targeted institutions are characterized as "study and demonstration centers" for ideas and practices of the United States. The legislators saw no need for elaborating on the "what", "why" or "how" of exporting American ideas and practices abroad because they felt that these ideas tend to be easily discernible, inherently valid and eminently transferable.

Others, however, are made uneasy by the simplicity of the ASHA legislation which was enacted before the arrival of such concepts as "multi-culturalism." They point to the difficulty of getting a consensus on what is uniquely, or even distinctly, "American" within an emergent "global culture." And, even if this were possible, these observers remain skeptical about ASHA's ability to measure program effectiveness -- that is, the degree to which American ideas and practices have been inculcated abroad.

Guidelines issued by the ASHA office subsequent to the enacting legislation have tried to clarify standards and criteria for the program. While these have been helpful, the award panels, convened annually by ASHA to examine grant proposals, have invariably commented on the need for more specific AMIP guidelines. Furthermore, as recently as June 1991, the House Committee on Foreign Affairs recommended even more broadly that "the guidelines for the ASHA program be strengthened in order to help the program achieve its goals."

Guidelines are usually only as good as the premises on which they are based. If premises are shaky or not well thought-out, guidelines will not be applicable in enough situations to be useful. In the case of the ASHA program, with its sparse legislative record, the premises are not entirely clear and need to be re-constructed before much progress can be made on guideline-drafting. Toward this end, the first question must be -- what is the intent behind the ASHA program?

B. WHAT IS THE INTENT BEHIND THE EXPORTING OF AMIP?

The intent behind the ASHA program is to provide financial support for U.S.-sponsored schools, libraries and hospitals abroad to help them demonstrate the merit of American ideas and the effectiveness of American practices.

The program is based on the premise that the ASHA program will advance U.S. interests by helping to create: (a) a favorable image of the U.S. abroad (b) more democratic and stable societies (c) allies who can be counted on during periods of international or regional tension and (d) business partners who will facilitate U.S. trade and overseas investment objectives.

The intermediary outcome of the ASHA effort will be a number of institutions, recognized for scholastic or medical excellence, which reflect American-held values and practices in their administration, educational curriculum, operations and involvement in the local community.

The ultimate outcome of a successful ASHA effort will be thousands of influential citizens, imbued with AMIP, who are favorably disposed to the U.S., use American ideas and practices to improve their societies, and help further U.S. interests in their countries and regions.

Having spelled out the objectives and the desired end-product of the ASHA program, the next issue needing examination is the legitimacy of labeling ideas and practices "American" -- as is done under the ASHA rubric.

C. IS THERE A SET OF IDEAS AND PRACTICES WHICH CAN BE LABELED "AMERICAN?"

On this issue, a recent trip report of an A.I.D. officer concluded:

"[T]he founding premise of the ASHA program may have to be re-thought [because] of the growing difficulty of identifying the origin of cultural influences. With the emergence of satellite television hook-ups, international travel, transnational business, it is becoming harder and harder to place an American -- or any other national label -- on particular ideas and practices. Many ideas and practices, certainly in the realm of popular culture, are part of a global culture."⁴

In re-thinking the founding premise, it probably would be useful to start by substituting "values" for "ideas." The origin or "ownership" of ideas can be hard to pin down particularly since there have been well-documented instances of "simultaneous conception." What's more, ideas are often generated, held, discarded and/or re-embraced in a somewhat random manner. Values, on the other hand, seem to be made of more permanent stuff. They generally take longer to develop, breed a sense of ownership and, consequently, are less likely to be flung aside. People go through ideas; they work on values.

Is there, then, a set of "made-in-the-U.S." values that are uniquely "American?" No, period. Our culture and values are largely of a derivative nature and inextricably linked to the "liberal, democratic capitalistic model of the West." It would be hard to convince the Greeks that the concept of democracy was thought up in Philadelphia, the British that capitalism was discovered by the Rockefellers, the Swiss that frugality started with Ben Franklin or the French that egalitarianism sprang from the Quaker movement.

But what do people all over the world mean when they talk about "doing it the American way?" At times, they are referring to external features of the "American culture;" for example, manifestations of a generally high standard of living, the widespread use of high-tech, or even the growing prevalence of pop culture. At other times, they are referring to ways for going about a task such as learning-by-doing or relying more on the teamwork approach.

Very often, however, people are referring to the value system that undergirds the American way of life. Even though the values in this system (e.g. the democratic process, freedom of the press, risk-taking) may not have been American-invented and certainly are not American-owned, the values are regarded, in their composite, as "American." This is because the amalgam of values - with its distinctive mix and emphases -- has been reforged over the years in the vortex of the American experiment and resulted in a "shared assumption" which has become the integrating force in the American society.

We now turn to the content of the "American-held values and practices."

⁴ T. Marchione, op.cit., p.3

D. WHAT ARE THESE AMERICAN-HELD VALUES AND PRACTICES?

First, a word about the process followed by the assessment team in putting together the lists of American values and practices which appear on the flow-chart on the next page. After deciding that "values" should replace "ideas," team members consulted a number of education and health practitioners to obtain their insights on what should be included in the various lists. Draft lists were then drawn up and shared with A.I.D. officers for their reaction and input.

The team then embarked on their overseas trips to obtain perspectives on AMIP from administrators, key staff and students at selected ASHA supported institutions. Based on the insights gained through these field interviews, the "values and practices" list was revised, categorized under three column headings, and weighted according to relative significance of specific values.

During the list-compiling process, several issues emerged -- as indicated below -- which the team has attempted to clarify:

-- Combining Schools and Hospitals:

Under the ASHA program, schools and hospitals get equal billing as centers for demonstrating AMIP. In reality, however, schools are better positioned than hospitals to carry out ASHA objectives. Interacting as they do with impressionable youngsters and young adults, schools have a greater opportunity to influence the values and behavior of their charges. In describing the effect of ASHA-supported schools on student outlook, a businessman in Turkey suggested: "Once you attend one of those American Schools, you always think that way."

Admittedly, nursing schools, and other medical training vehicles (e.g. "floating hospitals"), can also play an influential role in helping to shape the outlook of their students, but the primary concern of most of these schools is to instill modern and efficient medical practices rather than to inculcate basic values.

Hospitals tend to have fewer opportunities than schools to promote the full range of American values and practices. Understandably, of course, hospitals are less concerned with molding minds than with healing bodies. While the top staff at many ASHA-supported hospitals may be intent on "doing it the American way," the "it" can refer simply to incorporating the latest medical techniques and equipment into their health care systems.

Having access to the latest medical technology, however, is no guarantee of doing things the American way, particularly if little progress is being made in such key areas as: open admissions policy, medical ethics, equitable treatment for female staff, quality assurance, staff participation in hospital management, cost recovery strategies, etc.

In pointing out the advantage that schools have over hospitals when it comes to inculcating the full range of AMIP, the assessment team is not suggesting that ASHA withdraw its support from hospitals. In those instances where hospitals are able to pick

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Paradigm
of
American Values, Principles and Practices

	Social Values	Institutional Principles (Goals)	Institutional Processes/Indicators
1	Equality of all people regardless of race, gender, religion, or national origin	Non-discrimination in the provision of health and educational services and the treatment of its employees.	Non-discriminatory policies for schools and hospitals in: <ul style="list-style-type: none"> • admissions • hiring of personnel • promotions • financial aid
2	Democratic participation in decision-making	Respect for broad-based participation of all constituents	Policies which promote democratic participation in decision-making through: <ul style="list-style-type: none"> • Informed consent of patients in decisions regarding their medical opinions, • Faculty committees, • Student governance councils, • Hospital committee structures, • Academic departmental committees; • Frequent open communication between staff, students and administrators • Hospital peer review committees, • Local community participation on institution's governing board
3	High expectations and standards of excellence	Promote and provide the necessary support for standards of excellence and the highest quality that can be attained	Policies and strategies which promote (for both hospitals and educational institutions) <ul style="list-style-type: none"> • Standards of excellence; • Continuing education for faculty and staff; • Productive relationship with U.S. sponsor, • Faculty and staff exchange program, • Collaborative agreements with American hospitals, schools, universities, research centers, • Peer review & quality assurance measures, including internal assessment teams; • Volunteer programs which provide technical assistance, equipment and supplies, • Accreditation, and licensing, • Broad access to information from diverse sources through open libraries, interactive computer networks and modern telecommunication systems; • Transfer of knowledge and skills to other institutions; For hospitals only, policies and strategies which promote <ul style="list-style-type: none"> • Programs in social and preventive medicine; • Continuity of care; • Community wellness programs • Social service office or unit to provide financial advice/assistance, • Support services, family education and counseling, and • Research and ethics committees
4	Freedom of religion, speech, press, assembly and privacy	Respect for basic human rights	Policies which protect and permit: <ul style="list-style-type: none"> • Freedom of expression (soap box forum); • Student, faculty and staff newspapers, • Privacy of medical records, • Academic freedom; • Right to worship; • Right to assemble.
5	Diversity and cultural pluralism	Broad-based inclusion of persons who are representative of the national diversity.	Policies and strategies which attain diversity and pluralism through: <ul style="list-style-type: none"> • scholarships; • special recruitment, admissions and academic programs; • professional staff, faculty and student exchange programs.
6	Volunteerism, philanthropy and community service	Promote volunteerism, philanthropy and community service	Policies and strategies which promote: <ul style="list-style-type: none"> • Community service by staff and students; • Extra-curricular activities of staff and students; • Institutional financial support by alumnae; • Volunteerism by local and international community, • Exchange programs for technical assistance.
7	Institutional fitness and efficiency.	Strive to activate institutional systems and relationships that promote viability and ability to deliver highest quality services	Policies and strategies that promote: <ul style="list-style-type: none"> • Sound financial practices and planning (e.g. audits, cost containment strategies), • Maintenance of facilities and equipment; • Development of productive relationship with U.S. sponsor; • Modern management and information systems; • Sound management and administrative principles; • Effective public relations/external affairs program.
8	Well-rounded general education. Broad-mindedness. Tolerance. Honesty. Appreciation for altruism, the arts, social sciences, and the humanities.	Foster attitudes and traits that result in productive citizenry and leadership.	Policies and strategies which promote: <ul style="list-style-type: none"> • Development of core liberal arts curriculum, including English as a foreign language requirement • Development of elective courses in social sciences, the arts and humanities. • Informal contacts between staff, faculty and students • Staff and faculty perceiving their role as mentoring and guiding future leaders, productive citizens and humanists; • Career counseling and development.
9	Critical thinking and problem-solving approach	Promote the development of analytical and problem-solving skills.	Policies and strategies which promote: <ul style="list-style-type: none"> • Pragmatic approach to resolving issues; • Interactive methods of instruction, including free expression of students' ideas, values and opinions; • Interdisciplinary approach to delivery of health and educational services. • In-service medical training; and • Development of new pathway curriculum for medical students.
10	Innovation, creativity, pioneering, goal-orientation, work ethic, risk-taking.	Foster innovation, creativity, pioneering, and risk-taking.	Policies and strategies which promote: <ul style="list-style-type: none"> • Innovation through financial and resource support of faculty and staff research and development activities; • Creativity among staff, faculty and students; • Pioneering, and risk-taking. • Early adoption of advances in health and education practices • Incentives for good work habits, punctuality and productivity.
11	Market economy, free enterprise and competition	Promote appreciation for free enterprise, entrepreneurship, and competition.	Policies which promote free enterprise, entrepreneurship, and competition through: <ul style="list-style-type: none"> • The school's academic curriculum (business, economics, ethics), • Competitive bidding of contracts for goods and services

up on and disseminate American values as well as the latest in medical technology, they can do much within their communities by way of promoting AMIP.⁵

-- Teaching American History

Some believe that proposals for ASHA grants should not be accepted unless the prospective grantee is willing to insert a mandatory course on U.S. history in the school's curriculum. The assessment team, which does not share this view, believes that the essence of the U.S. experience can be captured and thoroughly explored in a good comparative history course. The importance of the American-held values that lies behind the "shared assumption" tends to come across even more strikingly when the history of the U.S. is juxtaposed against that of other large heterogeneous societies.

-- English as the Language of Instruction:

The assessment team agrees with those who suggest that the content and nuance of AMIP can best be conveyed and illustrated using texts and materials written in English. It also must be recognized that English has gained prominence in the modern world as the language of science, commerce and diplomacy. Nevertheless, it would be counterproductive in terms of development impact for ASHA to restrict its grants to institutions having English as the language of instruction. On this issue, the team recommends that ASHA accept proposals from institutions which have English as an elective course.

-- The Relationship between a successful AMIP program and the presence of American staff:

There are two determinants that are critical for a successful AMIP program. The first is the presence on staff of professionals who -- having received their training in the U.S. -- are now convinced of the need to introduce American values and practices into their institutions. The team found that, in some cases, the "critical ingredient" professionals were not American, but they had the essential quality of being fully committed to the promotion of AMIP. Throughout the evolution of the AMIP program, however, the process will benefit from the presence of permanent or short-term American professional staff.

The second critical factor is the maintenance of strong links with a sponsoring group or institution in the U.S. An active sponsor-grantee relationship will help ensure a free flow of new ideas and techniques as well as supplementary financial support needed to maintain a vibrant AMIP program.

⁵ See Part Two of this assessment (Team Field Trip Reports) for examples of how ASHA-supported hospitals are picking up on and disseminating AMIP. These examples have been reflected in the composite chart of AMIP presented here in Part One.

E. IS IT IN THE INTEREST OF THE RECIPIENT COUNTRIES, INSTITUTIONS AND INDIVIDUALS TO ASSIMILATE THESE AMERICAN-HELD VALUES?

Events over the past few years have tended to corroborate the view expressed by Lawrence Harrison in 1985:

"The Western model [or value system] extending from the Swedish variant with a heavier social content to the American variant with a lighter social content, offers the best way of organizing a society that humankind has yet been able to devise. People who live in such societies are likely to live happier, more creative, more fulfilling lives than people in authoritarian systems to the left or right. And the economies of liberal, democratic capitalist societies are likely to work better."⁶

This does not mean that the American variant is not without its flaws⁷, but simply that, as a model, it is relevant to the needs and aspirations of developing countries. The model is particularly impressive in its ability to change, to adapt, and to progress -- in what must be among the world's most difficult countries to govern because of the U.S.'s staggering ethnic and racial diversity and its great size. The sustained application of the American model can lead to the kind of constructive social change which is so desperately needed in much of the developing world at this time.

F. A SUGGESTED LIST OF CRITERIA FOR USE IN REVIEWING PROPOSALS FOR ASHA FUNDING

The assessment team has drawn up a list of criteria, as indicated below, for use in reviewing proposals for ASHA funding. The criteria are to be used in conjunction with the "values flow-chart," provided in Section D above, which contains specific practices (indicators) illustrating the application of each criterion.

1. Does the institution embody the principle of equality of all people, regardless of race, gender, religion, or national origin?
2. In the administration of the institution is there a demonstrated respect for individuals and basic human rights such as freedom of religion, speech, and the press as well as academic freedom?
3. Does the institution demonstrate that it values diversity and cultural pluralism?

⁵ Underdevelopment is a State of Mind; Lawrence E. Harrison: The Center for International Affairs, Harvard University, and the University Press of America, p. 167.

Harrison listed some of the flaws as he saw them in 1985: "an income distribution pattern skewed toward the more inequitable end of the developed country range; the insufficient priority assigned to public education, symbolized by the low prestige and salary levels of the teaching professions; and the degree of political apathy suggested by the fact that roughly 40 percent of eligible American voters do not vote in American elections." *ibid.*, p. 168.

4. In addition to the administrator or manager of the institution has a sufficient number of professional staff been educated/trained in the U.S.?
5. Is the institution sponsored by a U.S. entity which recognizes its responsibility for ensuring that American values and practices are inculcated at the institution and that the institution's management and financial systems are up-to-standard?
6. Does the institution promote volunteerism, community service, work ethic, and the need for philanthropy?
7. Does the institution foster innovation, creativity, and risk-taking?
8. Does the institution promote critical thinking and a pragmatic approach to problem-solving?
9. Has the institution set high standards for its staff by adopting policies and practices aimed at attaining excellence in its field?
10. If the institution is an educational or training school, does it have a curriculum that will result in a well-rounded general education, including appreciation of the arts, social sciences and the humanities?
11. How much evidence is there of staff, student, and client participation in the decision-making and management of the institution ?
12. Does the institution promote entrepreneurship and competition and reflect these values in the administration of its program?

(Note: With respect to English language, at a minimum institutions must offer English as an elective course.)

III. THE ASHA PROGRAM IN ACTION

A. CAN AMERICAN-HELD VALUES AND PRACTICES BE SUCCESSFULLY EXPORTED OR TRANSPLANTED ABROAD?

In attempting to answer this question, it is helpful to divide the "transplanting process" into its four component parts: the exporting of AMIP; the attempt to inculcate AMIP; the assimilation of AMIP; and, the "acting out" of the assimilated values and practices.

(i) The exporting of ideas and practices from one culture, sub-culture (or, of late, country) to another has been a regular feature of the human experience. At times this exporting has been carried out through a direct campaign (e.g. within colonization schemes, Alliance Francaise, or the ASHA program) but more often the exporting is done informally, and

somewhat haphazardly -- but with definite impact -- through published materials, media, living abroad etc.

(ii) the inculcation of ideas, which applies only in the case of a direct campaign, refers to the effort of a teacher, mentor or colleague to impart values or practices in a systematized fashion.

(iii) the assimilation of ideas refers to the process whereby an individual, institution or culture picks up on an idea from abroad and internalizes it.

(iv) the acting out part of the process occurs when an individual (or institution or culture) behaves in a manner different than he or she would have -- had this idea not been internalized.

When it comes to the ASHA effort, there is no doubt that American values and practices can be exported from the U.S. just as values and practices have been successfully exported throughout history. With respect to efforts to inculcate the values, the institutions receiving ASHA assistance are attempting to transmit AMIP -- albeit some in a more structured way than others. (See below) On the issue of assimilation, historical evidence (i.e., the Romans in what is now North Africa, the British in India and the U.S. in the Philippines) suggests that there can be a comparatively high degree of internalization of ideas from abroad.

The "acting out" phase of the transplanting process is the most difficult to assess for two reasons. Values which have been fully assimilated may not get acted out for a variety of reasons (e.g. personal inhibition, family pressure, political constraints, etc.). Secondly, there is the attribution issue: it may be difficult to trace the origin of a value which prompted an individual's behavior particularly when that value had been gestating over a long period. The way people view the world and their part of it is determined by the socialization process. Schools and hospitals are only two of the influencing agents at work in that process; people are also socialized by parents, peers, churches, media, governments, etc.

For our purposes here, we can draw two conclusions from the discussion above. First, that AMIP can be successfully transplanted abroad, but, second, that it is, and will remain difficult to determine whether the transplanting has actually taken in particular settings until ASHA adopts a more structured approach to evaluating its impact -- as illustrated in what follows.

B. CAN THE IMPACT OF THE ASHA PROGRAM BE OBJECTIVELY ASSESSED TO DETERMINE WHAT DEGREE OF AMIP ASSIMILATION AND/OR "ACTING OUT" HAS TAKEN PLACE?

ASHA effectiveness in helping to transplant American ideas and practices abroad can be assessed at two levels. At the first, an assessment can be made of the institutional capacity that the grantee has developed to demonstrate American values and practices. (The capacity represents the intermediary outcome). Under this assessment, an attempt is made to determine (i) to what extent the conditions needed for a successful transfer of AMIP are in place and (ii) the degree-of-likelihood that the desired AMIP assimilation is taking place.

To determine whether the AMIP assimilation has actually occurred, however, one must undertake a second level assessment of the graduates (in the case of schools) or health care recipients and community representatives (in the case of hospitals). This "ultimate-outcome" assessment will provide insights on the impact of the ASHA program on the outlook and lives of individual citizens as well as on the systems (institutional, governmental, educational, health-care, etc.) they may be affecting.

The ASHA office has undertaken some analyses at the inter-mediary outcome level but no systematic assessments at the ultimate outcome or impact level. To enhance assessment efforts at both levels, a more structured approach to impact assessment is needed, as indicated below:

(i) A.I.D. Agreement on AMIP content: There has to be a clear understanding and agreement within A.I.D. on the parameters, content, and priority ranking of the values and practices which are to be exported abroad. (This, of course, is the main purpose of the current exercise.)

(ii) Dissemination of the agreed-upon lists: The lists of values and practices need to be transmitted to ASHA sponsors and recipient institutions -- along with illustrated indicators-of-progress for assessing the degree to which values or practices are being assimilated at recipient institutions. (A few examples: a well functioning school paper operated by students could provide practical evidence of the American-held value of a "free and responsible press;" and, discernible indicators of staff participation in decision-making at a large hospital complex would point to the internalization of "the democratic processes" value.)

(iii) Understanding by Grantees of the ASHA "end-product:" Administrators of ASHA-supported institutions tend to empathize with ASHA goals. At the same time, one doesn't find much strategic thinking "out there" on how to move deliberately toward ASHA goals or how to assess AMIP progress. This is due partly to the lack of creativity on the grantee side and partly to the nature of ASHA monitoring.

Considerable energy is spent on making sure that ASHA's engineering, commodity procurement and contracting requirements are met. In the process, grantees can come to look upon ASHA-financed buildings and commodities as the "outputs" of the collaborative undertaking; whereas, of course, these physical entities should be viewed as inputs⁸ needed to enhance the effectiveness of the AMIP program at the institution.

⁴ In log-frame terms, the program goal of the ASHA program is to "produce" citizens abroad who are imbued with AMIP and draw upon those values and practices in their personal decision-making as well as in their interrelationships with others in social, work and civic situations. The project purpose is to help ASHA supported institutions improve their capability for demonstrating the merit and effectiveness of AMIP. The inputs into the project are money, advice and monitoring from ASHA and the sponsoring agent. The outputs are the physical entities (buildings, equipment, etc.) created with the ASHA grant and the individuals imbued with American values and practices. The end-of-project-status or outcome is the spread of AMIP -- by the "imbued" individuals -- throughout the societies in which ASHA supported institutions are found.

(iv) Identification of Sponsor responsibilities: The roles of the U.S. sponsoring entity and the local institution in the assessment process need to be better defined. (See section D below.)

(v) AMIP program audits: In addition to reviewing assessment material on AMIP which will be forwarded to ASHA by U.S. sponsors, ASHA needs to schedule program audits to ensure that each grantee institution is visited once during the span-of-the-grant.

At least two full days (excluding travel to site time) should be reserved for each program audit. The assessment methodology (which in the case of the "older" grantees will take into account both intermediary and ultimate outcome levels) should be discussed well in advance with sponsors and local managers so that they can assist with appropriate preparations.

C. WHAT ARE THE RESPECTIVE ROLES OF THE U.S. SPONSOR AND THE GRANTEE INSTITUTION IN THE AMIP PROCESS?

The role of the U.S. sponsoring agents is the subject of a separate analysis being carried out in conjunction with this AMIP study. The comments below reflect the field assessment team's view of U.S. sponsors as seen from abroad -- without the benefit of insights which can be obtained only by interviewing sponsor agents themselves.⁹

Sponsoring entities in the U.S. differ in size, membership make-up and the degree of their involvement in ASHA-supported institutions overseas. There are two basic models, however, with a few variants in between. In the case of the "older" grantees, not a few of whom are located in developed or middle income countries, the "U.S. sponsor" consists of a Board of Trustees¹⁰ and a managing agent who supervises a small "backstop office" with responsibilities for fund-raising, special personnel recruiting, and U.S. based procurement. Overseas, the U.S. sponsor relates to the grantee institution's director and, usually, a local Board of Managers, as well, which is composed of "old-boys" and/or prominent citizens.

On the other extreme, is the "stripped-down" model of the U.S. sponsor. This version consists of a few part-time employees, salaried or more often volunteers, who devote a few hours of each week to the "need of the moment" here in the U.S. As one would expect, the quality of backstopping under this model tends to be borderline and particularly so whenever there is heavy employee/volunteer turn-over.

The members of the assessment team came away from their field visits with the impression that U.S. sponsors, even under the "older" model do not try to exert much control or direction over the in-country institutions -- except when it comes to how the money that is raised in the U.S. is spent. The Boards of Trustees try to recruit tried-and-proven institutional managers and then step back and provide general oversight and support. As a result, even though the Boards retain

⁹ A contractor is currently conducting these U.S.-based interviews under the parallel study.

¹⁰ Normally, the Board of Trustees is made up of Americans who have one or a combination of the following ties to the ASHA-supported institution or the country in which the institution is set: (i) religious (ii) "old-boy" or "old-teacher" (iii) ethnic and/or (iv) business.

ultimate responsibility -- especially in ASHA's eyes -- for what happens at the local institution, the President or Director "runs" the school or hospital.

What are the implications of this division of responsibility for a re-invigorated AMIP program? The U.S. sponsoring entity, under both models, will continue to have the overall responsibility for the creation of an effective AMIP program at the grantee institution. But it is the local institutional head who will play the pivotal role in drafting a meaningful AMIP strategy (see below), lobbying that strategy into place, and monitoring its progress over time.

The role of the U.S. sponsor in the AMIP process, then, is to provide support to the local administrator by: (i) making sure that the administrator is given whatever technical assistance is needed from the U.S. to draft an AMIP strategy and monitoring plan (see next section) (ii) reviewing the plan for completeness before submission to the ASHA office (iii) periodically assessing progress on AMIP at the sponsored institution (iv) assisting with "course corrections" as needed and (v) reporting on AMIP results to A.I.D./ASHA.

Finally, the assessment team suggests that these responsibilities for AMIP (to say nothing about the wider "institutional networking and linking" responsibilities) cannot be effectively discharged by U.S. sponsors who fall into the "stripped-down model" category. Unless their capabilities can be significantly up-graded, these "sponsors" should not continue to receive ASHA grants.

D. CRITERIA FOR REVIEWING AMIP PROPOSALS

The criteria for reviewing AMIP proposals will differ depending on whether the applicant is submitting a proposal for the first time or for a follow-on grant. In the case of first applicants, the proposal should show evidence of the following:

(i) the potential on the part of the institution for becoming a demonstration center for AMIP. This should be reflected in the commitment of the sponsor and administrator to the inculcation of AMIP, the right mix of staff with sensitivity and training in the AMIP area, and sufficient credit-worthiness to attract the financing that will be needed, at various stages of growth, for institutional viability.

(ii) a strategy designed to develop the institutional capacity for becoming a fully functioning AMIP demonstration center (see section E).

(iii) a need for additional financing to help implement the AMIP development strategy. The funds requested from ASHA will have to contribute directly to building capacity for AMIP and not be available from other sources.

In the case of follow-on grant applications, the proposal should show evidence of the following:

(i) the progress made by the institution in developing capacity to serve as a center for AMIP (See "institutional practices" column in the matrix chart for suggested indicators of progress)

(ii) a next-phase strategy which describes how the sponsor/institution intend to proceed in trying to reach the next plateau in developing the needed AMIP capacity

(iii) an indication that the funds sought from ASHA cannot be obtained from other sources

(iv) a strategic finance and development plan as well as evidence that the institution is making progress in establishing the coalition of supporters and the financing mechanisms needed for institutional sustainability

E. WHAT IS MEANT BY THE AMIP STRATEGY AND MONITORING PLAN?

The AMIP strategy is the document used to keep AMIP efforts "on-track" at grantee institutions. It will be submitted as part of the grant proposal, monitored during the span of the grant and used as a baseline, for assessing what has been accomplished, at grant-end.

The following is a suggested format for the AMIP strategy:

1. The AMIP Setting

This section will provide a brief description of the AMIP setting by answering the following questions: How much energy has been devoted to the inculcation of American-held values and practices in the past? What has been the result of these efforts? If they were successful, why are additional funds needed from ASHA? If they were only partially successful, why was this so?

2. AMIP Objectives and Anticipated Outputs

This section will provide a list of the specific AMIP values and practices that will be concentrated on during the span of the grant. The section will also contain a discussion of (i) the problems that the institution expects to encounter as it tries to introduce these values/practices (ii) what approaches will be used to overcome these constraints and (iii) why there is reason to believe that these approaches will be successful.

3. Link Between the ASHA Grant and the Furtherance of AMIP Objectives

This section will describe the relationship between what ASHA is being asked to finance and the inculcation of AMIP. The relationship portrayed should be a direct one. ASHA's financing of instructional computers may or may not advance AMIP; whereas, it is easier to see the link between financing a program for minority students and the objectives of the AMIP program. This section should also outline any overseas training in the AMIP area that ASHA will be asked to help finance.

4. Progress Indicators

In this section, the grantee institution will refer to the kinds of indicators that will be used to assess progress toward attainment of the AMIP objectives (the objectives and suggested indicators are listed in the matrix chart) during the course of the grant.

5. Monitoring Arrangements and Reporting

This section will spell out the arrangements that have been made for monitoring AMIP progress during the course of the grant; that is: (i) who in the grantee institution and the sponsoring entity will be responsible for monitoring (ii) what committees or groups have been formed to assist in monitoring requirements and (iii) what will be the frequency of reporting to ASHA.

F. WHAT IS THE ROLE OF THE ASHA OFFICE IN THE EXPORTING OF AMIP?

The role of the ASHA office is quite straightforward -- to make sure that the ASHA grant program results in a discernible assimilation of American values and practices in as many "demonstration" institutions overseas as is possible on a cost efficient/effective basis.

ASHA's operational responsibilities consist of the following:

- (i) providing clear guidance to grantees on the content of AMIP and on the progress indicators that will be used to assess grant results;
- (ii) working through the U.S. sponsors to make sure that effective AMIP strategies are designed and put in place at sponsored institutions;
- (iii) systematically monitoring progress being made at grantee institutions in building AMIP capacity. Using assessment results to refine AMIP standards and criteria and to make improvements in grant award procedures;
- (iv) encouraging sponsors and grantees to undertake "downstream surveys" to determine what impact their institutions may be having within their societies and how much significance can be attributed to AMIP; and
- (v) keeping U.S. policy-makers informed about the relative effectiveness and impact of AMIP initiatives.

IV. HOW CAN ASHA GET MORE MILEAGE OUT OF ITS GRANT RESOURCES?

Based on ASHA's thirty-year experience, a discernible sequence can be identified in the evolution of demonstration centers for American Ideas and Practices:

- an inception period;

- an early struggling period where the need for outside assistance is considerable and can make the difference between survival or going under;
- a middle period during which significant progress is made in building up institutional resources (staff and infrastructure) but additional assistance is required to reach a "critical mass" of institutional capacity needed for a "self-sustaining" demonstration center; and
- an "arrival" period when the institution is looked upon as an institution of excellence with the fully developed capacity to demonstrate American-held values and practices.

A. "PREACHING TO THE SAVED"

In trying to get more mileage out of its grants, ASHA should, first of all, stop preaching to the saved. Grants should no longer be made to institutions that have "arrived," particularly those that reached the status of "firmly established AMIP demonstration centers" decades ago. These institutions should be "graduated," as soon as possible, for three reasons:

-- They do not need ASHA funds:

These "centers of excellence" are academies and medical centers which, in terms of facilities, certainly rival and, in a few instances, may even surpass counterpart institutions in the U.S. These institutions would feel "no pinch" were ASHA funding to be cut off. To begin with, ASHA money is a very small portion of their annual operating budgets. More importantly, however, these institutions are well-endowed, have little difficulty meeting operational budget requirements and, when they do, can turn to the same private sources that have been so generous over the years in underwriting development costs.

-- More attention should be given to Local Fund-Raising:

As a result of a long association with the U.S. and Americans, many of these institutions are well-imbued with "AMIP" -- except in a few notable ways: such as, not having much success with their students in implanting the notion of "paying-something-back" after being on the receiving-end of an exceptional scholastic training. The usual reason given is that this approach is not part of the local culture.

In the last few years, some of the more progressive administrators have stepped up their efforts to rectify the situation by organizing more active alumni groups, regularized fund soliciting, etc. If the cessation of ASHA funding were to contribute to an acceleration of this process and, thus, to earlier or more complete financial sustainability, that would be a desirable side effect.¹¹ (A corollary consideration: one can not help feeling that it

¹¹ There is no guarantee, of course, that institutions will be self-sustaining in the future -- even those that "have arrived." The point here is that it is within the grasp of these institutions to become self-sustaining if they will capitalize on the good will, talent and resources available to them.

would be better all around if those new world-class buildings were sponsored by, and named after, prosperous local alumni/nae or citizens rather than the U.S. taxpayers.)

-- The ASHA funds can be better used elsewhere:

The team believes that there are a number of institutions in developing countries with potential as AMIP demonstration centers. These institutions find themselves in circumstances similar to those faced by fledgling institutions in Greece, Turkey and Israel in the 1950's -- wanting to imitate and gain from doing things "the American way" but not having the trained staff or financial resources to get through the difficult start-up phase.

B. TAKING MORE RISKS

ASHA could obtain more AMIP mileage by making grants (in the range of \$1.5 million) to fledgling institutions than by turning the same amount over to institutions where American values have been fully internalized. As the headmaster of an ASHA-supported college in Greece suggested: "It's as symbiotic as it gets, here...they want the American ways...these schools will flourish with or without assistance from the U.S. government."

In recent years, the ASHA office has earmarked more resources for institutions in the first two stages of AMIP center growth cycle. The Assessment Team urges ASHA to continue to make progress in this direction. The Team recognizes, of course, that ASHA runs more risk-of-failure by pursuing this course than by continuing to support tried-and-true institutions.

The recommended approach may also entail staff and budget implications for ASHA inasmuch as fledgling institutions and those new to the AMIP program will require more time and attention. But ASHA stands a chance of having a more significant impact in countries still in a formative stage where an infusion of American-held values and know-how is sorely needed.

C. NEED TO APPLY OBJECTIVE SCREENING CRITERIA

The assessment team's recommendation that ASHA move more aggressively into the developing world¹² does not preclude the need for careful screening of new applicant institutions. On the contrary, because of the inevitable pressure to "take advantage of new exciting opportunities," ASHA will have to remain steadfast in applying objective feasibility criteria in each instance.

Some incipient institutions that appear to provide a receptive venue for the spread of AMIP will be discovered to have no inner or sustaining core after the absorption of considerable funding. ASHA must make certain ahead of time that the stimulus for an AMIP initiative comes from within the would-be grantee institution rather than from external agents who stand to benefit even if the initiative does not succeed.

¹² For our purposes here the "developing world" includes much of the NIS.

D. MORE EMPHASIS ON TRAINING

The assessment team also encourages ASHA to allow a portion of its resources to be used in support of training. The team did not start out with a training perspective nor does it visualize the ASHA program becoming an "enlarged participant training activity."

The team's recommendation on training grows out of the recognition, already highlighted in section II D, that AMIP initiatives succeed not primarily because of well-meaning sponsors, impressive buildings or the latest in high-tech equipment -- although these may be helpful in developing institutional capacity for AMIP.

AMIP succeeds because of committed people who have active links to the U.S. In assisting fledgling institutions, ASHA should protect its investment by allowing up to ten percent of grant funds to be used for grantee staff training¹³ in the U.S. or at established AMIP centers in the developing world. By so doing, ASHA will contribute to the up-grading of individual skills needed to demonstrate AMIP and also help strengthen institutional ties between grantee and U.S.-based institutions.

By urging that ASHA give more attention to training and U.S. ties, the assessment team is not trying to de-emphasize ASHA investments for bricks and mortar. The team recognizes that the bulk of ASHA monies will continue to be used in support of infrastructure development and equipment procurement. The team's view on ASHA assistance for infrastructure is twofold: (i) physical requirements should be examined only after the "people and ties" issues have been addressed and (ii) there should be a demonstrable relationship between the infrastructure being financed and the furtherance of AMIP objectives.

E. A POTENTIAL PITFALL...REINFORCING ELITISM...?

In visiting some of the older, more established schools that ASHA has assisted over the years, one cannot help but wonder whether they may not be instilling or reinforcing a spirit of elitism. Of course, the primary aim of these schools is to produce "an intellectual elite." But there may also be a counterproductive tendency to turn out graduates whose outlook on a range of issues - - including their country's needs, problems and national priorities -- could work against the emergence of a more integrated and dynamic society.

It would be ironic if these schools were becoming more intent on placing graduates in prestige institutions abroad than on turning out students imbued with those values (over and above the scholastic) which so preoccupied the founders of these institutions -- personal integrity, egalitarianism, appreciation of diversity, civic responsibility, etc. The irony would be compounded if U.S. taxpayers' money was unwittingly being used to promote undemocratic tendencies.

¹³ The specifics of any training to be undertaken with ASHA's help would be spelled out in the AMIP Strategy portion of the grantee's proposal. This will enable ASHA to make sure that the requested training is central to AMIP objectives.

ASHA should carefully examine grant proposals for sensitivity to the elitist syndrome and for evidence that measures are underway to curtail it. Some enlightened schools are showing more awareness of the need to expose students to the lot of those "across the tracks" through volunteerism and community service projects, "sister schools," directed summer research activities, etc.

The most telling piece of evidence of sensitivity in this area will be an admissions policy which reflects an awareness on the part of the Board of Trustees and the administration of the school's important role as an instrument for democratization and cohesiveness in society. What ASHA should look for in this regard is a strategic plan aimed at rapidly increasing the number of youngsters admitted -- whose parents do not happen to fall into the upper middle class.¹⁴

V. A FINAL CONCERN....

From the inception of this assessment, the team has been counseled by a host of observers, in and outside the U.S. bureaucracy, about the poor prospects for improving the basis on which ASHA grants are made. The constant lament has been "ASHA grants have traditionally been made to those institutions able to muster the most support on the Hill... it's been that way from day one...don't look for any change."

And yet, in recent years, both houses of Congress have "endorsed efforts by the House Foreign Affairs Committee...to clarify the guidelines of the [ASHA] program."

"Ah, yes," the observers point out, "but that's only window dressing... when the constituents start writing and placing those calls...."

The assessment team is more optimistic about ASHA's prospects for getting on top of the award process for the following reasons:

-- the current multifaceted analysis commissioned by ASHA should yield important insights, methodologies and materials which can be used to show that A.I.D has thought out AMIP-related issues and is in a position to apply award criteria more objectively than was possible in the past.

-- with the winding down of the Cold War, there is less need to use ASHA grants to reward old friends, especially when they are no longer in need of ASHA-type assistance. The freed-up resources can be used to support institutions in countries sorely in need of American-held values, that find themselves in circumstances similar to those faced by the ASHA grantees of the late 1950's.

-- while criteria for ASHA awards should not be applied too rigidly, there comes a point of "well being" at an institution when any reasonable person would conclude "enough already" with respect to further ASHA grants. This is why a U.S. Ambassador, with

¹⁴ This will call for a significant increase in student financial aid and provisions for preparatory scholastic work.

special ties¹⁵ to his country of assignment, recently felt compelled to complain about "U.S. taxpayers money [i.e. ASHA grants] being used to educate upper middle class kids whose parents can well afford to foot the bill."

-- while moving away from excessive concentration on "old boy" countries, care must be taken not to link up with new institutions (e.g., in the NIS) until there is clear evidence of receptivity to AMIP goals. A screening process based on objective criteria must be allowed to run its course unfettered by external pressure.

-- only a limited number of key members of Congress, in the first instance, would have to be persuaded that revised ASHA procedures could result in considerably more AMIP mileage being obtained with the same level of appropriated resources.

-- according to a number of informed observers, these key members of Congress are among the most forward-looking on the Hill on issues affecting U.S. foreign aid. Their credibility could be very helpful in persuading their colleagues that A.I.D. should be given more leeway in applying ASHA criteria.

The assessment team recommends that A.I.D. brief these members and their staff on (i) the solid accomplishments of the ASHA program over the years (ii) the need to move beyond the "old boys' network" to expand the numbers of people overseas who can benefit from exposure to American-held values and practices and (iii) in so doing, help protect ASHA investments by carrying out applicant screening processes based on objective program criteria.

Appealing to the development-oriented instincts of this key group of Congressional members may produce surprising results.

VI. AN AFTERWORD....

As indicated in the introduction, this assessment of the "American Ideas and Practices" (AMIP) component of the ASHA program is one part of an overall evaluation exercise currently underway to help improve ASHA program effectiveness. Several issues arose during the AMIP assessment which appeared to fall outside the assessment terms and, consequently, were left for the overall review. During the discussion of the interim assessment report with ASHA representatives, however, team members were invited to comment on one of these issues and to include their comments in this final version of the report.

The issue comes down to: "how much of ASHA's program energy should be devoted to helping ASHA sponsor/grantees accelerate institutional development by brainstorming with them and helping them pursue various growth options and strategic opportunities which they may not have considered?"

¹⁵ His parents were born in his country of assignment.

On the surface, the issue does not seem to pose much difficulty. After all, it is in ASHA's interest that its grantees become institutionally viable as soon as possible if for no other reason than to help ensure the continuance of the local American Ideas and Practices program. Without creativity and determination being brought to play on longer-term, development issues, the durability of ASHA grantee institutions will be impaired and yields on ASHA investments in the AMIP area will steadily decline.

However, the more the team pondered the implications of ASHA's becoming involved in institutional strategic planning, the more disinclined it became to recommend such a role for ASHA.

In the first place, the team has been struck by the magnitude of the challenge ASHA would be taking on by accepting a strategic planning role -- given the paucity of staff resources available to ASHA. It is difficult to imagine how ASHA could carry out the brainstorming function, in a thorough and systematic manner, without increasing the size and changing the composition of its current staff.

Leaving aside the staffing issue, however, the team also questioned the desirability of extending ASHA's technical assistance (TA) role to address a wider spectrum of grantee institutional-strengthening needs. The focus of the ASHA legislation and mandate is not on helping to improve grantees' institutional strength across-the-board, but on helping to improve grantees' capacity to serve as demonstration centers for AMIP.

The ASHA management unit has had "a full plate" just trying to stay abreast of the monitoring and TA requirements in the delimited area of AMIP. The recommendations which flow from this assessment report and three companion pieces under the current evaluation exercise will certainly not lighten the burden of these monitoring requirements. Widening ASHA's program focus by encouraging the office to take on a strategic planning role does not seem advisable from a program management standpoint.

The team is not recommending that ASHA ignore the issue of overall institutional development - simply that ASHA not become directly involved in the strategic planning process. ASHA cannot afford to ignore the issue because, as pointed out above, grantee failure to address this need will ultimately result in diminished AMIP impact.

ASHA should make certain that long-term strategic planning is high on sponsor/grantee agendas, in two ways. First, in its guidance on proposal submissions, ASHA should stipulate that applications for grants must include a summary of the sponsor/grantee's strategy for securing institutional planning, development and financial sustainability. Second, during the course of AMIP monitoring, ASHA should review progress being made on this strategy -- particularly in one "American practice" area -- alumni/nae contribution to the furthering of institutional/financial goals.

ANNEX #1

Institutions Visited by ASHA Program Assessment Team
November-December 1992

-- Israel:

- Laniado Hospital: Netanya
- The Children's Medical Center: Tel Aviv
- The Feinberg Graduate School: Rehovet
- Haddassah Medical Organization: Jerusalem
- Shaare Zedek Medical Center: Jerusalem
- Ramallah Friends School: West Bank
- Mt. of David Crippled Children's Hospital: West Bank

-- Turkey:

- Uskudar American Academy: Uskudar
- Robert College: Istanbul
- The YWCA Girls' Service Center: Istanbul
- American Bristol Hospital: Istanbul

-- Greece:

- The American Farm School of Thessaloniki: Thessaloniki
- Anatolia College: Thessaloniki
- Athens College: Athens
- The American College of Greece: Athens

-- Pakistan:

- Memorial Christian Hospital: Sialkot
- Nancy Fullwood Hospital: Sahiwal

-- India:

- Woodstock School: Mussoorie
- Ludhiana Hospital: Ludhiana
- Christian Medical College: Vellore

-- Philippines:

- Notre Dame University: Cotabato
- Notre Dame Midwifery School: Cotabato
- Notre Dame de Marbella: Cotabato

- King's College of Isulan: Isulan
- Ateneo de Davao: Davao
- Ateneo de Manila: Manila

-- Thailand:

- Payap: Chiang Mai
- Yonok: Lampang
- Asian Institute of Technology: Bangkok

**ASHA PROGRAM ASSESSMENT:
PROGRAM CRITERIA FOR
AMERICAN IDEAS AND PRACTICES**

PART II

Field Trip Reports

Prepared for:

**THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
FHA/ASHA
Washington, D.C.**

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2-6

INTRODUCTORY NOTE

Under Contract #PDC-5832-I-00-0095-00 (Delivery Order #24), the Agency for International Development (A.I.D.) contracted with Creative Associates International to undertake an assessment of the "American Ideas and Practices" component of the American Schools and Hospitals Abroad Program (ASHA).

The Creative Associates team visited twenty-nine ASHA-supported institutions in seven countries, during November-December 1992, to determine how effectively American ideas and practices were being disseminated at these institutions. Part One of the report contains the summary views, conclusions and recommendations of the assessment team. This report, Part Two of the program criteria assessment, contains the trip reports.

**ISRAEL AND THE WEST BANK,
TURKEY, AND GREECE**

November 3-24, 1992

Jim Kelly
Policy Analyst

I. INTRODUCTION

A. PURPOSE OF THE TRIP

The objective of my trip was to gather information on (i) the diffusion of American ideas and practices at ASHA-supported institutions and (ii) the quality of the relationship that exists between these institutions and their sponsoring agents in the U.S.

The intent was not to assess the institutions visited either from the standpoint of their having met requirements attached to previous ASHA grants or their qualifying for future ASHA grants. Time simply did not permit¹, nor did the scope-of-work call for an assessment of institutional effectiveness. Consequently, any observations of an evaluative nature on institutional performance, which may have crept into the report, should be viewed in that light.

B. COVERAGE DURING THE TRIP

I visited three countries: Israel, Turkey and Greece -- in that order, during the November 3-24, 1992 period. In Israel, I visited four hospitals, and a science graduate school, and in the West Bank a secondary school; in Turkey, a hospital, two secondary schools, and a secretarial training school; and, in Greece, a farm school and three secondary schools. The selection of countries and the institutions to be visited was done in collaboration with the ASHA office. (Two other team members visited Pakistan, India, Thailand and the Philippines.)

C. COMPOSITION OF THE REPORT

After providing a brief "setting" to situate the reader, I try to capture what was related to me at each institution on the "American Ideas and Practices" issue and the relationship to the sponsoring institution in the U.S. In a "special note" section, I also comment on some issues, not directly related to the task at-hand, which I believe may be of interest to the ASHA office.

I apologize for creating yet another acronym -- AMIP, for "American Ideas and Practices" -- but it saved battery time on my lap-top.

II. ISRAEL AND THE WEST BANK: DESCRIPTIONS OF INSTITUTIONS VISITED

A. LANIADO HOSPITAL: OUTSIDE TEL AVIV

1. The Setting

Laniado Hospital is located in Kiryat Sanz, a suburb of Netanya which is an easy 20 mile drive from Tel Aviv. The hospital was founded by American Friends of Laniado in 1962 and opened

¹ I visited 14 institutions during the Nov 5-24 period.

in 1976. It is the only hospital facility for the Sharon geographic region (consisting of an area of 50 miles to the north and south of Netanya) which has approximately 240,000 residents.

The hospital, which has 205 beds, also supports a nursing school with a 1992 student enrollment of 110. ASHA has given three grants, totaling \$2.2 million, in support of the Laniado-complex. The construction of a third floor to the hospital complex, the object of the most recent grant, is still in process. The hospital-nursing school has an annual operating budget of about \$16 million. Most of the hospital's operating revenue comes from re-imbusement of costs by the Israeli government through the national "sick fund" -- which is currently in trouble (see section 3 below.)

There are 24 Americans (medical and administrative) on the Laniado staff out of a total of 415.

2. American Ideas and Practices

The U.S. based Board of Trustees for the hospital has made a concerted effort to keep the institution "Americanized". The key members of the administrative and medical staff are Americans or have lived in the U.S. A number of other staff have attended training sessions and seminars in the U.S.

I had a wide-ranging, three hour discussion with seven members² of the hospital/nursing school staff assembled for the occasion. There was a bit of staginess in some of the responses to my early questions. But the discussion soon loosened up -- particularly after the Director of Public Relations blurted out "To get the grant!" in response to a query from me about the rationale behind the wording of one item in their recent proposal to ASHA. The Director's frankness had a relaxing effect on the group, resulting in a more spontaneous and, for the reviewer, more revealing exchange.

When pressed about "what is so different about Laniado compared to other hospitals in the Tel Aviv area?", there was unanimity on the need for change in the Israeli health delivery system. The Laniado staff characterized the local system as antiquated, sluggish, and mired in red-tape. "What's more, there is a fundamental philosophical difference between their approach and ours: they're focused on treating the illness; whereas, at Laniado, we're pre-occupied with treating the patient -- a much more holistic approach. This results in a more humane regard for the patient.

When pressed to spell out "what is distinctly American about the Laniado approach?", the staff offered the following:

- (i) a melting pot approach: similar to what happens in the U.S., Laniado is trying to bring together a diversity of ethnic groups both within its hospital and nursing school. The former has a completely unrestricted admissions policy. The nursing school has

² The Chairman, Dpt of Surgery (Amer), Dr. Schmidt; Director of Para-medical Svcs (Amer), C. Berlin; Assistant Director of Nursing, L. Lanybuer; Exec Sec to the Administrator, H. Goldzweig; Instructor in the Nursing School (Amer), E. Strauss; Director of Public Relations, C. Fachler; and, the Chairman of the Amer Board of Friends (Amer), Sidney Greenwald. (The Administrator of the Hospital and the Director of the Nursing School were traveling out of the country.)

accelerated its efforts to integrate emigres from the former Soviet Union and is now preparing training programs for student nurses from Ethiopia.

(ii) continuity of care: Laniado staff have pioneered the American idea of allowing a patient's physician in his/her neighborhood to practice in the hospital and encouraging hospital-based doctors to practice in the community. This exchange -- resisted in the beginning -- is now catching on.

(iii) community care wellness programs: this effort has two thrusts: first, Laniado physicians and para-medical staff work out of community facilities to introduce methods for the early detection of disease to unsophisticated segments of the population. Of late, nutrition and lifestyle choices have been receiving increased attention under this outreach program. Secondly, staff have set up a special monitoring system for senior citizens which enables them to live independently in their familiar surroundings in the community. This forestalls and, often, eliminates unnecessary institutionalization, transfer trauma, and use of community health resources.

(iv) a fully-functional medical library: the library is among the best stocked in Israel with a range of well thumbed, American medical journals and a fully computerized reference section which is staffed by volunteers from the community who have been specially trained to facilitate inquiries from the entire region.

(v) doctor-nurse relationship: there is more collegial and informal interaction between doctors and nurses than is found in the rather patriarchal, top-down state-operated hospitals. This leads to better communication, increased mutual respect and, often, more "customized" and efficient care for the patients.

(vi) concern about continuing education: several doctors and senior nurses have spent time in the U.S. taking refresher courses or workshops and renewing their professional relationships.

(vii) peer review: there is an emphasis on peer review within the hospital and nursing practice -- a characteristic almost completely lacking in the local health system.

(viii) employee morale and advancement: there is more emphasis at Laniado on contractual arrangements, rather than tenure, wherein employees can be rewarded on the basis of performance over a set term; in addition, the U.S. system has been introduced whereby nurses who are excellent in the practical or applied phases of health care need not compete for promotions on the basis of expertise in theoretics.

(ix) administrative/information systems: the entire administrative and policy manual at Laniado is patterned after the U.S. system.

(x) U.S. source equipment: a good portion of the equipment is "made in the U.S." -- from the hospital beds to the high tech cardiac-related machinery.

From my session with the Laniado medical staff, I was impressed by a "high-energy, can-do, hands-on approach" to getting the health care job done. On the more reflective side of things, i.e. research, I did not detect much enthusiasm. Some potentially valuable research activities have been targeted (e.g. the health effect of (a) the dietary habits of the of the oriental and chassidic Jews; (b) the unusually high number of children -- 8 to 10 -- in families in the Kiryat Sanz area³; and, (c) nerve blocks in the treatment of peripheral vascular disease, using Doppler studies. But there doesn't appear to much of a structured follow-through in the research area.

When asked "is there a need for some re-thinking of the ASHA grant criteria?", two suggestions were offered. First, grant applicants should be asked to spell out any administrative procedures they may have for "not providing health care" for whatever reason. This will reveal a profile of "out-of-luck" patients which may not be consonant with ASHA objectives.

Secondly, with respect to insisting that ASHA funds be used to procure goods "made in America", ASHA should keep in mind its ultimate intent of creating goodwill for the U.S. If U.S.-purchased equipment cannot be repaired locally, the ultimate objective may be subverted. (Evidently, there were problems in the past in getting GE equipment properly serviced in Israel.)

3. The U.S. Sponsor

The Laniado complex is owned by the New York state incorporated "American Friends of Laniado" which raises most of the funds (about \$3 million annually) for the hospital not furnished, on a reimbursable basis, by Kupat Holim (see next section).

The Board of Trustees maintains a very active oversight of the hospital -- intent as they are on bringing the best of American medicine to what they consider a very outdated and inefficient local health care system.⁴ The Chairman of the Board visits Laniado several times a year. He was in Israel during my stay there, partly to facilitate my visit to Laniado but, more importantly, to press government to make good on the \$ 4 million due to Laniado from Kupat Holim (see next point).

4. Special Note

Kupat Holim, locally known as the "sick fund", is "a public, non-governmental, health care organization of the Histadrut, the General Labor Federation of Israel". Kupat Holim is a combination provider of health care services (it operates 15 hospitals and 1300 clinics) and health insurance agency -- under which about 75% of Israelis are covered for health expenses. This arrangement has led to difficulties: for example, in the case of an injured miner where Kupat Holim represented both the employee and the employer.

The fact that the fund is almost a year behind in making reimbursements to some hospitals in the country is causing considerable financial stress at the four principal private hospitals. During my

³ Along with tracing the physical development of children born as the 8th, 9th, and 10th child to one mother.

⁴ As one member put it: "The system has all the worst elements of the Ottoman, European, and socialist approaches to health care delivery."

visit to Israel, a heated controversy was being played out in the finance committee of the Knesset over (i) the amount of the next government infusion into the fund (the request was \$100 million) and (ii) how and when the administrative morass within the fund would be cleaned up.

B. THE CHILDREN'S MEDICAL CENTER OF ISRAEL: TEL AVIV

1. The Setting

The Children's Medical Center of Israel (CMCI), located on the outskirts of Tel Aviv and on the campus of the Beilinson Hospital, is a brand new facility which was opened, on a phasing-in basis, in October 1991. The hope is that the facility will be completed and all contemplated staff on board by end-1993.

The first-time visitor is struck by the outward magnificence of the \$60 million Center (an additional \$15 million has been earmarked for equipment). CMCI's walls are constructed of marble "to ensure longevity", as one staffer put it. Thanks to architects from the U.S., the latest innovations in medical technology are fully in evidence -- ranging from high tech cardiology equipment down to splendid mechanisms for adjusting light from the outside as the sun moves across the facilities during the course of the day.

The brochure for CMCI captures the intent behind the facility in this way: "[bubble] glass elevators, sun-drenched atrium [stretching from the 3rd to the 7th floors], expansive lobby with shops' -- all this, and more, make for a hospital that is friendly to children and their families."

The brochure suggests that CMCI will be the only facility in Israel and the Middle East providing full medical services for children. "Organ and bone marrow transplants are envisioned as well as all types of surgery, imaging (including MRI), intensive care, care by parent, child-life play, and education programs for long-term and chronic cases, adolescent medicine, and much more...."

The center will have 224 beds. Approximately 100 physicians will be affiliated with the Center ("some forty of whom will have received their training in the U.S."). There will be about 220 nurses and 80 assistants. It is not clear what the operating budget will be once the Center is fully opened, but last year's budget was approximately \$14 million.

CMCI has received one grant of \$250,000 from ASHA, and a second (\$2.2 million mainly for equipment) is under review.

2. American Ideas and Practices

I interviewed two of the senior administrators of CMCI⁵ and had a guided tour of the facility. When asked about AMIP⁶, CMCI representatives smilingly pointed out that parents often suggest "this looks very American" when they first set foot in the spacious and world class structure.

⁵ Uri Bar-Ner, Director of International Relations for Kupat Holim Health Care which runs the hospital, and Dr. E. Wielunsky, the Deputy Medical Director for the hospital

⁶ American Ideas and Practices

The administrators also referred to their made-in-America high-tech equipment, the number of doctors trained in the U.S., and CMCI's position as a key fixture in the all-purpose Beilinson Medical Center -- as strong evidence of "doing it the American way".

Given the newness of the Center and the incipient stage of operations, it is difficult to get a feel for the "American practices" that are being carried out at CMCI. On the issue of "ideas", however, there is a discernible American imprint on the Center -- due largely to (i) Schneider Children's Hospital of the Long Island Jewish Center having been the "philosophical model" for the Tel Aviv center and (ii) the design and quality construction of the edifice.

According to a recent brochure, it is envisioned that "the CMCI tertiary pediatric center will be an American-oriented medical facility, utilizing American medical techniques and American-trained personnel. The daily operations of CMCI will reflect American education, training and practice. The free interchange of information in teaching and a more informal structure in research coupled with the interpersonal relationships characteristic of American institutions will be the hallmark of policies guiding the facility and its staff. It is anticipated that these American management concepts will attract many young physicians from Israel, the West Bank and the Gaza Strip for their training."

There are also plans for close collaborative relations with several major American pediatric institutions: e.g.; Schneider's on Long Island and the Children's Hospitals in Philadelphia, Boston, and Washington, D.C.

My discussion with the CMCI administrators kept wandering away from AMIP onto Center operations -- probably for two reasons: first, they seemed convinced that a visitor could see plenty of evidence of AMIP by just walking around the plant. Secondly, they seemed somewhat distracted by the concerns associated with bringing a multi-million dollar operation on stream (see 4 below).

3. The U.S. Sponsor

Medical Development for Israel (MDI), incorporated in NY, was founded in 1982 with the goal of providing financial and technical support for health care in Israel. Basically a fund-raising organization, MDI decided in 1987 to take on CMCI as one of its projects. While MDI has maintained a heavy involvement during the planning and construction phase of CMCI, it will increasingly adjust to an oversight role and approver of key personnel as operational responsibility is fully assumed by Kupat Holim, the management entity for the facility and, in effect, the "owner". (See section 4 of the Laniado Hospital assessment, above, for a note on Kupat Holim.)

To date, MDI has raised over \$50 million for CMCI and established a \$7 million endowment fund which, in addition to "supplementing maintenance expenses," will be earmarked for: training of professional staff, medical staff exchanges, seminars, and research.

Professor Geiger made two introductory points on the topic of AMIP which he believed were related to ASHA's grant review methodology: (i) although the U.S. is still the leader in setting standards for scientific research, the practice of "networking" will increasingly induce "ownership" changes as responsibilities for experiments become shared among multi-national teams; and (ii) the major contribution made by U.S. scientists over the past several decades has not been so much "in initiating as in intensifying and enabling, by developing the instrumentalities for expanded scientific exploration".

We then turned to the ASHA criteria for grant proposals. Both gentlemen welcomed ASHA's current criteria review and were eager to help out in the exercise. (In passing, they intimated their concern that a few Israeli organizations with strong religious orientations seem to have been the beneficiary of ASHA grants in the past.)

I asked the two administrators what they thought ASHA should look for --in the realm of American Ideas and Practices -- in deciding whether a graduate science facility, like Feinberg, should receive a grant. They came up with the following list:

- striving for excellence: a "creative advanced environment" is critical for the effective education of any graduate student. Consequently, the teaching staff, instructional equipment, and research infrastructure made available to students should conform to the highest standards existing in top American universities.
- non-discriminatory admission: admission must be based only on professional merits irrespective of sex, age, religion and nationality.
- open academic environment: creativity is encouraged through open discussions and absolutely free communication, achieved through formal and informal seminars, group meeting, and discussion panels.
- interdisciplinary: the development of novel scientific principles and experimental approaches can arise from exposure of students to a wide variety of basic as well as applied scientific work.
- international: exposure of the student body to an international atmosphere has several beneficial effects: it adds new ideas and concepts to the school's academic environment; it helps in the spread of high-standard scientific education to other locations, including developing countries; and it lays the groundwork for long-term international collaborations.
- English language: in preparing students to function as mature, independent scientists, the language of instruction must be English.
- American technology: many scientific technologies are dominated and advanced by research teams and industry in the U.S. Consequently, it is justified that whenever possible American equipment should be selected for projects supported by ASHA.

-- linkages to American institutions: extensive and long-term international collaborations should be set up in which American universities are intimately involved. International networks are vital to modern research and can yield benefits not only to the institutions involved, and the scientific community at large, but, in some instances, humanity as a whole.

The Feinberg administrators believe that their school matches up very well against this set of criteria. For example, the graduate school, which is modeled on advanced American educational policies and practices, structurally resembles Rockefeller University. Heavy emphasis is placed on such traditional American educational values as independent thinking, technical proficiency, collegial teamwork, and intellectual risk-taking. Feinberg is the only institution of higher education in Israel that uses English exclusively as the language of instruction. Finally, the graduate school maintains formal partnerships with 8 American universities/research institutions.

3. The U.S. Sponsor

"The Trustees of the Feinberg Graduate School" were incorporated in NY in 1967 and are responsible "for the policies and administration of the school in consultation with the Weizmann Institute". Feinberg maintains a small office in NYC which helps in fund-raising, procurement of equipment, public relations, postdoctoral exchanges and student recruitment.

Apparently, the Trustees take a real interest in the workings of Feinberg and are deferred to on policy issues from time to time. During my short visit, however, I could not get a good reading on how much real influence the NY-based trustees have at Rehovot.

D. HADASSAH MEDICAL ORGANIZATION: JERUSALEM

1. The Setting

The Hadassah Medical Organization traces its roots to the humble efforts of a small group of American Zionists who brought U.S. medical expertise to Palestine in 1918 to combat cholera and malaria. Haddassah has grown into an enormous, bustling, one-stop medical complex, on the outskirts of Jerusalem, which offers everything from primary care to the most sophisticated medical procedures available in the Middle East.

The Hadassah complex consists of two university hospitals⁷ (with about 900 beds), nursing and dental schools, a community health center, research institutes, five centers for preventing degenerative disease, an organ transplant unit, and an advanced cancer institute. Hadassah employs close to 4,000 medical, auxiliary, clerical and engineering staff (about 90 of whom are U.S. citizens) backed by some 500 volunteer workers. Hadassah is a private entity and has an annual operating budget of \$173 million.

Hadassah has received \$26.6 million in ASHA funding.

⁷ The larger, with 24 buildings, is located at Ein Karem to the west of Jerusalem; the second, is located on Mt.Scopus on the eastern side of the city.

2. American Ideas and Practices

Certainly, to the short-term visitor, Hadassah seems very imbued with the American approach to hospital-care. The whole institution -- from its concern about cleanliness, "tight schedules" and medical research to a reverence for the latest in high-tech technologies -- "smacks of American," which is what one would expect in a facility that has been consciously patterned on health care practices in the U.S. over a period of several decades. A few "un-prioritized" examples, cited by Hadassah staff during my interviews⁸, should suffice:

-- there is a formal research component attached to each medical discipline at Hadassah as well as to most sub-specialties. Proven ability to conduct research is a condition of appointment to the staff. The research results are shared through hundreds of contributions to the international medical literature each year and through lectures and discussions throughout the world.

-- candidates for the various schools (medical, dental, nursing and occupational therapy) are selected according to a combination of high school academic records and the results of an inter-university psychotechnic test. Results are processed by computer. Short-listed candidates are interviewed by an admissions committee. There is no discrimination with regard to race, religion, sex, color or national origin.⁹

-- the medical complex is considered a showcase for U.S. state-of-the-art medical equipment. This means that Hadassah is able to give its staff, graduate students and medical visitors hands-on experience with the best in American imaging and laboratory equipment. In addition, because of the organizational push on computerization to facilitate communications and reduce the incidence of human error, sizeable annual orders for "made in the U.S. equipment" are issued each year.

-- all doctors and dentists with faculty appointments have received at least one year's graduate training at a leading medical center in the U.S. This exposure is supplemented with regular sabbatical leave to enable staff to stay abreast of the most advanced American technology. In recent years, several Hadassah specialists after studying innovative techniques in the U.S. have returned home to open new specialized units.¹⁰

-- medical volunteerism patterned after the American model is encouraged. Ya'al, the volunteer hospital auxiliary, has over 500 members who volunteer at the two Hadassah hospitals. In addition, about one hundred Jerusalem teenagers, including Arab youngsters, have been organized into a junior volunteer chapter.

⁸ I had a guided tour through a few departments in the hospital and sat with the following individuals for a discussion on AMIP: Dr. A. Israeli, Hospital Director; Isaiah Spivak, Associate Director General; Professor Y. Mahler, Director of Medical Engineering; and, Joseph Shoval, Director of External Relations.

⁹ Because of the keen competition for admission, the medical and dental schools restrict admission to permanent residents of Israel (of any denomination or national origin).

¹⁰ For example: bone marrow transplants for malignant blood diseases (studied at Stanford), hyperalimentation for post-operative patients (Mass General), vitro fertilization (Yale and Mt. Sinai), and trauma (Ba' Lmore).

4. Special Note

CMCI is about one-third the way through its "shake-down cruise". Its administrators are beleaguered by many concerns, some more weighty than others. For one thing, "nurses have a way of not showing up for work" because of insufficient work incentives. Work schedules get thrown out of kilter because all professional staff, including the medical chiefs, have to do annual military stints.

Another aggravation, according to the Center's staff, is the government's slowness in allowing CMCI to move into pioneering areas of pediatric practice -- where progress would bring significant benefits to children, on an accelerated basis, as well as much needed recognition for the new Center. "Children have no lobby", laments the Center's deputy director.

Undoubtedly, the most nagging concern, however, is speculation about the viability of CMCI as a regional pediatric center. It remains to be seen whether countries in the Middle East will send their children to CMCI for treatment on a scale that will help ensure the Center's financial soundness. If the CMCI patient load in the future is derived solely from Israel, the Center's costs-per-patient will remain excessively high.

C. THE FEINBERG GRADUATE SCHOOL (SCIENCE): OUTSIDE TEL AVIV

1. The Setting

The Feinberg Graduate School is situated on the well-manicured campus of the renown Weizmann Institute of Science in Rehovet about 20 miles from Tel Aviv. The Weizmann Institute of Science (WIS) is a tax-free, Israeli-based corporation with diverse funding sources: about 35% from the Israeli government, 25% from research grants solicited by the Institute scientists, 20% from U.S. donations, and the remainder from a score of other countries. The Institute's 1993 budget (operating and development) will be approximately \$110 million. About 45% of this budget will be drawn down by Feinberg which is the academic center for the Institute responsible for "the advanced training of new generations of innovative researchers and scientific leaders". Feinberg, which confers M.Sc. and Ph.D degrees, does not charge tuition.

There are approximately 700 students enrolled at the Institute, with about 550 from Israel, some 40 each from European and developing countries, and 15 from the U.S. There are about 600 scientists affiliated with WIS and about 300 are full or part-time members of Feinberg. Of these, about 100 have U.S. degrees and over 160 have postdoctoral training in American institutions.

ASHA has provided \$27.3 million in grants to the Feinberg school.

2. American Ideas and Practices

I had a stimulating two and a half hour discussion with Professor B. Geiger, Dean of Feinberg, and H. Bar-on, Vice-President of Weizman. Students were not available for interviewing on the day I visited so I was not able to assess "AMIP in practice".

-- many physicians are accepted from developing countries for specialized graduate training. The Department of Ophthalmology regularly hosts students from Africa and Latin America for diploma courses; the Department of Bone Marrow Transplantation has become an international training center for physicians from Cuba, Turkey, Greece, and the former Soviet Union republics.

-- to advance and demonstrate improved administrative and cost containment techniques, Hadassah staff are (i) systematically introducing computerization throughout their complex and (ii) steadily moving in the direction of day care and ambulatory treatment. Many oncology treatments, particularly chemotherapy, are now administered on a day-care basis, as are hematology treatments.

3. The U.S. Sponsor

There is no doubt, in this instance, as to "where the power lies". Hadassah has been sponsored, supported and controlled, over the years, by an American women's organization, the Hadassah Medical Relief Association, based in NYC. The Association, which was founded in 1912, now has over 385,000 women volunteers in approximately 1600 chapters throughout the U.S.

The Hadassah Board of Directors, comprised of members from the Medical Relief Association, takes a detailed interest in the management and workings of Hadassah. Recently, the Board questioned the necessity of hiring an additional part-time person to help out in the Hadassah visitors bureau, a suggestion that had been put forward by the Ein Kerem staff. This "hands-on" approach of the "NY group" does not always go down very well with the resident staff.

On-site operational management of the program is vested in the Director General of the Hadassah Medical Organization who is assisted by several deputies, administrative committees, and an advisory medical board.

4. Special Note

Most of the ASHA grant funds to Hadassah have been used for equipment. As explained by the Hadassah staff, the ASHA grants enable them to procure state-of-the-art, but expensive, U.S. equipment. Without the grants, Hadassah would probably scour the international medical equipment market for the best deals available. Given this situation, many regard the ASHA grants as, in effect, subsidies to U.S. equipment manufacturers.

E. SHAARE ZEDEK MEDICAL CENTER: JERUSALEM

1. The Setting

The Shaare Medical Center is located just a few miles down the road from Hadassah. It traces its roots to German and Dutch Jews who came to Palestine to open a hospital in 1902. The "American period" at Shaare began in 1967 with the appointment of a American Director and intensified during the mid-1970's during a major physical expansion program which was based on U.S. hospital planning and construction concepts.

To a first time visitor, the Shaare medical complex is similar to Hadassah in many respects. It is a teaching hospital with a nursing school, a full spectrum of medical services, an active community reach-out program and a staff brimming over with grandiose plans for the future. The principal difference between the two neighboring medical centers is one of scale -- the Shaare facilities and operations are about one-third those of Hadassah. Shaare has 450 beds, employs a staff of about 1,400 (about 100 U.S. citizens), and has an annual operating budget of approximately \$60 million.

There are 35 department heads at Shaare: 10 were born in the U.S., the other 25 have received medical training in the U.S.

ASHA has given a total of \$4.9 in grants to Shaare over the past decade.

2. American Ideas and Practices

I toured parts of the hospital, including the two year old mass casualty unit patterned on the Baltimore model, and talked for two hours with the following staff who had convened in a discussion circle for my visit: Dr. J. Halevy, Dir. Gen. of the Center (since 1988) ; Dr. A. Umran, Hematology; Dr. I. Kahan, Pulmonology, Amer.; Dr. A. Ynnon, Infectious Diseases; Shlomo Sirkis, Assoc. Dir. Gen.; and, Paul Wimplicimer, Amer. Administrator. (No nurses had been invited.)

Having, by this time in my trip, already visited three Israeli hospitals, I felt that I had a pretty good idea of the kinds of AMIP which would be elicited by routine questioning. Consequently, with the Shaare group, I decided to dig a little deeper and ferret out their unvarnished thoughts on the validity of the basic assumption underlying the ASHA program: namely, that there is a body of ideas and practices (in this case medical) that can be labelled "American".

At first taken back by the devil's advocate position I had assumed, four in the group gradually warmed to the subject and strongly asserted that the U.S. is seen throughout the world as the pre-eminent leader in the field of modern medicine. "The most prominent break-throughs in medicine over the past 4-5 decades have been made in the U.S. The group then went on to cite several examples (see below) of where Shaare was directly copying the "American way".¹¹ After they had completed their list, I asked, by way of gaining closure on the issue I had raised: "So, you're suggesting that the center-of-gravity for medicine is now located in the U.S.? They all nodded -- with one of the Americans wryly adding..."it hasn't been in Vienna for some time...."

A partial listing of the AMIP provided by the Shaare group is as follows:

-- aggressive pioneering with cost-containment strategies in two major areas:

¹¹ The remaining two specialists in the group seem to concur with the others although not too spiritedly. I ascribed this to their hesitancy in using English since they had arrived in Israel from former Eastern Bloc countries only within the past year -- but I could have been wrong.

- first, by working out a strategy and formal agreement with Kupat Holim to link that organization's primary health care system in the Jerusalem area with Shaare's secondary and tertiary hospital based services. This has led to significantly increased ambulatory programs (cataract, gynecological, orthopedic), reduced hospitalization, improved continuity between in-patient and out-patient services, and reduced patient waiting time for in-patient procedures.
- secondly, by taking a business approach to health care, an approach not commonly found in a country where health care is highly socialized. Shaare has introduced American ideas and techniques of accountability, efficiency and management (the administrator received his training in this area at Harvard) including data management capabilities which provide accurate and timely information for decision-making.
- developing a special competence in emergency health services, especially for mass casualty situations. The early ideas for the emergency unit came from the U.S., but, as a result of being battle-tested over the years, the unit is now viewed, internationally, as a leader in the field.
- maintaining strong linkages with medical institutions in the U.S. The best examples of this are:
 - the tie between Shaare and the Cedar Sinai Medical Center in Los Angeles which has led to the creation of a comprehensive cardiac surgery center at Shaare which will be backstopped by Cedar Sinai. With ASHA's help, a tenth floor¹² is being added to the main building at Shaare to house the center. The number of heart operations at Shaare will double (from about 500 -- 100 of which are for children -- to 1000) with the completion of the new facility.
 - the arrangement between Shaare and the Albert Einstein College of Medicine (NY), which goes back 12 years, for the exchange of faculty and for advanced training of nurses in the U.S.
 - maintaining an "open door" policy which has enhanced Shaare's reputation among leaders of the Arab, Christian and Jewish communities. Over the past few years, as much as 50% of Shaare's dialysis service is provided for West Bank Arabs. In a similar connection, Shaare was the only hospital in the country to open a separate 15 bed "Ethiopian" unit after the evacuation of Jews from the horn of Africa -- out of recognition of the unique medical problems (malnutrition, tropical diseases) of the group and its special cultural and language characteristics.
 - pursuing a vigorous research program which results in over 100 papers being published annually in respected international journals.

¹² According to Shaare's Dir. Gen., who is justifiably proud of the new project, "no hospital in the U.S. devotes a whole floor to cardiac surgery."

As we were concluding the discussion, one doctor made reference to a U.S. medical-related phenomenon which he believed Israelis should be paying more attention to -- malpractice. He felt that Israeli hospitals should be aggressively establishing internal monitoring and review systems to ensure that appropriate medical procedures, including use of equipment, are followed so as to "get ahead of the curve before the lawyers step in".

3. The U.S. Sponsor

The U.S. sponsor is "the American Committee for Shaare Zedek Hospital in Jerusalem" which was established in 1949 and incorporated in NY. The impression from my visit is that the Committee's main responsibility is fund-raising. The running of the medical center in Jerusalem is left pretty much to the Shaare Zedek administrators.

F. RAMALLAH FRIENDS SCHOOL: WEST BANK

1. Special Note

Ramallah is situated on the troubled West Bank, in an area of almost daily confrontation. The U.S. Consul in Jerusalem insists that official travelers, including A.I.D. contractors, ride in bulletproof vehicles when visiting such areas. On the day of my Ramallah appointment, the control officer at the Consulate had difficulty lining up an appropriate vehicle.¹³ As a result, my visit to Ramallah was off-and-on and, in the end, limited to under two hours. I feel that I did not "do justice" to Ramallah; inter alia, I was not able to have a sit-down "students only" session as I had in most of the other schools I visited.

2. The Setting

The Ramallah Friends School was established in the 19th century by the Quakers as a girls school. It became co-ed in 1901. Known as an "American school" throughout the Arab community, the school has produced a high number of prominent business and community leaders -- in keeping with the Friends' goal of remaining alert to the challenge schools face in "helping to form society's future leaders".

Ramallah has had to learn to function over the years under successive ruling regimes -- Turkish, British, Jordanian, and now Israeli. As I sat chatting with the Friends-trained school staff, a bit of the "bunker mentality" came through along with a strong conviction about the rewards of educational discipline and multi-culturalism.

The Ramallah school enrollment (primary and secondary) of approximately 550 students is half what it was before the 1967 war. The operating budget amounts to about \$500,000 annually and is supported mainly by a few endowment funds established in the U.S. The school has received grants from the UNDP, A.I.D., as well as grants from ASHA amounting to \$750,00. The school has applied for a 1992 ASHA grant.

¹³ The U.S. Consul-Jerusalem should be shown as a joint "actionee" in cables from A.I.D./Wash requesting post clearance for travelers.

3. American Ideas and Practices

I met in a group setting with the Chairman of the Board of Trustees (Arab), D. S. Harb; the Principal of the lower school (Arab), A. Nasir; the head of the science department (Amer), J. Cooper; the director of curriculum (Amer), P. Kapenga; and, the deputy Director (Arab), S. Mahski. (The Director of the School was traveling). Eleven of the professional staff of 60 are American.

The American head of the science department, who has been at the School for 16 years, opened the discussion on AMIP by alluding to the school's delicate situation -- being a strong proponent of "American ideas" in an area where the U.S. is identified with an occupying force.

According to the Chairman of the Trustees, the school has managed to keep its American character without "being associated with U.S. foreign policy". "What's more", as he puts it, "the Friends are used to taking risks and have continued to do so in the current tense situation; for example, by bringing in Israeli students for exchanges at school seminars".

The group quickly warmed up to the topic "what does 'American ideas and practices' mean in the Ramallah context". According to the staff, all schools on the West Bank have to adhere to the official syllabus which consists of a Jordanian overlay on the British colonial model. The Friends follow the basic syllabus but are able to weave into it strong American values and educational methodologies. The intent at Ramallah is (and has been for the past 100 years) to create and sustain an educational system in which:

- teachers and students have a voice
- students are taught to think critically
- "learning by doing" and "multiple intelligences" are emphasized
- there is a strong emphasis on tolerance and respect of others
- the role of women in society is advanced
- extracurricular activities are stressed as well as social service voluntary efforts in the neighboring community
- students who graduate have no difficulty accommodating to higher education in the U.S.
- there is a heavy emphasis on English
- there is a well-stocked library and the librarian is an integral part of the teaching process

The Ramallah staff is heavily involved in:

- using the classroom to promote democratic values and practices through debating, cooperative learning and class discussion
- inter-departmental coordination and team teaching to introduce innovative techniques learned through U.S. educational journals, while on sabbatical or during training seminars in the U.S.
- helping to prepare students for: the American Aptitude Test (SAT), the Test of English as a Foreign Language (TOEFL), the British General Certificate of Education (GCE) as well as the Jordanian matriculation exam (TAWJIH).
- networking with other schools in the Palestinian territories and helping to rework curricula so that there is (i) less emphasis on passive learning and memorization (ii) more opportunity to pick up skills needed in the West Bank employment market and (iii) more recognition of Palestinian history and culture (down to flora and fauna)

Our discussion was curtailed by the arrival of the bulletproof vehicle for my transport back to Jerusalem. I was given a hurried tour of the secondary school building -- which although certainly not run-down could use an up-grading. (I was not able to compare the physical plant at Ramallah to other schools in Israel since it was the only secondary school I visited in Israel or the occupied territories. Even from my quick tour, however, it was clear that the Ramallah secondary school facilities are several steps behind the ASHA-supported schools in Turkey and Greece in terms of adequate infrastructure.)

On my way out, I sat in briefly on a classroom discussion, among seniors, on the changing role of women in society and was struck by (i) the intensity of the exchange between the young men and women¹⁴ and (ii) their relative proficiency in English.

4. The U.S. Sponsor

The sponsor is the "Friends United Meeting", incorporated in Indiana, which is "the denominational office for about half of the Friends (Quakers) in the United States". The sponsor raises money for its several overseas projects and serves in an advisory role to the local on-site administration, by helping to shape the educational curriculum, recruit and place teachers, and print publications.

¹⁴ The discussion during my few minutes in the classroom revolved around the topic of a husband's responsibility ("if any") for housework when his wife is also employed outside the home. As I was leaving and thanking the students for allowing me to sit in on their discussion, I pointed out mischievously that both my wife and I work and...I do the major portion of the cooking. The groans from the young men trailed me all the way down the corridor....

G. MT. OF DAVID CRIPPLED CHILDREN'S HOSPITAL: WEST BANK

1. The Setting

The Children's Hospital is located in Bethlehem, not far from the nativity church, about a 25 minute drive from downtown Jerusalem. The hospital was started as a one-room clinic in 1952 by Children International (see below) in the wake of a severe polio epidemic. The clinic expanded in stages until 1982 when the splendid current facility was erected at a cost of \$5 million -- half of which came from ASHA. With another grant of \$2.3 million in 1985 for the procurement of major pieces of equipment, ASHA was instrumental in creating a state-of-the-American-art at the hospital.

Mt. David's is reputedly the only orthopedic specialty facility in the Middle East which admits children regardless of their families' ability to pay. Over the past ten years some 23,000 surgical operations have been performed -- mainly to correct congenital foot and hip deformities on a total of over 13,000 patients.

The hospital has six full-time doctors, 35 paramedical staff, and an annual operating budget of \$2.5 million.

2. American Ideas and Practices

While I was introduced to several staff members, I was pretty much completely in the hands of Dr. A. F. Zuaiter during my visit to Mt. David's. He is the dynamic, hands-on Medical Director who apparently "makes everything tick" at the hospital. An Arab who did his training and residency in England, he is compulsively on top of every phase of Mt. David's operations -- ranging from innovative orthopedic procedures (see below) and the latest in medical record filing systems to the merits of certain brands of back-up generators and modern techniques of fund-raising.

Dr. Zuaiter's attention to detail during our tour of the facilities (e.g. "See, here, how we braid markings on the towels to reduce pilferage...notice the coloring system on the health records...here's how we've computerized all our reporting back to Children International", etc.), plus my own visual check, made a believer out of me that American standards of hygiene, record-keeping, business practices and general orderliness were being maintained as well as, and perhaps better, at Mt. David's than at many orthopedic facilities in the U.S.

With respect to maintaining American (or Western) standards of orthopedic care, there is an interesting twist at the Bethlehem orthopedic site. During Dr. Zuaiter's early days in Palestine, he was, of course, applying orthopedic techniques he learned abroad. At present, however, because of the relatively high prevalence of children's orthopedic problems in the Middle East, compared with other regions of the world, and Dr. Zuaiter's considerable experience in experimenting with novel remedial procedures, improved techniques are being exported from Mt. David including to the U.S.

While operating from what some describe as a world-class children's orthopedic facility,¹⁵ Dr. Zuaiter has not retreated into a totally antiseptic world. He is mindful of the need "to treat the whole patient" and has pioneered techniques which result in culturally-sensitive medical procedures. For example, his pelvic osteotomy technique is designed to offer the patient greater ease and comfort in adjusting to the squatting position most commonly adopted in social discourse in the Middle East.

In the same connection, Dr. Zuaiter has developed a "mother's program" which allows a child's mother or other close relative to spend the entire hospital stay with the patient in order to facilitate the healing process and educate the caretaker about the preventative measures necessary to avoid future problems.

Extensive training has been carried out at Mt. David's over the past decade consisting of: residency training for about 30 doctors; a 2-8 week apprenticeship program for some 50 nurses a year; an internship for physiotherapy aides from Bethlehem University and the UN Relief and Works Agency under the tutelage of Mt. David's five full-time physiotherapists; and, a training program in American administrative and management practices for secretaries from other hospitals in the area.

The Mt. David hospital is known on the West Bank as an American institution mainly because people have become aware that the hospital receives all its financial support from the U.S. But there is also a special sponsor program which helps to strengthen the status of the hospital as an American institution. Under this program, individual American donors make a financial commitment of \$12 monthly for the support of a specific child in need of treatment at the hospital. The relationship is further reinforced through personal correspondence between the donors and young patients, photo-exchanges, progress reports, and presentation of birthday and Christmas gifts.

Finally, a word on applied research at Mt. David's. As pointed out above, word of orthopedic innovations introduced at the hospital has spread, and some of Dr. Zuaiter's improved techniques are catching on elsewhere in the region and the U.S. At the same time, I did not see much evidence of a systematic effort to document and publish these experiments, on a periodic basis, so that the results can be shared with others through professionally respected journals. (I suppose a similar observation can be made about many gifted pioneers.)

3. The U.S. Sponsor

All of the assets of the Mt. David Children's Hospital are owned by Children International, which was incorporated in Missouri in 1936. All fund-raising, selection and hiring of key personnel, and the setting of salaries is determined by a board of Directors which is composed of American citizens.

¹⁵Dr. Zuaiter makes an interesting point when discussing the high-tech equipment from the U.S. that is used at Mt. David's: "You know, they couldn't afford this technology in England" (the site of his training).

The day-to-day running of the hospital in Bethlehem is left completely in the hands of Dr. Zuaiteer. His standardized monthly reporting to the Board is both comprehensive and detailed. He visits Kansas City three times a year to brief the Board and obtain endorsement for upcoming ventures.

4. Special Note

ASHA's mandate involves supporting institutions abroad which demonstrate "American Ideas and Practices". The more effective of the institutions that ASHA deals with will realize that efforts to inculcate AMIP have to be carried out in a culturally sensitive (and, in a sense, preservative) manner; otherwise, the "inculcators" will play into the hands of those who relish leveling charges like "cultural imperialism" or "neo-colonialism". Dr. Zuaiteer seems to have been particularly skillful in adapting American ideas and medical practices to the local setting.

III. TURKEY

A. USKUDAR AMERICAN ACADEMY

I. The Setting

The American Academy, located on top of a crowded hill in Uskudar across the bay from Istanbul, was founded by New England Congregationalists in 1876. Originally a girls' school, it became co-ed in 1990 and now has an enrollment of 640 students -- 153 of them boys. The operating budget is about \$2.2 million per year with 80% of the needed revenue raised through tuition. There are currently 55 staff: including 27 Turkish nationals (of whom 13 teach in English) 21 Americans (3 of whom are missionaries), 5 Britons and 2 Canadians.¹⁶ In last year's entrance exams (regarded by all as quite rigorous for the Turkish University) Uskudar scored second nationwide.

Uskudar has received two ASHA grants for a total of \$700,000 -- the second, received in June 1991, was earmarked for a new, badly needed math/sci building) -- and has applied for a 1992/93 grant. The construction of the math/sci building has been held up on the A.I.D. side as well as on the Turkish side where the National Monuments Department has been mulling over the school's application for a construction permit. The Director feels that he can "move" the Monuments Department once A.I.D. releases the anticipated tranche of funds.

2. American Ideas and Practices

I "toured the property" and visited a few classes in session. Most of my time, however, was spent chatting with the Turkish business manager and the American interim Director¹⁷ of the school-- formerly the headmaster at Roberts College and a resident of Turkey for the better part

¹⁶ About sixty-five per cent of instruction is in English. The incoming stream of students for the middle school spends its first year studying English only; as a result, most can manage English textbooks by the close of the year.

¹⁷ He has accepted the position for a year until a new director can be recruited and brought on board.

of 25 years. The initial response to my broaching the AMIP topic was: "Our aim here over the years has been not so much to make the students into 'little Americans' as it has to make them 'better Turks'."

The Uskudar Director next pointed out that Turkey is one of the few countries where "the best and brightest" go to foreign-supported schools. The top three school choices among the Turks have been: (i) Robert College (ii) the German school and (iii) Uskudar. Academically, the three schools cover similar terrain, but the two "American" schools are light years ahead of the German school when it comes to "fully preparing the students for the future" -- according to the Uskudar Director. He also suggested that with respect to the two American schools, Uskudar has retained more of a Turkish ambience because the early missionaries were eager to avoid being labeled "proselytizers" -- a charge the more secular Robert College staff did not have to worry about.

The Director offered two examples of AMIP: elective course offerings and the credit system -- both of which have been in vogue at Uskudar for over 40 years and only now are being offered in the Turkish secondary system. I then called attention to the comparatively well-stocked library (about 17,000 titles with 70% in English) which had been highlighted in one of the schools proposals for an ASHA grant. "It's not so much the library per se", the Director offered, "as student access to it that makes a difference."

The Director then listed several other "differences" at Uskadar: student participation in running the school through the Student Council and standing committees (for standards of behavior, food menus, etc); more classroom discussion; more faculty help extended to students experiencing academic difficulty; and, heavy emphasis on extra-curricular activities as well as the importance of developing a sense of social service.

When asked what he would look for were he on a future ASHA panel reviewing grant proposals, he suggested:

"I'd examine the institution's track record, its accomplishments, its place in the educational scheme of things in the country. I'd want to know if the school was teaching the 'American tune as well as the academic words', that is, is it getting over an outlook on life, instilling a sense of confidence, developing skills for individual research."

But how would he go about verifying that these characteristics or conditions were actually in place in applicant institutions?

"First, ASHA representatives would have to spend more time in-country than they have done in the past. Next, the people sent out from ASHA should have some familiarity with the educational system within which the applicant institution is working -- otherwise, no valid comparisons between education models can be drawn. Third, I'd want to see the ASHA reps talk with several alumni of the school as well as ministry (education and foreign affairs) officials. Finally, I'd make sure before making a grant that the institution had made provisions to handle operating costs consequent to the grant".

The Director's parting comment was: "I'm not sure I could convince somebody from Idaho, but the U.S. gets a real bargain out of these schools in terms of U.S. interests -- they are shining

examples of the best in U.S. education, and will carry on with or without U.S. government money."

2. The U.S. Sponsor

The current sponsor for Uskudar is the FABSIT Foundation -- Friends of the American Board Schools in Turkey. The non-profit Foundation, based in NYC and incorporated in Delaware, was formed "to conduct fund-raising, recruiting, and purchasing for three American schools in Turkey: Uskadar, Tarsus, and Ishmir." The school's property is owned by a local foundation, SEV, which was formed in 1968 to support the three American schools.

FABSIT holds two fund-raising events each year, one to help cover the schools current expenditures, and the second to increase the endowment (currently about \$70,000). The FABSIT board, while maintaining a strong interest in the three schools, has delegated operational responsibilities to the SEV foundation and day-to-day decision-making to the individual directors of the schools.

This division of responsibility seems satisfactory for the interim period, between directors, largely because the acting director is so seasoned. But one gets the feeling that Uskudar is at an important juncture in its existence and will need more direct involvement by FABSIT in the future if the American character of the institution is to be maintained. To mention just two worrisome issues: (i) currently, Uskudar can afford to pay American teachers only about \$15,000 a year (at Robert College they would earn at least twice as much) even though Uskudar tuition fees are among the highest in Turkey; and, (ii) the school is lacking in some of the basic elements needed to offer a top-quality, "modern" education such as good audio-visuals and adequate computer facilities.

B. ROBERT COLLEGE: ISTANBUL

1. The Setting

Founded in 1863, and the first overseas American educational institution in Europe-Middle East, Robert College is now situated in a 60 acre wooded park five miles from downtown Istanbul. It is hands-down the premier secondary school in Turkey with an annual operating budget of approximately \$7.2 million. (Tuition covers only about 35% of student costs: as a result, all students are on "major financial aid".)

Everybody I talked to with connections to the college -- board members, alumni, faculty, and especially the students -- is very proud about the standard of excellence achieved at Robert over the years and determined to maintain the quality.

The incoming stream of students for the college is chosen from the top scorers on a very demanding, nationwide examination, and, according to the faculty, all graduates go on to higher education. Over the last five years, the average yearly mean S.A.T. mathematics score has been 650. About 25% of each graduating class attends U.S. universities. A large number of the most successful Turks in the professional and business ranks graduated from Robert. Robert College has received ASHA grants totaling \$23.8 million over the years.

2. American Ideas and Practices

At the suggestion of the American interim Headmaster, Ben Williams, I started my visit to the campus by lunching with five members of the student council¹⁸. After that, I visited a middle school English class in process, and in turn chatted with three Americans on the faculty -- the librarian (Richard Dewey), the head of the English department (Diane Ozbal), and the headmaster.

When asked "what distinguishes Robert College from other top private secondary schools in Turkey?", the student council reps highlighted several features including the school's having (i) the best student performers (ii) excellent physical facilities ranging from the science labs to the drama studios -- "and all in this wonderful nature setting" and (iii) a strong tradition of excellence. However, the students were most eager to spell out the "student rights" which were encouraged in the school, such as: being permitted to draw up the dress code, choose course electives, organize, just recently, an annual faculty-student basketball game, etc. The students felt that the enjoyment of these "rights" has led in turn to a greater appreciation of student "responsibilities".

The students were not very expansive about Robert College characteristics which could be identified as somewhat American in inspiration or execution. They saw the college as a Turkish institution which happens to have strong linkages with the U.S. They were proud that their predecessors had a reputation for doing well in U.S. universities but didn't seem to draw any connection between this fact and the presence of Americans on the faculty. They felt that the support from the U.S. for the college was a good investment on the part of Americans "because it will result, first, in a significant percentage of grads pursuing higher studies in the U.S. and, secondly, in a friendly outlook on 'things U.S.' by current Robert students who are bound to be in influential positions in Turkey in the future."

The student reps saw no danger of elitism in the college selection process because tuition assistance could be obtained by those scoring highly on the nationwide exam who happened to come from poor families. On the issue of minority rights, the students felt "we don't have a problem in Turkey because, under the Republic all citizens are respected regardless of color or religion." By way of supporting their view, they made reference to the prosperous Jewish community of 50,000 in Istanbul.

The librarian, after alluding to the school's collection of 40,000 books and 120 periodicals (75% of which are in English), referred to the "American style openness" of the school -- ranging from the character of the discussion at faculty meetings to the rapport between teacher-students and the headmaster's "open door policy" (which had been favorably commented on in a recent student publication).

The head of the English Department underscored the same theme as well as other AMIP-related features of the school: "things-run-on-time" (e.g. forms for elective courses are turned in on-time), field trips, strong emphasis on business electives, group work, English teachers grading

¹⁸ N. Eker, E. Pultar, B. Borahan, U. Kayerilioglu, B. Ozkan

each other's creative writing skills, etc. She also pointed out that she worked harder at Robert College than at Uskudar, where she had also taught for a while,..."they didn't have as much money to work with as we have here".

The interim headmaster pointed out that Robert is the only secondary school in Turkey working off the American semester model. He also described Robert College as an oasis of individuality in a Turkish education system that reinforces conformist, lock-step tendencies and tries to intrude unnecessarily in school life (e.g. the Ministry must approve all books used, all teachers before their appointment to the faculty, and all disciplinary measures metered out at schools).

Several faculty raised the discipline issue as one of the negatives at Robert [as well as in other Turkish secondary schools]. As described, there is a tendency in Turkey to believe that "everything will work out 'OK' in one's life as long as one knows the right people". Evidently, this attitude is inculcated early in life and, as a result, students [and/or parents] feel that they can go directly to Ministry officials known to them to get decisions made at the school level reversed.

So, while the school staff gave high marks to their efforts and the students' academic accomplishments, they also recognized the need for more progress in the area of "you have to work for what you get" and civic awareness. The day I visited the school the headmaster was pondering another go at persuading the students to "pitch-in and help clean up the school grounds" -- they had rebuffed his first try.

3. The U.S. Sponsor

The Trustees of Robert College, Istanbul were incorporated in NY State in 1947. The interim Headmaster suggested that he has a pretty free hand in running the school.

C. THE YWCA GIRLS' SERVICE CENTER: ISTANBUL

1. The Setting

Upon arrival in Istanbul, I had troubled re-confirming my appointment with the Service Center, my first intended stop. The phone number I dialed rang, but nobody answered on the other end - even after repeated tries. Because it was a holiday in Washington, I decided to try the YWCA sponsor's number in New York City on the hunch that the office might be open on Veterans Day. It was, but Gwendolyn Baker, the person responsible for the Istanbul activity, could not be located. I asked that a fax be sent to me during the night with the correct telephone number for the Service Center.

The fax, which arrived from New York several hours later, indicated that Gwendolyn Baker regretted that I had not notified them earlier of my visit to Turkey. The fax suggested that "the contact person who has all the information regarding the Girl's Service Center and ASHA/A.I.D. is not reachable at this time."

I found the message hard to decipher on two accounts: (i) Creative Associates had been in touch with YWCA/NY at least 10 days before my arrival in Istanbul and (ii) why was it that I could not meet with some representative of the Service Center, over the course of a week's stay in

Istanbul, even if ASHA/Creative had been remiss by not giving "adequate warning time?" Nevertheless, I decided to make a "note", let the matter drop until I got back to Washington, and get on with my next appointment -- which happened to be with the American Academy of Uskudar.

Towards the close of my interview with the Acting Headmaster of Uskudar, he indicated that the "Turkish representative" of the Girls' Service Center had rung him up to ask if he could persuade me to visit the Center. I indicated that I had received a fax from YWCA/NY which pretty much precluded my initiating a visit to the Center but would be available at the Conrad Hilton should the Center representative wish to discuss Service Center issues with me there.

A few hours later, Ertugrul Ceylan, the lawyer for the "Foundation for Youth, Culture and Service, appeared at the hotel. Evidently, the Foundation that he represented had been acting as the local sponsor for the YWCA Girls Service Center over the years. In 1986, it had been decided to build a new Complex for the Service Center, with ASHA assistance, on property outside of Istanbul. As Mr Ceylan related it, there had been a falling out, during the construction phase, between the YWCA-appointed Director of the Service Center and the Foundation Board (of which the Director was a member). The dealings became so acrimonious that the Board decided to eliminate the Director from the Board and she responded by attempting to sever all ties between the Service Center and the Foundation.

The unsightly impasse ended up in the local courts for settlement. But the Foundation's Board held a strong trump card -- the deed to the land on which the new Service Center complex was being constructed (with a \$400,000 grant from ASHA). The Board asked YWCA/NY to remove the Director "so that there could be a new start" but was turned down. Instead, according to Mr. Ceylan, YWCA decided in 1991 to turn the old property over to DEM, a profit-making corporation, and bow out of the Center's operation. Currently, there is no training taking place at the "old" Service Center and the construction at the new location is only half completed.

The purpose of Mr Ceylan's representation to me was to ask if I thought "there was any chance that ASHA would reconsider and deliver the full \$800,000, which had been the original A.I.D.commitment." I explained, as I had at the outset of our conversation, that my relationship to ASHA as well as the focus of my assignment did not qualify me to render an informed opinion in the matter. I did indicate, however, that I would raise his concern with the responsible officers in ASHA, on my return to the U.S.

D. AMERICAN BRISTOL HOSPITAL: ISTANBUL

1. The Setting

The Hospital, situated in crowded downtown Istanbul, was founded by Admiral Bristol at the close of World War I to care for Americans in the area and for refugees fleeing from central Europe. The hospital, with its strong nursing school, became known as a center for quality medical care and as the enactor of many medical firsts in the region. Pre-eminent for decades, Bristol started to slip in the mid-1980's as a result of an aging physical plant as well as the emergence of several quality care medical providers in Turkey.

With the help of considerable donations (from A.I.D., the U.S. private sector, and Turkey nationals), the hospital has sprung back to life in the last couple of years. A new 10 story Polyclinic Building was constructed, a cardiac catheterization laboratory opened, and the intensive care floor completely renovated. The appointment of an experienced American Administrator (non-MD) last year helped accelerate the turn-around. The Bristol Center has an annual operating budget of about \$9 million and has received two grants from ASHA totaling \$11.4 million.

2. American Ideas and Practices

I spent three hours interviewing and making the rounds with the Administrator of the Center and had lunch with: the Medical Director (an American with 25 years experience at the hospital), the quality assurance advisor (a Canadian), the business manager, the special programs director and the development director -- all Turks.

The Administrator indicated that in addition to importing the latest medical know-how from the U.S. (see below), the Bristol Center is bringing in the latest techniques for successfully managing a large hospital/nursing school complex. Toward this end, a beginning has been made in each of the following areas:

- a hospital-wide quality assurance: this is the first such program in Turkey and it is derived from the guidelines issued by the Joint Commission on Accreditation of Hospitals and the AHA.

- an American-style organizational structure and organization: while standard in the U.S., this innovation in Turkey has helped in better defining authorities and responsibilities, improving accountability, and promoting teamwork.

- a computer-based, hospital information system: the system is using American software and Unisys hardware. The system is already tracking both in-patient and out-patient admissions, financial records, and inventory control.

The Bristol Hospital stresses the point that continuing medical education is one of the primary reasons for the high quality of health care in the United States. With the help of the Methodist Hospital in Houston -- which is the primary medical backstop for the Bristol hospital -- special medical symposiums have been held each summer in Istanbul during which specialists from the U.S. have shared with Turkish doctors and nurses their techniques for staying abreast of the latest breaking medical. In addition to these symposiums, there has been a regular exchange of doctors and nurses between Istanbul and Houston with an emphasis on reinforcing skills at the Bristol Hospital's intensive care unit and its very impressive Diagnostic Cardiology Center.

The Bristol Hospital is also involved in a couple of very interesting research activities including a cholesterol/lipid project in cooperation with the Gladstone Foundation (Univ of Calif) to determine the risk factors for coronary heart disease in Turkey where 37% of deaths are attributed to heart ailments.

3. The U.S. Sponsor

There appears to be a triangular sponsorship arrangement with (i) administrative backstopping provided by the Board of American Hospital of Istanbul, Inc (incorporated in N.Y.), (ii) technical medical support furnished by the Methodist Hospital in Houston, and (iii) operational direction, together with local fund-raising, carried out by the Board of Managers in Istanbul. As the latest proposal puts it: "the general policies and guidelines are drawn up in NY... and the accomplishment of these policies is the responsibility of Board of Managers in Istanbul."

There are no full-time paid officers in the NY office. According to the Bristol staff, "all purchasing, secretarial, finance and accounting services in the U.S. are provided, on a contractual basis, by International Institutional Services, Inc., at charges lower than full-time staff would cost."

IV. GREECE

A. THE AMERICAN FARM SCHOOL OF THESSALONIKI

1. The Setting

Located on 375 acres of tough farming land on the outskirts of Thessaloniki, the American Farm school was established by an American missionary in 1904 who wanted to dedicate his life "to educating rural Greek boys in modern agricultural and vocational skills and in the dignity of manual labor." The Farm is probably the oldest bi-national agricultural school in the world, and the current Director, also an American, is only the fourth in the school's history.

The now co-ed secondary school, which offers a recognized diploma, has graduated about 3,000 students and estimates that "about 56% have gone into farming or occupations closely related to farming." In addition to high school-level training, the school offers an agricultural training institute for adults. In recent years, the farm school has offered guidance and support to several institutions in Bulgaria and Albania that are interested in replicating the "Thessaloniki-American approach" to farming.

The annual operating budget is about \$5 million. Approximately 50% of these costs are covered by the sale of the farm school's products. The language of instruction in the school is Greek.

2. American Ideas and Practices

I had a sedan tour of the property -- it was raining heavily --, talked with the school's director, business manager, English department head, two Greek teachers, the public relations staff, and ended up lunching with several students.

The school staff is proud of the several important innovations that have been introduced over the years at the Farm -- including pasteurization, milk bottling and, most recently, hog breeding through artificial insemination. The staff also points out that the Farm School is one of few

"American" schools abroad that provides educational opportunity for rural youth many of whom come from poorer families. (Student tuition fees cover about 20 percent of actual costs.)

Both of the Greek teachers I spoke with had been to the U.S. -- one for two years and the other on two short study tours. They seemed enamored of American farming but had difficulty explaining the relationship between agric-extensive practices, as found in much of the U.S., and the topography and land titling customs in Greece which seemed to call for more agric-intensive approaches.

One of the teachers, the plant production specialist, did point out that he had noticed an increased turning to Europe in recent years for agricultural know-how and equipment "mainly because of proximity but also because their equipment tends to be smaller and better suited to the conditions in Greece." Along the same line, the Director of the School had indicated earlier in the morning that he was exploring the possibility of linking up with some smaller institutions in Maine -- where family farming practices are espoused.

The Greek teachers were on surer footing when describing the heavy emphasis at the Farm School on maintenance and repair (covering electricity and plumbing as well as agric equipment), in the vocational education part of the training program, and how this direct "import" from the U.S. was badly needed in Greece where there is an excessive reliance on the "repairman." This helps explain the increased priority now being attached to vocational education (at the expense of "farming practices").

3. Special Note

I came away from my visit to the Farm school in a bit of a mental muddle. On the one hand, the school seemed to have an excellent administration, spirited and dedicated teachers, and fine facilities. (And, when I inquired about the school's reputation, outside the walls, it received rave notices.)

On the other hand, during my visit, I had not been able to get a clear reading on the school's "vision" or "mission" as a "farm school" in the 1990's.¹⁹ And, as I sat chatting with the students at lunch, I did not detect much enthusiasm for going into "farming" or even "farming-related" as a vocation after graduation. (The two female students were clearly not so inclined.) This suggests to me that a portion of the youngsters' educational time, at the present, may be wasted on subjects or courses that have been retained solely so that the school may continue "to fly the farm flag."

I could be totally wrong on my surmise. Even if I am, however, there is an urgent need to find out what "fields" the school's graduates, over the past decade, have gone into and to what extent their formation at the Farm School has helped in preparing them for their current occupations.

¹⁹ In fairness, I should point out that the school does have an excellent multi-year plan for the development of the school -- but, the uncritical retention of "farming practices" as a mainstay in the school's curriculum may prove embarrassingly anachronistic.

The results of the survey will go a long way in helping the Farm School administration make any course corrections that may be necessary.

4. The U.S. Sponsor

The American Farm School is a non-profit, New York state corporation with 36 Trustees on the Board, 28 of whom are American. Approximately \$500,000 is raised annually in the U.S. ASHA has given a total of \$8.2 million in grants to the school over the years. There is an endowment fund valued at \$8 million -- from which the school had to borrow in 1991 to meet operating costs. The school receives approximately \$200,000 annually from the Greek Government which is about one half of what the government is supposed to provide according to the legislative formula.

The EEC has been an important contributor in recent years (providing up to 30% of the operating budget). The EEC grant period is running out, and the trustees are concerned about how the operating costs will be met in the absence of the EEC. One option will be to sell off some of the school's bountiful land because, as the city of Thessaloniki expands in the direction of the school, the land consigned in the past for wheat growing is now more valuable than the wheat produced on it.

It is not clear just how much money is raised in Greece for the Farm School from private sources, but it appears that the preponderance raised comes from corporations -- many of which are American affiliates. Graduates of the school have not contributed much to the school over the years.

B. ANATOLIA COLLEGE: THESSALONIKI

1. The Setting

Anatolia College is located on 45 acres of land in northern Greece 8 miles outside of Thessaloniki, a city of about 1 million. Chartered in Massachusetts by Congregationalist missionaries and established in Turkey in 1886, the college moved to its present campus in 1934. Known as the "American College" throughout the northern region, the school has a reputation for excellence²⁰ in a country whose secondary school system is reputedly in a troublesome state -- unmotivated teachers, disorganized academic programs, inferior labs, and severe equipment/supply shortages.

Anatolia's record for placing graduates in Greek and U.S. universities is among the most successful in Greece. The co-ed school started a higher studies college in 1981 modelled after the AA-degree college in the U.S. It is now a four-year BA program. (Only 18% of the students in Greece who would like to go to a university can be accommodated in Greece.) There are about 1200 students enrolled in the Anatolia secondary school and 400 in higher studies. The school also runs a nine-month secretarial training program.

²⁰ For example, on the TOEFL exam, Anatolia applicants to U.S. universities score in the 90 percentile of examinees world-wide.

The language of instruction, according to Greek law, is Greek. However, the entrance into the school is based largely on the applicant's knowledge of English. There are 20 American citizens on a teaching staff of 91. Anatolia has an annual operating budget of about \$6.5 million and an endowment fund in the U.S. of \$7 million. Approximately 80% of revenue comes from tuition with fundraising in Greece and the U.S. covering the remaining. ASHA has given several grants to the school -- including the funds to build a new library, which would be the envy of any community in the U.S.

2. American Ideas and Practices

I met separately with the President and Vice President (Americans), two Greek teachers, the librarian (American) and five students. The students selected for the interview were quite poised and had no difficulty describing the difference between Anatolia and its counterpart Greek institutions. One student relayed a comment of a friend who attends a state school: "For the first two weeks, we did nothing in class -- it was total disorganization." "Whereas, here", according to the Anatolian, "each day is completely filled up with learning."

The students were proud of their school and recognized its American flavor. They were not in agreement, however, on the reason for the school's quality reputation. One side attributed the excellence not so much to American ideas and practices as to a combination of talented students, good teachers (the heavy majority of whom are Greek) and good facilities. This side stressed the inherited nature of AMIP (having evolved from the Western experience -- e.g. Greek philosophic thinking, the French Revolution) etc. The other side was more inclined to recognize an American adaptation/imprint on traditional approaches and the effect AMIP has had on Anatolia over the years.

But both sides agreed that the American system of education had produced two elements of the Anatolia program that "were high-in-their-book": an accessible library -- which is rare in Greek schools -- and the school's extra-curricular program, until recently a wholly novel practice in Greek education. The extra-curricular program has some 30 offerings (student literary magazine, theater, aerobics clubs, chorale, orchestra, forensics, photography, etc.).

The two Greek teachers, who had been on the faculty for over 25 years, were eager to point out additional American characteristics promoted at the school such as the emphasis on personal initiative balanced by a team approach when required, and a smoothly operating student council. "What's more, classroom methodologies were more democratic, less authoritarian and stimulated a spirit of inquiry on the part of the students. As an example of American values, they suggested that "cheating on examinations is treated much more severely at Anatolia, as it is in the U.S., than under Greek law." In addition, admission to the school is done strictly on merit despite the heavy lobbying that is done on behalf of children of the well-to-do.

The American Vice President of Anatolia referring to the school's link to things American suggested "it's about as symbiotic as it gets." The American President of the school²¹ pointed out that Anatolia's reputation for quality was partly due to the severe deficiencies in the Greek educational system which is based on an unadapted European (French/Bavarian) model. The system is top-heavy in administration and rigid. There is only "one set of books" and the curriculum is old-fashioned and excessively focused on things Greek. A strong point in the otherwise weak system is the heavy emphasis on math/science.

In addition to the AMIP mentioned by others (above), the President emphasized that approximately 20% of course time, at Anatolia, is devoted to English language -- through which the students are exposed to a whole range of American ideas and practices. His parting comment on "getting at AMIP objectives" was "we're doing it not so much by flag-waving -- it permeates our whole approach." He then handed me a list of the "Ten Principles of the Anatolia College Ethos" which reads like the guiding principles of a prominent New England prep school.

3. The U.S. Sponsor

There are 40 trustee-owners (eight of whom are Greek) who are empowered by Massachusetts to run the College -- whose campus is valued at \$30 million. The trustees meet twice yearly either in Boston or Thessaloniki. There is a four-person secretariat in Boston with responsibility for fund-raising, public relations, and U.S. representation. There is also a local management committee (made of the Greek trustees) who meet on a need-to basis in Thessaloniki with the President to discuss various school issues. The Trustees leave the running of the school pretty much to the President. There was an agreement at the last Trustee meeting that the Boston secretariat would become more aggressive in its fund-raising efforts.

C. ATHENS COLLEGE: ATHENS

1. The Setting

Athens College was founded in 1925 by a small group of prosperous Greeks, who donated the land, and it has been supported, in part, since by a group of American philhellenes. The College is considered the most prestigious in Greece. There are two campuses covering 86 acres with 17 buildings, 144 classrooms, an olympic swimming pool, a 45,000 volume library, a separate science building and an 840 seat theater -- the latter three constructed and equipped with ASHA assistance. The College has received a total of \$4.4 million in ASHA grants.

There are about 3,330 students enrolled in the College (primary, middle, secondary) with 1,800 of them in the secondary school (about 1/3 of whom are female). The educational staff of 250 includes 25 American citizens. Athens College also runs an adult education center with a current enrollment of about 2,500 students -- 50% of whom are women. The annual operating budget for

²¹ The President of Anatolia is a former U.S. foreign service officer who is married to a Greek, lived in the country for over 20 years, and has an impressive understanding of Greek institutions partly from the work he did in connection with his PhD which is focused on "Greek land title systems."

the whole complex is in the neighborhood of \$17 million. Ninety-five percent of operating revenues comes from tuition.

2. American Ideas and Practices

My time at the College, in addition to touring the facilities, was spent in talking with the following: W. McCann, the President of the College; F. Protogerellis, Dir of Finances and Admin; C. Petrinis, deputy Dir; and four students: B. Mergos; E. Potamianos; (two signatures are illegible).

After the pleasantries, I explained that I had accumulated a pretty good list of "American Ideas and Practices" during my current trip, many of which I suspected were being applied at the College. After hearing the list, they concurred. I then suggested that we proceed by (i) adding to the list any AMIP characteristics or approaches that had not been covered and (ii) trying to address a few issues which were rattling around unanchored in my mind.

On the first, the Director of Administration, a Greek who was educated in England, urged that ASHA not lose sight of the fact that "most people tend to remain loyal to the country where they received their formation" (implying, of course, that Athens College is a little piece of America in Greece). He also pointed out that Greece has been engaged in civil unrest almost continuously since 1940 -- lurching from one political crisis to another. Because it is difficult to build up, let alone sustain, a quality education system in such an environment, Americans should be proud of their role in helping to create a "center of excellence" in the form of Athens College.

In describing the College, one student who had spent a year in the U.S. suggested: "It just feels like an American school." She then referred to some American-style academic amenities: students having a say in shaping their education, "afternoon electives", a wide range of extra-curricular activities, group work, an accessible faculty, splendid facilities and educational aids, and a very active University placement office. The latter would probably be #1 on the students' list of pluses at the College. Several U.S. universities send representatives to Athens each year to interview seniors. About 45 graduates a year attend American universities. Another 40 attend U.S.-based schools in the U.K.

The President of the College alluded to the faculty's effort over the years to instill democratic ideals and practices at Athens. "We are helping to bring pluralistic ways to this society. Just a few years ago, when the socialist government tried to nationalize all schools in Greece, some 20,000 middle-class parents (most with ties to Athens College) marched to the Parliament building -- forcing the government to cancel its planned take-over."

While showing genuine admiration for the parents' spirited demonstration, I felt that the anecdote provided a hook for one of my "unanchored" issues. So I offered the following: "Some might suggest that schools like Athens provide strong disincentives for inducing sorely needed change in the Greek education system...as long as the relatively small group of middle class parents find places for their youngsters in a handful of elite schools, 'they could care less' about what's happening in the national system -- which most concede is woefully inept."

"Glad you asked," responded the President. "I'd like to comment about the elitism issue. In the first place, we don't have any problem with the notion of creating an intellectual elite -- that's what we're all about. Secondly, let's look at our admission practices. In the Athens College primary school 30% of the youngsters are admitted by lottery; entrance into the secondary school is based on an examination in Greek with a heavy dose of math and an English language section. Thirdly, we have the largest scholarship program in Greece with one out of five of our students, this year, receiving financial aid."

"Let me add two other points", he suggested. "Greece's main need right now is for the creation of a solid middle class -- which we're helping to do. Finally, in a previous incarnation, I worked on poverty issues in the States and became disenchanted with strategies aimed at directly helping the poor. I have much more confidence in using public funds to help those who have begun to move up...move up another notch or two. So, I hope ASHA will continue to support "centers of excellence like Athens."

We then moved on to another of my "unanchored" issues -- "why don't the graduates of the ASHA-supported schools in Greece contribute more funds to their alma maters?...why are libraries and theaters being named after American donors instead of Greek citizens?" While conceding that the graduates "have been weak on giving", the financial director pointed out that the situation is improving. The percentage of Athens College graduates (the largest alumni group in the country) who make financial contributions used to be about 10% but now it is up to 22%. "It's a gradual sensitization process. Most graduates won't give money for "continuing education", for example, -- they just don't understand the notion."

As I was leaving, the President cautioned about "making the ASHA criteria too mechanistic...trust the grantee to do the right thing, particularly if the institution is trying to move in the right direction."

A final question to a student, about what would happen in the years ahead if the Americans were phased out of the College, elicited this response: "I think the College would lose its international flavor."

3. The U.S. Sponsor

The sponsor in the U.S. is the "Athens College in Greece" corporate unit (NY) which consists of a voluntary Board of Trustees and a small office (one full-time person) in NYC. The Board is responsible for appointing the President, recruiting and paying the salaries of the American staff, raising funds, and managing the \$6 million endowment fund. There is also a local Board of Managers in Athens which "provides general oversight and helps out on the political side of things."

One large meeting is held each year, with all parties represented, to discuss school affairs and lay out the direction for the up-coming year.

D. THE AMERICAN COLLEGE OF GREECE: ATHENS

1. The Setting

The American College is the largest and oldest, independent, American-sponsored academic institution in Europe. It traces its roots back a hundred years to the small school for girls started by American Christian missionaries in present-day Turkey. The school was moved to Athens during the up-risings and, by 1902, had become the model for 27 other missionary schools in Asia Minor. In 1961 the College was incorporated in the state of Colorado and officially authorized to give BA degrees. A "downtown" campus was established in 1971 for "continuing education. The total enrollment in the various divisions of the co-ed College (and secondary school) is about 5,300 students.²²

The College has 65 acres with 15 buildings, including two large libraries, a Mediterranean Conference Center (with accommodations for 100 guests, a 60 booth language facility and a 1000 seat theater. The operating budget for the College is in the range of \$8 million annually. Ninety percent of the revenues comes from tuition.

ASHA grants to the College total \$7.4 million.

2. American Ideas and Practices

I had a lively round-table discussion with several members of the administration²³ and an extensive tour of the facilities. Because of the length of the prepared briefing, and my having to visit another institution that day, there was no opportunity for a separate discussion with students.

The College has made a strenuous effort to adopt "American ways" both academically and otherwise. In 1981, the Deree division of the College became the only overseas post-secondary institution to be accredited by the New England Association of Schools and Colleges. Several months ago, the administration signed a contract with Wendy's under which the hamburger enterprise agreed to (i) assume complete responsibility for food service operations at the school (ii) renovate the cafeteria facilities, at a cost to Wendy's of approximately \$500,000 and (iii) turn 8% of the annual gross over to the College.

The administration had done its homework upon hearing that an ASHA representative would be visiting the school and provided me with a list of some of the "American Ideas and Practices" currently in evidence at the College; among them were:

²² The "College" actually consists of the following divisions: a secondary school (the College), a post-secondary college (Deree College), and an evening division of the post-secondary college

²³ John Bailey, President; Vassilios Protopsaltis, Vice-President for Administrative Affairs; D. Lisusanis, Dir of Development; Chris Kotter, Tech Consultant; A. Alexopoulou, Vice-President for Financial Affairs; S. Bailey, Assistant Dir for Development; Isabella Meijer, Assistant Director for Public Affairs

- the American orientation of the faculty, administration, curriculum, textbooks, and general environment
- maintaining high academic standards and a reputation for excellence within the Greek community
- assuming a leadership role in education in Greece and leading the way in introducing new American-style methodologies and programs as they become available
- English is used as the language of instruction at the upper college
- the content (books, newspapers, magazines) of the library is predominantly American. The library features CD ROM and electronic data base technology
- the installation of an IBM computer system featuring American-designed administrative soft-ware package
- American approach to economics and business courses
- the installation of a new music lab, unique in Greece, modelled along the lines of a similar lab at Northeastern University
- a new "Nautilus" program and aerobics instruction
- lectures and concerts, open to the general public, which feature American scholars, musicians, and artists
- the school flies the American flag and observes major U.S. holidays

After acknowledging the impressiveness of the American imprint on the College -- ranging from the textbooks to Wendy's -- I alluded to the U.S. Ambassador's opinion on the ASHA program. (It is common knowledge within the American community in Greece that the current U.S. Ambassador -- whose parents were born in Greece -- is opposed to using U.S. taxpayers' money "to support schools for upper middle class Greek children.") The President of the College quickly suggested that the Ambassador's viewpoint was misguided inasmuch as the U.S. has much to gain from a program like ASHA's which can be instrumental in helping to improve the U.S. image in Greece, consolidate ties between the two countries and establish stronger business links.

I asked the group their thoughts on how ASHA should go about "graduating" some of its older, better established, less needy grantee institutions so as to free up funds for "start-up" institutions in other parts of the world. They agreed that the ASHA grants shouldn't go on ad infinitum but cautioned about cutting off support for "centers of excellence" where the return on the ASHA grant could be proportionately greater than at struggling institutions.

One member of the group, in his mid-thirties, suggested "you may have to start cutting off some of the 'old boy' institutions but you really shouldn't start with Greece...remember, we are the

people who fought the Communists in the trenches -- with our blood -- back at a time when this was an important cause for you and us."

3. The U.S. Sponsor

The College is incorporated in Colorado and maintains a small backstop office in Washington, DC. The Board of Trustees in the U.S. have full responsibility for the operation of the College. The Board, in addition to electing the President of the College, has to approve the budget, all revisions and all financial expenditures not authorized in the budget, approve all administrative and faculty appointments, all major curriculum changes, and confer degrees. The Board meets three times a year -- usually once in Greece.

PAKISTAN AND INDIA

November 25, 1992-December 15, 1992

Jacquelyn Stanton-Rosario
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I. INTRODUCTION

This trip report is part of an assessment commissioned by the U.S. Agency for International Development, Office of American Schools and Hospitals Abroad (ASHA). The specific objectives of the trip were twofold: (a) to assess the effectiveness and the manner in which American ideas and practices (AMIP) are demonstrated at institutions; and, (b) to assess the role of U.S. sponsors and their significance to the performance of ASHA-supported schools and hospitals. The school and hospitals selected for assessment in Pakistan and India were chosen by Creative Associates International, Inc. (CAII) in consultation with the ASHA office, and varied in the number of grants received and funding levels awarded. Since 1959, ASHA grants to institutions in India have totalled \$11 million and those to Pakistan have totalled \$3 million.

II. TRIP ITINERARY

During the period of November 25-30, 1992, I visited two hospitals in Pakistan. During the period of December 1st through the 13th, two hospitals and a K-12 school were visited in India. Interviews were conducted with senior administrators, staff, and, where possible, students. At one site, community residents were also interviewed. Short tours of the facilities and cursory inspection of equipment (particularly that funded by ASHA), were undertaken although this inspection was not in the project scope of work. Civil unrest caused the cancellation of the last scheduled visit to the Wanless Hospital in Miraj, India.

III. CONCLUSIONS

All of the institutions visited were able to successfully demonstrate, albeit in varying degrees, American practices which have been implemented. Although hospitals and schools differ widely in their institutional mission and, as a consequence, their structural capacity to disseminate and inculcate American ideas and values, both types of institutions offer strong viable centers for demonstration of excellence in AMIP. For example, the school visited in India has maintained Middle States Association¹ accreditation for more than thirty years, and reportedly enjoys a high admissions rate at American universities among its graduates. Like most American schools, it aims at developing curriculum and teaching methods which emphasize critical thinking, problem solving, sound reasoning ability, and good communication skills. In addition, administrators of the school state that it is part of their mission to develop future leaders who are internationalist in perspective, champions of high morals, ethics, and democratic freedoms, and committed to responding to the socio-economic and environmental problems in the world. One faculty member described it as "modeling humanists in the true sense of the word."

The hospitals visited presented a different profile, not only because of their characters as health facilities rather than as educational centers, but also because of what might be described as their

¹ Middle States Association is a United States accreditation body for secondary and post-secondary institutions.

institutional or organizational stages of growth. The hospitals could probably best be classified into three categories of development:

- The first category of institution was a Pakistani hospital which was struggling to develop its infrastructure and to increase the amount of standard equipment in order to maintain a high level of care and service delivery. Training was limited to nursing education. The institution had achieved neither a critical mass of American volunteers nor a cadre of American-trained staff to enable it to transfer skills and knowledge with any degree of continuity and to disseminate AMIP. Yet, the institution appeared to have good potential to become an AMIP center. The American volunteers present, along with the American-trained hospital director, were making a clear imprint on the institution through the establishment of medical procedures and management systems in order to do things the "American way." It was known as an American hospital, although not so named, within the community, and stood in stark contrast to the nearby government hospital, both in terms of appearance and services rendered.
- The second institutional category was also exemplified by a Pakistani hospital that appeared to be at a midpoint in its development as a demonstration center. With the 1992 inauguration of a complex consisting of new and renovated structures, new equipment, upgraded utility facilities, and a solid core of American volunteers and indigenous staff, the senior management was beginning to focus much more attention on the institutionalization of practices such as a peer review system. The peer practice is as much linked to professional competency as it is to values and attitudes toward interpersonal communication among peers. The adoption and incultation of this type of practice would appear to require substantial time and fundamental changes in behavior, at an individual level, because it involves changes that widely deviate from the cultural norm. Moreover, health information and management systems were being refined and research efforts, though minimal, were appropriately focused upon operational problems in the community-based health services and programs of rural communities.
- Finally, the third category of hospitals was represented by well-established centers in India which embodied many institutionalized AMIP. With the passage of time and historical reference, some practices have lost their distinction of being uniquely "American" and the institutional memory that these practices were actually introduced by visiting American volunteers. One such example, cited by hospital staff in India, is the American model of residency training for physicians. The residency training model has now become an integral component of the national medical education and training system. Other examples of AMIP that have been widely adopted include: implementation of the new pathways curriculum for education of medical students; collaborative research and training agreements with U.S. and other international groups; well-developed exchange and volunteer programs; establishment of social service units, research and ethics committees, continuing education programs, and extensive social and preventive medicine programs linked to surrounding poor rural communities; and initiation of programs to provide training and education for dentists and other allied professionals.

There were several characteristics common to the hospitals visited by this reviewer which were as follows:

- Strong leadership qualities were evident in their American-trained directors who had long-term visions and clear objectives for their institutions. While these leaders have vision and clear objectives, they may not necessarily have clarity on means to achieve them. For some, the acquisition of state-of-the-art equipment and improving infrastructure was seen as paramount to the dissemination of AMIP but most foresaw the need for increased staff training, quality assurance systems, and research activities.
- Steadfast reliance on American volunteer specialists was part of their institutional strategic planning. American volunteers seem to be a vital mechanism through which future institutional plans are to be achieved. This reliance underscores the significant role given to their U.S. sponsors in the recruitment and facilitation of a constant flow of volunteers.
- U.S. sponsors served a vital role in building and maintaining networks to U.S. organizations and institutions for volunteers, supplies, opportunities for staff exchanges, and technical assistance. This function, along with fund-raising which did not always seem to carry the same high priority, was widely perceived as the most important activity of the sponsors.
- Most hospitals lacked a cadre of trained personnel in hospital administration and management. These responsibilities were being assumed by volunteers, physicians who also retained some of their other professional duties, and at one institution, a board member from the U.K. sponsors who is a hospital administrator by training.

IV. PAKISTAN: DESCRIPTIONS OF INSTITUTIONS VISITED

A. NANCY FULWOOD HOSPITAL, SAHIWAL, PAKISTAN, November 28-29, 1992.

Persons interviewed: John Gill, Hospital Director; Peter Massey, Hospital Administrator; Dr. Thomas Oates, Medical Superintendent; and, Timothy Hart, Engineer.

1. The Setting

Nancy Fulwood Hospital is located in Sahiwal, Pakistan, a small farming district with a population of approximately 300,000, but draws its patient population from a larger catchment area of 3.5 million people. Inaccessible directly by air or railway travel, it is a rather arduous and tedious 100 mile drive from Lahore to the north or 80 miles from Multan in the south, both of which are large urbanized centers. Sahiwal is also the site of a large 450 bed district hospital which receives referrals from a wide network of clinics in the Punjab province.

The institution was opened in 1901 by the Associated Reformed Presbyterian Church as a women's clinic and has gradually developed into a 168-bed general hospital. A nursing and midwifery school, fully accredited by the Pakistan Nursing Council, was added at the time of the

partition of India in 1948. Currently, the school maintains a student enrollment of 100 students, accepting 20-25 new students each year. Enrollment is limited to women students because of religious practices governing co-educational programs. Even if an exception were to be made, most hospitals such as Nancy Fulwood would find it financially difficult to construct additional dormitories to accommodate men. Of note is the fact that there are several nursing schools for men in the country, but they have not been seen by men as providing a popular career choice. However, given the job security and income that nursing provides, particularly outside of the country, many staff members feel that this trend may change.

During the past six years, the hospital has received four ASHA grants totaling approximately 2.4 million dollars for use in the complete renovation and reconstruction of the hospital. Hospital officials anticipate that by the end of the year, they will complete renovation phases IV and V which include renovation of the obstetrics and gynecology department, emergency and physical therapy departments, brace shop, remodeling of the dental and pediatrics clinics, and on call rooms. Work for these phases is currently in progress and from all appearances they will be completed on time. The hospital-school complex has an annual operating budget of \$4 million. Approximately 10-20 percent of operating revenues are generated from operations and deliveries (19.7%), student tuition (16.6%), pharmacy (29.9%), donations (12.3%), and x-ray (7.76%).

The medical staff consists of seven members of which three are Americans. There are three other American volunteers who serve on the administrative staff. During the past year, the institution has suffered the loss of two American physicians, one retired and the other is deceased. They had dedicated many years building hospital services in ob/gyn and orthopedics for which the center had become known in the region. It appeared that hospital personnel were undergoing growth pains from the management and decision-making style of a small hospital to one where leadership and responsibility is being shared by a team of managers.

World Witness Board of Foreign Missions of the Associate Reformed Presbyterian Church, their U.S. sponsor, has worked very closely with the Nancy Fulwood Hospital Society in Sahiwal to ensure that AMIP are continued in the institution. They actively conduct fund-raising, recruit American staff and volunteers and make annual visits to the hospital to review work-plans and budgets. Core members of the administration and medical staff are either American or have received American education and training.

2. American Ideas and Practices

The staff believes that the hospital has always been perceived as an American institution. This perception is reinforced by the practice of life-long tenure for some of the hospital's American staff members. Although the hospital was the target of demonstrations during the Gulf war, all of the staff chose to remain working there. When pressed to discuss ideas and practices which they thought were distinctly American, the following list was offered:

a. Nursing Staff and Care

The Director, an American-trained hospital administrator, believes their nursing program has been one of the most significant achievements in advancing AMIP at Nancy Fulwood

Hospital. Nurses perform their tasks and responsibility in a professional manner, accepting no individual monetary or personal gifts from family members to carry out their duties. A common practice in the local health care system involves individual payment for most services rendered by the nursing staff. Nurses trained in the program are considered to be highly skilled because of their exposure to American ideas, and practices, and equipment.

There is tremendous emphasis placed on learning English which is the language of the final oral and written national exams. The nursing staff reported that the overall educational system in Pakistan is extremely poor. Therefore, applicants are given extensive oral interviews as a part of the admissions process to assess their English-speaking ability. Their initial pool of applicants is drawn from those who have passed a national exam and who express an interest in the program. In spite of the special remedial programs for English language development and tutorials given by American volunteers, lack of English language proficiency is a major reason for student failure in the nursing program.

Reportedly, their nurses obtain the best jobs in large urban areas such as Lahore, Karachi, and Islamabad and are often recruited to work in other Muslim countries, particularly in Saudi Arabia. Many of the nurses interviewed during a visit to the district civil hospital in Sahiwal were graduates of Nancy Fulwood.

b. Respect for Patients

The community has developed a deep trust in the hospital because they perceive that the staff will not permit violations of religious and cultural mores. Consequently, men are willing to not only bring female family members for care, but will leave them in care of the staff without feeling the need to have a relative present.

c. Continuing Education

Continuing medical education is fostered through several mechanisms:

- (1) volunteer physicians who come and remain for varying lengths of time to impart a specific set of skills or establish a new unit;
- (2) participation of staff in workshops, seminars, and courses abroad, such as those offered for surgeons at the American University in Vienna, Austria; and
- (3) a cooperative arrangement between a recently organized Christian association of 23 hospitals and 65 clinics for sharing of information and personnel training.

d. Maintaining High Standards of Care

The staff believes that as a result of the high quality of care received by the community, patients have equally high expectations of the hospital and subsequently refer all medical problems there, regardless of their severity or the hospital's capacity to render appropriate intervention. Basic medical services are extended to all individuals regardless of their

ability to pay. The orderliness and cleanliness of the facility is in marked contrast to the civil hospital which was extremely overcrowded, non-hygienic, and, according to their medical superintendent, dismally understaffed.

e. Participatory Decision Making

Case management of all patients is coordinated by the medical superintendent, an American pediatrician, who reviews charts and facilitates decision-making with full participation of the small medical staff team. He felt nurses in the hospital assume a very different role in comparison to their American counterparts in that they are given much more responsibility for actual patient management. Thus, he spends a great deal of his time teaching.

f. Management Information System

During my visit, a new management information system was being installed under the supervision of the hospital administrator, Peter Massey, who received his MBA in the Philippines.

g. Availability of U.S. Equipment

The existence of the negligible U.S. equipment at the institution depends almost exclusively on donations obtained with help of the hospital's U.S. sponsor. Although outdated, the equipment seems to be in good working condition. Staff expressed concern regarding the requirement to buy American products since they are not usually cost-competitive and local maintenance services are lacking.

h. Research Activities

Research activities are limited to public health surveys in rural villages. There is general consensus among staff that the hospital should concentrate on providing quality primary health care to a rural population and that the focus of their efforts as they develop should be primarily on operational research.

B. MEMORIAL CHRISTIAN HOSPITAL, SIALKOT, PAKISTAN: November 30-December 1, 1992.

Persons interviewed: Dr. Zafar Ullah Gill, Hospital Director; Sr. Khurshid Nasim, Nursing Superintendent and students; Dr. Emmanuel Bhatti, Rural Health Care Project Superintendent; Dr. Bonnie Stump, Ob/Gyn Specialist; Dr. Vickie Sakata, Pediatric Specialist; Dr. Keith Bender, Psychiatrist; Mr. Eric Pullman, Hospital Administrator; and, Mr. William Stump, Hospital Engineer. Dr. Nelson Azeem, Medical Superintendent, was not available for an interview.

1. The Setting

Memorial Christian Hospital, (MCH), is located in Sialkot, a thriving small town of approximately 35,000 people, 80km north of Lahore. Sialkot is second to Karachi in generating foreign exchange for Pakistan with numerous manufacturing industries in leather, sports equipment and surgical instruments. In addition to Memorial Christian Hospital, Sialkot also has a civil and a military hospital serving the medical needs of the community. Begun as a dispensary for women and children, MCH now has expanded into a 300 bed general hospital and nursing school. In addition to providing services to the general community, the hospital also administers an extensive rural project which reaches 130,000 people in 120 villages in the Sialkot District.

There are two American physicians among the 18 staff doctors; an American management specialist and an American engineer are among the 256 medical and administrative personnel. The hospital is directed by Dr. Zafar Gill, who appears to be a very dedicated and dynamic physician, and who holds Masters of Public Health degrees from two American universities. The annual operating budget totals about \$4.4 million, of which patient and pharmacy fees are the largest income-generating sources. MCH receives a continuous flow of church donations and the services of expatriate staff for which it only provides housing and minimal salaries.

The director reports that the assistance of their two American sponsors, Medical Benevolence Foundation and the Presbyterian Church, and in particular the constant recruitment of volunteers, has been one of the greatest contributions to the development of the hospital. Although there is continual difficulty in connection with the Pakistani Government granting of visas, a problem which threatens to impede progress, the hospital has been able to maintain a core volunteer staff. To date, the hospital has received \$800,000 in ASHA grants.

2. American Ideas and Practices

a. *Continuing Medical Education*

There is a strong commitment to the continuing education and training of medical and administrative staff. Although many of the study programs are at institutions in Pakistan, staff have attended courses in Malaysia, Austria, Japan, and the U.S.A. In addition to caring for patients, expatriate staff assume a major responsibility for teaching other staff, as was demonstrated by Dr. Bonnie Stump, Ob/Gyn specialist; and Dr. Vickie Sakata, pediatrician; both from the U.S.A. Often, technical assistance is sought in a particular area. For example, the U.S. sponsor has arranged an upcoming assessment team in anesthesiology through Health Volunteers Overseas and will subsequently establish one to two month rotations for technical assistance until all training objectives have been achieved. There is also a mandatory daily teaching conference, instituted by an American physician for medical staff, visiting physicians and medical students, which is facilitated by the hospital director.

The Rural Health Care Project sponsors many seminars and training sessions on such issues as community-based distribution of family planning, and mother-child care programs.

b. Demonstration and Training Site

The Rural Health Care Project, organized as a demonstration model in the country, has reportedly assumed a leadership role in providing training for community health care to NGOs and members of the Christian Hospital Association throughout Pakistan. The project is dedicated to serving the needs of the rural poor and focuses on mother and child care, immunizations, family planning, ante-natal care, nutrition, preventive health education, and sanitation assistance and advice.

c. Peer Review

Introduced by an American physician several years ago, the peer review process has been slow in development. According to Dr. Gill, the concept is very antithetical to medical practices in Pakistan and constitutes an embarrassing and threatening situation. "It is not that anyone would be opposed to improving quality of care. Rather, it is part of the culture to assume as doctors we know everything and there is nothing more to learn. However, we are making progress given the fact that prior to last year we could not assemble in a room and voice any comments of each other's performance. This peer review thing will take us a little time."

d. Management Information Systems (MIS)

MIS were being heavily utilized in the family planning project which administers three separate programs: community distribution of contraceptives, family planning, and voluntary surgical contraception, and the maternal and child services.

e. Availability of U.S. Equipment

A substantial share of the equipment at the hospital was made in the U.S., including pediatric isolates, respirators, laboratory equipment with brand names represented by manufacturers such as Dupont, Emerson, Corning, and Coulter. Eric Pullman, the management specialist, felt that the laboratory was probably one of the best in Pakistan and has the potential to be developed as an income-generating service. William Stump, the hospital engineer, voiced concern over the difficulty in finding parts and obtaining local maintenance services. He pointed out that the Japanese have recently built a children's hospital and the Germans have a similar complex under construction, and that both pledged to provide maintenance services and to train staff. It was his opinion that for the U.S. to be competitive, they must provide maintenance services and training as well.

f. Management Structure

A newly adopted organizational plan, with the director and five department heads along with two hospital employees at-large, established a management committee responsible for all program and policy decisions. Eric Pullman, the U.S. board-appointed hospital administrator responsible for business management and supervision of all non-medical staff, was in the process of computerizing accounting systems, patient records, supply inventories, and developing a budget that could be used as a decision-making tool.

g. Mental Health and Psychiatry

Dr. Keith Bender, a volunteer Australian psychiatrist, provides care to patients, particularly those who can be treated with medications. He also teaches psychology courses for nursing students. He thinks that psychiatry is well accepted because it does compete with local practices in the treatment of some disorders, such as seizures and schizophrenia, which will respond to medications.

h. Nursing School

The nursing school curriculum is accredited by the Pakistan Nursing Council and, with recent course additions, now leads to a bachelor's degree in nursing. New revisions are also expected to make the program even more like the American educational model. The students interviewed believe they were greatly influenced by visiting physicians who taught them new techniques, but seem to be most impressed with learning to use "American" state-of-the-art equipment. They felt these skills increased their employment opportunities and helped them provide better care to patients.

i. Research Activities

There are no major areas of research performed at the hospital with the exception of the vital statistics collection by the Management Information Systems and surveys conducted by the Rural Health Project of the villages in their service area.

V. INDIA: DESCRIPTIONS OF INSTITUTIONS VISITED

A. WOODSTOCK SCHOOL, MUSSOORIE, INDIA, December 2-3, 1992

Persons interviewed: Mr. James Lehman, Principal; Mr. Kern Gingerich, Vice Principal for Academics; Mr. Gavin McIntoch, Vice Principal for Finance and Estate; Mr. Ron Flemming, Vice Principal for Student Life; Dr. James Barton, High School Dean; Mr. Howard Wilkins, Quad Dean; Ms. Margaret McDonald, High School Librarian; Mr. John Nichols, Curriculum Coordinator; Mr. Richard Smith, ASHA Project Director; and, Mr. Bhopal Singh, Site Supervisor and Engineer for ASHA Project.

1. The Setting

Woodstock School is in Mussoorie, an idyllic Himalayan mountain resort town, located approximately 200 miles north of Delhi. Mussoorie, along with the neighboring town of Dehra Dun, are home to numerous other pre-college level schools, defining the area as a well-known educational center in India. Since its inception in 1854 as a British missionary educational institution to promote female education, the school has evolved into an American-oriented, Middle States Association accredited, international co-educational school with an enrollment of 460 students.

Woodstock offers a K-12 curriculum culminating in graduation certificates which are recognized in the educational systems of the United States, England, and India. As a consequence, the school prepares students to gain entrance to colleges and universities in many parts of the world. According to staff, 95% of its graduates have been accepted at an accredited four year institution of higher learning, 60% of which are in North America, mostly the U.S. Woodstock students reportedly excel in advance placement.

With an almost equal gender distribution across grade levels, the student body is fairly diverse in terms of nationality and religion. Forty-three (43%) percent of the students are from India, 14% from North America, 26% from Southeast Asia, 10% from Europe and 7% from Africa and the Middle East. Approximately half of the teaching and administrative staff are from the United States. Students enjoy an enviable, as well as rare by American standards, student-to-teacher ratio of 6:1 at the secondary level.

They report an excellent working relationship with their U.S. sponsor, KW international, Inc. upon whom it relies for fund-raising, recruitment of American students and teachers, liaison activities with Middle States Association and donations of books and equipment. The executive director, along with one other board member, usually visits bi-annually. It is expected that they will assist in a current study, encouraged by the Middle States Association, of 600 graduates who were in attendance between 1975-1990. ASHA grants to Woodstock School total \$400,000.

2. American Ideas and Practices

a. *English Language Instruction and Textbooks*

English is the language of instruction and students are required to take four years of it as an academic subject in order to meet graduation requirements. English language textbooks are of U.S. and British origin. In addition, students are required to take two years of another language with many choosing French, Hindi, or German.

b. *Teaching Style*

There is a strong emphasis on the participatory/interactive style of teaching to foster critical thinking and analysis skills, self-expression and debate, independent and self-directed learning among students. This feature of the curriculum was described as being very much in contrast to the Indian educational system and presents a challenge to students who enter

Woodstock in the upper grades. It is the major cause for dismissal of Indian teachers who are unable to adjust and modify their autocratic style of presentation, finding student challenges and questioning a humiliating and embarrassing experience.

c. Educational Standards

Woodstock has maintained levels of U.S. standards sufficient to meet Middle States Association accreditation requirements since 1959. They report that ASHA grants have enabled them to keep their students competitive in seeking admissions to U.S. colleges and Universities.

d. Multicultural Education

Woodstock staff feel that they achieve the American ideal of making children sensitive to and appreciative of the cultures and religions of others. They think this accounts for the large number of graduates entering careers in international development assistance, business, education, and other similar professions. However, a different argument might be postulated, given the background of many students, that the school merely reinforces the professional orientation and interest of a select population of students whose parents are "internationalists" (i.e. missionaries, diplomats, professionals in the international donor community, and related professions) creating a unique microcosm that functions well with a culturally diverse staff and student community, and within a geographically isolated, but favorable, environment that enhances cultural exchange.

e. Religious Tolerance and Practices

Clearly defined as a Christian school, the extent to which a Christian religious curriculum is imposed on all students is unclear. More than five religious orientations are represented in the student body, however, Christians and Hindus constitute the largest groups. Required religious education was described as courses in "Principles, Ethics, and Values of Christianity" while elective courses include choices such as "Comparative World Religions." Students are free to express their religious beliefs through attendance at places of worship in Mussoorie, and within their personal living space. Religious holidays and practices are respected and leave time granted if and when students wish to participate. Examples given were Ramadan for Muslim students and the Festival of Lights for Hindu.

f. Open Admissions Policies

The staff maintains that the school has admissions policies which are non-discriminatory with reference to race, religion and national origin but it does actively recruit students in order to adhere to specific policy guidelines which seek to maintain an "international composition" within the student body. The staff reports that they are increasingly having difficulty preserving the number of American applicants who seek admission as well as maintaining the desired proportion of American teachers on staff. Consequently, they have developed a marketing campaign and have created a video to be used in their U.S. recruitment efforts. Woodstock annually admits, with substantial scholarship support, 27

to 30 students who are members of what was described as an extremely oppressed Christian minority group from the Northeast Frontier province of India.

g. Community Services and Volunteerism

Community services or social work is actively encouraged in order to foster an attitude of service to others and to help in addressing social problems such as poverty, illiteracy and oppression. The school develops structured opportunities in which students can participate in the surrounding community as well as other parts of India. The school community also responds to natural disasters such as a major landslide which occurred in Mussoorie the previous year.

h. Democratic Governance and Participation

Students actively participate in peer government through election of dormitory representatives, a process which begins at grade level 6. Through their representatives, students present and discuss problems with staff advisors, make decisions on a broad array of concerns and issues ranging from academic to recreational activities.

i. Developing Awareness of World Events and Geopolitical Problems

Major world events and global issues, such as the environment, are constantly discussed in a variety of settings and activities. While the natural surroundings of the school provide ample and rich sources of information for lessons on the environment, the students bring with them vast global experiences from which staff draw upon to engage students in discussion on world events. There were poster displays from Amnesty International, Greenpeace, and World Wildlife Fund, among others. Staff suggested that Woodstock students are probably more avid readers than the average American students because they are assigned substantial amounts of homework, which requires extensive library research, and because given the lack of television, reading is also a social and recreational activity. Students are more inclined to read about world events in order to engage their teachers and their classmates.

j. Education of the Whole Child

The Woodstock philosophy embraces the idea that students should be assisted in their development as integrated individuals including their intellectual, physical, spiritual, and emotional levels. In addition to the regular academic programs, there appear to be ample opportunities for students to pursue other areas of interest, particularly music, art, and sports.

B. CHRISTIAN MEDICAL COLLEGE, LUDHIANA, INDIA, December, 4-6, 1992

Persons interviewed: Dr. Prema Zachariah, Dr. A. Benjamin, and Dr. Shawinder Singh, Social and Preventive Medicine Department; Dr. Joy Joshi, Principal of Dental College and Registrar of Medical College; Dr. Richard Daniel, Medical Superintendent and Acting Medical Director;

Dr. A.B. Thomas, Acting Director of Medical College; Ms. P Rana Diva, Nursing Superintendent, and nursing students; Mr. G. Patrick, General Administration Superintendent; Dr. Betty Cowan, Former Principal of the Medical College, 1982-1984; Mr. Brian Winsor, Board member from U.K. and trained hospital administrator; and Yetinder Mathur, architect for the ASHA grant.

1. The Setting

Christian Medical College (CMC) is located in Ludhiana, one of the oldest cities of the Punjab state and one of the fastest growing industrial centers in India. The city, which lies approximately 300km northwest of Delhi, has a population of 2 million people. There are reportedly more than 250 slum areas of 2-3,000 population with half of them being officially recognized as a consequence of provision of public services. Established by missionaries as a medical school for women almost 100 years ago, the complex/institution now includes a 722-bed hospital, medical, dental, and nursing school, and programs in allied health with a student enrollment of 850 students. A longstanding history of demographic changes and political unrest in the areas has greatly affected the growth, stability, and character of CMC. ASHA grants to CMC total \$4.4 million.

Most of the interviews were punctuated with descriptions of problems which either related to the unstable political environment of the region, or the administrative and financial crisis which seems to have beset the institution. It was impossible to decipher how much the former situation had contributed to the latter. However, three months prior to my visit, there had been a major change of personnel at the senior administrative and management levels, and many of the replacements with whom I spoke seemed to have limited knowledge of their new responsibilities.

The institution apparently has had difficulty recruiting and maintaining the appropriate numbers of qualified staff in its various departments because of the political unrest in the region. As a result, it is under constant threat of losing its accreditation for both the hospital and its various schools. The hospital is also in litigation with the University of Punjab, a case now at the level of the national Supreme Court, regarding the legal status of Ludhiana College as a "minority" institution. At the core of the litigation is one of the institution's mandates to train and educate a specified number of Christian men and women as health professionals. Many of the staff and faculty assert that this challenge is an attempt by the University of Punjab to gain control over the student admissions process and thereby acquire greater access to highly prized seats in the medical school and the newly established dental school.

2. American Ideas and Practices

a. Continuing Medical Education

The college appears to host many seminars, conferences, and programs for continuing education efforts. Individual department reports suggest that staff actively participate in national and international consortiums within their respective fields. A frequent complaint voiced was the lack of funding for specific training or educational opportunities, particularly to the U.S.

b. Availability of U.S. Equipment

There was an abundance of American-made equipment visible throughout the schools and hospital. Because all equipment needed to be available prior to an accreditation review, there were more than three rooms of dental equipment which had been acquired with the aid of the U.S. sponsor. However, much of it would not be in use until the first class of dental students reach their third year.

c. Dental School

The newly opened dental school is impressive, immaculately clean, and designed much in the mode of American schools and clinics. Dr. J. L. Joshi, principal of the Dental College, stated that he had introduced another American practice, namely the employment of dental assistants. The two year apprentice program not only provides needed technicians but also increases opportunities for poor youth to receive training in a new allied health profession.

d. Research Activities

Although postgraduate students are expected to complete a project as part of their graduation requirements, there was general consensus that research activities throughout the complex have decreased to a very low level. The Social and Preventive Medicine department was the only division where faculty seemed enthusiastic about their research work. Faculty and students of this department organized, for my benefit, a presentation of a recently published manuscript² financed by USAID. While discussing American ideas and practices in their curriculum, students expressed the sentiment that their study program did not really deal with or was not necessarily of any interest to the developed world because it concentrated on social and medical problems common to underdeveloped countries. They further opined that while their research would not be published in American journals or widely read, it has an audience among researchers in the developing world.

e. Library Facilities

The hospital library facilities appeared to have at one time been well-stocked, with the most current medical collection from the U.S. and Great Britain. Medical residents stated that the library stopped most of its journal subscriptions in 1990 because of budget cuts but that students still have access to the primary professional texts. The dental school library, early in its development, had limited but current publications. Time did not permit a visit to the nursing or medical school libraries.

f. Community outreach

Staff and students are very active in a wide range of community activities to educate as well as promote good health programs. There are mobile eye and dental units which were

² "A Six Month Feasibility Study On Child Survival in An Urban Slum Cluster: An Educational Experiment in Community Oriented Medical Education (COME) Through Issue-based Learning Activities "

acquired to reach large numbers of people in the villages. The Ludhiana Health Council, in which many physicians participate, focuses on educating the community about environmental and occupational health risks which are quite significant in view of Ludhiana's role as a major industrial center of India.

C. VELLORE CHRISTIAN MEDICAL COLLEGE AND HOSPITAL, VELLORE, INDIA, December 8-12, 1992

Persons interviewed: Dr. Benjamin Pullmood, Medical Director; Dr. T. Samraj, Deputy Director; Dr. Joyce Ponnelya, Deputy Director; Dr. Bwosham Moses, Medical College Principal; Ms. Jebamani Augustine, Nursing Superintendent; Dr. Chellam Kirubakaran, Chief of Pediatrics; Dr. Washburn, Radiologist (U.S. faculty member); Mr. Eugene Wilson, Engineer (U.S. volunteer); Mr. Jasper Daniels, Deputy Superintendent; Mr. D. Jesudian, Treasurer; and, Mrs. Susan Daniels, Director of Person-to-Person Program; Dr. Velma Hubbert, College of Nursing. Also met with health professional students and local community residents.

1. The Setting

Vellore Christian Medical College (VCMC) is located in Vellore, a semirural town with a population of 180,000, 145 km from Madras, India's fourth largest city with 5.2 million people. The 1,400-bed hospital is supported by no less than 75 churches and organizations worldwide and enjoys a prominent reputation that attracts patients from many countries in Southeast Asia and the Middle East. The institution was started as a one-bed clinic by an American missionary in 1900 and has developed into a medical complex that includes a medical school which was initially established for women, a nursing school, a school of pharmacy and a school of allied health. Personnel total more than three thousand employees and student enrollment across all programs approximates a thousand.

The hospital complex is centrally located in Vellore and occupies an area of about 25 acres, while the medical college facilities and hostels are located on a campus of several acres 3km outside of town.

VCMC has been the recipient of six ASHA grants totaling \$3.6 million since 1982. Half of these grants were administered with matching funds.

2. American Ideas and Practices

a. In-service training

In-service training has been one of the most innovative practices adopted from the American system of medical education which Vellore began in 1951, and has now become a standard practice in India.

b. Nursing education and training

Nursing education and training have become strongly influenced by the American system. The British system only awards classification of registered nurses after completion of undergraduate course of studies. In 1946, Ms. Florence Taylor, an American and the first dean of the nursing school, introduced a graduate level program. Presently, a doctoral program is being established. The current dean of the college of nursing possesses a doctorate from Columbia School of Nursing.

c. Volunteerism

According to staff, ideas on volunteerism spawned during the Kennedy years with the development of Peace Corps which gave rise to their present approach. VCMC decided to create a strong program that would keep the "American Peace Corps" coming to Vellore. The institution has developed this as a strategy to acquire current knowledge and information, books, equipment, and training. They assert that their volunteer corps is one of the vital contributions of the U. S. sponsor, Vellore Christian Medical College Board (USA), Inc., which facilitates the visits of 24 to 30 volunteers a year. Volunteers are recruited from universities, missions, various organizations and as a consequence of their positive experience at Vellore, expand the Friends of Vellore network. At this time, VCMC cannot respond to the tremendous interest of potential volunteers because of housing limitations.

d. Medical Audits

The medical superintendent has established a committee which reviews charts and computerized data from each unit and division, to review quality of care as well as cost utilization.

e. Quality Assurance Standards

The hospital administers the External Quality Assurance Program for over 600 Indian hospital laboratories. This program provides a service which monitors the accuracy of hospital test results.

f. Concepts in Medical Education

Concepts in medical school education introduced by Americans or American-trained faculty include:

- (1) internal assessments which are a variety of methods and testing designed to ensure students are mastering the curriculum over time rather than rely solely on the results of the final national exam;
- (2) experimental courses which focus on self-directed learning and early introduction to clinical cases in the mode of new pathways curriculums of some U.S. medical schools;

- (3) problem-based learning; and
- (4) an interdisciplinary approach to education. Through this approach, teams of students (medical, physical therapy, occupational therapy, dietary, and biostatistics) work together on various projects in the rural communities. During their academic careers, students are required to participate in four community health blocks, each of which lasts three weeks. During a visit to a rural community, I observed a group of 80 students working and living in a village. The students were collecting data through household surveys, were performing physical examinations, and were actively involved with community residents in planning follow-up services. Students seemed very excited about this learning experience and thought it would make them better health professionals.

g. Library Facilities

The nursing library has 8,000 books and bound journals in its collection. The medical school library is equipped with computer-assisted learning programs, Medline on CDROM, 5,000 books and 3,000 bound journals. Each hospital department and the various allied health programs maintain their own professional library.

h. Continuing Medical Education

VCMC has a very active continuing education unit which includes two programs and several cooperative agreements with American universities. In the first program, in operation since 1984, the medical college has sponsored a distance education program for the general practitioners which now has an enrollment of 1089 physicians. The second program is an on-going program based on a consortium between VCMC, Tulane University, and Birla Institute of Technology Science, Pilani, India, to develop graduate programs in health systems management, hospital operations, and biomedical engineering.

VCMC also maintains cooperative agreements with the Johns Hopkins School of Hygiene & Public Health and the University of Oklahoma to collaborate in areas of education, research and public health practices.

Under the auspices of the Health Volunteers Overseas project, VCMC has a continuing dental education program which brings U.S. oral and maxillofacial surgeons to the hospital each year. In collaboration with USAID, lectures are arranged to extend this education program to other practitioners in the Madras area.

i. Social services

The Person-to-Person Program ensures that all financially needy persons are able to receive basic medical care, medications and prostheses. The hospital is 95 percent self-supporting. Most in-patients pay 55 to 100 percent of their bill, 10 percent have pre-payment plans. The low cost-effective hospital units and out-patient clinics in the poor villages are heavily subsidized by funds generated through donor organizations and individual contributions.

While health care for preventive and infectious diseases are free, ethics committees make decisions regarding resource allocation for health services such as plastic surgery, organ transplants, and renal dialysis. As a group, children are provided all medical care available without regard to ability to pay.

j. Community Health Outreach

The community health department coordinates a holistic approach to health care that is implemented through the use of mobile clinics which provide health services, an effective referral system from rural clinics, computerized health information for surveillance, and health education covering tuberculosis, leprosy, and HIV/AIDS control programs.

k. Medical Consultations

VCMC utilizes a medical consultation system modelled after the American practice which draws upon the vast expertise and specializations of its staff members.

l. Research

VCMC has a well-organized and growing research program with a budget of about \$500,000 (15m Rp.). A research and ethics committee review all proposals submitted to national and international funding agencies. Sources of grants include: Rockefeller Foundation, WHO, UNICEF, Ford Foundation, U.S. Public Health Service through Indo-U.S. cooperation in science and technology, and the European Economic Council. In addition, the Social and Preventive Medicine department coordinates all research undertaken in the many rural villages for which the hospital is responsible.

m. International student program

VCMC hosts approximately 100 international medical students annually for various types of academic electives.

n. Interviews With Community Residents

The session with approximately ten community residents including several housewives, a banker, a businessman, a graduate student, and a faculty member from a technical college, was quite spirited as the session participants tried to ensure that I understood the differences between health care at Vellore and that at the civil hospital. There was never an acknowledgement that they associated or attributed any of these differences to AMIP. The following is the list of important distinctions they highlighted:

- Efficiency: individuals can receive medical exam, lab results, and medications within one day.
- Quality of service, because of state-of-the-art equipment and innovations, is comparable to that available at a private hospital but at less cost.

- Excellent nursing care is provided;
- Access to life-saving medications for cancer and HIV/AIDS patients are available;
- Free medical care for the poor is available;
- Equipment and facilities are well-maintained; and
- Students, teachers, researchers from other colleges and the public have access to medical libraries.

THE PHILIPPINES AND THAILAND

December 5-20, 1992

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I. INTRODUCTION

This trip was taken as part of a program assessment, by Creative Associates, for the Office of American Schools and Hospitals Abroad (ASHA). The objective of the assessment was to assist ASHA in clarifying and focusing the "American ideas and practices" ("AMIP") that can or should be promoted through the ASHA grant program. We also collected information on the relationship between U.S. sponsors and their overseas institutions for input to a separate study being conducted on the role of sponsors in the program. I made visits to institutions that are either past or current beneficiaries of ASHA funds, or who have applied for funds (through a U.S. sponsor organization).

At each school, I interviewed the President or Director, if available, and a number of other administrators and faculty members. I also took a brief look at the institution's facilities, particularly any parts that had been funded by ASHA. I advised all institutions at the outset, however, that I was not there for the purpose of evaluating past grant performance or to provide input in regard to pending grant applications.

Prior to my trip, the Creative team had composed a preliminary listing of characteristics that we considered distinctly American in educational institutions. That preliminary list was compiled primarily based on literature reviews and discussions with various experts in the United States. The site visits were critical in determining the usefulness of those various American characteristics for defining AMIP or as potential criteria for grant proposals.

II. CONCLUSIONS

A. THE PHILIPPINES

I believe that the Philippines may be an anomaly due to the fact that it was a U.S. colony for many years at the beginning of the century. It became clear during my trip that the basic characteristics that we had identified as "American" have become basic Filipino educational practices, although originally introduced by Americans. These include U.S.-style curricula; non-discrimination in admissions and staff hiring; participatory democracy in management and student affairs; participatory instructional methods; and the use of English for instruction. These characteristics are also exhibited by the public universities, and so are not associated with American-supported institutions. In response to my questioning, the ASHA-supported schools distinguished themselves from the public schools by stating that they place greater emphasis on quality (lower student/faculty ratios e.g.), social justice, liberal arts, volunteerism, moral values and leadership abilities. Because my trip did not include visits to public institutions, I was not able to verify these claims.

Nevertheless, the fact that the majority of the values and practices that we think ASHA should promote already exist almost universally in the Philippines must at least raise the question whether ASHA support is necessary to promote or support AMIP in the Philippines. They seem thoroughly ingrained despite the fact that, with a few exceptions, there are few or no Americans

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on staff or faculty and very few with U.S. training; nor are there well-established linkage programs with U.S. colleges or universities.

B. THAILAND

The two small liberal arts colleges that I visited in Northern Thailand seem to epitomize the types of institutions that ASHA should support. They are offering a real alternative to the types of education available from other Thai colleges and universities and, thus, serve as excellent demonstration centers of the best of American values and educational practices. Payap University seems fairly well-developed and AMIP well-established, making me wonder whether any future ASHA resources would make a critical difference there. This is not to say, however, that they are an institution that clearly should be "graduated" from the program. That depends on the merits and needs of competing requests for ASHA funds. Yonok College, on the other hand, is a very new institution and ASHA already has a large investment there. Yonok undoubtedly needs more support to build on the excellent start they've made. Thus far, however, they seem to be doing everything right, in my view, in regard to AMIP.

III. THE PHILIPPINES: DESCRIPTIONS OF INSTITUTIONS VISITED

A. NOTRE DAME HOSPITAL AND SCHOOL OF MIDWIFERY

1. The Setting

The School of Midwifery is located in Cotabato City on the island of Mindanao, in Southern Philippines. Approximately half of the population is Muslim. The School's facilities are connected and/or adjacent to the hospital. The hospital and school were founded by American Oblate priests, who asked the Dominican Sisters of St. Catherine (a Philippine congregation) to operate them. The School of Midwifery opened in 1961 and currently has 360 students taking a two year diploma course. The annual operating budget is only about \$35,000 (this seems to be for both the hospital and school), with the school's costs covered by tuition. There are 11 nuns involved in the operations (who receive no salaries), and 19 other staff members, some of whom are part-time; all are Filipinos.

This year the School ranked third out of 163 midwife schools in the country in the percentage of graduates passing the National licensing examination for midwives (96%). It has also had students who scored in the top ten for the last three years. This is an impressive record, given their very modest quarters, lab facilities, and library. I was struck by how much they do with so little. The students are rather crowded in the dorms, the administrative offices are tiny, and a more modern laboratory seems needed. Yet the school is obviously succeeding in motivating its students, and providing a quality education, despite these conditions.

The School has not been the recipient of any ASHA funds; an application was submitted by its sponsor, the Oblate Missions, in 1991. The School would like to increase its student enrollment and expand its facilities.

2. American Ideas and Practices

I toured the entire facility and obtained most of my information from extensive discussions with Sister Presentacion Tirao, R.N., the Principal, and Sister Florecilla Inzon, M.D., Medical Director of the Hospital. I also briefly met several doctors on the hospital staff who have had training in the U.S. and teach part-time at the School.

Half of the students are Muslim and all are female, although males are not excluded. The school's objective is to provide better primary health care to the mostly rural residents of the province, through an increase in the number of licensed midwives. A very large number of their graduates remain in the area.

In terms of AMIP, classes are taught in English and it is also a required subject. Virtually all textbooks are U.S., as are the majority of the library books. The students receive practical training in the hospital, which follows U.S. medical practices, and are exposed there to a few medical personnel who have had U.S. training. There is also a continuing presence of four American Oblate priests who live in Cotabato and have frequent contacts with the students.

Neither the School nor the Oblate Fathers have had the funds to send faculty to study in the U.S., but they do recognize the need for continuing staff education. They take advantage of various training opportunities and seminars within the Philippines on a routine basis. The Sisters stated that, in addition to the above, they believe that their strong emphasis on freedom and equality of all peoples, respect for life and human dignity, and the moral obligation to help those less fortunate, are American principles and values that ASHA should look for and emphasize. The students render community service by providing free child immunization services and free community health services in rural villages. Muslim religious holidays and practices are respected at this Catholic school and a Muslim religious instructor is provided to students of that faith.

In terms of development impact, the region has had a significant decrease in maternal and infant mortality between 1970 and 1985, during most of which time this was the sole school of midwifery in the area, and the ratio of midwives to inhabitants has improved substantially. In addition, the School does not turn down well-qualified applicants who cannot afford to attend. The Sisters, on an "as needed" basis, seek out scholarship funds from organizations or individuals, and provide work/study opportunities for such applicants. There are several students from Filipino minority cultural groups and special tutoring is provided, if needed, for any student, to ensure their success and eventual graduation. For example, if a student requires a third year of study to pass all courses and pass the national licensing examination, she is allowed to attend that extra year at no tuition cost.

3. The U.S. Sponsor

The sponsor is the Oblate Missions of San Antonio, Texas. They provided the initial funding for the construction of the Hospital and School facilities and continue to exercise significant control and responsibility for both. The four Oblate priests in Cotabato sit on the Board of Trustees and are significantly involved in planning and management decisions for the Hospital and School. Archbishop Philip Smith, who resides in Cotabato, is an American Oblate and the Dominican Sisters are responsible to him in their administration of the Hospital and School.

Although it does not seem that the Oblate Missions are able to provide significant financial support for operations, they do provide in-kind support (e.g. library books) from time to time and undertake fundraising activities, even though the amount raised may seem low. The School of Midwifery covers its annual operating costs with tuition income.

B. KING'S COLLEGE OF ISULAN

1. The Setting

Isulan is the Capital of Sultan Kudarat Province, but is a small town in a primarily rural area. School officials noted that the area is considered one of the most progressive and productive in Southern Mindanao. The College is located right on the main paved road through this area. The College consists of a High School, a Secretarial Studies program, and Vocational/Technical programs in radio/electronics and automotive diesel mechanics. The Philippine Department of Education requires a High School degree for entry into the Secretarial and Voc/Tech courses. I met with Jabe Barker, Jr., Director and Elena Barker, Academic Coordinator and Principal, and toured the facilities. The College was founded in 1958 by the Philippine Evangelical Enterprises, Inc. (PEEI).

The College employs 12 full-time instructors, of whom three are Americans. All instructors have college degrees. Prior to a 1991 ASHA grant, the College had four buildings of cement block construction; the buildings seem adequate, but are certainly "no frills." Since the ASHA grant, they have increased enrollment from 170 to 250 students, of whom three are minorities. The PEEI has two other colleges in this general area that are closer to minority cultural groups and have greater minority enrollment.

The 1991 ASHA grant is \$425,000, to be used for constructing seven buildings, with equipment and furnishings. Three of the buildings have been completed and the College has been given an extension to December 31, 1993, to finish the others. The College is doing the construction themselves and has developed a cast concrete "waffle" panel for building walls that are more earthquake resistant than traditional materials and hopefully a commercial source of income after their buildings are complete. The panels are cast on campus, from local concrete. The buildings finished so far are attractive and serviceable.

The operating budget for next year will be \$16,000. Tuition covers only salaries; the College also generates income from its demonstration farm adjacent to the school buildings.

2. American Ideas and Practices

Courses are taught in English, except Philippine social studies and culture, which must be taught in Pilipino. The textbooks used are from the U.S., except for Filipino subjects. School officials believe that the quality of the education and the discipline at the school are the reasons parents select their high school (e.g. it has a lower student/teacher ratio than public schools). The secretarial and vocational courses are the only ones in a 40 kilometer radius. But the discipline and work ethic instilled in the vocational courses also have made their graduates very employable in local businesses. The College places a lot of emphasis on training students to be responsible citizens and leaders, not just imparting knowledge. The instructional methods include active student participation, with discussion, debate and role-playing. There are student councils in each school, a student disciplinary committee and a variety of extracurricular and community activities. The staff have opportunity for input into the management and curricula, and there are frequent informal contacts between staff, students, and administration. There are not many minorities in the area, but scholarships are available for the needy.

3. The U.S. Sponsor

The PEEI (U.S.) sends books and various types of equipment to the PEEI schools in the Philippines each year and some cash is raised by volunteers in the U.S. Volunteers from the overseas schools also go back to the U.S. to make presentations to various groups. The U.S. sponsor also recruits volunteer faculty for the schools. The Director estimated that the sponsor support for King's College at Isulan has been of a value of approximately \$25,000 per year.

Personnel from the U.S. sponsor come to visit the campus at least once every two years.

C. NOTRE DAME UNIVERSITY

1. The Setting

Notre Dame University was dropped from my itinerary prior to leaving the States, with the idea that there would not be sufficient time to include it. The Archbishop in Cotabato had received a preliminary fax, however, indicating that I would be visiting Notre Dame University also and he and the University were both expecting me to do so. So, while in Cotabato visiting the School of Midwifery, I was able to take a brief drive through the campus of Notre Dame University, located in the same city, and to meet with the newly-appointed President, Father Eliseo Mercado. He is a Filipino Oblate priest.

The University has a spacious campus and a beautiful new library funded by ASHA. The campus also accommodates the elementary and high schools.

2. American Ideas and Practices

Father Mercado clearly sees the characteristics and values that we are looking at to be Filipino, rather than American. He acknowledges the great assistance given to the University by the U.S. ASHA program and indicated that much publicity and credit has been given to the U.S. for the grants. He did not feel, however, that there are any particular AMIP demonstrated at the school, except those held in common by the entire Philippine educational system (e.g. type of curriculum, use of English, democratic principles and freedoms). He would, however, like to establish some linkages with U.S. universities for faculty exchanges and believes they would be very beneficial. He expressed the hope that the ASHA program could assist him in this way. I explained very briefly that some programs in A.I.D., at times, undertake such activities, but that the ASHA program currently was not doing that type of thing, to my knowledge. Lack of funding is the major constraint on that type of program for them. Faculty are able to study abroad only if they or the school are able to secure specific scholarships. There are several American faculty members at the University now, all Oblate priests.

3. The U.S. Sponsor

The U.S. sponsor is the Oblate Missions, that also sponsor the Notre Dame Hospital and School of Midwifery. Other than sharing close ties to the Oblates, Notre Dame University is not affiliated with the Hospital and Midwifery School. The University's relationship with the sponsor is similar to the one the Hospital and Midwife School have: a close one in terms of frequent contact, management, planning, etc., but not in terms of great financial support. Like the other schools I visited in the Philippines, this one depends almost entirely on tuition to cover operating expenses, and on external grants to finance improvements or expansion. Also like the other schools, Fr. Mercado noted that it is not a Filipino tradition for alumni to financially support their alma maters and he did not think that that was a likely source of significant funds in the foreseeable future.

D. NOTRE DAME OF MARBEL COLLEGE

1. The Setting

The College consists of elementary and high schools, as well as the college level and some graduate programs. It is located in the town of Koronadal (formerly named Marbel), in South Cotabato Province. It is several hours drive south of Cotabato City, where Notre Dame University is located and I did not get the impression that they compete for students. Rather, each draws students from its own province. The College was founded by the U.S. Marist Brothers and the current President is a Filipino Marist Brother. There are 6 Filipino Marist Brothers on staff. It has a nice sized campus right in the heart of town. Its annual operating budget for the entire school is about 21 million pesos (approx. \$858,000). There are 4007 university students and 258 graduate students.

The College has received two ASHA grants to finance the construction and equipping of a three-part Science building. The building is completed, well-furnished, and well-marked as being A.I.D. grant-funded. It is exceptionally attractive compared to any other buildings in the town, well-maintained (although still very new), and apparently attracts a lot of visitors from throughout the province who have never seen a really modern, attractive building.

2. American Ideas and Practices

There are no American faculty or administrative staff members; the President, Rev. Tajo, is a Filipino Marist Brother. He is leaving for another assignment at the end of this school year and Dr. Leonor Arzagon, the current Vice President will become President. This is the first time that the Marist Brothers have relinquished the top job at one of their schools to a lay person, and it was a move they did not take lightly, although Dr. Arzadon has been at the school for 17 years and is very well-respected.

I met separately with Rev. Tajo, Dr. Arzagon, and one of the science instructors, Mrs. Barbosa. It is uncommon for any of the faculty to hold U.S. degrees, and the school cannot afford to send faculty abroad, unless a scholarship is obtained. Currently, only Rev. Tajo has studied in the U.S. The Filipino Marist Brothers on staff and a large proportion of the lay faculty, however, have been educated at Catholic universities in the Philippines that were founded by U.S. religious orders and were taught by Americans at those institutions. Although Philippine law requires all members of the Board of Trustees to be Filipino, the Board of Directors of the Philippine Province of the Marist Brothers contains an American and many other members are U.S.-educated. Because the Marists administer the school, this continues the American influence.

U.S. textbooks are used and most library reference materials are U.S. Most of the laboratory equipment and computers in the new science building were funded by ASHA and are of U.S. origin. Admission and hiring policies are non-discriminatory and there is a great deal of participation by students and faculty in the management and extracurricular life of the school. Community development projects are undertaken by the students, e.g. a literacy program for the community, and Dr. Arzagon proudly pointed out that one of their community youth groups had received the award as the most outstanding youth group in the Philippines for three years in a row. The school provides, or seeks out, as many scholarships as possible, and has a dedication to providing an education to qualified students who cannot afford to pay tuition. A good example of this was a young man that the College sent to accompany me on a five hour bus ride to the next school I was to visit. He came from another island, from a poor family with five children. His father is a manual laborer on road and bridge construction and he is the only member of his family to be educated. He was able to attend school through scholarship assistance and a work/study program arranged at the College. He graduated in 1989 and now works in the administrative offices of the College.

Brother Tajo stated that parents choose this College over public schools because it has a reputation for discipline that promotes learning and higher academic standards. He believes that a main goal of the College is to promote freedom and justice.

3. The U.S. Sponsor

The U.S. Province of the Marist Brothers in New Jersey is the U.S. sponsor and founders of the College. Although the Philippine Marist Brothers are now a separate Province of their own, they continue to receive some support from the U.S. sponsor, particularly board, lodging and administrative support when they travel to attend training in the U.S. There are occasional donations of books and clothing. The U.S. sponsor also provides financial management for the College's funds in the U.S., but is not able to provide any significant additional financial resources. They are in close touch with the College, however, and aware of the activities, progress with grant funds, etc., according to College officials.

E. ATENEO de DAVAO UNIVERSITY

1. The Setting

Davao is a coastal city of about one million people in Mindanao, but spread out over a vast area, geographically. The Ateneo is located in the center of the commercial, downtown area, so there is not a lot of open space on campus and most buildings are about 5 stories tall. There is a small dormitory, but most students are day students who commute. It was founded in 1948 by American Jesuits. I met separately with the President and the Dean, and in a small group with five faculty members. I also met the three American Jesuits that are on staff.

The annual operating costs are approximately \$2 million, covered almost entirely by tuitions. There are 20,000 undergraduates and more than 400 graduate students. The President is Father Samsor, a Filipino Jesuit. They have received three ASHA grants: one in the early 1980's to construct four new buildings, and one in 1990 to improve and better finish those buildings and equip them, particularly with engineering equipment and books. The Ateneo was given the USIS Library in Davao this summer when the local USIS library was closed. It occupies one of the five floors of the library, with a large sign designating it "The American Library."

2. American Ideas and Practices

The Ateneo evidenced the same democratic management principles and student freedoms as the other schools visited. There are three Americans, all Jesuits, on the staff, one teaching Theology, and the others working in guidance and alumni affairs. They have all been here for many years and are nearing or past retirement age. It is unlikely that any younger American Jesuits will replace them. Less than 10 other faculty members have received education in the U.S. English is the language of instruction and the Ateneo offers a B.A. in English. U.S. textbooks predominate.

The Ateneo tries to attract students from cultural minority groups but has had somewhat limited success because they are not situated close to the areas where those groups live. For example, the Ateneo recently was allocated 5 scholarships for cultural minority students from a private foundation, and, despite many efforts, were able to obtain only 3 eligible students.

When asked what criteria he thought should be important for AMIP in the ASHA program, Father Samson said he would look for: a democratic way of life at the institution; an emphasis on liberal arts; whether American literature and culture are taught; and whether science and technology comes from the U.S. He did not think that the presence of a core group of U.S.-trained staff was absolutely necessary to continue AMIP in a school. In terms of how one could evaluate whether objectives for AMIP have been achieved, he indicated that he thought that was a very difficult matter, and that perhaps only 10-15 years after graduation could you assess this by examining what kind of contributions the graduates are making to society. Even then, however, he acknowledged that the graduates will be products of many other influences on them, not just the type of education. Father Samson also stated that students and parents choose the Ateneo over other public college choices in the area because its reputation and academic standards are higher and the graduates obtain better jobs. The faculty members echoed many of the same ideas, but also mentioned that they think that they have a greater degree of academic freedom than faculty members at other schools.

3. The U.S. Sponsor

The U.S. Jesuit Society has frequent contact with the Ateneo, both through visits approximately once a year, phone calls, and faxes. They do not provide any direct financial support or fundraising for operations, except book donations from time to time, and obtaining and facilitating the ASHA grants. They have also financed a trip to the U.S. for Father Esguerra, Dean of the College of Arts & Sciences, for familiarization with the administrative system at various Jesuit schools in the U.S. Like the other schools founded by U.S. religious orders, they do not seem to think it is reasonable to expect more of their U.S. sponsor in terms of financial support. They seem to feel that they receive very good religious and moral support from the sponsor, and good administration on the ASHA grants.

F. ATENEO de MANILA UNIVERSITY

1. The Setting

The University is located in Quezon City, which is sort of a twin city adjacent to Manila. It has a beautiful, spacious campus of about 85 hectares, and some undeveloped land currently leased out for agricultural demonstration. The Ateneo was founded by Spanish Jesuits in 1859, but was switched to American Jesuit administration in 1921, after the Philippine Revolution against Spain. There are about 4000 students at the college level. I interviewed the President, Fr. Bernas; Fr. Martinez, Executive Vice President; Fr. Cruz, Chair of History and Poli Sci Dept.; all Filipino Jesuits, as well as Dr. Garcia, Dean of School of Arts and Sciences; Mr. Santos, VP for Finance, and met a variety of other faculty, including one American Jesuit, at a luncheon.

The University's annual operating budget is about \$3 Million. It received an ASHA grant in 1983-84 for a Science building, and one last year for a Social Sciences building. The latter was partially built at the time of my visit and is of a more imaginative, attractive architecture than most of the buildings that I observed at the various schools.

2. American Ideas and Practices

There are only a handful of American Jesuits on the faculty, but a great many of the faculty and administration members received degrees in the U.S. The VP for Finance indicated that students choose the Ateneo because of its excellent academic reputation, rather than because of an American orientation, but that he thinks it is very important for the faculty to study in the U.S., as the surest way to promote AMIP. He stated that the Ateneo's business school is very much like those of the U.S., teaching the same management, marketing, and finance principles.

When asked what criteria he would apply to ASHA applicants for AMIP, Dr. Garcia answered that he would assist institutions that have a vision to help as wide a group of people as possible, where the social mix of the country is represented. Fr. Cruz, Chair of the History Dept., recommended the same emphasis and stated that the institution applying for a grant should demonstrate that it understands pluralism and diversity and puts it into practice. Dr. Garcia felt that the main thrust of criteria should be social responsibility, and proudly pointed out that 1 out of 7 students at the Ateneo is on scholarship or assistance of some sort, whereas the school was open only to the elite 30 years ago. He received his graduate degrees in the U.S. and indicated that it is good to have U.S.-educated personnel, provided that they actually return to their country. He also noted that their students must appreciate what it is to be Filipino, indicating, I think, that a school should not be too "Americanized" with U.S. faculty.

The President, Fr. Bernas, told me that a U.S.-style education system was very ingrained as a legacy of the American colonial government, and that ASHA shouldn't "overdo" an emphasis on having a core of Americans or U.S.-trained staff. (He received his graduate training in the U.S.) At the same time, he thinks that faculty exchanges with the U.S. are desirable. He believes that the Philippines needs centers of academic excellence throughout the country, not just in Manila, where the majority are located, and that graduate education, especially in the sciences needs bolstering.

The Exec. VP, Fr. Martinez, is a very dynamic force for a number of AMIP that are not traditionally adopted in the Philippines, particularly in regard to financial sustainability. He also received his graduate degrees in the U.S. and is very actively working to put together an alumni directory and association, and to hold alumni events (a number of which have already been held). He has two full-time staff members also working on this with him. He believes that this will eventually result in financial contributions from alumni, even though it is "not a Filipino tradition." He has also been urging the Ateneo to undertake some commercial investments that would be income-generating, and improve the financial sustainability of the institution, but he doesn't think that he will prevail on this idea right now.

3. The U.S. Sponsor

The U.S. sponsor is the Jesuit Mission Bureau in NYC. They oversee expenditures of grant funds carefully, and maintain contact with and interest in the Ateneo's activities. They also raise some funds for the Philippines Jesuit Order, but those monies can be used for missionary or

educational activities. They do not assist the Ateneo significantly in planning or management at the school.

IV. THAILAND: DESCRIPTIONS OF INSTITUTIONS VISITED

A. PAYAP UNIVERSITY

1. The Setting

Payap is located in Chiang Mai, the largest city in northern Thailand, on a very attractive, spacious main campus, and two auxiliary campuses. There is one other university in the immediate area, the University of Chiang Mai, a public university with 20,000 students. Payap was founded in 1974 and has about 5000 students, two-thirds of them female. The annual operating budget is between 3 and 4 million dollars. Payap has received five previous ASHA grants totalling over \$5 million, with which it has built 8 very high quality buildings. I met with six members of the faculty, including 3 Americans, in a group, and with the President, Dr. Tapingkae, alone. The faculty members I met with are: Dr. Poocharoen, VP for Academic Affairs; Dr. Kunanusorn, VP for Planning and Development; Dr. Yoder, Assistant to the Pres. for Religious Affairs/member of Theology faculty; Dr. Renard, Ass't. to Pres. for Special Projects/History faculty; Jarunee Taramacoon, R.N., Ass't. to Pres. for Admin. and Public Relations; and Mrs. Butt, Ass't. to Pres. for External Affairs.

2. American Ideas and Practices

The primary language of instruction is Thai, but 2 years of English are required; the Masters in Linguistics is taught in English; and an intensive English course is required for an MBA degree. The University was modeled after small Liberal Arts colleges in the U.S., to provide a broad liberal education that is seen as typically "American." This contrasts with other colleges and universities in Thailand, including the public ones, where students enter a specialized course of study immediately. There are 15-20 minority students from Hill tribes (more than any other single college in Thailand) and more than 10% of the students are on scholarships. Loans and work-study programs are also offered, consistent with the school's mandate that no qualified student should be turned away due to lack of financial resources.

There are about 35 American faculty members and about 44 of the Thai faculty received their degrees in the U.S. Payap has established relationships with Northern Illinois Univ. and Whitworth College in Spokane, with which there are faculty or student exchanges. The faculty members that I talked with thought that the presence of some American faculty was important to AMIP because it promotes better understanding of U.S. people and their beliefs. When asked about AMIP criteria for awarding grants, the faculty group suggested that ASHA should look at the role of the recipient institution in the development of its community; the programs offered; and the views of people in the community about the institution.

Dr. Tapingkae stated his view that the education of the whole person under a Liberal Arts-type of curriculum was an American practice, as is what he called the "democratization" of education, i.e. offering education to all economic, religious, and ethnic segments of society. He thinks that it is the critical duty of an educational institution to reach out to the underprivileged, not just educate the elite. He speaks very eloquently of his own background as a child of poor, rural parents. He was able to demonstrate his academic ability at a missionary school, and to then attend college in the U.S., where he says he learned and lived the "American Dream", through scholarships and working, all the way through his PhD. He suggested that ASHA should look at the philosophy of the academic institution and how it sees its role in meeting the needs of the community. The public universities, in his view, are educating students for jobs and manpower requirements, rather than instilling human dignity and character, through a holistic approach. His favorite aphorism is: "The heart of education is the education of the heart." ASHA might assess the success of its assistance, he thinks, by interviewing employers of graduates of the schools to see what kind of people the graduates have become and whether they demonstrate a spirit of service.

3. The U.S. Sponsor

Payap has recently lost its U.S. sponsor, the Chiang Mai Mission Board of Ann Arbor, Michigan. The Board was an all-volunteer organization started in 1974 primarily to raise funds for Payap. There was never any paid staff; volunteers gave their time and covered administrative costs. The Mission Board has recently dissolved because, I was told, the core group of volunteers have become elderly and are no longer able to carry on such ambitious volunteer activities. Payap is currently working on developing an alternate sponsor relationship. This is obviously a great potential roadblock to any future ASHA grants.

B. YONOK COLLEGE

1. The Setting

Yonok College has a beautiful 70 acre campus on the outskirts of Lampang, a small city in Northwest Thailand. It is about 1 1/2 hours drive southeast of Chiang Mai, and is the only college in its area. Yonok opened in June 1988, thanks largely to ASHA support, Baylor University, and the U.S. sponsor, the American-Thai Foundation for Education. It just graduated its first class in 1992. Yonok has received a total of five ASHA grants, totally approximately \$5 million, and has used them well to construct the majority of its campus buildings, all of which are very attractive, well-equipped and maintained. The College now has 917 students and an annual operating budget of almost \$650,000. I met with a group of American English teachers, a group of students, and with the President (and founder), Dr. Jivasantikarn. Dr. Jivasantikarn received all of his graduate education in the U.S.

2. American Ideas and Practices

Like Payap, Yonok College was patterned after U.S. Liberal Arts colleges, with the goal of educating future leaders and citizens who will participate in the development of their country. It requires students to take core liberal arts courses, including English. The American English instructors generally seemed to agree that the presence of Americans on campus was an important factor in transplanting AMIP. For example, they indicated that they use examples of American history, culture, and values throughout their English classes, thereby giving the students a more meaningful understanding of AMIP in a way that Thai teachers could not, even with English proficiency.

The student group emphasized that Yonok differed from the public universities or other private Thai colleges (many of which are profit-making institutions) in its personal attention to each student by the faculty and the President, and its informal, non-hierarchical atmosphere. This clearly fostered an attitude of equality, confidence, and a desire to participate fully in all school activities; the administrative style makes the students feel good about themselves. They also felt that it was a great advantage to learn English from Americans; most had been taught English in High School by Thai teachers.

When asked what criteria he would recommend to ASHA in regard to instilling AMIP, Dr. Jivasantikarn stated that he thought that the following should be looked for: the potential for success as an institution; wide-based support from the community, as well as national and international support; stress on democratic principles, private initiative and enterprise; meaningful interaction between faculty and students, with no "status gap"; promotion of philanthropy and community volunteerism; a dedication to providing education to all, not just the elite; and an emphasis on the work ethic, i.e. that one must value work and earn what one obtains. His listing was amazingly similar to the working list that the Creative Associates team had come up with prior to undertaking the field trips. The College has written a 5 1/2 page document entitled "Education With a Difference: Yonok College" that nicely summarizes this philosophy and how the College's structure and operations strive to implement it; I brought back a copy for the ASHA office in case it did not have it.

3. The U.S. Sponsor

The American-Thai Foundation for Education in Waco, Texas is Yonok's sponsor for the ASHA program. Yonok is also supported by Baylor University in Waco, the American-Thai Christian Foundation, and the American-Thai Education Development Foundation. All of these sponsoring organizations are very active in supporting Yonok in a variety of ways, including exchanges and recruiting staff, and send representatives about once a year to visit the campus. The President of Yonok also attends the Board meetings of the Foundations in the U.S., which also keeps them current on progress and activities at Yonok. They also provide some assistance in curriculum planning.

4. Special Note

Yonok has been incurring a deficit on operating costs each year of its operations thus far. I would think that this is not unusual for a new institution, partly due to initial investments needed to purchase land and other costs necessary to starting operations. The College seems to be making good progress, however, toward eliminating deficit operations. This is partly due to increasing enrollment. They had only 100 students each of the first two years, but then 600 in 1991-92 and now 917 this academic year. The operating deficit was \$247,000 in 1990; \$210,000 in 1991; \$110,000 in 1992; and they project a surplus for 1993 of \$87,000. If their projections hold true for 1994 and 1995, they would achieve surpluses of \$283,000 and \$400,000 in those years that would be used to retire debt. Dr. Jivasantikarn believes that these projections are conservative because the revenue estimates do not include donations. They expect to retire their debt in 1996.

Dr. Jivasantikarn also stressed that they are conducting a very aggressive student recruitment program, and expect to have 1600 students within 3 years. Their increasing enrollment so far would lend support to this expectation. In addition, they stated that their fundraising efforts are going extremely well. Contributions from their U.S. sponsoring organizations have increased (from \$16,000 in 1991 to \$140,000 in 1992) recently. At the time of my visit, Dr. Jivasantikarn was especially pleased about a recent endowment received from a Bangkok businessman of cash and land worth approximately \$1 million. He seems particularly focused on increasing financial support from within Thailand. Finally, the College is increasing its revenues by offering continuing education and seminar programs. Although the viability of a new institution is always somewhat of a concern, I had a very favorable impression of the vitality and drive with which the President pursues financial support and the financial and enrollment figures certainly seem to be going in the right direction. I also met with community leaders from Lampang at lunch, and there is strong support for the College in that quarter.

Note: After this report was completed, Yonok faxed me some additional and more accurate data on their financial position. I am forwarding it to the ASHA office.

C. ASIAN INSTITUTE OF TECHNOLOGY

1. The Setting

AIT is located about 30 miles outside Bangkok on a very modern campus, and has been in existence for 33 years. It is a graduate school (Masters and Doctorate) for engineering and management, with about 900 students, of whom 20% are female. I brought back a number of brochures and publications about AIT for the ASHA files. From its establishment in 1959 until 1967, AIT was an inter-governmental organization of the 8 SEATO countries. It then obtained a new charter, making it an international organization, with an international Board of Trustees; the Institute is actually owned by the trustees as individuals. The Thai Government considers AIT to be a private international entity, as opposed to governmental in nature. AIT has an annual budget of \$10 million, of which 75% is covered by tuition and fees and 25% by direct

grants. Two thirds of the students are on AIT internal scholarships, as opposed to specific scholarships from their own countries. Scholarships, however, do not appear to be related to financial need.

I viewed an orientation film on AIT and met with a group composed of Dr. Pama, VP for Academic Affairs (the President was out of town); Dr. Yodmani, VP for Development; Dr. Igel, School of Management faculty; and Dr. Swierczek (an American), Assoc. Professor of Management. Time did not permit one-on-one meetings or a student discussion session.

2. American Ideas and Practices

In the context of a technological graduate school, the concept of AMIP clearly had a different meaning from the undergraduate institutions that are molding young minds. Most of the students are somewhat beyond those most impressionable years. Here the structure and curricula are what distinguish the institution as "American." When AIP was first founded there was a controversy over whether the American or British model of higher education would be followed. The American model prevailed, with a few compromises to the British system also incorporated.

English is the language of instruction and is also taught in the first year of a student's program. There are only a couple of U.S. students; the majority are from countries throughout Asia. Admissions are based on academic record, professional experience and references. Although there are only about four American faculty members, many of the administrators and faculty members hold U.S. degrees and the Institute considers this highly desirable. I had the impression that this was valued because of the quality of a U.S. education, however, rather than as a way to instill and continue AMIP. It seemed to me to be a case similar to the Philippines, i.e. AMIP are so well-established that reinforcement in that regard may not be needed.

The real question in regard to AIT, then, is whether its mandate or purpose fits in with that of ASHA. AIT was founded to increase the number of graduate engineers in the Asian countries, because the demand far exceeded the capacity of existing schools in the individual countries to turn out graduates. It was also to stop the brain drain that occurred when Asian students obtained this training at institutions in the West. AIT has been quite successful in this regard; 88% of their graduates remain in Asia. It also produces more graduates from each country in the fields it covers than each country does from its own universities, except for China and India. AIT believes that it benefits the U.S. and U.S. businesses because it is advantageous for Asia-based divisions of U.S. corporations to be able to hire engineers and technology experts who have been trained in an institution that incorporates U.S. practices. My overall impression, however, is that they don't critically need ASHA and it may not be a place where ASHA would get the biggest impact from its resources. AIT has a very broad base of support and appears to be very well-funded (\$10 million budget). The brochures that I brought back for ASHA give many details of their funding sources, with 78% coming from governments and 9% from international organizations.

3. The U.S. Sponsor

The sponsor is the AIT Foundation, which does significant fundraising for AIT in the U.S., particularly in the corporate sector. It has also provided some technical assistance, but does not seem to play a major role in program development or management. Those areas are more the purview of AIT's management and the large international Board of Trustees. The Foundation is only one of many sponsors or sources of support, and, therefore, cannot play a controlling role in regard to AIT's operations. An American member of the Board of Trustees, however, told me that the Americans on the Board can be quite influential in regard to policies.

100.