

**Budh Singh Dhahan and Guru Nanak Mission Medical & Educational Trust:  
A Case Study of Sikh Diaspora Philanthropy in Punjab**

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As a follow up to our workshop volume on Sikh diaspora philanthropy in Punjab (Dusenbery & Tatla 2009), my colleagues, Darshan Tatla and Mandeep Kaur Tatla, and I are currently writing a life history of Budh Singh Dhahan, one of the Sikh diaspora philanthropists whose undertakings in Punjab helped inspire our initial research project, who participated in our international workshop, and whose signature project was itself the subject of Margaret Walton-Robert’s contribution to our volume (Walton-Roberts 2009).<sup>i</sup>

In 1979, after twenty years in Canada, where he had become a Canadian citizen, a successful building contractor, and a leader in the British Columbia Sikh community, Budh Singh Dhahan returned to India with a vision of bringing health care and female education to the underserved rural region around his natal village in Punjab. Over the next twenty five years, under Budh Singh’s leadership as founder-president, the medical and educational complex at Dhahan-Kaleran, run by the Guru Nanak Mission Medical & Educational Trust (hereafter, “GN Trust”), became one of the best known diaspora philanthropy projects in Punjab, especially as a consequence of its extensive Sikh diaspora funding base and its transnational partnerships (in the late-1990s and early-2000s) with the University of British Columbia School of Nursing and the Canadian International Development Agency (CIDA). Today, the Trust runs a 250 bed multi-specialty hospital, a trauma center, a drug de-addiction center, a nursing school and a nursing college, an

elementary and a senior secondary school, various hostels and administrative buildings, a bank, a gurdwara, and a guest house called “UBC Canada House.” In addition, the Trust has recently signed an agreement with Baba Farid University of Health Sciences to add a medical college, a goal long-championed by Budh Singh.

Budh Singh himself has been recognized by academics in Canada with an honorary doctor of humane letters degree, by villagers in Punjab with the honorific title “Babaji,” and by the Premier of British Columbia with public citation of his lifetime of social welfare work. In 2009, Budh Singh was unceremoniously replaced as president of the GN Trust; but, at nearly 88 years of age, he is busily at work, with a newly established Guru Nanak Mission International Charitable Trust, seeking to replicate the success of the project in a yet poorer region of Punjab.<sup>ii</sup>

For the purposes of this workshop and in recognition of the limited time allotted to me here, I thought that I would use the case study of Budh Singh’s project at Dhahan-Kaleran as a way to talk more generally about Sikh diaspora philanthropy in the (re)building of Punjab. In particular, I propose to highlight both the ways that Budh Singh’s project broke new ground in how Sikh diaspora philanthropy has been conducted in Punjab and the ways in which his experience there reflects certain challenges facing Sikh diaspora philanthropy in Punjab.

### **GN Trust highlights innovations in Sikh diaspora philanthropy in Punjab**

One of the first things to note about Budh Singh’s project is that it *was* innovative and, on a number of scores, rather broke the mold of how Sikhs in the diaspora have given back philanthropically to Punjab: it did not raise funds through a gurdwara or Panthic organization; it raised money directly for health and education projects; it relied on funds

raised abroad from a wide diaspora donor base, through a trust that was itself FCRA-registered; and it developed transnational partnerships with international organizations.

As J.P. Singh has written, the gurdwara has long been the pivot around which Sikh giving has been organized, since gifts to the Guru (as *dan* or *seva*) are meritorious (2001); and, thus, Sikh diaspora donors over the past 130 odd years have commonly socialized their charitable giving (including, for some, tithing *dasvandh* [one-tenth of their income]) by directing it through religious channels – via direct donations at gurdwaras in Punjab (Golden Temple, historic gurdwaras, village gurdwaras) or in response to appeals by Panthic organizations (e.g., Chief Khalsa Diwan, SGPC) or at the request of visiting religious personages (e.g., sants, babas). Thus, Budh Singh's ultimately successful efforts to convince other diasporan Sikhs to give directly *to him* for the Trust's social development objectives in Punjab had to overcome initial suspicions about whether this was truly a selfless humanitarian endeavor (a form of *nishkam seva*) or whether it was primarily a means of self-enrichment or self-aggrandizement. <sup>iii</sup>

In a related vein, giving directly *for* village health and education projects rather than for religious institutions was at the time still not common. As Satnam Chana's two surveys of diaspora philanthropy in the Doaba region of Punjab, discussed in our book (Chana 2009), suggest, at the time that Budh Singh began his project in the early 1980s, the vast majority of diaspora philanthropy in the area was going towards building, reconstructing, and servicing gurdwaras and other religious sites. It was only over the past two decades, influenced by the example of projects like that at Dhahan-Kaleran, that Sikh diaspora philanthropy in rural villages moved from giving mainly for religious places to giving directly for social development purposes.

Another notable feature of Budh Singh's project was the fact that it relied on an extensive donor base – in Punjab, but especially in the diaspora. Budh Singh, despite his success as a contractor in B.C., was not himself a wealthy man; and he was certainly not in the position to fund the project out of his own resources. In fact, he was dependent on land donated to the cause by the Panchayats of Dhahan and Kaleran villages; and he struggled for many years to raise funds to build the hospital and schools that he envisioned. But he was a determined fundraiser, who travelled the globe an average of twice a year visiting Sikh communities abroad to raise funds through his family, village, *ilaqua*, political, and religious networks.

Much diaspora philanthropy in Punjab has been one-off contributions to re-gild the village gurdwara or to build a village gate or to fund a kabbadi tournament or eye camp. Relative to other places with large diasporic populations, Punjab does not have many home-town associations (HTAs) organized for collective action in the homeland, but Budh Singh's success at Dhahan-Kaleran has, in the context of competitive philanthropy in Punjab (Dusenbery 2009), stimulated other's in the diaspora to organize collective endeavors on behalf of their natal villages rather than to depend on the largess of a single wealthy donor. (I would note in this regard the many ongoing village redevelopment projects in Punjab spearheaded by other British Columbia-based Punjabis, such as Dr Gurdev Gill and former Canadian Federal Minister Herb Dhaliwal.)

As many have observed (see Kapur et al. 2004, Thandi 2010, Dusenbery & Tatla 2009), Punjab itself has relatively few charitable organizations registered under the Foreign Contributions (Regulation) Act; and, among those that are registered, Sikh organizations have been particularly underrepresented. Historic patterns of Sikh diaspora

giving (i.e., through gurdwaras or for individually-funded one-off projects) and a longstanding Sikh wariness of entanglements with the State might help explain this. But Budh Singh, dependent as he was on donations from abroad, had to deal with the Indian bureaucracy, especially as he developed partner tax-exempt fundraising organizations in the UK (International Akal Mission), Canada (Canada-India Education Society), and the USA (Guru Nanak Mission Educational Charitable Society). And his willingness to get the GN Trust registered has helped other Sikh diaspora philanthropists overcome their qualms about registering their charitable organizations (and even, in recent years, has led some to accept matching funds from the Government of Punjab for state-approved, diaspora-funded village development projects – a move that Budh Singh himself resisted).

Finally, the collaborations that GN Trust developed with international partners (UBC School of Nursing – which supplied curricula and facilitated faculty-student exchanges; CIDA – which funded a primary health care project in surrounding villages; and the North American Sikh Medical & Dental Association – which provided volunteer medical staff) have been truly pathbreaking. As Margaret Walton-Roberts details in her chapter in our book, it was the Canadian affiliate, CIES, under the direction of Budh Singh's son, Barj Dhahan, that actually initiated and oversaw these collaborations – collaborations which, she notes, “operated as transformative agents in the development of [the trust]” (2009:194). And, certainly, the prestige of these international links, plus the resources made available through them, have meant that other Sikh diaspora philanthropists have increasingly followed GN Trust's lead in seeking out support from potential international partner organizations.

## **GN Trust illustrates challenges for Sikh diaspora philanthropy in Punjab**

However, the ultimate unraveling of these transnational collaborations and international partnerships, and Budh Singh's recent dismissal from the Trust, also reveal some of the challenges and limitations that still haunt Sikh diaspora philanthropic projects in Punjab. In particular, Budh Singh's experiences at GN Trust cast light on challenges that Sikh diaspora philanthropy faces as a consequence of factionalism within organizations, of competitive giving among donors, of the continuing preference for conspicuous philanthropy, of contending management models, and of endemic patriarchal politics.

It is a common observation that Punjabi organizations, especially those run by Jat Sikhs, have been prone to factionalism, whether in Punjab (see, e.g., Pettigrew 1975) or in the diaspora (see, e.g., Ballard 1989). Notions of *izzat* (honor) and *sardari* (supremacy of the self) mean that Jat Sikh-run organizations tend to organize politically into contending factions. The original trustees at GN Trust came largely from the neighboring villages of Dhahan and Kaleran. But from early on, trustees from Kaleran chafed at being eclipsed by Budh Singh from Dhahan, the smaller and poorer of the two villages. As long as Budh Singh was successfully building the complex and sustaining it through his prodigious fund raising and international connections, the opposition faction was not in a position to challenge his leadership. However, once an endowment was established and opportunity presented itself, the opposing faction mustered the votes to oust Budh Singh from his position of leadership. While it is still too early to tell how GN Trust will survive the departure of its visionary founder-president and chief fundraiser, we do know that factional tensions and succession battles within other diaspora-inspired charitable organizations in Punjab have destroyed these organizations or undermined their effectiveness.

As I discuss in my substantive chapter in our workshop volume (Dusenbery 2009), philanthropic giving has become one medium through which competition among diasporic elites from different villages has played out in rural Punjab. This has meant that when one *bara pind* (big village) gets a fancy gurdwara or hospital or school or village makeover, neighboring *bara pinds* feel that their collective honor demands the same or more.<sup>iv</sup> On the one hand, this has been a spur to village “development” in the high migrant-sending central districts of Punjab; on the other hand, it can lead to an inefficient distribution of resources – as some diaspora-rich areas of Punjab end up with more rural hospitals than they can support, while other areas with few diaspora donors go without. (And these problems are only further aggravated when the state uses its scare resources to subsidize diaspora-funded projects.) While the hospital and educational complex at Dhahan-Kaleran has not itself been threatened with insolvency, nearby rural hospitals built within the past two decades have had to close for lack of patients or staff!

The focus on conspicuous philanthropy as a source of pride has had another side effect – it has tended to support highly visible philanthropic endeavors (particularly building projects and one-off shows) over less highly visible philanthropic endeavors (such as ongoing social service projects). Being able to put a donor plaque on every wall in public recognition of diaspora donor(s) might well be an effective way in Punjab to spur donations. But, at Dhahan-Kaleran, Budh Singh’s desire to put resources behind yet more new buildings (including the trauma center and, ultimately, a hope-for medical college) became a source of increasing tension between GN Trust and its international partners, who wanted to see donor money allocated toward sustaining primary health care initiatives in neighboring villages. Eventually, these differences in operational priorities

helped undermine the GN Trust-UBC School of Nursing collaboration and kept GNMET from pursuing renewed funding with CIDA.

In addition, in the course of their collaboration with GN Trust, the Canadian affiliate (CIES) and the Canadian partners (UBC SoN, CIDA) brought to bear expectations for transparency, accountability, and consultative governance that were difficult for Budh Singh to deliver upon. As Margaret Walton-Roberts notes, this contrast between Budh Singh's charismatic individual leadership style and the western management practices being promoted by CIES, UBC, and CIDA "raise important questions about the tensions that can emerge for diaspora philanthropic organizations in aligning 'home' and 'away'" (2009:197). In the GN Trust case, these tensions ultimately came to a head when Budh Singh's refusal to implement agreed to changes to operational practices caused CIES to walk away and the Trustees to use the dispute as a pretext to vote Budh Singh out of the presidency.<sup>v</sup>

Finally, one should note the gender dynamics that color diaspora philanthropy in Punjab and played a part in undermining Budh Singh's position at GN Trust. In Margaret Walton-Robert's words, "diaspora philanthropy works both to challenge and to perpetuate gendered norms within Punjabi society" (2009: 2001). In part motivated by his experiences in Canada, Budh Singh created new opportunities for rural Punjabi females in starting the first rural Nursing College in Punjab. Yet, ironically, his grooming of a close female associate as heir apparent and giving her significant power within the operation ultimately undermined Budh Singh's support from his fellow (all male) Trustees, who resented a woman "sitting on their heads" and who, when they could not get Budh Singh to accept her dismissal, voted him out of office and took the power for themselves.



## **Conclusion**

In sum, the case study of Budh Singh Dhahan, Guru Nanak Mission Medical & Educational Trust, and the medical and educational complex at Dhahan-Kaleran illustrates some of the new directions in Sikh diaspora philanthropy in Punjab as, in addressing needs not met by the state or market, it moves beyond the gurdwara to create a new space in civil society from which to address issues of social development through collective action by diasporic actors in transnational collaborations with international partners. At the same time, the case suggests some of the challenges that remain in developing and sustaining effective diaspora-inspired social development organizations in Punjab and in reconciling different development priorities, management styles, and cultural values of variously positioned stakeholders.

Of course, this case study has touched on only a few of the issues raised by diaspora philanthropy in Punjab.<sup>vi</sup> I trust that Supreet Kaur's comments and the follow up conversation will allow us to look more broadly at how the diaspora's humanitarian interventions – be it via philanthropic projects, public-private partnerships, or social investments – can help in (re-)building Punjab and even whether it is appropriate to be looking to the diaspora to such ends.

## ENDNOTES

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- <sup>i</sup> The project was also one of the cases explored in Mandeep Kaur [Tatla]'s Ph.D. dissertation for the department of sociology and social anthropology at Punjabi University (Kaur 2012) and a master's thesis from Lund University by Melissa Kelly (2004).
- <sup>ii</sup> The new trust was registered in 2010 as Guru Nanak Mission International Charitable Trust. In March 2013, it broke ground for a hospital complex in a rural area near Gurshankar.
- <sup>iii</sup> Naming Guru Nanak Mission Medical & Educational Trust after the first Sikh Guru, including a gurdwara in the complex, asking Bhagat Puran Singh to lay the foundation stone and the Panj Pyare to inaugurate the hospital all can be seen as attempts to make giving to this project seem less radical a break from the tradition of religious giving. Budh Singh once confided that it would have been easier to raise funds if only a relic from the lives of the Gurus had been found on the property!
- <sup>iv</sup> What is true of village groups is also true of caste groups. As we note in our book, lower caste groups have used conspicuous philanthropy funded by members living in the diaspora to raise their profile and reputation and to challenge Jat dominance in rural Punjab.
- <sup>v</sup> I term this a pretext because the new leadership group, led by the opposed faction, does not seem to be interested in implementing the proposed management changes now that they are in office. Moreover, the history of the trust as given at the trust's website (<http://www.gnmnc.org/about%20trust.html>) has erased all mention of Budh Singh as the founder-president of the trust and the visionary and chief fundraiser for the complex.
- <sup>vi</sup> In our book, we raise a number of concerns over Sikh diaspora philanthropy in Punjab and make a number of recommendations for how the practice might be re-thought and further studied.

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