INTERNATIONAL MIGRATION REVIEW

The Migration–Development Nexus and Organizational Time[1]

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While some migration research looks at how time influences individual migration trajectories, little attention has been paid to the ways in which temporal considerations influence migration and development. We propose the idea of "organizational time" and argue that bringing time into sharper focus calls into question how the categories of migration and return affect organizational change; reveals how the career stage at which migrants leave affects their ability to influence organizational change when they return, and shows how the role of senders and receivers of social remittances shifts over time. We draw on research on the impact of return migration and social remittances on institutional capacity building and policymaking in the health sectors in Gujarat, India to make these arguments.

The role of return migrants is a key point of contention in debates about migration and development. Some associate return migration with socioeconomic benefits because migrants come back with skills and know-how that they then put to use in their home countries. Others claim that migrants return with skills that are not applicable in their homelands and that the money and ideas they bring back only exacerbate already stark social inequalities. Still others see returnees as partially compensating their homelands for the loss of intellectual and technical knowledge and skills sustained while they lived abroad (Skeldon, 1976, 1977; Newland, 2003; De Haas, 2008; Mazzucato, 2011).

In this article, we argue for the need to shift these debates away from the false dichotomies on which they are often based to ask a more nuanced,

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potentially productive set of questions. Just as recent scholarly efforts de-center the nation state as the logical, automatic container of social life, so we must broaden the ways in which we incorporate time into discussions of the migration–development nexus. Of particular interest is how time influences the ways in which organizations contribute to migration and development. Bringing temporal considerations into sharper focus calls into question the categories of migration and return, reveals how the point at which migrants leave in the arc of their professional career affects their ability to influence development, and shows how the roles of organizational senders and receivers of social remittances change across time and space.

To make these arguments, we draw on research on the impact of return migration and social remittances on institutional capacity building and policymaking in Gujarat, India. We define social remittances as the ideas, practices, and know-how that circulate within transnational social fields between migrants and non-migrants (Levitt, 2001). Collective social remittances are the skills and knowledge individuals communicate to each other in their capacity as organizational actors, while individual social remittances are exchanged between family, neighbors, or friends (Levitt and Lamba-Nieves, 2011). Our broader research analyzes the extent to which migration challenges individual and institutional beliefs and practices, service delivery approaches, and managerial and administrative strategies in health and education; the different networks and channels through which they travel; and the positive and negative impacts of these exchanges. In this article, we use qualitative and institutional data to examine three healthcare institutions in Gujarat State, India, including Zenith, a private hospital chain; Health Care For All (HCFA), an organization established to strengthen public health in India; and the Rural Health Care Association (RHCA), an NGO with religious roots that provides health care in rural and tribal areas.[2]

BRINGING TIME BACK IN

One of every 33 persons in the world today is a migrant (International Organization for Migration, 2011). There are an estimated 214 million international migrants worldwide, up from 150 million in 2000 (Terrazas, 2011). According to the World Bank, in 2010, official remittance totals

[2]To protect the anonymity of the staff members and organizations we studied, we use pseudonyms or only identify our respondents based on their organizational roles.

came to over US $440 billion. In 2009, remittances equaled more than 10 percent of the gross domestic product (GDP) in 24 countries; in 9 countries, they accounted for more than 20 percent of GDP (Munster, 2011).

Both sending and receiving states have responded by creating ways for migrants to be long-term members without residence and to participate and be represented without full citizenship (Terrazas, 2011). Because mobility is so widespread (although not equally possible for everyone) and because state and non-state actors are taking on new functions and shedding old ones, migration is not an independent or autonomous aspect of national development. Rather, migration produces and is produced by development (Goldring, 2004; Castles and Delgado Wise, 2008; De Haas, 2008; Glick Schiller and Faist, 2010; Mazzucato, 2011).

Although much scholarship on migration and development, and on immigration in general, emphasizes economic factors at the expense of the social, we are beginning to see a positive broadening of these debates to include sociocultural dimensions (Dannecker, 2009; Piper, 2009; Rahman, 2009; Levitt, 2012; Boccagni and Decimo, 2013). Bringing culture back into migration research means not only taking into consideration the circulation of ideas, people, and objects but also seeing migration as an inherently cultural act. By culture, we mean context, the discourses and assumptions embedded in institutions, and the repertoires of meanings that are marshaled in response to specific dilemmas and opportunities (Alexander and Smith, 2003, 2010).

Assumptions about space and time pervade approaches to development, although not always explicitly. To disrupt time in the same way that transnational migration scholars have successfully unsettled assumptions about the appropriate boundaries of social space, we build upon previous scholarship (Cwerner, 2001; Alwin and McCannon, 2003; Carling, 2008). As Carling (2008:450) argues in his plea for "a demographic perspective," the ebb and flow of transnational engagements result not only from generational replacement through births and deaths but also because of changes in the propensity of different cohorts and age groups to be active in homeland affairs over time. While some research focuses on how time affects individual migration trajectories, we argue here for the need to expand this work and bring temporal considerations into studies of organizational life.

Some work distinguishes between different types of time. In her work on the history of emigration from a Northern Portuguese village, for example, Caroline Brettell (1986, 1993) explored how emigration transformed personal and family time. She looked at if and when

individuals married, when women had children either legitimately or illegitimately, and how households were formed and reformed as families expanded and contracted – and how these changes affected and were affected by regional, national, and international economic and political structures. Along with Elder (1978) and Hareven (1978), who first modeled what became known as the life-course approach, Brettell stressed the importance of looking not only at individual migrants but at the intersection between the individual's life and family life and between the family and other institutional sectors, like economics and politics. Doing so revealed stark differences between personal/individual time and professional time or social context time. It also revealed how the life course changed at strategic transitions and turning points.

Sorokin (1964), Gasparini (1994), and Levine (1997) highlighted differences in how different societies perceive and mark time. Elchardus, Glorieux, and Scheys (1987, ctd. in Cwerner, 2001) contrasted linear and cyclical conceptions of time and rigid and flexible value systems. Social psychologist Robert Levine (1997) described cross-cultural differences in the flow or movement of time. These, he said, are characterized by differences in rhythm, sequences, synchronies (the extent to which people and their activities are attuned to one another), and, most importantly, by differences in pace or tempo.

Another body of work highlights differences in time horizons. How long, for example, do migrants expect to stay, or how quickly do host society members expect them to assimilate (Cwerner, 2001)? De Souza (1998) and Conway and Potter (2007) document the multiple shifting homeland orientations expressed by Caribbean migrants over time, including temporary or circular migrants who leave intending to return once they achieve their objectives and migrants who leave with the intention of permanent settlement but return because things have not worked out as they planned. Piore's (1979) "birds of passage" were willing to accept poorer jobs and working conditions because they believed they were only migrating temporarily. Building on Merton's (1984) idea of "socially expected durations," Roberts (1995) focused on the relationship between expectations about length of stay and immigrant incorporation. If migrants think they are only in a country briefly, the pressure to assimilate versus the pressure to maintain a unique ethnic identity produces more stress.

Other scholars stress how "sharing time" creates social groups. Piore (1979) identified recognizable immigrant careers characterized by standard

sequences of arrival, adjustment, and settlement. Zerubavel (1981) noted the role of shared temporal references, such as calendars, in creating cohesive and enduring communities. Boyarin (1994) distinguished between simultaneity, or the sense that others are doing comparable things at the same time, and "meanwhileness," where you are doing one thing while others are pursuing their own activities. These insights resonate with later debates about the meaning of "generation," from one defined solely on the basis of shared chronology to one based on shared experience. Conceptualizing generation as a linear process, these scholars argue, involving clear boundaries between one experience and the other, implies a separation between migrants' and non-migrants' socialization and social networks that does not exist (Mannheim, 1952; Eckstein and Barberia, 2002). Instead, we need a historically grounded analysis rather than one that simply assumes that family or age determine shared experience (Eckstein and Barberia, 2002; Waters and Jimenez, 2005).

Research also reveals how the meaning of place changes over time, history, or memory. Much work, for example, envisions migration destinations as places of acquisition and progress that spaces of departure allegedly lack (Raghuram, 2009). Time looks forward to a worldly, open future, full of possibilities, only achievable if the past is left behind or serves as a springboard to a new orientation (Therborn, 2003:294). This "temporalizing of difference" (Helliwell and Hindess, 2005:414) means that some people and places get labeled as beyond repair – as always destined to "backwardness." To advance, migrants have to shift from one temporal frame and register (underdeveloped, traditional, slow, and tardy) to another (developed, modern, fast, and punctual). Such a view, writes Raghuram (2009), is ahistorical and ignores the changing textures and effects of time. She argues that the brain drain that occurred when Indian physicians moved to the United Kingdom did not just result from colonial affiliations or post-colonial reconfigurations but also from forms of attachment and path dependency that gave rise to certain kinds of medical mobility.

Clearly, how migrants simultaneously become part of the places they move and stay connected to the places where they come from changes over time. Snel, Engbersen, and Leerkes (2006) studied how time, residence, and age at migration influenced the transnational practices of six immigrant groups. They distinguish between ways of being (or actual transnational economic, political, and social practices) and ways of belonging (whether one identities with a home or host land), which do not always go hand and hand (Levitt and Glick Schiller, 2004). They conclude that migrating at an older

age contributes to a higher level of transnational practices but has no significant impact on transnational identification. In contrast, length of stay only influences transnational identification.[3]

The disconnect between how migrants and non-migrants locate their homeland in time is another form of "temporalized difference." Migrants often freeze homelands in time, preserving them as bastions of traditional values and culture, in what Levitt (2007) called the "ossification effect." They need the homeland to remain a moral touchstone that stands in contrast to the immorality they see around them and partially compensates them for the sacrifices migration demands. In the meantime, the homeland itself has changed quite significantly, often because of migration. A stark divide characterizes how migrants and non-migrants take the measure of their ancestral home and what they want for it in the future.

Finally, and most pertinent for our purposes, some researchers have studied how immigrant organizations change over time – an important bridge toward the theoretical turn we suggest here. Skeldon (1976, 1977) wrote long ago about how the structure and function of migration associations varied by "phase" of the migration transition. FitzGerald (2009) also linked changes in the organization of migrant associations to changes in internal and international migration over time. In their historical analyses of German (1880–1920), Polish (1900–1940), and Turkish (1960–present) organizations, Lucassen and Penninx (2009) demonstrate the utility of focusing on how changes in organizations mirror migrants' changing orientations toward the homeland and hostland over time. German immigrant organizations in the Netherlands fostered cultural nationalism but were less successful at promoting political nationalism. Similarly, the strong nationalist orientation of Polish miners organizations throughout the mid-1900s did not persist for generations. Although these organizations survived through the 1970s, they later became primarily "folkloristic" as more and more miners returned home. It is still too early, however, to tell how Turkish migrant organizations will evolve over time.

These works suggest the importance of looking at the temporal dimensions of organizations, or what we call "organizational time." Just as Brettell, Elder, and Hareven differentiated among individual, family, and social con-

[3]The relationship, though, is not linear. A 5-year difference in age of migration can make a significant difference for migrants who arrive as children but matter little for people who arrive as adults. The extent of transnational activism changes over the length of stay depending on finances and psychosocial inclinations.

text time to better understand individual migration trajectories, so can we also understand the migration–development nexus better by looking at variations in the changing role of individuals within organizations, the organizations themselves, and the national political economic context over time. First, we argue for a more nuanced metric to measure mobility and return. Then, we explain that the stage at which individuals leave in the arc of their careers influences their ability to change their workplaces. Finally, we describe how organizational contributions to development change over time as they mature and in response to the changing geopolitical context.

METHODS AND CONTEXT

Although people have been leaving the Indian subcontinent for centuries, large-scale migration did not begin until the 1830s. Most of these low-skilled, low-caste indentured laborers traveled to South or South-East Asia. A second large wave included "free" or "passage migrants," traders, clerks, bureaucrats, and professionals primarily destined for East and South Africa and for other British colonies where indentured laborers had settled. These movements continued until the mid-20th century (Kapur, 2010).

Following World War II, when post-war reconstruction and labor shortages heightened the demand for skilled and unskilled workers, many people moved to the United Kingdom; small numbers of professionals and traders also moved during this period. These numbers went up dramatically when "twice migrants" – Indian-origin families who lived in countries like Kenya and Uganda for several generations – were forced out following independence in the 1960s and 1970s. Low-skilled workers began migrating to the Gulf to work in the oil industry just as high-skilled workers and students moved to the U.S. in response to educational and employment opportunities opened up by immigration reforms. At the beginning of the first decade of the 21st century, an estimated 20 million Indian-origin people lived in over 110 countries around the world (Kapur, 2010). Many of these individuals came from Gujarat, where emigration to Africa, the United Kingdom, and North America and the Caribbean has been going on for more than a century.

In the early 1990s, following major investment and trade liberalization, India experienced unprecedented economic growth after the state privatized various industries. Fifteen years later, India's growth rate was

among the highest in the world (Ahuja, 2006). New jobs created by outsourcing, high-tech companies, and foreign investment expanded the ranks of the middle class. Stories of "new Indians" who got rich quick and enjoyed lifestyles their ancestors could not have dreamed of – or would not necessarily have aspired to – filled the newspapers. But as the economy grew, widespread poverty persisted, and the income gap between rich and poor remained stable or widened (Pal and Ghosh, 2007).

The Indian government instituted various policies to reap the benefits of emigrants' growing numbers and economic power. In 2004, the government created the Ministry of Overseas Indian Affairs (MOIA) to monitor and manage departure flows, protect expatriates, and harness the development power of the diaspora. The government also introduced the Overseas Citizenship of India (OCI) scheme. In addition to the non-resident Indian (NRI), who lives abroad but still retains Indian citizenship, it created the Person of Indian Origin (PIO) category for people of Indian origin who were naturalized citizens of other countries. Both statuses granted migrants a series of economic and educational rights, although not the right to vote from abroad.

In addition, the government created several institutions to encourage emigrants to participate in India's development from abroad including the Overseas Indian Facilitation Centre (OIFC), a non-profit group that works with the Confederation of Indian Industry (CII) to encourage investment and business development; the India Development Foundation of Overseas Indians (IDF), which facilitates philanthropic investments; and the Global Indian Network of Knowledge (Global-INK), an electronic platform that encourages knowledge transfers so that people in India can benefit from the skills and knowledge of people living overseas. Meanwhile, in 2003, the government celebrated the first Pravasi Bharatiya Divas (PBD), or Day of the NRI. One of the government's latest initiatives is a PIO/NRI university in Bangalore for children of Indian ancestry (Vezzoli and LaCroix, 2008). Between 2009 and 2014, an estimated 100,000 "returnees," including Indian Americans and NRI, are expected to come back to live in India. When Prime Minister Manmohan Singh visited the U.S. in November 2009, he personally invited Indian-origin people to come home (Timmons, 2009).

State governments have also joined the NRI bandwagon. During the 1990s and early 2000s, the Gujarati government led the way in offering potential investors incentives, including personal staff members to guide them through the state bureaucracy. In the preface prepared for the pro-

gram accompanying the Global Investors' Summit held in Science City in Ahmedabad in January 2009 (right before PBD day), Hasmukh Adhia, Secretary of the NRI Division and President of the Non-Resident Gujarati Foundation, asked rhetorically, in the voice of an NRI, "How can we be helpful to our native place and our State?" Attendees were encouraged to contribute to various charitable programs, including the Gokul Gram Yojana, an initiative to equip Gujarat's 18,242 villages with basic amenities, and a mid-day meal scheme for school children (Industrial Extension Bureau, 2009).

Until the early 1990s, the public sector still dominated Indian healthcare provision, while the private sector played only a limited role (Shah and Mohanty, 2011:79). But deficiencies in "accessibility and availability in the public sector" drove growth in the private sector (Mavlankar 2000:5, ctd. in National Rural Health Mission (NRHM), 2012). Neoliberal reforms imposed by the World Bank and other international finance organizations that forced developing country governments like India to reduce public expenditures in social sectors also propelled these changes. Private firms are now estimated to provide approximately 60 percent of all outpatient care in India and as much as 40 percent of in-patient care. Nearly 70 percent of all hospitals and 40 percent of hospital beds are in the private sector (PricewaterhouseCoopers 2007:6, ctd. in NRHM, 2012). In rural areas, dependence on private providers is especially high, estimated by the NRHM (2012) to be nearly 75 percent. These developments have created what some call "two Indias." The urban healthcare industry, which is dominated by private providers, caters to the emerging middle class and, increasingly, to medical tourists, while the vast majority of Indians who make up the urban and rural poor still lack access to care.

In response to worsening unequal access, in 2005, the Indian government launched the NRHM in 18 of the 28 Indian states with poor public health indicators and/or inadequate infrastructure (NRHM, 2012). While some progress has been made, there is still a long way to go before the government can meet its established goals (NRHM, 2011). Only about 10 percent of the Indian population has health insurance, provided by a mix of public and private schemes.[4] The Gujarat government put in

[4]The NHRM states, "only 10 per cent of Indians have some form of health insurance, mostly inadequate" (NRHM, 2012). PricewaterhouseCoopers (2007:7) puts this estimate at 11 percent.

place its own initiatives for achieving the Millennium Development Goals[5] in maternal and child health, including a public–private partnership, called the Chiranjivi Scheme, to improve birth outcomes for families living below the poverty line in five pilot districts. It launched a "Save the Girl Child" program to reverse the declining sex ratio.

This study focuses on three institutions that provide health care or educate healthcare workers in Gujarat State. At all three, at least half of the professional staff had some experience living abroad. Instead of selecting national-level institutions that are often uncharacteristically well endowed, we opted to conduct fieldwork in the cities, towns, and villages of Gujarat State. Our team designed a common list of questions to guide our fieldwork, which we then adopted to the specific circumstances of each institution. These covered such topics as individual respondents' backgrounds; their decision to go abroad; how they thought about development and health before leaving; their education, work experiences, and civic engagement while living overseas; and their experiences and reflections upon return. Our questions probed particularly about the ideas and practices respondents wanted and did not want to bring back and which of these worked (or not) in the Indian context. At each organization, we spoke with staff working at all levels; observed healthcare provision; sat in on staff lunches, meetings, and prayer sessions; attended classes; and reviewed educational and promotional materials. In addition, a research assistant conducted follow-up interviews and carried out additional participant observation. She also reviewed government documents and newspaper accounts. All told, our findings are based on 58 interviews across our three organizations. Our respondents are all middle or upper class. Twenty-four respondents were women and 41 were men. The interviews were recorded, transcribed, and then coded, so we could compare the impact of return within and between organizations.

TIME, RETURN, AND DEVELOPMENT

Our analysis uses a transnational optic. By that, we mean that we start from the assumption that migrants and non-migrants potentially inhabit the same social field. While separated by physical distance, they continue to occupy

[5]These include eradicating extreme hunger and poverty, ensuring universal access to primary education, reducing child mortality, improving maternal health, and fighting communicable diseases such as AIDS and malaria.

the same political, social, and economic space. Transnational social fields are multisited and multilayered. They connect home and host-country locations but also include other salient sites where co-nationals or co-religionists live. The actual parameters and depth of the relevant space, as well as the frequency and content of the social ties through which it is constituted, is an empirical question. Indeed, in the Gujarati case, the relevant social field includes many of the places where Indian migrants have settled including the U.S., the United Kingdom, South Africa, Canada, and Australia.

Moving From Return to Mobility

"Who is an NRI?" a widely traveled India-based consultant we interviewed during of our preliminary research asked us. "Is someone like Amartya Sen an NRI who has stayed so involved in the country and is always back and forth? Is Bhiku Parekh or Meghnad Desai, who live in the U.K. but are visible public intellectuals in India?" Indeed, in the Gujarati case, this proved to be a very important question. Because Gujarati emigration has such a long history, and the social networks it produces are so mature and widespread, people of Indian origin, no matter where they live, often influence policymaking and service delivery, be it locally, through their philanthropic contributions; regionally; or nationally, when they consult with government officials. They are highly skilled in maintaining strong social ties and commitments across time and space because they have been doing it for generations.

The consultant raises two important questions related to time. First, how long must someone stay abroad before their experiences influence how the organizations they work for contribute to development? Our original design included people who lived abroad for at least 3–5 years. We quickly realized that even individuals who work and study abroad for very short periods strongly influence skill and knowledge transfers. Factoring in shorter periods of mobility captures the range and scope of skill transfer more accurately.

The second question is what we mean by return. Even when people claim to have definitively returned, they often remain members of strong networks that keep them active abroad. They return physically but remain overseas professionally, embedded in enduring transnational networks of social and collegial relations. If the stopwatch officially stops when individuals actually return, we miss the ways in which their sustained social and intellectual presence overseas continues to inform the migration–development nexus.

Health Care for All was founded in 2006 to introduce a public health perspective to medical care in India. Its founders wanted to shift the distribution of financial and human resources toward preventive care and away from curative, high-tech services provided in institutional settings. To do so, they plan to create public health institutes around the country to retrain government doctors. Many of the faculty hired to teach these courses went abroad to earn Masters or PhD degrees in public health. They attended Harvard, Johns Hopkins, Emory, the University of North Carolina, Yale, National Institutes of Health, and a consortium of 14 universities in the United Kingdom headed by the London School of Tropical Hygiene. These programs expose students to a standard set of substantive and methodological tools over 1–3 years. The curriculum taught by our respondents when they return replicates many aspects of these courses, including many of the research and evaluation techniques to which they were exposed.

When asked to discuss what they learned from these experiences besides course content, respondents often described the teaching styles and classroom ethos they encountered. Teachers interacted with students and exchanged ideas and opinions. They encouraged students to think critically and creatively and to challenge them, unsettling firmly entrenched social hierarchies. Others felt that much of what they learned, while interesting, was not applicable to India. There was too much focus on lifestyle diseases like alcoholism and heart disease and not enough on the basic health challenges India faces. "Why not study in Thailand or Sri Lanka, which are more similar to the Indian context?" one professor asked.

Whatever the final grade earned, even a short stint living and studying abroad was deeply transformative in ways that had to do with much more than just the classroom. Students were exposed to different kinds of lifestyles and interacted with people from different countries and different faiths for the first time. They became part of strong, far-reaching alumni, professional, and research networks that ensured their continuing education. Many said they kept in touch with their classmates or continued to collaborate on research with former professors. One year abroad was more than enough to embed them in strong social networks that serve as lifelong lifelines to new ideas and skills. Dr. Sonali Shah, who attended the University of North Carolina, is one example. While there, she worked with a professor who then recruited her to participate in a global study of microfinance and health. Another colleague who also studied at UNC became involved in tobacco prevention campaigns and is now coordinating the Indian site of a worldwide tobacco prevention program.

The impact of short-term mobility does not stop with the faculty. Many members of HCFA's Board of Directors and management have strong contacts with the world's premier international health NGOs, university departments and research centers, and foundations where the ideologies and technologies that drive global health are created and disseminated. HCFA's Research Director spends 3 months teaching abroad each year. The head of the organization has a faculty appointment at a prestigious medical school in the U.S.

We found similar dynamics in the private sector. The Zenith hospital chain's first hospital opened in Chennai in 1983; the hospital in Amdavad, on which we focused, opened 20 years later. Zenith advertises itself as offering the most advanced care by highly trained staff in state-of-the-art facilities. Before working at Zenith, many of its doctors trained or practiced overseas. In fact, Zenith actively recruits clinicians with overseas experience because, according to one ear-nose-and-throat specialist, many Indians believe that "people trained overseas are necessarily better." A large percentage of Zenith's patients come from overseas, including many (but not only) NRIs. Mobility, then, is an integral part of Zenith's business plan and branding. Its directors actively recruit physicians who have worked and studied abroad just as they actively court patients from overseas. Doctors are encouraged to bring back new technical and administrative skills to ensure that Zenith continues to offer cutting-edge care. Creativity and innovation are encouraged.

Our respondents clearly did not want to bring back everything they learned to India. Some things were not appropriate, nor did they see the value of others. They consciously cherry-picked, changing how they educated students, cared for patients, and carried out administrative tasks. But what is also clear is that "return" is a relative metric. Physical return does not mean social or professional return. These individuals continue to be exposed to inputs from abroad, which continue to influence organizational performance. Incorporating organizational time into the analysis reveals the significant influence of short-term mobility and that return does not mark the end of skill transfers.

The Timing of Professional Socialization

When individuals migrate and when they return within the arc of their professional career is another way in which time affects development. Portes and Zhou (1993) and Kasinitz *et al.* (2008) noted differences in

how the 1.5 and second generation identified with their families' new and ancestral homes. Similarly, returnees who spent most of their professional socialization outside India are received differently than those who leave with significant work experience. The latter migrate already socialized into homeland ways of working, with strong relations with mentors and peers. These experiences not only shape their encounters abroad but also what happens when they come back. They have a much easier time re-integrating and being accepted by their colleagues. The innovations they introduce are also more likely to fall on receptive ears.

Migrants who "grow up" professionally outside of India have a very different experience. They come back accustomed to different ways of doing things, organized around different social hierarchies, based on different rules and values. When they return, they have to first learn the rules of the Gujarati workplace and build social networks from scratch. Even if they return with many good ideas, they have to figure out how to get others to support their implementation. While some colleagues admire them for their contacts abroad, others resent them for having "jumped ship" while they stayed behind. Too much talk about "how we did it in England" can backfire, especially if it is not accompanied by a healthy dose of respect and praise for Gujarati ways and accomplishments.

Dr. Patel, for example, left India to study in the U.S. when he was 18 years old. He attended college and medical school there, eventually completing a specialty in oncology. He practiced at a leading research hospital in New York, where he participated in research trials led by senior colleagues. He published papers, attended conferences, and grew accustomed to being an equal partner at the seminar room table.

After 13 years abroad, his family convinced him it was time to come home. He arrived ready to replicate his practice, his research, and to form close collegial relations. Instead, he encountered professional roadblocks from the start. Because he left India as such a young man, he did not have allies or mentors to show him the ropes. He did not understand the subtle and not-so-subtle rules of the workplace. He did not even understand that although he was Gujarati, he was, in large part, an American doctor, trained in American ways of working. He could not read the social signals and he did not know how to express himself in appropriate ways. As a result, he constantly clashed with his superiors, who found him brash, impatient, and disrespectful and became increasingly unwilling to support or include him. Although he changed jobs and now works at Zenith, he is still finding it difficult. He finally realized, he said, that "not everyone wants to hear about

how it is done in the United States or about all the things I think could be improved tomorrow." When he recently tried to form a "journal club," where colleagues gather to discuss new research, he got an older colleague to float the idea for him. He explains, "I am finally learning how it works here. You have to line up a whole list of supporters and convince them that it was their idea to begin with before you can get anything done."

In contrast, the Drs. Patel, a husband and wife team who went abroad after finishing their medical training and working for several years in Gujarat, had already mastered the intricacies of Gujarati professional life before they left. They migrated with strong social networks that they maintained while abroad. They kept their mentors up to date on their whereabouts and invited their graduate school friends for visits. As they learned to negotiate the British workplace, they always had returning to India in mind, picking and choosing what they thought would work well in Gujarat and leaving aside things that were not appropriate. "We liked many of the things we saw there," Dr. Patel said, "but we also realized that many things just wouldn't work. Even in a hospital like Zenith that prides itself on being cutting edge, you have to respect seniority. Even the most brilliant doctor has to wait his turn or figure out how to get his ideas out there subtly so no one feels offended. You still have to call the boss 'sir' when you enter the room."

In contrast to Dr. Shah, the Drs. Patel have had a much easier time fitting in. In fact, a former colleague recruited them to join Zenith. Although they felt a little rusty, in general, they report, it has been a fairly easy transition. You don't forget how to act around your managers, colleagues, or your patients, for that matter. You have to go slowly. If you get people to change the appointment system, for example, then they will be more open to changing the medical records system. In fact, the Drs. Patel feel they have the best of both worlds: a western style hospital with state-of-the-art equipment with Indian-style relations between colleagues and patients.

Importers Become Exporters

Our final example illustrates the changing role that organizations play in migration and development over time, and how national time, or the changing sociopolitical context, influences these shifts. Organizations that begin as importers of collective social remittances can later become exporters. As these groups get transformed by successfully combining skills and know-how from other places with local knowledge, they become models

for how to "do health" in the global South. The social and institutional networks that first introduced new ideas and practices into organizations later become consumers of them. Now visitors come to learn rather than teach, thereby initiating another kind of circulation and transfer.

Levitt and Merry (2009) define *vernacularization* as the process of creating meaning by connecting, in a variety of ways, the discourse of the global with local ideologies, within the context of a particular organizational style and ethos.[6] Rather than simply applying global ideas about health (like those disseminated through Masters in Public Health programs or organizations such as the WHO), organizations redefine and adapt these ideas, so they are more understandable and applicable.

Rural Health Care for All was founded over 30 years ago by two middle-class couples, trained as physicians, who went abroad to study and work, so they could earn enough money and acquire the necessary skills to serve the rural poor. The RHCA's mission is to assist the poorest of the poor through health and development programs that respond directly and in a sustainable manner to community needs. According to its annual report, "In all the activities, an attempt is made to incorporate as well as balance the three basic principles: Social Service, Scientific Approach, and Spiritual Outlook." Many of its directors and staff are followers of Swami Vivekananda, an important religious leader who is often credited with "introducing" Hinduism to the West at the 1893 Parliament of the World's Religions in Chicago.

Today, RHCA's projects include a 100-bed hospital, which provides subsidized care to 1,500 tribal and rural villages, an infant and maternal mortality reduction project, a comprehensive eye program serving 2 million people, a vocational training program for rural youth, an

[6]There are three types of vernacularization. The first relies on the imaginative space created by global discourses rather than the discourses themselves. It draws on the aspirational possibilities created by the words. Staff might not talk directly about these values in their work but instead use the momentum and power provided by the discursive backdrop they create to drive forward their work. The second type vernacularizes ideas. It stretches the boundary of issues that groups take on by using global discourses to tackle new issues. Staff might use English words and link them to local narratives and symbols. They appeal to the allure of the West and combine it with a strong claim that these same ideas have deep local roots. The third type of vernacularization involves using the core global concepts, articulating them in locally appropriate ways, and putting them into practice. Like its second counterpart, this type of vernacularization expands the range of issues organizations consider but also specifies appropriate ways to put them into practice. The RHCA does all three.

income generation project for women, and a training center which serves about 1,000 government and NGO trainees from India and abroad each year. RHCA has grown from a staff of 15 to one of 200 full-time staff and a host of village-level health volunteers. The board of directors still consists primarily of individuals based in India who are currently working for or who strongly support the organization and who share its worldview. While about half of the senior staff have worked or studied abroad, most of the employees who provide direct care have not traveled outside India.

Like HCFA and Zenith, RHCA staff members are exposed to and aware of the global world of public health. And like the HCFA and Zenith, some of RHCA's directors and staff belong to international social networks. Until recently, however, RHCA's networks operated largely in isolation from the elite global health networks that drive these other organizations. Instead, RHCA's directors and staff formed transnational relations of support primarily with other individuals who shared their values. New skills and capabilities reached them primarily through loosely constituted networks made up mostly of other Swami Vivekananda followers who shared their commitment to holistic, grassroots development. They had a clear vision of what they wanted to accomplish and of what ideas from outside India would help them achieve it. They did not seek much external funding or recognition, preferring instead to stick to simple, low-cost solutions. In short, RHCA was a selective importer: staff only appropriated those ideas that were compatible with their ideological commitments.

The character and direction of these exchanges began to change as the organization became increasingly well known. Now, according to the director, "Nearly everyday, I receive an e-mail from someone who wants to work with us. Sometimes, they are students who want to come and learn about our approach. Sometimes, they are researchers who want to come work on some aspect of our program." Each month, new volunteers, researchers, and practitioners arrive to spend time on the RHCA campus. They come to donate their labor, conduct clinical or administrative research, or to gain experience working in rural public health. Their numbers increased significantly when the RHCA received a prestigious award for innovation from a prominent Western foundation. These developments transformed RHCA from an importer to exporter of new ideas and strategies. Over time, it became a producer of ideas and practices others want to emulate rather than a receiver of them.

Ironically, this shift has drawn the organization more centrally into the elite global public health orbit. As it attracts more funding and enters

into more formal international partnerships, RHCA may become increasingly dependent on and beholden to the outside monies and the ideologies that accompany them. As its operation, staff, and budget grow, RHCA moves farther and farther away from its original mission of providing basic, sustainable services in line with Swami Vivekananda's teachings. Its directors are well aware of these trade-offs.

"It is wonderful," the director said, "to have enough resources and manpower to serve the many people in need of care. It is also good for RHCA to be recognized for its accomplishments and to get credit for its contributions." But collaborative projects and outside funding also come with costs. Organizations can get sidetracked from their original missions. They start providing services or doing research that others want them to do rather than sticking to what they do best or what is most needed. They can get "fat" on the extra resources, adding unnecessary layers of staff and equipment that detract from their core mission. This is especially true in the new India where privatization and the market are the words of the moment. "This is a big debate among us," a senior staffer said, "we need to keep our windows open but not to the extent that we get blown away, so that's our motto. We need to have checks and balances."

Health Care for All staff members also recognized that they faced similar challenges. They are consciously trying to achieve the right balance between imported practices and local knowledge, which reflects how they see India's changing position in the world. According to the director of research,

> We are creating a global public health that is a mishmash of perspectives gleaned from around the world but is definitely generated in Western powerful institutions. Most of us are part of very elaborate networks, globally, and that influences the world that we live in…This institution aims to be very progressive, not to be bound by historical baggage, and very India-centric. That's what we keep on trying to do in our daily work, we always say this has to be important to the priorities of India…We don't want to be disconnected from the rest of the world because a lot of good things are happening, we've learned a lot from ideas and developments in public health, in team research and training elsewhere in the world. And certainly we want to welcome that; we want to be constantly exposed to that. We also believe that this should not bias us toward what is important for India, India's public health.

HARVESTING DEVELOPMENT REWARDS EFFECTIVELY

Research suggests that three overarching factors influence the impact of return: country-of-origin and destination policies that support migrants, the conditions under which migrants' return, and migrants' socio-demographic characteristics. According to Vezzoli and LaCroix (2008), government poli-

cies established to support migrants' engagement in development efforts "must be designed with a clear understanding of the characteristics of the migrants they are meant to support, of the historical relations that exist between the government and its migrants, and the interests and the objectives of the diasporas" (4). Policies such as providing childcare, helping migrants invest in housing and businesses, promoting skill transfers, easing and securing low-cost remittance transfers, and facilitating the circulation of documents that regularize migrant status in host countries strongly enhance migrants' ability to contribute meaningfully to development (Iskander, 2010; Mazzucato, 2010; Newland and Tanaka, 2010). Moreover, restrictive immigration policies can push migrants into settlement by impeding what had become regularly traversed circuits connecting home and host countries (Massey *et al.*, 1998; Tapinos, 2000; Harris, 2002; Hugo, 2003; Newland, 2003; De Haas, 2005).

Our study contributes to these debates by bringing into sharper focus the notion of time and by focusing on how it affects development in organizational contexts. We introduce the notion of "organizational time," as distinct from individual, family, and social or national time that scholars have previously noted. In this article, we discuss three aspects of organizational time by expanding the temporal metric for mobility and return, highlighting the importance of the career stage at which migrants leave, and tracing organizations' changing status as importers and exporters of social remittances. There are, undoubtedly, many more.

Our findings drive home the need to include short-term mobility in discussions of migration and development. Even people who go away for limited periods bring back ideas and practices that transform them as individuals and, in turn, transform the public and private sector organizations where they work. In fact, healthcare providers like Zenith are cashing in on these changes by marketing the internationalization of their staff to compete more effectively in the global hospital market.

Our findings also demonstrate the porosity of return. Many members of the HCFA and Zenith staffs are embedded in transnational social fields where they are continuously exposed to different ideas and skills. The fact that they return physically to India by no means marks the end of these connections. Rather, when they come back, they become the point person for outside researchers and funders interested in their home regions. Because they continue to travel, study, or teach abroad for short periods and because numerous researchers and practitioners come to work

with them, the circulation of individual and collective social remittances takes on a self-perpetuating momentum of its own.

Our findings also suggest a generational-type effect for individuals and organizations. The stage in their professional and personal development at which people migrate strongly influences their later ability to contribute to organizational change. When migrants' primary socialization occurs outside the country-of-origin, they will have more difficulty adjusting and/or giving back. It is not that they lack ideas or skills. Rather, they often lack the relevant social skills and ties that would enable them to get their ideas heard and put into practice. In contrast, migrants who leave with well-established social networks and a good deal of prior work experience are in a better position to influence organizational structure and culture when they return. They have mentors and colleagues who support them, and they know how to play by the social and professional rules.

Likewise, organizations play different roles as generators and recipients of ideas at different stages in their development. In some cases, they are transformed from being importers of knowledge and practices to exporters of it. This is particularly true for groups that successfully master the art of vernacularization. Not only are they able to frame imported ideas and skills so they are understandable and applicable to local users, they can then communicate these vernacularized ideas to outsiders. They become the entrepôt of social remittance exchanges.

Organizational time shifts against the backdrop of changes in national time. In the Gujarati case, they mutually reinforce each other. Most respondents left a country on its way to becoming "the new India," with its expanding middle class, high growth, and increasing openness to private sector initiatives and market-driven solutions (Radhakrishnan, 2011). The corporatization and "managementization" of the healthcare system is just part and parcel of broader national trends. As of February 2012, thousands of public–private partnership projects have been approved across the country – most focus on transportation and electricity, but others will create new convention centers, golf courses, and amusement parks (PPP in India 2012). When our respondents studied and worked in elite universities and hospitals around the world, they heard and brought back similar messages that only reinforced and drove forward processes already well underway on the ground. Even though organizations like the RHCA were founded in another India, in which Gandhi, not Bill Gates, reigned supreme, they are now pressured to con-

form to new values as much by changes within the organization as by changes in the nation as a whole.

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