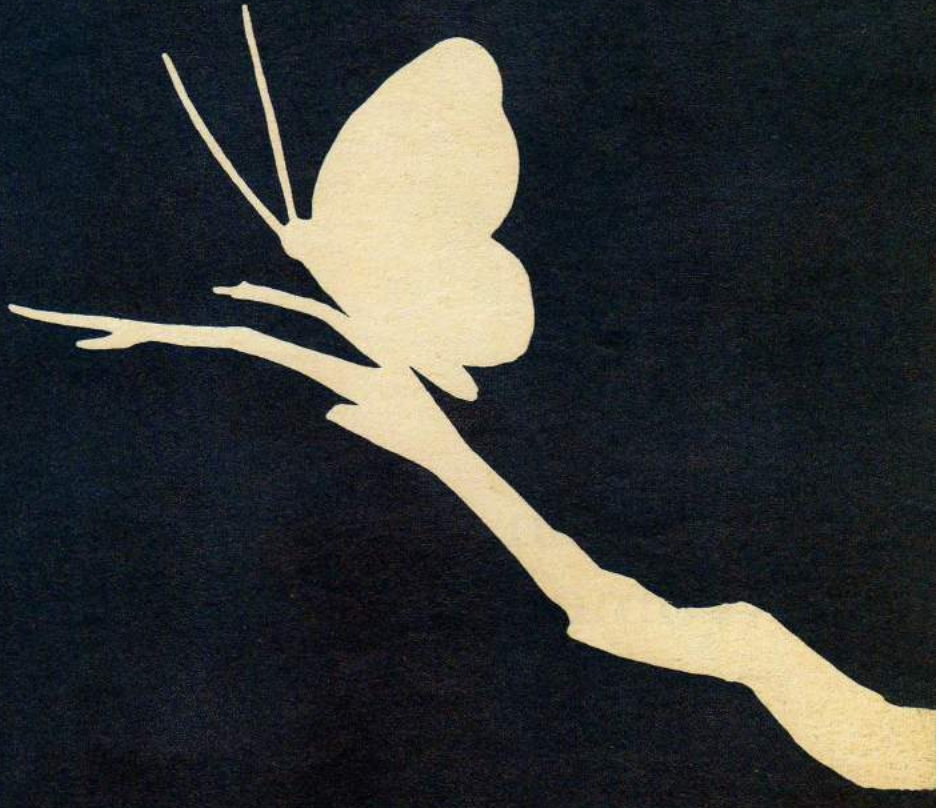
Lutheran Women

Creation
is waiting
on tiptoe
to see
the unveiling
of God's family.



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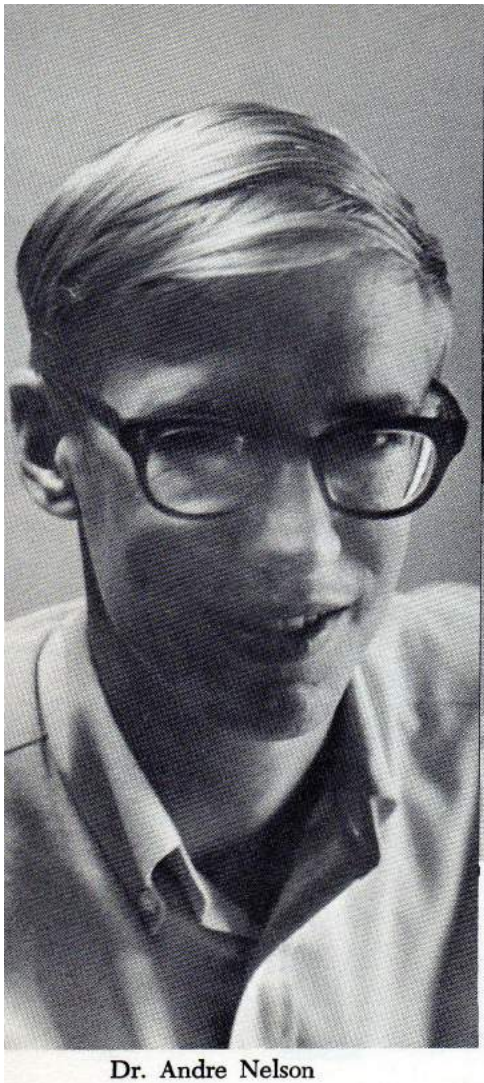


Dr. Andre Nelson

Entrance to Chiayi Christian Hospital.

Dr. I. C. Chiang

Telling Good News In Good Health

By John S. Kerr

Missionary doctors and nurses and the farm people of Taiwan face difficulty in maintaining a hospital that witnesses truly to our Lord's concern for the well-being of all people.

I left the amazingly comfortable Taiwan National Railroad train at Chiayi, a town of about 200,000 in central Taiwan. It is a bit off the normal tourist pathway, so no one spoke English at the station. Armed with the telephone number of Chiayi Christian Hospital, I went to a red pay phone, dropped in one NT dollar, dialed 3997 and waited. The party answering didn't speak English either, and I waited 15 minutes while he presumably went to get someone who could speak English. Then I gave up, solicited a taxi, and through signs and demonstrations communicated my destination.

Chiayi Christian Hospital is a two-story modern building sitting with its clinics and residences on an attractive palm tree-studded site on the edge of town. There it takes on the relaxed, rice paddy look of rural countryside. As we swung through the gates, I didn't realize that on this peaceful stage a drama was being played that in a microcosmic way reflects all the crises facing missionary medicine today.

Maybe I had better introduce the cast of characters in this drama.

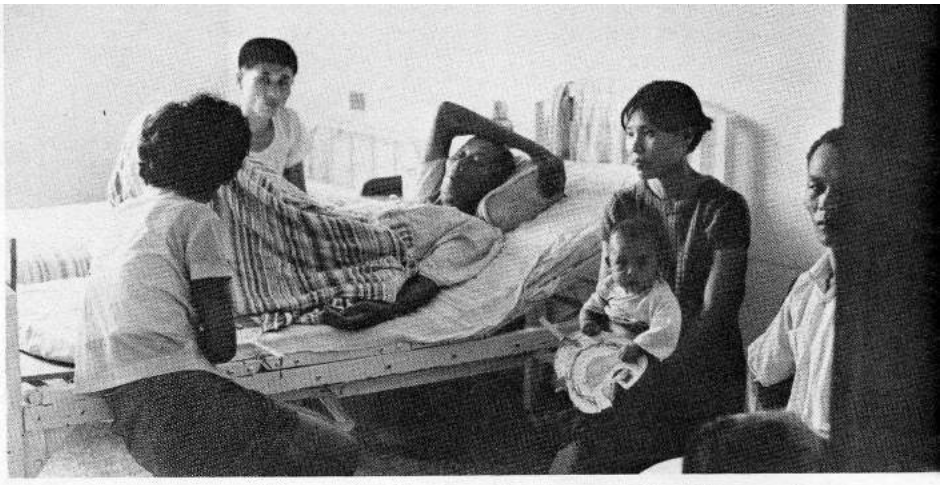
Andre Nelson—27 years old, with delicate features set off by very light blond hair. Born in China of missionary parents, he is an M.D. from the University of Minnesota. He is completely committed to missionary medicine as a career.

Robert Gruys—in his middle years, with a touch of gray at his temples. Properly, he is Robert Gruys, M.D., F.I.C.S., diplomate of the American Board of Surgeons, and a certified specialist in abdominal surgery. His home is in Minneapolis. He left a $50,000 a year surgical practice to come to Chiayi for a couple of years.

I. C. Chiang—also an M.D., trained in China, with his residency in Cleveland, Ohio. He is superintendent of Chiayi Hospital, having been on the staff since 1960. Drs. Nelson and Gruys

Dr. Robert Gruys (above)

Basically I saw only nurses (right) as I toured the hospital. The host of paramedical people – therapists, technicians and such who fill corridors of American hospitals –don't exist at Chiayi. (Second photo, right, shows Margaret Friberg.)



Chinese families keep in close touch with a patient.

give him four stars as a fellow professional. That compliment is not handed out lightly in medical circles.

It is in the evening at Andre's home, a modest house in a compound that formerly was occupied by some American military people. It is after dinner, and we are talking with Andre and his charming wife, Elaine, about why they are where they are. Their story has the kind of romantic excitement that makes you smile with happiness. Andre, it seems, had six months' leave from the University of Minnesota, which he used to study at a hospital in Hong Kong. While there, he wanted to visit Taiwan. So he wrote to a nurse at Chiayi to ask if she could arrange tickets for a mountain trip.

"I thought she was some old bag type nurse," he kids, "prune faced and all that."

When he arrived, he found she wasn't exactly what he expected. Elaine was at Chiayi for a short term, under an arrangement with Chiayi's sister hospital in Minneapolis, Deaconess Hospital. He liked what he saw.

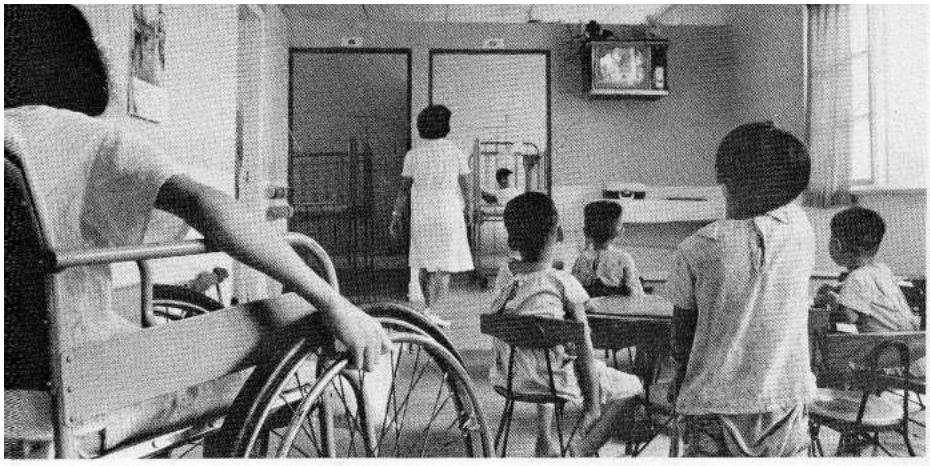
When Andre returned to the States, he began his internship at Parkland Hospital in Dallas. And when Elaine's term of service ran out and she returned home–three guesses where she went to work. That's right–Parkland. They were married when he finished internship.

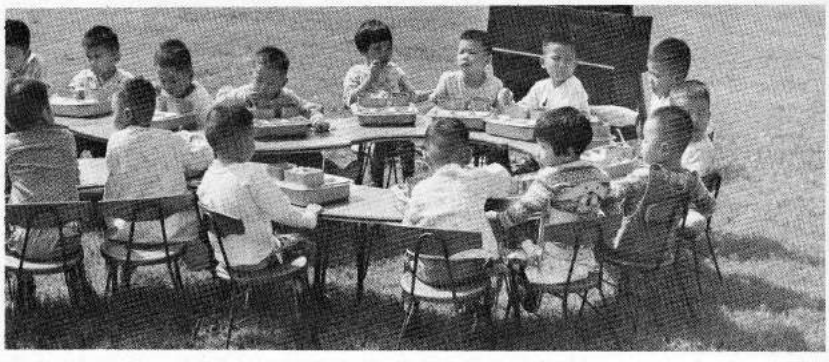
"At least, when I married a doctor who wanted to serve in Taiwan, I knew what I was getting into," she quips.

Dr. Gruys comes in, wearing an open-necked sport shirt with an Indian turquoise bolo tie. Everyone is checking watches. At 6 A.M. the next day they, along with Margaret Friberg, a missionary nurse, and Kathy Kristiansen, the new Deaconess Hospital loan-out, will hop a plane for the off-shore Pescadores Islands. There they will visit a leprosarium.

I still wonder why doctors leave the financial jackpot in the States and go off to Taiwan. Andre is young, idealistic, caught up in a vision of missions which has been his life. Robert Gruys, on the other hand, has tasted the nectar of gold, yet he too came to this place. Now he earns in one year what he might expect back home as a fee for one or two operations.

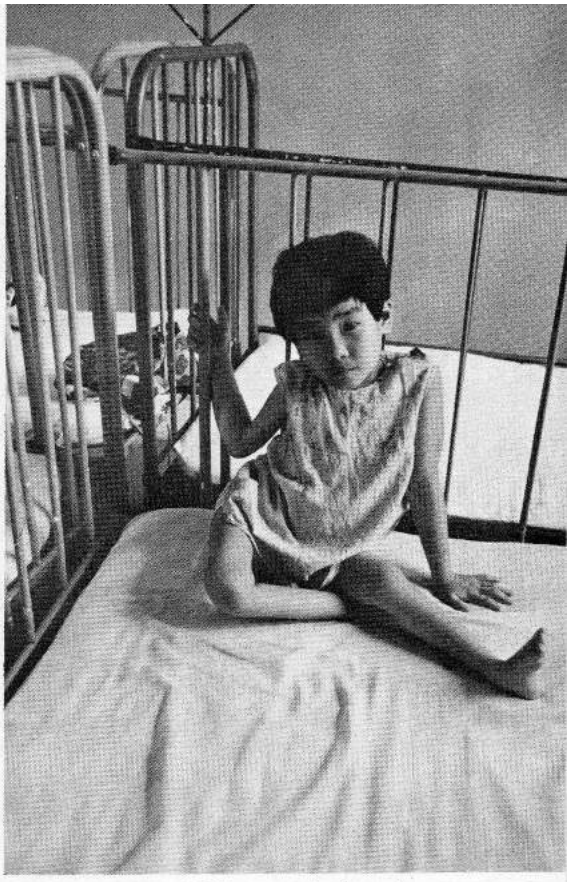
"I was always interested in missionary medicine," he explains. "I wanted to be good, because I don't think there is Christian or non-Christian medicine, only good or bad medicine. Then by the time I thought I was good enough, I was trapped in bills, and so it went. But my





There are no therapists to help youngsters with polio (top). I watched the children crawl or drag themselves to the new TV set. I felt very sad.

Food (bottom) consists of rice, vegetables and some meat. For NT$6 extra a patient can get a little more protein, but there aren't any special diets because there is no dietician.



In the polio ward I saw young children with shrunken, twisted legs and heavy braces. Here the disease still cripples hundreds each year. The children stay in the special polio section because in the villages they will not get care, and their parents don't understand the importance of exercise and wearing braces.

partner and I would spend summers working with the Navajos at Ganado, a Presbyterian hospital in northern Arizona."

Dr. Gruys paused and shook his head in disbelief as he spoke of his arrival in Taiwan.

"I was disappointed in the hospital," he said. "A lot more work and planning must go into medicine if we want it to be a witness. We can't just put a cross on a building. The equipment has to be good.

"You come out here as a trained surgeon, and what can you do? There is no equipment, no paramedical personnel, not even an anesthetist. Andre is doing that now, but before he came last month we had to use ether because no one could handle the other things. The X-ray machine is 25 or 35 years old. The operating table unbelievably doesn't work properly, and the anesthetic machine is on again and off again. The EKG machine is usually inoperative.

"It is unbelievable. Like trying to go to the moon on a four poster bed. Someone who has worked on this field all his life may see promise. But it is a disgrace."

After he left, Andre told me, "Bob is bitter now, and cynical. I hope he gets a better perspective before he leaves. I personally have hope for this place. Maybe that is because I grew up on the mission field and understand some of the problems. I don't know where missionary medicine is heading. Perhaps we should close down our hospitals and work in provincial hospitals. I can work within any structure. I am here to help people. Wherever or however I can do that, I'll be happy."

So, at the end of scene one of this drama we find that the day of "any medicine is better than no medicine" has long passed. Bush medicine belongs to another age.

SCENE TWO opens the next morning. The Western staff are somewhere in the air over the ocean, and I walk 500 yards from Andre's home to the hospital to meet Dr. Chiang. There I discover the same financial problems that beset Stateside hospitals.

Dr. Chiang is also middle aged. He has gentleness of speech and a fatherly quality that are

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The Rev. John S. Kerr is youth coordinating editor for the LCA Board of Parish Education who toured East Asian Board of World Missions related efforts in order to report what is happening there for Lutheran periodicals.

Kathy Kristiansen, on loan from Deaconess Hospital, Minneapolis, is the mobile clinic nurse here.

part and parcel of the practicing physician. He has been superintendent for a year, since the founder of Chiayi, Dr. Marcy Ditmanson, returned to the University of Minnesota for a residency in orthopedics. "I will be glad when he returns in a couple of years. I really don't know much about administration."

Dr. Ditmanson began the hospital in 1958 as a clinic in his home. In 1959 he bought the present hospital site and moved. Until 1962, the clinic was still treating only out-patients. But in that year he built a 30-bed hospital and accepted the first in-patients. The services were still limited because of shortages in staff and equipment. Finally, in 1967, the new building went up, providing for 118 beds and dedicated to full medical services.

That move cost a lot of money. The supporting mission boards work on the theory that all projects must become self-supporting. But, as Drs. Chiang, Nelson, and Gruys unanimously point out: what full-service hospital in the U.S., the wealthiest nation on earth, is self-supporting?

The hospital was set up to serve the rural people around Chiayi. They are poor and still have cultural resistance to modern medicine. They settle for herb doctors or locally renowned nostrums until they are at death's door. Then they can be induced to try the hospital's services. Because the mobile clinic goes out to the villages and rural evangelists promote the hospital, Chiayi gets more than its share of such patients.

The hospital's occupancy rate is still 48 percent, however. An 80 percent rate would be ideal. Dr. Chiang explains it this way: "The farmers hesitate to come here until they have to. And we are out of the center of town, so the people there tend to go to more centrally located hospitals. Besides, we have only been a full-service hospital for a couple of years. Our reputation is not yet established.

"I think this will improve in time. The local people trust us, if we can deliver the service. That means equipment, not the latest, but good equipment. And we also need staff. The American doctors are a great help, but we can't lean on them forever. We need a Chinese staff. Dr. James Lin is a good man with us. Dr. Wong comes over three mornings a week from the Chinese Air Force hospital to serve as radiologist. We have others, too.

"But it takes money to get a good staff. We pay Dr. Lin less than US$200 a month. A doctor in private practice here can make US$1,000 a month, so it is hard to induce them to take staff jobs. Unlike the States, private doctors don't use hospitals in the community, but care for patients in their own private facilities.

"Unless we can get an excellent staff and facilities, we won't attract the people who can pay big money."

With that remark, Dr. Chiang revealed the way they see to get out of their financial dilemma, one used by hospitals in the States and in Europe. It might be called "Robin Hood medicine"—soak the rich to help pay for the poor.

THE MISSION of the hospital is to provide care for the rural people. The scale of fees is geared to this level. A six-bed ward costs NT$15 a day, plus NT$12 for food, a total of about 75¢ in US currency. For the Taiwanese farmer this represents a full day's earnings. Many of the poorer people, especially the poverty-stricken aborigines in the mountains, can't pay even this much. So their bills are cut in half. Government health insurance schemes reach most workers, but so far have not been extended to the farmers. And governmental aid to private hospitals seems remote; The tightly rationed capital in Taiwan is being diverted to highways, harbor expansion, and industrial development. It will be 15 or 20 years before their economy will permit any large expenditures on health care.

Chiayi's payment schedules for rooms, and fees of NT$1,000 (US$40) for an appendectomy, simply won't pay the freight. Especially since many bills are uncollectable in full. The trick, then, is to attract the rich in the area. The new schedule of fees provides for three classes of service. First class, or private room with a toilet but no bath, costs more. Anyone asking for a first-class room is assumed to have money, so their surgical fees are doubled.

This scheme may well work out if they can induce the wealthy to come. The hospital's location on the fringes of town works against them. So do the facilities. Their staff is far from complete, even with the Western doctors included. There is no dietician, nor enough nurses. Be-

sides, the facilities simply are not in the Hilton class of hospitals.

"We had a wealthy lady here, the wife of a factory owner, who wanted a private room with private bath. We didn't have one to give her. Right now, we are converting our old isolation ward into deluxe private rooms so we will have what these people want."

Dr. Gruys figures that it will take a $300,000 investment to bring the hospital up to the standard of "a good district hospital in rural Minnesota serving a community of, say, 5,000."

Where such capital comes from is a big question. They have applied to the supporting mission boards, who have given $20,000 each and may do more. But mission boards, too, have X mission dollars and Y obligations, and Y is always a bigger sum than X.

Dr. Chiang firmly believes in the role of the hospital as bringing medicine to "the farmers who are really medically neglected. We should give the best care to these people and thus glorify our Lord." He would like to add a public health nurse to the staff, because she could "do a great deal to prevent a lot of the illnesses we find in this area."

Right now, the hospital operates a mobile clinic. This is simply a VW bus that takes a doctor and a couple of nurses to three village locations each week. They set up shop in one of the chapels. The people come. They sing a few songs and get some religion. Then the medical work begins. The fee is NT$10 (US25¢). Medicines are free.

The only equipment in the mobile clinic is a stethoscope and minor lab equipment. So the service amounts to pill passing, stool and urine tests and urges to visit the hospital. Many farmers hesitate to take this step because they lack trust and information. One lady was asked to go to the hospital for surgery on her twisted leg. She had broken it, let it heal by itself, and was now crippled. She had talked it over with her neighbors who told her the doctors would amputate her leg. "Do you want it cut off above or below the knee?" one helpful neighbor queried. The woman panicked. Amputation for a farmer means the end of the ability to work and eventually near-starvation. So she declined the offer.

The mobile clinic, in Dr. Gruy's judgment, should be able to provide more medical care right on the spot. He considers the present service something of a joke. With his pencil and paper he comes up with $18,000 to equip a good van with X-ray and lab equipment.

At the present time in Taiwan, a hospital such as Chiayi is needed to serve this clientele. The provincial hospital is open to them, of course, but it does not provide encouragement and support for the people who are afraid of hospitals.

Chiayi Christian Hospital plays an important role in the medical life of its district. The question is whether this role will be played by a bit player or an established star. That issue is a basic one for missionary medicine around the world.

"We have two choices," Dr. Chiang said. "We can go ahead toward excellence or we can go back to passing pills in a clinic and referring all problems to other hospitals, like those in Taipei. Of course, the farmers won't go. They are still afraid of cities. If we want to give them treatment, we have to do it here, really. And if that treatment is in the name of Christ, it must be the best."

Lutherans in North America share Dr. Chiang's concern. We also care about maintaining a high standard of missionary medicine throughout the world. We have a number of choices as we share in supporting this medical witness.

One choice is to give more to missions—which means giving more to benevolences. Chiayi urgently needs ophthalmology instruments, a whirlpool bath unit for rehabilitation of polio victims, a generator, a large sterilizer and an anesthesia machine. This equipment will cost $10,000.00. The Lutheran Church in America would provide it this year—if budgets were met so that congregations could begin to support Designated Advance Giving projects.

Another solution to the hospital's problems could be sought through setting up a sister relationship with a North American hospital. Dr. Chiang is exploring the nature of Chiayi's relationship to Deaconess Hospital in Minneapolis. He appreciates the capable nurses they send out. He wonders if the hospital doesn't have a little equipment to send along as well.

Dr. Gruys explores another option: can North American doctors be persuaded to give up lucrative practices for periods of work overseas?

Of course, the church might quietly move out of the medical game.

The love of God carries a price tag. In today's world the price registers in dollars and cents. This is a fact. Exactly how the price will be paid is an open question.

I met three doctors, several nurses and a lot of sick farm men and women who are anxious for answers. ◆