North American Taiwanese Medical Association (N.A.T.M.A.) News Letter

北美洲台灣人醫師會報

會長 廖坤塗

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「卷頭語」　（出版委員會）

這份通訊是總部移到ST.Louis後第一期，是一種嘗試，希望大家閱讀知道NATMA做些什麼事。此地會員或會長與其他各地會員聚談時，都認為通訊是總會最主要的工作。我們已決定全力以赴，初步決定每三個月一期，除了用漢文外，也注重要有英文讓第二代的醫師及醫學生參加。

總會自七月起三次去信給各分會會長及各委員會主席，請求分會之消息或委員會之工作報告，特別說明用漢文或英文均可，甚至於只要求來電話並願代寫，可是仍有些分會長及主席，毫無反應。敬請各會員督促分會長或主席，提出報導，不然出版委員會也出不了通訊。

因通訊每三個月一次，一些消息不能適時刊出，本會出「消息稿」（Newsrelease）給東西兩岸各漢文報紙。太平洋時報及公論報都曾登出（請見P.10），可是同樣稿子送去世界日報及亞美時報，已三次被拒絕刊出。請各位訂閱報紙時請考慮訂購願刊登本會消息的報紙。對第二代不了解漢文的，我們也曾在台灣文化的英文部（Second Generation）以及太平洋時報的英文部（(Second Impact）登載，請各位讓你們子弟知曉。

這次除了一些消息外，也刊出一些益智的文章。用漢文或英文都可以，希望會員們來投稿（沒有稿費）。有位會員送了份「Physician for Human Rights」的小册子及申請會員單，希望通訊刊載，出版委員會認可，儘量刊載。同樣地刊出北美台灣醫學院畢業生的調查表，希望未填過的會員送回調查表。

又通訊將接受廣告，若有藥商、儀器商、保險商或其他事業，「事求人，人求事」亦可預向五百多醫師傳達消息，請來信，請各會員也向他們介紹多拉廣告，使本會經費更趨健全。

下幾期將在明年一月、四月、七月刊出，截稿在十二月一日、三月一日、六月一日。請大家幫忙，希望這通訊更趨完善，助會員的連絡，使NATMA更有作為。

有獎徵答

對台灣的醫學史以及北美與台灣醫學交流知多少？請回答下列問題（限一行）。最佳回答者獎品：台灣文庫書籍或名醫師畫家親筆畫（限已購買有全套台灣文庫者）。

一、台灣第一所醫學校叫什麼名字？創建於何年？

二、台灣有幾個醫學院？請列名

三、台灣醫學院畢業生在美執業醫務者（AMA登記者）大約有多少人？

四、誰是北美第一個在北美醫學院畢業？那一年？

五、誰是北美第一個在台灣執行醫務？何時？

六、請用一行話說明下列各醫師對台灣文化的最大影響。

(A)James L. Maxwill（馬雅各）

(B)後藤新平

(C)蔣渭水

(D)賴和

(E)林清月

(F)吳新榮

(G)陳永興

(H)林衡哲

(I)杜聰明

(J)山口秀高

回答請寄NATMA信箱P.O.BOX.15196，ST.Louis Mo.63110。

雕出台灣文化之夢

—林衡哲選集—

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TAIWAN PUBLISHING CO.,
14252 Culver Dr. #A-117
IRVINE, CA 92714

在七〇年代的島內，他催生了「新潮文庫」；在八〇年代的海外，他創辦了「台灣文庫」。二十年的漫長歲月，使他從一位世界公民的執着，過渡到台灣人意識的覺醒。林衡哲的思想轉變，正是海外台灣知識份子的一個寫照。他身在異域，但心靈已經朝向島嶼回航。他揚起的帆桅，撐著台灣文化的大旗。這册選集，是他航行的心路歷程的紀錄。他懷著虔敬、謙卑的心情，爲台灣的歷史人物造像，鏤刻出全體台灣人的夢想。林衡哲的筆鋒，帶著悲憫與悲憤，對台灣文化的內容，做縱深的探討。層面寬闊，視野遼遠，但全書的主題都落實在台灣本土，爲台灣人的文化發展提出有力的雄辯。

會長的話

敬愛的醫師們：

北美洲台灣人醫師協會（NATMA）創設於1984年，由Cleveland地區熱心醫師們發起，歷經周炘明醫師及楊次雄醫師兩位會長並副會長，Committee Members以及各分會負責人及全體會員的幫忙、努力、支持，才有今日的規模及組織，令人感佩。今年七月起由小弟接棒深覺責任重大，幸而得到很多熱心、能幹的醫師們的鼓勵及承諾幫忙，使我放心不少，也覺輕鬆許多。讓我們大家同心協力把辛辛苦苦建立起來的醫師會繼續推動下去，為居留北美洲的醫師們爭取公平的待遇及福利。

今夏在不少場合有機會與許多醫師們交換意見；這些人有會員，有的還不是，他們大都表示希望多瞭解NATMA總會的情形：諸如總會過去幾年做了什麼？如今做些什麼？及將來計劃做什麼？針對這些，我想目前首要的事該是出通訊（總會將定期編印Newsletter）向大家報告接下來這兩年我們計劃做些什麼。以後Newsletter中除了報告總會的工作外，將刊登各分會及會員們的消息，以增進彼此的聯繫及瞭解，希望大家多多提供消息。

今年七月二日在賓州州立大學舉行的東部夏令會中NATMA同時舉辦了年會，我向與會醫師們提出了此後兩年的工作計劃與目標，特此向大家重新報告一下：

(1)加強總會與分會間之連繫，增加會員數目，有些會員或因工作更動，或因遷移新居，致住址更改，甚至失去連繫，總會計劃重印通訊錄，希望大家（不論是舊會員或新加入的新會員）合作，儘快把資料送來總部，以期早日編印成册，加強連繫。至於會員的增加，更有待大家的努力，希望人人貢獻自己的心力，幫忙總會推動工作，把我們這個NATMA辦好，有了健全良好的組織，才能發揮力量，為我們所有在北美洲的醫師們爭公平，謀福利，相信定能吸引更多人參加NATMA。

(2)繼續支持參議員索拉茲（Solarz）的議案 Fair Physician Licensure Reciprocity Standard Act（H.R. 3410），此案要求各州以平等對待FMG取得執照為原則，AMA已決議反對此案，我們急需聯合所有FMG，都寫信給貴選區的議員，努力促使議案通過。不容這種歧視長久存在。

(3)繼續組團回台訪問：

前任會長楊次雄醫師於去年十一月，第一次成功組團回台參加台灣醫學會，突破了國民黨政權一向不准任何團體以台灣人之名組團返國的規定意義重大，今年十一月二日本會將再組團回台灣參加台灣醫學年會，並訪問中、南部醫學院。

(4)對第二代年青醫師的協助，這些醫師雖然是AMG但由於東方面孔。東方姓氏在就業時，同樣面臨歧視。

(5)其他：總會希望能為會員提供服務，竭力幫忙解決問題，在這DRG，PRO及打官司，訴訟盛行的環境中，如果遇到困難；不公情事，請讓我們知道，集更多人的力量，意見，一起努力尋求對策。

以上簡單報告這一任期的工作計劃及目標，懇求大家的參與，支持及幫忙，希望NATMA在我們大家的努力下，日日成長，持續不斷，早日成為組織健全，有目標、有力量，真正能為大家謀福利的團體。

廖坤塗敬上

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感　言

(楊次雄)

北美洲台灣人醫師協會成立，至今已進入第五年。多年來全賴熱心會員的積極參與，互相合作，才能使醫師會在海外享有高度的榮譽。其中首次會長周炘明醫師及克利夫蘭的醫師們不辭辛勞的奉獻，為醫師會催生，更是功不可沒。

筆者承蒙各位厚愛推舉為第二屆會長，二年來戰戰兢兢，但因才能時間有限，不克一一完成所託。其中深具意義者有經過聖路易斯分會的鼎力相助，創立北美台灣醫學交流基金會，並于去年十一月以本會名義組團回台。

本會會員大都在台灣接受教育，對於鄉土、社會有無限的關懷，冀望能將各自專長，回饋鄉土，所以在去年十一月，經過多次波折終於以本會團體名義組團回台，團員有周炘明、陳惠亭、林逸民、林益顯、林衡哲、顏裕庭及本人等參加在台北舉行的台灣醫學會年會，並訪問各地醫師公會及醫學院，成功地促成台美醫師學術及友誼的交流。回台期間曾訪問當時副總統李登輝先生。筆者並代表本會到綠島訪問良心受難者王幸男、白雅燦，到三軍總醫院探訪施明德，並且到土城監獄看許曹德及蔡有全兩位先生。擴大海外醫師關懷層面，落實醫師不僅醫療病人身體的病痛，而且更需療傷止痛心靈的傷痕。

醫師們在北美執業醫務、或教學、研究，皆觀察到，對外國醫學院畢業生的歧視，在大家的敦促下，"台灣人之友"，美國衆議員勃拉茲提出ＨＲ 3410，此項法案乃為外國醫學院畢業醫師之公平待遇及謀求更大的福利。權利是自己爭取的，本會會員積極支持此項法案。

筆者身為台灣人醫師，最大的願望在於台灣人醫師能透過團體的力量，提昇在美國學術上、經濟上、社會上、政治上的地位，這個目標不是一人一身，一朝一夕所能終究於成。端賴各位會員的積極參與，奉獻所知，即使是涓絲力量滙聚起來亦能成為巨川大河，筆者期待各位會員能繼續支持廖坤塗會長，擴大醫師會組織層面，不僅吸收來自台灣的醫學院醫師，更能吸收研讀醫學院的第二代子女。

筆者在任內下半年，潛力籌劃設立紐約第一銀行，以致對會務有所疏忽，祈求各位會員見諒，筆者堅信，台灣人在美國唯有加强政治的參與、經濟的合作，才能提昇台灣人在美國的社會地位。今年在美東夏令會，本會年會中，筆者正式將職務交接給聖路易廖坤塗會長，聖路易醫師們之熱心台灣人事務及其團隊合作的精神是聞名於全美國，台灣人社會。筆者在此向無數的醫師朋友們感謝兩年來對筆者的支持及幫忙。筆者深信今後在廖會長的領導下，本會必然蓬勃發展，日見拙壯。

附白雅燦先生監獄中出來後之來信，向海外鄉親感謝對他的關懷。

* * * * * * * *

敬愛的楊醫師：

由於您和海內外台灣鄉親大力關心，永不間斷奔波下，弟終於能回到台灣了！此時此刻的心情，有的只是對所有熱愛鄉土、關心民主人權之鄉親萬分的感謝。

在這同時想到尚有九名解除戒嚴前，受軍事審判的政治犯。戒嚴雖早已解除，現仍羈押於暗無天日的黑牢，身心飽受煎熬之政治犯，其中包括王幸男、施明德、林家田、林榮曉、陳國勳、邵翠華、徐筆宏、丘景元、蕭佛恭等，每當憶及這些難友，心中著實不忍。因此，弟願意與海內外所有愛好民主、關心人權之鄉親一齊奮鬥，盡一切之可能，全力為其早日被釋放而努力。

去年十一月您偕同嘉男兄特地千里迢迢，不辭辛勞至火燒島探視弟，您的關愛與所帶來鄉親的祝福，弟深為感動！您風趣之談吐，令弟印象深刻，猶記得當時您幽默地戲稱，弟愈來愈像個藝術家，弟只能苦笑無言以對，相信您是能了解弟之苦楚及不得已之苦衷的啊！

您們携來之現金和水果，以及賀卡，弟皆如數收到了，謝謝！順便告訴您一段插曲，去年我們見面時曾合影留念，此禎照片曾在自立晚報上披露，據說施啓揚看到弟之長髮後大為震怒，當時馬上下令獄方刻意修理一頓，前後折騰好長一段時間，弟之生命，幾至不保。由於經歷這段波折，弟之心情久久不能平靜。弟在獄中之最後之時刻抽不出時間來寫信，非常抱歉，以致這封信函遲到了數個月，直至弟回到台灣彰化的家中，賴弟之家妹素玲協助下，才得予寫信給您，在此敬請原諒弟的怠慢、疏忽之處。

弟此次重返台灣家園，必不辜各位鄉親長期關愛，願將餘生繼續為台灣百姓之更民主、更自由、更平等和進步而獻出個人棉薄之力。

最後，請您向嫂夫人及所有海外鄉親，代弟一一轉達弟內心深處最大的敬意！因為沒有您們的大力支援，弟恐怕無法順利重返台灣家園與鄉親們重聚！

再次謝謝您們！若有機會回台灣時，歡迎大家到彰化家宅來玩，弟一定會以最大的熱誠接待諸位鄉親！

祝　萬事如意，一切平安！

弟白雅燦　敬上

FOR YOUR INFORMATION

Exchange Visitors who are designated as Research Scholars when they enter the United States may not as a matter of course transfer to programs of graduate medical education. Requests for such transfers shall be denied by the United States Information Agency unless very unusual or extenuating circumstances exist.

The interest of the Exchange Visitor Research Scholar in engaging in graduate medical education will not be considered to be an unusual or extenuating circumstance.

The above is in accordance with Federal Regulations governing designated Exchange Visitor Programs (22CFR 514.23) and is to insure that each visitor remain in the United States only so long as to complete the original objective.

Please do not advise or appoint Foreign Medical Graduates (FMGs) to enter the United States in positions as Research Scholars if their intention is to pursue graduate medical education. Once they enter as Research Scholars, a transfer to a clinical residency or fellowship will be denied, unless as stated above, there are very unusual or extenuating circumstances.

總會消息

去年七月通訊出版以後總會之主要活動及消息：

一、1987年度總會年會在七月廿三日到廿七日San Luis Obispo美西夏令會中舉行。由楊次雄主持，除了討論會務外，並舉行「Hepatitis and AIDS」討論會，講員與題目為：

(1)廖坤塗：「Hepatitis among Taiwanese-Americans」。

(2)呂錫林：「Diagnosis and Treatment of Hepatitis & Hepatoma」。

(3)張文正：「Pathology of AIDS」。

(4)陳政宏：「Lung disease in AIDS」。

二、在美西夏令會上，醫師們也參加不少其他討論會，有關精神醫學的講員有：

(1)Generation gap and grown up as Taiwanese-American簡錦標及高光民醫師。

(2)New Frontier of Taiwanese-American Youth：林逸民及蔡俊晴醫師。

三、十四位NATMA醫師會員組回台訪問團參加1987年十一月台灣醫學會年會，楊次雄領隊。除了參加醫學會外，並採訪醫師公會，參觀醫院及醫學院，並有會員與醫學生舉行座談會。他們也會見台灣不少政界、文化界人士。不少會員集體會見李登輝副總統。林哲雄醫師有非常詳細訪台感言，在太平洋時報連載好幾期，有興趣者可向他要複本。周炘明醫師在大會中講「Neuropathology of AIDS」。

四、1988年度總會年會在七月一日到四日，在賓州州立大學的美東夏令會中舉行。廖坤塗醫師在會長的話有詳細報告。會中並有醫學討論會（見Washington D.C.分會報告）。總會年會中選南加州之陳惠亭醫師為President-Elect（即1990-92之會長），Kansas之吳樹民醫師為副會長。

五、在七月十五日，在中西部夏令會上（在East Lansing Michigan州大），NATMA與NATPA共同舉辦一非常成功的Symposium "Frontiers in Modern Medical Science"。周炘明醫師籌辦並主持此討論會。講員及講題請見下頁。

六、廿一位醫師將在十一月初組團回台訪問，由廖坤塗會長領隊。將參加十一月四日至六日的台灣醫學會年會。廖醫師被邀請在大會中演講，不少人有論文發表。該團將訪問各醫學院，將與教職員及醫學生會談。十一月八日訪問台中，十一月九日訪問高雄，並打算舉辦Symposium。

七、1989年會已鐵定於七月廿七到卅日在Missouri Springfield的South west Missouri 州大的平原區秋令會中舉辦。該地風景宜人，附近有名遊樂區（Silver Dollar city）。有岩石洞及動物園。宿舍及開會場所均有冷氣，請大家準備參加。預定有三種醫學討論會，請向各負責人連絡並建議。將有9-12 Hours C.M.E.學分。

(A)Scientific Basis of Clinical Medicine：由Education committee主席林靜竹醫師及芝加哥分會主辦。

(B)大衆臨床醫學（Clinical medicine）：由林一輝醫師及Cleveland分會主辦。

(C)History of Taiwan-North American Medical Exchange（計劃中仍未定案），由吳樹民及Kansas分會主辦。

八、外國醫師愈來愈被歧視，大家努力才能自求多福，尚未寫信給你的國會議員者，請趕緊寫信給他們，請他們支持Solarz的Fair Physician Licensure Reciprocity Standand (H.R.3410)。請見下頁的一些消息。又周炘明醫師寄來ECFMG今年八月最新規定，外國醫師來美又加一限制（詳見上頁 FOR YOUR INFORMATION）

SYMPOSIUM

"FRONTIERS IN MODERN MEDICAL SCIENCES"

July 15, 1988, 1:30 --4:30 P.m.
Rm #137, Akers Bldg, Michigan State U. East Lansing

Moderator: Samuel M. Chou, M.D.,Ph.D. 周斌明 博士

1:30 p.m.	Welcome & Introduction	
1:35 p.m.	Immunology and Bone Marrow Transplantation 免疫学 与骨髓移植	.....Charles C-Y Shih, M.S.,Ph.D. 石秋洋 博士
1:50 p.m.	The Biological Activities and Uses of Hemopoietic Growth Factors 造血生長素 的 生物学特性及應用	.....Hsiu-san Lin, M.D., Ph.D. 林秀三 博士
2:05 p.m.	"Prostanoids" Ying-Yang Microcosmos in the Gastrointestinal Tract 胃腸道 的陰陽 微细孕苗 —Prostanoids	.....Chung-ching Chou, MD, PhD. 周欽城 博士
2:20 p.m.	Carcinogenesis Viewed from Experimental Colonic Cancer 從实驗大腸癌看 致癌学	.....William W.L.Chang,MD,PhD. 張維康 博士
2:35 p.m.	Questions & Panel Discussion Drs. Shih, Lin, Chou, and Chang	
2:50 - 3:00	INTERMISSION	
3:00 p.m.	Molecular Electronics--A Multidisciplinary Frontier Reserach Opportunity in Biomedical Science 分子電子学—生物医学统合研究的新紀元	..Felix T. Hong, MD, Ph.D. 洪正幸 博士
3:15 p.m.	Molecular Biology for Diagnosing Sexually Transmitted Diseases 分子生物学 於 診断性病的應用	.....Yung T. Huang, MS, Ph.D. 黄永村 博士
3:30 p.m.	Human Retroviruses and Their Associated Diseases 人類 Retroviruses 及其疾病	.....Tun-Hou Lee, SM, SD. 李敦厚 博士
3:45 p.m.	Recent Advances in Prenatal Diagnosis of Genetic Disorders 遺伝病産前診断 的 新发展	.....Harold Chan, M.D. 陳友珍 博士
4:00 p.m.	Questions & Panel Discussion Drs. Hong, Hunang, Lee and Chan	
4:20 p.m.	Adjourment	

北美洲台灣人醫師協會公告

NAFMA

索拉茲議員提案：為「外國醫師」爭取公平待遇

請看索拉茲的信件

美國各地台灣醫師們：請注意！

衆議員索拉茲（U. SOLARZ）爲了外國醫學院畢業醫師（FMG）的公平待遇，提出H. R. 3410 決案（FAIR PHYSICIAN RECIPROCITY STANDARDS ACT OF 1987），敬請儘速「寫信給你的參、衆議員」，要求支持通過該案。附上索拉茲的信件，請參考。

HR 3410 案詳細內容，向案即索。（P O BOX 2262 P. V. CA. 90274）。

此決案對我們的醫業前途，影響至鉅，爲了爭取合法的權益，請提早採取行動，寫信吧！

聖路易斯分會
加州分會
北美洲台灣人醫師協會南加州分會同啓

AMA To Oppose FMG Bills

The AMA House of Delegates voted in December to support a resolution opposing pending federal legislation that proscribes discrimination against physicians on the basis of location of their medical school.

STEPHEN J. SOLARZ
13th District, New York

COMMITTEES
FOREIGN AFFAIRS
CHAIRMAN, SUBCOMMITTEE ON ASIAN AND PACIFIC AFFAIRS
JOINT ECONOMIC COMMITTEE
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Congress of the United States
House of Representatives
Washington, DC

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DISTRICT OFFICES
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(718) 372-8600
810 LORIMER STREET
BROOKLYN, NY 11211
(718) 706-8803
366 COURT STREET
BROOKLYN, NY 11231
(718) 802-1400

Dear Dr.

Thank you for contacting my office regarding the Fair Physician Reciprocity Standards Act of 1987, H.R. 3410 (originally known as H.R. 3273). This bill, which I introduced on October 1, 1987, has been referred to the Subcommittee on Health of the Committee on Energy and Commerce.

Congressman Henry Waxman, Chairman of the Subcommittee on Health, which has jurisdiction over this issue, held a hearing on this measure on Friday, March 11, 1988. This session gave members of the foreign medical graduate community the opportunity to testify about the discriminatory treatment which they have faced. In addition, I testified about the legislation which I sponsored.

Foreign medical graduates are a vital part of the American health care system. They make important contributions to their communities and to the country as a whole. In the last twenty years, five foreign medical graduates have won Nobel Prizes.

The time has come to end the palpably pernicious discrimination against such outstanding members of the health care community. I hope to have your support for my legislation, and look forward to working with you to obtain its approval during the historic 100th session of Congress.

I urge you to write to your representatives in Congress and in the Senate, if you have not already done so, to let them know how important this measure is to you. With your support, I am hopeful we will be able to secure the adoption of this much needed and long-overdue legislation.

Sincerely,

SJS:sl
Enclosure

STEPHEN J. SOLARZ
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE WITH RECYCLED FIBERS

醫師協會召開年會 公論報 8/8/88 p11
廖坤塗榮任新會長

【本報聖路易訊】北美州台灣人醫師協會於七月初利用美東夏令會舉行之際召開年會。由上任會長楊次雄主持，選出聖路易市廖坤塗爲新會長，堪薩斯吳樹民爲副會長，並選出洛杉磯陳惠亭爲下任（１９９０—１９９２）會長。總會並自七月起移到聖路易。會中討論今後之工作重點如下：

一、十一月，仍將如去年一樣組團回台灣參加台灣醫學會。醫學會預定在十一月十日至十二日舉行，若想回台參加者，八月底前請把醫學論文摘要寄給廖坤塗（DR K T L IAO 466 CHESHIRE FARM CT ST LOUIS MO 63141），詳情請電廖會長３１４—５７６—３８７５。

去年由楊次雄率領回台，廣受注目並會見當時副總統李登輝，以及台灣醫界、政界與文化界人士。今年行程未定，除拜訪參觀各地醫院及醫師公會外，並在台舉辦特別討論會，以及訪問各界人士。

二、仍將繼續努力呼籲通過外國畢業醫師公平待遇法案，請大家寫信給貴地國會議員。

三、醫師協會仍待加强會務並廣召會員，請醫師、牙醫師加入該會，除爲自己謀福利，也爲家鄉醫界盡點心意。請來加入或地址變更者，把姓名、專科別、醫學院及畢業年度、地址、家及辦公室電話號碼寄來總會。隨封請付年會費＄５０元，住院醫師減半，醫學生免費。

四、第二代年輕醫師，將組成特別組，希望對大家有所幫忙，家中有親友請轉告，將上述之資料寄來本會，以後的NEWSLETTER通訊，英漢文並用，以利第二代。

五、被人歧視有實質之例子，請來信或電話通知總會，總會除想收集資料外，並可能出面幫忙。

六、明年度年會將在七月廿七至卅日在平原區秋令會舉辦，地點將在風景美麗的密蘇里州SPRINGTIELD附近。對節目或其他有意見者，請來信或電話給會長，便明年年會更有意義。

七、通訊十月將出版，請各位來信提供消息或文章；此通訊將有廣告頁，如願提供廣告通達四、五百醫師牙醫師，請來信連絡，廣告費公道。

剪自 公論報 Taiwan Tribune P.O. Box 567 Gardena CA 90248 ($80/yr ($45/6m)

北美洲台灣人醫師協會總會
廖坤塗吳樹民分膺正副會長

太平洋時報 7/18/88 p14

【本報聖路易訊】北美洲台灣人醫師協會NATMA（NORTH AMERICAN TAIWANESE MEDICAL ASSOCIATION）總會於今年七月一日起移到密蘇里聖路易市。廖坤塗醫師爲新任會長，吳樹民醫師爲副會長。此醫師協會成立已四年，會員四百多人，共有七個分會，希望醫師們踴躍入會。

醫師們在北美執業醫務，教學或研究常感嘆受人歧視，大家都覺得歧視逐漸厲害，醫師們覺得應有良好的組織，才有力量。醫師們也希望借此組織與台灣的醫學界保持連絡，期望對台灣醫界有些貢獻。

在前幾位會長及幹事們的努力下，醫師協會辦了不少事情，如最近推動寫信給美國會議員，要求支持FAIR PHYSICIAN LICENSURE RECIPROCITY STANDARD ACT（H.R.3410），組團回台訪問及參加台灣醫學會，設台美醫學交流獎學金。

希望更多人參加此組織台裔人（TAIWANESE）的定義是廣義的。只要是自己認定自己也是台灣人（或經國也曾說他也是台灣人）。從台灣醫學院畢業的、父母親來自台灣的此間的第二代、來自台灣留學生或早期來美在此讀醫的都可參加，醫學生更請參加。

申請者及會員們都請用英文把姓名、住址、醫學院別及畢業年度、專科別、住家及辦公室電話以及漢文姓名寄往NATMA P.O.BOX 15196 ST.LOUIS, MO. 63110，並請將會費五十元隨函寄來。住院醫師只要廿五元，醫學生免費。會費之一半將轉回分會，當其活動費用。因通信錄有遺漏，以及舊地址，希望會員也請把資料重新寄來總會。往後加有子女、朋友、或朋友的子女讀醫都煩請轉告。總會同時打算出版英文通訊給第二代的醫師及醫學生。

剪自 太平洋時報 Pacific Journal 11 N 4th St. Alhambra CA 91801 ($50/yr)

●Cleveland分會●（林一輝）

一、梁俊華會長於去年十月十七日在楓林閣召開分會年會會中大家一致支持「Run for Democracy on Taiwan」。並選出新會長：林一輝及Secretary/President-Elect：陳哲雄。晚宴後舉行醫學演講「Review of the literature of the H_2 Blocker」，由Smith kline & French Lab支持。

二、NATMA創始人周炘明醫師及夫人吳秀惠醫師于去年十一月二日回台參加台灣醫學會年會，並專題報告論文「Neuropathology of AIDS」。十二月六日周醫師及夫人特地于Cleveland State Univ向NATMA會員及Cleveland同鄉報告回台經過。周醫師也去澳洲講學一個月。

三、黃安仁醫師是Cleveland地區網球之王，歡迎任何高手會員向他挑戰，黃夫人郭素昭醫師於去年十月在Case Western Reserve University完成Oncology訓練，現與黃醫師共同在Medina及Middleburght Height開業。

四、林尊信醫師於今年四月卅日在Akron Hilton Inn舉辦大Cleveland區台灣醫學院畢業醫生聚會。有七十幾位醫師及夫人參加。三分之一以上是NATMA會員。由Pfizer支持。醫學演講後有Buffet及舞會，真是一次難得聚會。希望明年的聚會有更多NATMA會員。

五、今年七月九日，分會在Medina Washinton court Athletic Club開會，會中討論Medical Malpractice，各會員踴躍發表意見。陳克孝醫師專題報告一病例「Lymphosarcoma and Renal failure caused by Ibuprofen」同時會員及家屬盡興打網球、游泳及聚餐。

六、張高文醫師提議于明年三月廿五日（Easter Vacation期間），由NATMA此分會舉辦C.M.E. Cruise 。每人770到825元。會員一致支持。張夫人最近開辦ACE Travel & Tour（Tel. 1-800-543-5727），將負責安排及提供資料，希望其他分會的會員也參加。

七、明年度NATMA（七月底）的年會中，本分會答應主辦「大衆醫學」講座，在平原區講給其他同鄉以增進醫學知識。希望有興趣者，來電或信連絡。

●Kansas 分 會●（吳樹民）

分會去年共有三次聚會，(1)去年十月四日，在Topeka城，與其他同鄉聚會，歡迎國際名精神病學家林宗義教授。林教授最近獲得台美基金會的科技獎。他與大家討論他的經驗、(2)二月中，分會舉辦今年度年會，總會廖坤塗會長前來參加，討論分會及NATMA一般事務。(3)八月初在平原區秋令會上，大家共同討論。參加NATMA的好處在那裏？強調通訊一定要出版，大家必須互相有連絡才能做好事情。對Solarz提出的公平醫師法案，大家都說要努力寫信給國會議員。希望更多人回台參加台灣醫學會訪問團不少人也認為By Law需修正。

明年度NATMA明年會（七月底），本分會答應籌辦「台灣北美醫學交流史」之類的演講會（Symposium），有興趣的同鄉請來信或電話連絡。

●Washington D.C.分會●（張徽宗）

分會在黃際鑫醫師過去兩年來的領導下會員已達卅五人每年有四次開會，近況如下：

一、1987年底開會選出新理事：張學賢、陳正文、朱石象、李俊昇、蔡武男等醫師。會長：張徽宗醫師。

二、在1988年在Penn State University舉辦之美東夏令會（七月一日到四日）中，分會安排了四場精采的演講計有：

(1)陳家榮醫師：醫學與藝術。

(2)張簡俊一醫師：膽固醇與健康的關係。

(3)李啓仁博士：B型肝炎與其疫苗的製造。

(4)林少光博士（李彥慧醫師夫人）：Wyne Lab的疫苗製造。

三、分會下一次聚會暫定十月初舉行。

●SouthernCalf 分會●（陳惠亭）

一、今年四月，南加州分會理事選舉用通訊方式產生，計選出六位「新任」理事（任期四年）：婦產科陳明恭、嬰兒科吳光太、麻醉科林榮松、肺內科呂津洲、神經科周顯彰、婦產科王光明。「留任」二年的理事為：麻醉科林瑞光、神經科林宗義、婦產科蔡偉雄、肺內科高光民、泌尿科高信哲、內科鄭錦家、內科游弘。已擔任四年理事而離職的，有肺內科陳政宏、婦產科陳清義、麻醉科陳惠亭、泌尿科林惠洲、小兒科林哲雄、婦產科余文山。新理會在四月十七日中午舉行，並選出林瑞光為新任會長、呂津洲為副會長、高信哲為財務、秘書。

二、第四屆網球雙打友誼賽，在柑縣由王光明醫師籌辦，於四月十七日圓滿舉行，結果甲組冠軍兩組分別為：鄭錦家、林惠洲及陳平情、陳弘泰。亞軍：林雄偉、李宏輝及曾陽川、胡顯成。

乙組冠軍郭正隆、余文山，亞軍陳政宏、黃哲陽，季軍高信哲、嚴明義，殿軍：吳光太、林彰彩。

婦女組，冠軍楊郁美、葉雅雲，亞軍薛曉青、薛曉雲，季軍曾陳蕙詩、王林敬愛，殿軍鍾碧嬌、黃淑華。

三、林哲雄醫師擔任南加州台灣人聯合基金會會長，並負責「台灣文庫」的出版業務，於七月廿四日晚推出第三次「台灣文化之夜」，有黃春明、吳錦發、張恒豪、吳上峯、林淨嫩，及台灣基督教兒童合唱團演出，極獲好評，很多醫師捧場，義賣募款也令人滿意。陳惠亭擔任司儀，控制時間甚佳。

四、高光民醫師擔任南加州「台美公民協會」會長，推動很多提高台美人地位及利益的活動，例如「抗議」派拉蒙公司影片（FATAL ATTRACTION）中「雨傘」譏評，歧視台灣商品，促其認錯、道歉。

五、王光明醫師被選為「柑縣台灣醫師、牙醫師公會」會長，前任會長為牙醫師許正雄。該會於六月十一日聚餐，有九十多人參加，並印發新通訊錄，集有醫師名錄一百廿四人。

六、以蒙市為中心，由台灣各醫學院校友會聯合結社而成立的「南加州台灣醫學會」於二月六日在洛城玻那萬秋大旅館舉行第十一屆新春聯誼餐舞會，有演講、展覽、歌舞及抽獎。今年由何嵩山擔任主席。

七、第四屆高爾夫球友誼賽，訂於十月九日星期日下午十二時起，於ALONDRA COUNTRY CLUB LAWNDALE舉行，請於十月一日以前向陳惠亭、陳清松醫師報名，電話八一八－二八九－三八五一。歡迎外州會員報名。臨時報名，恕難接受。

八、第四屆網球單打友誼賽，訂於十月廿三日星期日，上午八時起在克萊蒙市網球俱樂部（CLAREMONT & PADUA）舉行，請於十月廿日以前向吳光太醫師、林瑞光醫師報名，電話：七一四－九八一－九三九三或七一四－八六一－五四四二。

九、黃俊德牙醫師及陳惠亭醫師一年多以來，熱心參與「太平洋時報」各種編務、業務的工作，該報名譽社長陳永興醫師於八月九日到洛城，和很多醫師聚餐，坦承交換意見，受到更多鼓勵及共識。請大家訂閱「太平洋時報」。

十、洪奇昌醫師，擔任國代，全力投入爭民主，爭人權的社會運動，在「五二〇」事件中的智勇表現，極受尊崇，本會於六月十一日參與協助其洛城五二〇說明會，當晚長輩會鶴園公寓禮堂聽衆爆滿。

十一、黃哲陽醫師，婦產科，住洛城東郊高原地帶，愛好文藝寫作，擔任「美洲大地雜誌」社社長，於九月一日創刊「大地」純文學月刊，集海外作家佳作於一堂。該社由李端棠任發行人，蔡彰哲為名譽社長，他們皆為婦產科醫師，可謂生產紙嬰之首創。請大家訂閱「大地」。

十一、陸修光、葛原隆兩位婦產科醫師，及小兒科洪文祥醫師在南非洛斯阿密托斯市舉辦孕婦產前講座，每月一次，服務同鄉。

●大紐約區臺灣醫師協會動態● (陳坤海)

一、九月十八日星期日下午三點至六點　在紐約市台灣會館

舉辦醫學問題之個別諮詢及服務，將由內科、癌科、心臟科、外科、骨科、耳鼻喉科、小兒科、婦產科、麻醉科及牙科等不同科醫師在場服務，為民衆代量血壓，讓參與聽衆可獨自請教有關各種疾病的病因、預防及治療法，使同鄉益發提高保護身心的警惕，增進對疾病的認識及加深對醫療保健的重視，務期健康快樂，長生不老。

二、今年年會將在十月廿二日星期六下午六點，在紐約市南街海港帝王航海鮮大酒家

Jade Sea Restaurant
Pier 17 2nd Floor
South Street Seaport
New York N Y 10038
Tel: 212-285-0505
212-285-0506

隆重舉辦，年會將改變方式，務求更新，將採綜藝形式，"王哥柳哥遊台灣"故鄉民謠串插喜劇笑話，以舒暢身心，增進彼此友誼為主。

務請各位會友安排時間攜眷參加，呼朋引友共襄盛舉。

三、高爾夫或網球友誼賽，將由蘇錦漳醫師策劃，擇期舉辦。

四、會長及部份理事之改選，已由理事會提名候選人，由會員通訊投票改選中，年會將宣佈選舉的結果。

五、理事會通過會友可以私人名義參加

Amerian College of International Physicians Inc
3030 Lake Avenue Suite No 12
Fort Wayne Indiana 46805

僅限於MD有興趣參加者，請逕與該會聯絡。

六、本會聯絡處地址：J C Lee M D (李世城)
600 Passaic Avenue
w Caldwell New Jersey
(201)575-1658　07006

ST. LOUIS CHAPTER REPORT

(Ei-Shun Lin M.D.) (林益顯)

The major activities of the St. Louis Chapter after the last newsletter (July 1987) are listed below:

1) On July 11, 1987, more than 40 members, spouses and guests attended the special meeting to discuss the Chapter Bylaws. Dr. Mau-Shung Liu (刘茂生) also spoke on "Hypertension and Calcium Channel Blocker" at this meeting.
2) Many members attended the NATMA general annual meeting held in San Luis Obispo, California July 23-26, 1987. Dr. Kun T. Liao (廖坤塗) presented a talk on "Hepatitis Among Taiwanese-Americans" and Dr. Tommy Lin (林逸民) presented a talk on "New Frontier for Taiwanese-American Youth".
3) About 60 members, their spouses and/or guests attended the annual chapter convention October 3, 1987. Dr. Tsung-yi Lin (林宗義) was the keynote speaker and spoke on "International Schizophernia Study: Past Experiences and Perspectives". Dr. Lin started his pioneer study of psychiatric epidemiology in Taiwan. He later expanded his research worldwide. He coordinated the International Schizophernia Study and was elected President to the World Federation for Mental Health. Currently, he is Professor Emeritus of Psychiatry at the University of British Columbia, Canada.
4) During the annual meeting, the election of new officers for the 1987-88 year was announced. Dr. Ei-Shun Lin (林益顯) was elected President, Dr. Fei-Tung Leu (呂飛騰) President-Elect, and Dr. Su-Chiung Chen (陳素琼) the new Board of Director for a three-year term.
5) Dr. Ei-Shun Lin (林益顯) and Dr. Tommy Lin (林逸民) were delegated NATMA members and visited Taiwan in November 1987. They and other NATMA members participated in the Formosan Medical Association Annual Convention and visited hospitals and medical schools. They had the opportunity to speak with faculty members, practitioner groups and medical students in Taiwan. They also met Mr. Lee Teng-Hui who was the Vice-President at that time, and is now currently President of Taiwan.
6) The Chapter nominated Dr. Tsung-yi Lin (林宗義) and Dr. Chen-Yuan Lee (李鎮遠) for the Science and Technology Award of the Taiwanese-American Foundation. The award is regarded by many as a "Nobel Prize of Taiwanese and Taiwanese-Americans" The ceremony took place on November 21, 1987 and they both shared the Award.
7) More than 40 members, their spouses and/or guests attended the semi-annual meeting held on April 2, 1988. Dr.Jer-Shung Lin (林哲雄) of Los Angeles spoke on "Physicians and Taiwanese Culture". Dr. Lin is a pediatrician, writer, and publisher. With all of his talents, he is best known for his knowledge in the Taiwanese culture. He spoke about the important contributions of the Taiwanese culture made by some great physicians in the history of Taiwan.
8) During this meeting, a discussion about the Fair Physician Licensure Reciprocity Standard Act (H.R. 3410) was followed after Dr. Lin's speech. Many members expressed their concerns and everyone was encouraged to write a letter to their Congressman to urge him/her to support the bill.
9) Dr. Hsiu-san Lin (林秀三) attended the symposium entitled "Frontiers in Modern Medical Sciences" on July 15 at East Lansing, Michigan. The symposium was co-sponsored by NATMA and NATPA. Dr. Lin presented a talk on "The Biological Activities and Uses of Hematopoietic Growth Factors."

10) Dr. Chen-Yuan Lee (李鎮遠) was invited by St. Louis University School of Medicine to visit St. Louis. He also was able to meet and speak with the members of the Chapter on 8/12/88. Thirty-five members, their spouse and/or guest attended this meeting to honor Dr. Lee. Dr. Lee spoke on three different subjects: 1) Current Status of Scientific and Medical Research in Taiwan 2) Current Undergraduates Medical Education in Taiwan 3) Snake and Venom. Dr. Lee is currently Professor Emeritus in Pharmacology at Taiwan University, President of the International Society of Toxinology and is one of the world leading researchers of snake venoms.

11) In addition to regular and special meetings, the St. Louis Chapter of NATMA also co-sponsored many other activities related to the Taiwanese-American community and Taiwanese culture. The following names listed are distinguished speakers: 張良澤、呂昱、簡上仁、李敏勇、郑炯明、簡炯仁、林湯水、洪惟仁、許信良、洪奇昌。

12) On September 4, 1988, a Golf Tournament was sponsored by the Chapter. The winners of the Tournament were: Gross Champion: Dr. Ei-Shun Lin (林益顯) & Net Champions: Drs.T.Z. Chen (陳澤華), Shu-Fang Chen (陳書芳) and Wak-seng Chia (謝越生).

13) The Annual Chapter Convention for 1988 will be held on October 1 in conjunction with the St. Louis Chapter of NATPA. New officers will be elected. The keynote speakers will be Dr. Tsung-Kang Lin (林宗光). He will speak on "Taiwan-China Relations" and a group discussion on "The Differences in Medical Practice among the United States, Taiwan and China" will follow Professor Lin's speech.

14) We would like to welcome new members who have joined the St. Louis Chapter of NATMA. Most of them are of a younger generation who are still in training, while a few have just completed their training. The new members are Fung-Chuan Chou (周芳全), T.Z. Chen (陳澤華), Ken C. Chiu (邱建元), Chin-Shyan Chu (朱欽賢), and George Jyh Chao Chang (張智超). About 90% of Taiwanese-American physicians and dentists in St. Louis area are members of NATMA.

請準備參加年会　　有意義又有趣

平原區秋令會明年擴大舉行

台灣人醫師協會教授協會同時舉行年會

【本報聖路易訊】平原區秋令會通常是台灣人夏令會的尾聲，從前都在夏末秋初舉行。由於小孩上學以及學校宿舍租用的問題，最近漸漸改在夏天。明年度的平原區秋令會將由聖路易同鄉主辦，爲了大家方便，也決定改在夏天舉行，而且把以往三天兩晚節目擴大爲四天三晚。

平原區秋令會將在一九九八年七月廿七日到卅日在密蘇里州春田城附近的密蘇里州立大學舉行。該地離聖路易或堪薩斯不遠，風景優美，校區宿舍有冷氣設備，開會吃飯宿舍集中，非常適合開會。離此不遠有一大遊樂區叫SILVER DOLLAR CITY 大岩石洞及稀奇動物園等名勝，非常適合家庭暑假休閒活動，請大家準備。

屆時北美洲台灣人醫師協會及教授協會都將在此開年會。兩協會除了他們專業的討論會如「臨床醫學的科學基礎」、「台灣北美醫學交流史」及教授協會的各種研討會外，醫師協會擬舉辦一「大衆醫學」講座講醫藥保險、一般保健及疾病爲一般參與的同鄉服務。台灣的歷史、文化、政治經濟以及台美人社區的生活座談會、宗教節目都在安排中。第二代台美青少年節目、運動比賽也在籌辦中。台灣人之夜、青少年之夜更不在話下。

希望各地同鄉趕緊把明年七月廿七到卅日那段時間保留起來，一齊來參加盛會。所有節目仍未定案，有建議或有問題請來電話訊問：召集人廖坤塗314—576—3875，總幹事呂飛騰618—465—0770。

公 9/22/88 P12

COMMITTEE REPORTS
各委員会報告

▲Constitutional Committee▲
（廖坤塗）

不少人表示By Law必須修改，此委員會尚未正式聚會，仍無委員，請各地會員來信或電話，自動加入為委員，開始對By Law修正起稿。

▲Education Committee▲（林靜竹）

一、NATMA會員參加台灣医學會發表研究或臨床經驗和台灣医學界交換學術及臨床知識，非常有意義。每年應繼續舉辦。

二、過去NATMA曾和北美洲教授協會（NATPA）共同舉辦年會及學術演講會，效果良好。將來這兩個團體如能經常合作，也非常有意義。

三、各分會之NATMA會員，請多舉辦當地醫學常識講座，以提升台灣同鄉保健及醫療常識，重視預防醫學。

四、NATMA可和各醫學院校友會連絡，當各校友會舉行年會時，會址所在地之NATMA分會可合作舉辦學術演講會，並能取得Continue Medical Education之Credits。

五、本人主編之台灣公論報醫學專欄需要NATMA會員投稿，以個人之知識與經驗教育同鄉讀者。

六、明年七月年會可與NATPA合辦Scientific Program將邀請專家講醫學上重要的題目。此Progam叫「臨床醫學的科學基礎」。每人廿分鐘（十五分 Presentation，五分Discussion）。有興趣者請來報名。將有C.M.E. Credit。約需十個題目及講員。

▲Finace Committee▲（張世聰）

一、剛接任不久，對NATMA全盤資料不清楚，上任的帳目，尚未交接。二、此委員只有主席仍無委員，希望各地會員自動來參加為委員。三、各地會員請儘快交會費來總部，好辦事。四、如有特別計劃，可舉辦募款運動，但需向廖會長建議。

▲Membership Committee▲（吳樹民）

對新會員是否該努力爭取？還是努力目前會務不必急着徵求新會員？大家有不一樣之意見。目前認為兩者並不違背，可以同時進行，希望會員們，努力介紹給你們的朋友同學，希望會員增加。

也希望新的分會能漸次成立，人數較少的地區可以初步擴大區域組成分會，譬如Oklahama與Texas目前可共組成一個分會，其他地區亦然，希望有人願為分會催生，請來信或電話。

▲Publication Committee▲（陳澤華）

此委員會職責在定期出版通訊並出版通信錄：

(1)目前決定每季（三個月）出版一次通訊，篇幅擴大，希望各分會，各委員會利用通訊向會員交待其活動及計劃。並希望會員們來稿，使此通訊內容豐富。第二代不懂漢文，我們希望編英文部份，請向貴子弟或認識的第二代醫師醫學生介紹，希望他們投稿。因需編排送往加州打字，請十二月一日前把稿送到，準備一月中準時出版下一期通訊。

(2)通訊錄有不少人已變更地址。總會名册目前仍未自紐約移交至此，但仍請地址更正者來信更正，準備出版新的通信錄。又多人表示名册中應有Office之電話號碼，請大家來信告之，請用卷末之表格。

拯救台灣人的心靈

台灣文庫⑬ 陳永興著 特價12元

TAIWAN PUELISHING CO.
14252 CULVER DR., #A-117
IRVINE, CA 92714

台灣經歷了數百年苦難的歷史悲劇，近年雖創造了世界性的經濟奇蹟，但是台灣人無形中也付出了極爲慘痛的代價：生態環境被破壞了、天然資源被消耗殆盡了，各種污染、社會風氣的敗壞將帶給台灣人民更大的不幸。尤其令人憂傷的是：台灣人的心生病了！台灣人精神被壓抑、人格被扭曲，台灣人內在心理自甘墮落、隨波逐流。

本書作者本身是精神科醫師，也是走在第一線的人權、文化工作者。他診斷出台灣社會人心的病症，開出了拯救台灣人心靈的藥方，給台灣人做內心澈底的省思和參考，希望進而培養出台灣人優美的氣質，讓台灣社會擁有更高層次的人文精神，並且成爲邁入民主進步的眞正動力。

FELLOWSHIP COMMITTEE REPORT

(Tommy Lin M.D.)(林逸民)

NATMA has created two kinds of Fellowships and all proceeds were donated by members of NATMA. One is the Travel Fund Award ($1,000) for young physicians/dentists in Taiwan who wish to receive training in North America for a short period of time. The other is for North American medical/dental students who wish to visit Taiwan. The announcement on the right has been published repeatedly in the Second Generation Section of TaiwanCulture and the Second Impact Section of Pacific Journal.

Mr. John C. Chang (張秉雄) from East Carolina University Medical School received the Student Award in 1987. He visited Taiwan in the fall, 1987. He wrote a very nice report about his experience in Taiwan entitled "More Than 120 Years Later". His report is included in this newsletter and will also be published in the Second Generation Section of TaiwanCulture. John C. Chang graduated from medical school in June 1988 and is currently doing his housestaff training at the North Carolina Baptist Hospital in Winston-Salem, North Carolina.

Mr. Wu-Ching Uen (溫武慶) received the Taiwanese Physician Travel Fund Award in 1987. He completed his training in oncology at Duke University, Durham, North Carolina and returned to Taiwan in July 1988.

In 1988, five medical students wrote to our committee for information and application forms. None of them completed the application procedures. One dentist from Taiwan applied for the Travel Fund Award. His application was denied by the Committee because he was not studying medicine or dentistry in North America.

The Committee is planning to set-up a new type of award for Taiwanese-Americans/Canadians (in North America) or Taiwanese (in Taiwan) medical/dental students and house officers. The award will be for traveling to Taiwan or from Taiwan to North America. The award will be given to a student or house officer who has published the best article in either a medical, dental or other scientific journal during the past two years. Please read the next issue of the newsletter for details.

In addition, the Committee is currently in the process of writing the By-Laws and will try to arrange for a separate independent fund for the fellowships.

NORTH AMERICA-TAIWAN MEDICAL EXCHANGE FELLOWSHIP

North American Taiwanese Medical Association (NATMA) is pleased to announce the North America-Taiwan Medical Exchange Fellowship (NATMEF) to be awared to medical and dental students in the United States and Canada. The Fellowship has been established to encourage students to learn more about Taiwanese culture and medicine or to engage in research in Taiwan. The Fellowship Committee will provide each awarded student a check for $1,000 dollars for travel expenses. Any medical students currently enrolled in any accredited medical or dental school in the United States or Canada, who will finish his/her preclinical study before departure is eligible. The student must be a citizen of the United States, Canada or Taiwan.

The selection is based on character, leadership, scholarship, financial need, and the desire to learn about Taiwanese medicine and culture. Those students who plan to take an elective during their last year of medical school, and engage in a special study or research project, will be considered preferentially.

For applications please contact:

Fellowship Committee
NATMA,St Louis Chapter
P.O.Box 15196
St. Louis, Missouri 63110

HOW TO IMPROVE OUR COMMUNICATION SKILLS

by James Z. Chen M.D.(陳榮吾)

NOTE: This is a summary of a talk given by Dr. Chen at a recent gathering in St. Louis. Most of us received our education in Taiwan, learning to communicate well was not part of any curricula in any level of schooling in Taiwan. Dr.Chen is a radiation oncologist at St. Mary's Health Center in Richmond Heights, Missouri and an assistant clinical professor at St. Louis University School of Medicine.

Communication is a basic human need. However, to communicate well is not limited to pronouncing English well or to know English sound and grammar. We may still have some difficulty in good communication even in any one of our native Taiwanese mother tongues. For a physician, good communication skills are essential for the medical practice

Why are children and parrots better at imitating voices? They mentally copy the spoken language word by word. It is important to remember that it is not WHAT you say, but HOW you say it that counts. Recently, I found a study about the preception rate in communication. Visual message is the most important (55%), vocal skills the second (38%) and the verbal message accounts for merely 7%. Verbal message is the content or context which can be put on paper. In telephone communication, verbal message still only accounts for 15% of communication and the rest (85%) relies on vocal skills.

Vocal skills include the following important components:

A) Enunciation: The pronunciation, accent or syllabication of words.
B) Articulation of sentences: Intonation, stress and grouping of words.
C) Pause in speech: It is important to give the listener a chance to catch-up and also the speaker time to organize his thoughts.
D) Voice: Volume, pitch or speed are all important. Pleasant, charming and magnetic volume will be more effective. Good results will come with enthusiastic or authoritative voice. Voice practice is not only important for vocalists and voice practice can be done daily. I find the best time to practice is in the car on the way to or from work imitating the voice from the radio.
E) Repetition or stress to demand attention: If you listen to Jesse Jackson's speech, you will be impressed how he repeats or stresses the points he wants to be known.
F) Thinking Process: You are what you believe you are. If you think enthusiastically, you will speak positively. Enthusiasm is also contagious.

Visual message is the most important of all. Keep good eye contact on the audience. Appropriate facial expression, gesture and posture are also important. If you stand tall, you look more confident. I practice walking straight away from a wall every morning. Visual aids, such as print outs, slides, pictures, illustrations, etc. are all very helpful.

Needless to say, we should try to avoid boredom. The non-stop, authority, comedian and self-centered "bores" are types which we should avoid. Audience participation is not only essential in any talk show, but also good for communication. To ask questions is the best way to initiate conversation.

At last, we should remember that listening is an important way to communicate. You should show your interest while listening. If you are interested in others, others will be interested in you. Friends are those who are willing to listen. We all need to have someone to talk to.

I found a self-study course is very useful in improving our English. "Speaking American English" by Clara Escalor (by Phonetics, 7174 Tarryton Road, Dayton, Ohio 45459) can be found in most libraries. You can listen to the cassette tapes while driving.

Dr. Chen is also a Taiwanese folk song composer. The following is a part of an article appeared in Second Impact section of Pacific Journal on 9/26/87 about his folk song.

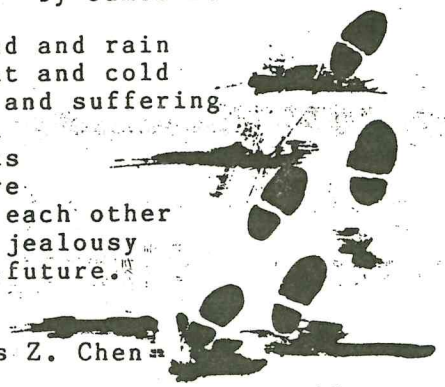
NEW TAIWANESE FOLK SONG

If you were reading Taiwanese history, you probably would cry out, "What a country of misery!" Taiwanese people have endured the most difficult situations in the history of mankind. The colonial governments of China, the Netherlands, Spain, Manchuria, and Japan each occupied and ruled part of or whole Taiwan for at least a couple of decades. War occurred between these countries before the changing regimen. In addition, large scale rebellions happened every few years against the tyrannous governments. Much tragedy occurred during the wars and the rebellious movements. Many traditional folk songs are sad and mournful because they reflect the societies of past years.

Dr. James Chen, a physician-musician in St. Louis, composed many "new" Taiwanese folk songs. These folk songs use the familiar melody but express a new significance. They are sung in Houlou Taiwanese, a language spoken by about 70-75% of the people in Taiwan, but currently prohibited by the Government to be used officially. In contrast to the sad and mournful tunes, the new songs are full of vitality, affection, confidence and happiness. These are two examples:

STEP BY STEP by James Z. Chen

Don't be afraid of the wind and rain
Don't be afraid of the heat and cold
Don't be afraid of hurdle and suffering
Get up soon after you fall
Be patient even if it hurts
Be confident for the future
Step by step, we can help each other
without complaints and jealousy
Let's march to the bright future.



SPRING FEVER by James Z. Chen

Spring wind blows the whole mountain into blossom
Spring sun shines all over the place
Beautiful flowers attract the humming bees, and
Birds sing in green pastures and forests
Ducks swim in pairs, and butterflies fly together
Love blooms in the spring time
As long as we love each other, nothing else matters.

行一步算一步

不驚風，不驚雨，不驚曝日及凍露
不驚阻碍及艱苦，跋倒爬起來
雖傷痛要忍耐，有信心爲將來
行一步算一步，互相牽拾無怨妬
行向光明的前途。

春情動

春風吹開滿山花，春日照大地
花蕊美美蜜蜂迷，草木青青鳥隻啼
鴛鴦要水成雙對，蝴蝶飛相隨
兩人意愛春情動，心內敢猶有別項。

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Games People Play with Memoranda

WINSTON W. SHEN, M.D.(沈武典)

St. Louis, Missouri

Since the Presidency of Franklin D. Roosevelt (1933 - 1945), the memorandum (from Latin, "something to be remembered"; pl. memoranda or memorandums; abbr. memo) has been the way of life in American bureaucratic establishments, including the medical community, such as the hospital. After photostatic and word processing equipment became popular, the use of the memo became especially widespread--some would say "malignant." Although gamesmanship and the payoff have been examined critically in literature, to my knowledge no psychoanalytic article has specifically scrutinized the important, popular, modern, human, and organization behavior known as memo-writing.

Here, I intend to describe the games implicit in the act of such writing. I am not interested in office ostensible purposes: for your disposition, for your information, for your recommendation, and for your file as shown on a regular memo routing slip. I will examine the motives implicated in memo-writing. I have categorized the activity into four psychoanalytic purposes as follows:

JOB JUSTIFICATION

"Do something, no matter what," expresses the typical thinking of an organization man. "A bureaucrat in a new position should set three fires" meaning that a new supervisor should stir up things a bit and set some rules right after he takes office. To that end, the memo serves handily as an instrument of influence for the new bureaucrat. Besides having high visibility, the memo pays off in justifying the bureaucrat's existence in the office, and it may also be an easy way to reach the organizational "Siberia," such as the "dead" end of the morgue of a hospital. Furthermore, the memo-writer can keep his or her secretaries busy because memo distribution always involves complicated, perhaps even intriguing, machinations.

"Green-horns" tend to generate more memos than do mature administrators. I have also found that a person in a bureaucratically high-sounding position is likely to disseminate more memos because he has virtually nothing to do but generate memos. This easy game justifies his existence and his long title, sometimes self-appointed, to his subordinates. Such justification is exemplified in the distribution of matter-of-fact data on ceremonials as in "July 4 is a day off." Another example is the down-from-the-mountain memo in which each lower-level person rephrases the original, adds a sentence of reinforcement, or creates another (attached) memo before the intended final recipients have it in hand. Of course, early in development of the craft, the memo-writer must learn to write much while saying little or nothing. I had a hospital administrator friend who could write a memo of four pages in which much was written but nothing was conveyed.

Contrariwise, a memo-writing correlates directly with the time available. In other words, in a time-critical situation in which parties have a mutually desirable outcome, memo-writing will be minimal; personal or telephone contact and oral gentleman's agreements will increase. However, as available time expands memo-writing increases because of the absence of urgency. In a shorter time, job justification becomes supplanted by the emergency. As time becomes expendable, job justification rises in importance and, hence, memos

response, the memo-writer may then issue another memo, reminding the archperson that the deed in question is fait accompli, changing the estimation of or to deny responsibility for anything else in question.

PRAGMATIC COMMUNICATION

Differing from syntactics and semantics, pragmatics concerns the psychology of communication. Nearly every memo circulated has its own pragmatic communication.

Although memos originated as means for communication, often they are meant not to communicate. Examples would be information control by omitting, diluting, or misstating facts, by manipulating organization clues or cues and by "leaking" off-the-record minutes from-the-top memos. I once saw a colleague send a memo to his next door colleague through a typist who sat about five rooms away. At another time, I witnessed a colleague dictate a memo to his secretary for me, while I was standing in front of him, because he wanted to make the information "formal" and "official."

Often when the sender is uncertain about an agreement, he will write a vague memo having no intent to follow through a commitment or not having enough authority to act.

The organization's communications atmosphere usually determines the number of memos written. In some organizations, people "can" talk, and few memos are needed. Sometimes, however, the organization system is one of a tense, busy, shuffling of memos. The frenetic setting is found in well-established bureaucracies, including the military, academia and the hospital, especially where the number of team players for the memo game is sufficient or superabundant.

Sending memos is part of the impersonalization process. Used to convey unwelcome messages, it sometimes serves as a coward's substitute for eyeball-to-eyeball confrontation.

Organization persons may well believe that personal verbal contact inevitably leads to misunderstanding. These persons prefer to put the message in writing or to request it in writing. Even after orally agreeing to something, the organization person will write a memo outlining what was agreed to, sending it to another party to ensure that the agreement will be binding. Some observers believe that memo shuffling indicates co-worker mistrust; oral messages do not accomplish anything. Likewise, my previous boss believes that the total number of memos circulated is the inverse indication of communication within an institution.

SELF-PSYCHOTHERAPY

More than just a game, memo-writing is the diversion that makes routine American office life bearable as we grind our way through the process of keeping body and soul together. Were it not for memos in circulation, life would have little spice and what one did in the office would have little challenge.

Memo-writing has the payoff of the sender's neurotic need. Its easy availability enables one to fight the endless losing Don Quixote's battle against himself. Sometimes, it is a pure face-saving behavior. Once a former colleague told me that his aggressive fighting-back in memo games simply allowed him to keep his self-esteem and to show his secretaries and supervisees that he was not weak.

The author of a memo seems to find tranquility after completes the memo and sees it as something accomplished. Once a patient eloped from the inpatient ward, and the chief of the psychiatry service spent a whole night "cooking up" memos for the staff psychiatrists, nursing chiefs, hospital engineers, housekeepers, janitors, and medical

can be used to absorb the increased time available.

Because a carbon or photostatic copy normally goes to the superior(s), memo-issuing effectively informs the boss(es) that the writer seems to do something. In some hospitals, some staff of a department appear to have difficulty letting the hospital administrator know that they are active and contributing members, likely because the policy of most administrators is one of management by exception. To overcome the communications difficulty, those staff dutifully dispatch carbon copies of their memos to their bosses. For example, one former faculty member issued to all five second-year psychiatric residents individual memo announcements of a lecture he had given, with copies going to the chairman as evidence of his accomplishment. In another instance, I saw a faculty friend write a nice memo to his student expressing appreciation for the student's interest and achievement; as he told me, however, his true purpose was to let the carbon copy go "upstairs" to bring credit to him.

THE POWER PLAY

"Interpersonal relationship in the organization," is the academic term for the "power play," but the losers tend to call it "politics." The circulated memo bears with it much power, influencing or reinforcing the hierarchical structure. For example, a nursing supervisor can send memos freely to the nursing staff. He or she can write down the names of all the subordinates as memo receivers. If communication with a physician is necessary, the nursing supervisor must use a special form or else include the doctor as a recipient of a "carbon copy." The sum of memo receivers on a list also indicates the importance of the sender, implying to the readers that "I am above you."

Rank stratification is also reflected in the order of persons listed as memo receivers. Usually the order is arranged according to status within the organization. Frequently, however, the pseudoegalitarian alphabetical-by-surname rule, akin to the editorial style of newspaper obituary lists, is the rule. A friend told me that in the West (California) people do not fool around with memos, regarding them with the same care as the citizenry generally has for handguns.

Often receipt of the message by the addresses is moot, the true, usually blatant, objective being for the carbon copy assignees to receive the message. Once, I saw a memo addressed to a subordinate, and attached to the memo was a separate page of twenty names of those who were to receive the carbon copies of the memo. Receipt by the subordinate was secondary; the real purpose was to distribute the information to the other twenty persons.

In memo-writing as in most activities, acting is better than reacting. In the power play, offense is preferred to defense. Therefore, everyone would rather be the author than the memo-reader because as writer he can form the memo to protect his lifestyle or, at least, enable him to present the information at his own time and choosing. Having tested the temperature of the organizational water, new administrators will tend to initiate memos. Then, after apparent success in memo genesis, he will jump on the bandwagon and issue many memos. Each memo adds to his assurance that he controls the situation wholly. In my experience, memo-issuing never comes as a singular event because everyone knows that while the iron is hot one strikes, and when one is strong, he perseveres . . . and perseveres . . . and perseveres.

When dealing with superiors, care and tact are needed in the memo game because it is a taboo to "wound a king." In this case, a carbon copy of a memo giving only partial information may do the job. After waiting for a majestic

students. In his mind, he believed that sending out all the memos would close the gate despite the knowledge that the "horse" was gone. Another colleague confessed that he had to write and edit memos to get the spite or anger "out of his system" through the process of writing. He got himself "pacified" and "relieved" after the memos were done even though he did not actually circulate them. He told me that memo-writing was a good way to handle his frustration, and he reported it was "therapeutic" for him. He even equated each piece of memo-writing with the sedative effect induced by 5 mg of diazepam.

Sometimes, the authors of memos need only to have the copies for themselves, "for my own record" and "to cover my own ---." Surprisingly, many memo-writers have a sense of protection in retaining copies of the original memos. However, that security is false because the author of the memo may not be able to prove that it was actually sent out. Even distributed memos may go astray during the distribution process.

Additionally, I have found that memo-writing has been effective in improving written English. To emphasize the appeal of editorial brevity, I have learned that a good memo should be like the mini-skirt: it should cover the essentials but still be short enough to retain interest.

QUESTIONNAIRE FOR SECOND GENERATIONS

1) Who was the first Taiwanese graduated from a North-American medical school? When?

2) Who was the first North American person to practice medicine in Taiwan? When?

3) How many graduates from medical schools in Taiwan are currently active in medicine in the United States?

4) Are there any U.S. citizens or Canadian citizens who have obtained a medical degree from a Taiwanese medical school? (Not those immigrated to North America after graduating from medical school) When was the first one?

5) What percentage of medical students in the United States are Asian American?

6) Do you know the names of all the medical schools in Taiwan? (This information may be useful if you want to take an elective there.)

7) What is the population in Taiwan now?

8) The size of Taiwan is roughly ____% of that of the United States or Canada?

9) Although Taiwan is a rather small area, it is a major trade partner with the United States. Do you know what rank Taiwan is compared with other countries?

10) Taiwan is also known as Formosa. Do you know what is the meaning of Formosa and when it was first used?

MESSAGE TO SECOND GENERATIONS

(Publication Committee)

This is the first NATMA Newsletter after our Headquarters moved to St. Louis. We believe it is essential for the second generation Taiwanese-Americans to participate in our association. We will try to publish more articles and news features in English. Because the vast majority of NATMA members are graduates from medical schools in Taiwan, we believe using Chinese characters is more attractive and effective. In order for the second generation physicians, dentists, and students to understand our newsletter, we will try to summarize some pertinent information from Chinese articles in English. First, we would like to ask you to join our association.

In July of 1984, the North American Taiwanese Medical Association (NATMA) was found. It was established on the premise that a group of physicians of Taiwanese heritage would benefit from an organized effort to promote the practice of medicine and medical education for and by the Taiwanese and Taiwanese-American/Canadian people. NATMA has since grown to include seven chapters incorporating more than four hundred physicians of all specialties. As a natural extension to this organization, it only seems logical to organize a group for the second generation Taiwanese-American/Canadian physicians and physicians-in-training.

How could such a group help you? If you are interested in a career in medicine or dentistry, you must realize that there are many pitfalls in the system and many ways to avoid them. But to really gain insight into what to do and where to go, to speak to someone who has been there would be priceless. As a group we could also serve as an information source in other respects as well. For instance, we could keep a list of hospitals in Taiwan where students may be able to do medical electives; we would provide a list of Taiwanese-American/Canadian faculty members at various institutions. You would receive the NATMA newsletter. In addition, there is an Exchange Fellowship ($1,000) provided by NATMA for medical or dental students to visit Taiwan for electives or research.

Please see the Fellowship Committee Report and Dr. John Chang's article entitled "More Than 120 Years Later"(on page 29). If you are interested in joining our association, please find the application form on the last page of this newsleter. There are no dues for medical or dental students and half fee for physicians-in-training.

As you read this section written in English for the second generation, you will note that the "**OLD FOLKS**" have a hard time verbalizing/writing in English. We are not accustomed to writing in English except for medical/dental records or scientific papers. Therefore, we are desperately asking that some second-generation Taiwanese-American physicians, dentists, medical or dental students to volunteer to be the editor(s) for the "**SECOND GENERATION**" section of this newsletter. Understanding Taiwanese languages will not be necessary. It will be your own prerogative to write what you want as long as other second generation persons are happy with the material. If you are interested in becoming an editor, please write to us.

We have decided to publish Dr. Sata's talk again listed on page 26 because many of you have not had a chance to read it yet. His talk has appeared in a few Taiwanese-American newsletters such as the the North American Taiwanese Professor's Association, the St. Louis Taiwanese American Association and the Taiwanese American Citizen League. Dr. Sata presented his talk to the St. Louis Chapter of NATMA last year.

The pertinent informations in articles written in Chinese characters are as follows:

1) Page 3 is the introduction. That introduction is very similar in nature to this one. We believe the newsletter should be published on a regular basis. Issues will be published quarterly (January, April, July and October). Some of the news will also be published in the Second Generation Section of TaiwanCulture and Second Impact of Pacific Journal. If you know of anyone wishing to advertise in our newsletter, please give them our address. The deadlines for receiving manuscripts, advertisements, etc. are 12/1, 3/1, 6/1 and 9/1.
2) Page 4 is the President's message. The president talks about the mission of NATMA and what plans lay ahead for the next two years. **a)** A directory will be published regularly and we would also like to recruit more members. New or changed addresses should be sent to our office to be published in the directory. **b)** We are asking that members write to their Congressman regarding the Fair Physician Licensure Reciprocity Standard Act, H.R. 3410 by Congressman Solarz. (see page 7). **c)** Delegates to participate in the Formosa Medical Association's Annual Convention in November will be continued. Members of NATMA will also visit medical schools in Taiwan. **d)** A special Section/Committee will be formed for the Second Generation. **e)** We are trying to find some way to best decrease or eliminate discrimination.
3) Page 5-6 is an article written by our past president about his experience as the president.
4) Page 10 are two newspaper articles about NATMA. Contents of the articles are very similar to the President's message.
5) Page 7 to 8 describes the Headquarter's news. We have annual conventions in conjunction with one of the Taiwanese-American summer conferences. There are medical symposiums and talks about Taiwanese-American second generation. Most topics are shown in English between the Chinese characters. You will probably want to know that the next annual convention will be held at Southwest Missouri State University in Springfield, MO on July 27th-30th, 1989. The site is very close to Silver Dollar City, Fantastic Caverns and an Exotic Wild Animal Zoo. There will be a symposium entitled "Scientific Basis of Clinical Medicine" and "History of Taiwan North-American Medical Exchange". You can present your talk in English or any of the common languages used currently in Taiwan (Houlou, Hakka, Mandarin, and aboringinal languages).
6) Page 11 to 15 describes the Chapter's news. An example of chapter activities is described in the St. Louis Chapter. It is written in English for your convenience. Other chapters have very similar activities.
7) Page 16 to 17 is the Committee Report. The Fellowship Committee Report written in English will probably interest you the most. We have a Student Committee. There is a possibility that this committee could be expanded and become the Second Generation Committee. Please contact us if you have any suggestions. Most of the pertinent information in the committee reports have been mentioned elsewhere in English in this newsletter.
8) The right side of Page 3 is a questionnaire on the history of medicine in the Taiwan and Taiwan North-American Medical Exchange. The version of this for the Second Genertion is on page 23 . A prize will be given to those who have the best correct answers.

Growing Up and Being an Asian-American

Lindbergh S. Sata, M.D., Samuel W. Fordyce Professor and Chairman, Department of Psychiatry, St. Louis University School of Medicine

(This is a summary of Dr. Sata's speech given at the joint meeting of St. Louis Chapters of North American Taiwanese Professors' Association and North American Taiwanese Medical Association, April 4, 1987. Dr. Sata's answers to follow-up questions from the members are also incorporated.)

Both of my parents were native Japanese. My father came to the United States between 1908 and 1912; my mother did not get here until 1920. Under traditional Japanese up-bringing, I grew up in Portland, Oregon. Japanese parents in Portland wanted their boys to learn sumo wrestling. Having to wrestle virtually half-naked, we, boys, wanted no part of sumo. Then, our parents wanted us to learn kendo, a sort of fencing in which two players use bamboo swords against each other. To us, however, it was no more than hitting each other on the head with a bamboo stick. So, before long we got out of kendo also. What came next was judo, a Japanese martial art of self-defense. Judo was more acceptable to us. Still, as soon as the instructor was gone, we would shift to play football instead.

Life was harsh growing up during the great depression of the early 30s. Every family had to struggle to make a living. For the Japanese children, however, the worst thing was not financial hardship but having to go to two schools, the regular and the Japanese school. We hated to attend the Japanese school for two hours right after regular school and every Saturday morning.

Until the late 50s on the west coast, Japanese were not admitted in white restaurants. Instead, we went to chop suey restaurants owned by Cantonese-Chinese who served only chow mein, cha-sou and egg foo young. Such dishes were not authentic Chinese but were Americanized to suit American taste. At the time, of course, we did not know anything better or different.

Most of us were raised in Japanese ghettos. Venturing out was a rarity. Our family friends were all Japanese. Japanese was the only language we spoke at home. There was no other way for my parents did not speak English. I did not speak English until the third grade. For a while, I felt terribly embarrassed whenever my parents spoke Japanese in public. On the other hand, there were occasions when I felt awfully frustrated that my Japanese was not good enough for me to express my feelings and thoughts.

The United States declared war against Japan following the Pearl Harbor attack on December 7, 1941. The following spring, my family and about three thousand other Japanese in the Portland area were rounded up and moved out of our community. For the first six months we lived on the Portland fairgrounds. Each family was assigned to a cubicle there. As one can imagine, living conditions at the fairground were plainly terrible. Then we were moved to a camp out in the desert in Idaho. Though euphemistically named a relocation camp, it was actually a concentration camp.

Going to school inside the camp was difficult and different. I wanted to learn German and Latin so that I could prepare for a medical education. However, there was no Latin teacher and German was not to be taught because America was at war with Germany. So, I took Spanish, instead. Too bad that our Spanish teacher spoke no Spanish. Attempting to learn Spanish from him was hilarious and sad. We couldn't have a chemistry class because there was no chemistry lab in the camp. The school did offer carpentry, auto mechanics, and lot of other vocational courses. During all those years at the camp school, I ended up with a lot of vocational courses and only one unit of English in spite of the fact I wanted to prepare for college.

I was 17 when I left the camp in 1945. From there I went on to the University of Utah. Financing my college education with a number of odd jobs, I finally made it through in seven and a half years. But it was not because of financial reasons that it took me such a long time to get my undergraduate degree. I was not advised academically at all. I thought at the university one was supposed to take courses that interested him. I consequently ended up taking a variety of courses including quite a number of philosophy courses.

Friends graduated one after another, but I was still with the University. I didn't know what was wrong. Finally, I gathered enough courage to see a school counselor who was kind enough to go through my transcript. He found that I had taken a lot of advanced philosophy courses but not the beginning philosophy course. Having no concept what a major meant, I had taken courses out of sequence. Without the beginning philosophy course I could not graduate with a degree in philosophy. Neither could I graduate in one or two other fields again for the same reason that I had not taken the beginning course in the field. Fortunately, I did have the beginning biology course and a sufficient number of advanced biology courses. So, I graduated as a biology major.

After my graduation from college, I held a rather unsatisfactory job for quite a while. Then I became reacquainted with Yuri, who is also Japanese and later became my wife. She thought I was not making something of myself. With her encouragement, I ultimately got myself accepted to medical school to study psychiatry. By then my brother and my sister both had finished their medical education.

At every stage of my life, I have encountered discrimination. In the pre-war period, opportunities for Japanese within the main stream of society were limited. They worked within their own communities. If one did not farm or was not self-employed, he most likely had to wash dishes or do other manual odd jobs. Those few who were lucky and determined enough, went East to Ivy League schools to study medicine. After graduation, they returned home to practice medicine in their own community.

In spite of my reputation as a professional in my own field years later, I continued to experience a subtle type of discrimination. For example, while I was considering whether to accept an offer of department chairmanship at one university, over the phone the prospective employer seemed to indicate that he might have made a mistake by offering me the job. He probably was not pleased that I accepted the job.

Serving as a consultant within industrial corporations, I found that there were significant differences between ethnic groups in terms of the rate of promotion from technical to managerial ranks. For whites, it was 1 out of every 2.5 persons while for Asians it was 1 out of every 13. Those Asians who were promoted had to work twice as hard as their white counterparts to win promotion. The situation for Asians has since improved but the rate of promotion is still only 1 out of every 4 but for whites it has remained 1 out of every 2.5. For Asian females, the situation is even worse--1 out of every 30 persons.

Recently, things definitely have changed for the better. Twenty five years ago, you could not work at one of the Fortune 500 companies if you were Asian. Now you can, but with barriers.

In the late 40s and early 50s, the University of Utah admitted on the average two Asians a year. As I recall, I was the only Asian student in my class. In the early 70s, as a faculty member I served on the Admission Committee of a medical school for six years. Before I was a member of the Committee there were only two Asians per class. The rate increased six to eight during the years I was on the Committee. Since I left the Committee the rate has dropped back to two per class again.

Participating and organizing will make a difference. The Japanese-American Citizens League was started in Washington State. It has some nine hundred members of which only several dozen were active. Another example is a group called the Asian Coalition for Equality (ACE) composed of five members. When we spoke under the banner of ACE, we attracted attention. Whenever we planned to demonstrate, we would call members over the phone to come to help. People responded to the organization. It had mystical power.

These days at the University of California--Berkeley, there is enormous concern that qualified Asian applicants have been screened out. Concerned Asians have been speaking out. Now Asian Congressmen want to investigate the issue.

It is not enough just to strive for causes that directly concern us. We have to strive for fairness in general. Only then will we have credibility. During the civil rights movement of the 60s, I learned that the federal government had a contingency plan to round up black leaders and put them in camps. Having suffered at the relocation camp, I was particularly sensitive to such matters. I consequently alerted Asian Congressmen. A congressional investigation was subsequently ordered. At first the Defense Department denied that it had such camps. However, the investigation came up with findings contradictory to the Defense Department's denial. Promise was then made to abolish those camps. Unfortunately, the department did not keep its promise. In the mid-70s the Vietnamese refugees did go to such camps as did the Cuban and Haitian refugees in the late 70s.

Tragedies did happen and can happen again. Mr. Chin, for instance, was clubbed to death in Detroit by two white auto workers a few years ago. The murderers received only a suspended sentence from the white judge. That was a

grave injustice. One of my colleagues casually argued that a mistake could be made. What about Mr. Chin's death? Was his life less valuable because he was not white?

Being different racially, I always feel marginal and have a sense of separation. Marginality, however, has enabled me to see things differently. This is definitely an advantage for being an Asian. I have tried to set aside the negatives and become stronger. This is the best way to cope with problems of cross-cultural adjustments.

(REPRINT FROM ST. LOUIS TAIWANESE-AMERICAN NEWSLETTER)
MAY 1987

MORE THAN 120 YEARS LATER

John C. Chang, M.D.
(張志雄)

INTRODUCTION

Western medicine was first introduced to Taiwan in 1865 by Dr. James L. Maxwell, a Presbyterian medical missionary from Scotland. Subsequently, a few medical missionaries from Great Britain, Canada and the United States of America followed in his footsteps. During the Japanese rule form 1895 to 1945, the Japanese-styled western medicine further shaped the practice of medicine in Taiwan as seen today.

To help the readers understand some of my viewpoints as follows, please allow me to describe my background. I was born and raised in Taiwan, and finished college and military service there. As you might be aware, there exists tremendous parental pressure for children to become doctors. I was not exception. However, I did not obtain a high enough score in the college entrane examination to go to medical school. Instead, I went to a four-year college at the National Taiwan University with a major in Zoology. Meanwhile, my interest in medicine grew stronger as I became older. So, after I immigrated to the United States in 1980, I pursued with great preseverance to study medicine. From August to November, 1987 I was blessed with the opportunity to do two months of clinical rotations in Taiwan with financial support form the North American Taiwanese Medical Association. As I am aware that the majority of the readers are second-generation Taiwanese Americans, I have tried to record my visit to Taiwan as seen through "their eyes".

I. National Taiwan University Hospital

The National Taiwan University Hospital, also known as "Taita Hospital", founded in 1895, is one of the finest hospitals in Taiwan. It is a 1200-bed, tertiary care facility, and is the teaching hospital of the National Taiwan University Medical School. The hospital is presently under expansion, and is expected to add 800 beds to its current capacity by the end of 1988.

The Tai-Ta Hospital and the Medical School have carried on their fine quality and tradition since the Japanese rule from 1895 to 1945. The attending physicians appear to carry more weight in determining the direction and policies of the hospital than in the United States.

During the week I spent there in the OB/GYN department, it was interesting to see how residents and students were trained. The residents spent a majority of their time on wards. During their outpatient clinic rotation, their responsibilities included history-taking, blood drawing, and some clerk work (e.g. filling out forms). The attendings were the ones who actually saw the patients and performed the physical examination. In the labor and delivery room, the residents assisted the attendings in the same fashion. They would follow the patients throughout labor and delivery, but the attendings did the actual delivery. The opportunity for the residents to deliver babies was very limited. Therefore, they were assigned to other hospitals for more hands-on experiences. One of these hospitals was the Taipei City Women's and Children's Hospital.

II. The Taipei City Women's and Children's Hospital

The number of annual deliveries in the TCW&C Hospital approximated 8,000, which was second only to the Mackay Memorial Hospital. Here, the residents assumed more responsibilities in taking care of their patients. The majority of deliveries was done by the residents. Attending physicians only delivered those who requested them to for an extra fee.

This hospital had only one labor room with 10 beds. It had three delivery roosm with two tables in each room. The atmosphere was more relaxed, and residents usually worked from 8 AM to 4 PM when not on call. External fetal monitor was available, but not routinely used. X-ray pelvimetry was used when indicated. The patient did not receive any analgesic during labor and delivery. If the patient was expeected to have a normal vaignal delivery, her family would provide food during labor.

III. Tainan Sin-Lau Christian Hospital

The new Sin-Lau Christian Hospital building was completed in 1986, with 180 beds including medical, surgical, and pediatric wards, medical ICU, pediatric ICU, and a hemodialysis unit. The Board of Directors were considering building another facility in order to expand its services.

During the three weeks I spent on the medical wards, there were 69 admissions with 83 diagnoses. It appeared that diabetes, stroke, and cardiovascular diseases were the three most common diseases, followed by upper GI bleeding, cirrhosis, and pneumonias.

IV. Tour of Three Christian Hospitals (Hen-Chun, Ping-Tong, and Pu-Li)

The final week of my trip was spent visiting three Christian hospitals. It is my desire to serve my fellow Taiwanese people through possible future medical missionary work. My visit to those hospitals enabled me not only to observe actual missionary work in remote communities, but to evaluate my own shortcomings as well.

--30--

It became apparent that hospitals in rural communities in Taiwan have great difficulty in recruiting and retaining health professionals. Financial under-compensation and work overload seemed to play a major role. The fast turn-over rate of health care workers also made evangelical work more difficult. It is impossible to establish trust and good working relationships between health care workers and the community within a short period of time.

V. Final Thoughts

The practice of medicine in Taiwan differs tremendously from that in the United States. Health insurance is only offered to government employees and labor workers. The general public has to pay for their outpatient visits, operations, and hospitalizations. Cultural and customary backgrounds of the Taiwanese people also make the practice of medicine different and often times difficult. For instance, Chinese medicine is still popular amongst less educated people. Fractures are usually "set" by Chinese kong-fu teachers. The myth toward western medicine still prevails.

It is fascinating to see how western medicine and Chinese medicine are practiced together in Taiwan. More than 120 years after Dr. Maxwell first went to Taiwan, western medicine has certainly become part of the Taiwanese culture with some modifications.

As final works, I would like to encourage younger Taiwanese-Americans to visit Taiwan, to see its beautiful eastern and southern seashores, to behold its gorgeous high mountains, to view its cities and industrial parks, and to witness the struggle of the people for more than 300 years for democracy and self-determination. I also challenge you to help bring forth the necessary political and social changes to make Taiwan more beautiful.

ACKNOWLEDGEMENTS

I would like to thank the North America-Taiwan Medical Exchange Fellowship for making this trip possible. The fellowship for Dr. Chang's trip was donated by Drs. Ei-Shun Lin and Wen-Keui Pan of Edwardsville, Illinois. Drs. Chang-yao Hsieh, Shoo-Jeng Wu, Chih-Hsiung Huang, Joseph L. Cheng for being fine teachers; Dr. Maotung Tsai of the Chinese Christian Medical Mission for scheduling the tour of the three Christian hospitals and for his inspiration and encouragement.

Finally, I would like to thank my wife, Linnea for her patience through the long four years of medical training, and my three children, Leah, Joseph and Nancy, for their curiosity about a "foreign" land, culture and numerous relatives whom they saw for the first time, which made the seemingly endless flight more tolerable.

A Cry For Help That Physicians Must Answer

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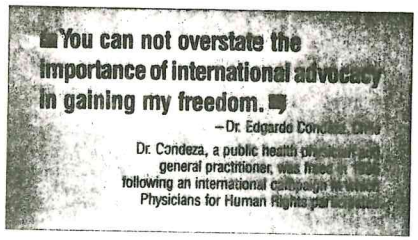

Health professionals feel a particular responsibility in this regard because victims often suffer mental and physical injury and because humanitarianism is at the core of medicine. As healers they have unusual influence on governments not easily influenced. Often, they can make contact with officials and prisoners when ordinary individuals cannot. This is especially true of the medical community in the United States, in part because its professionals enjoy an international reputation for excellence and leadership.

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Survey (Optional)

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(漢名) _____

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1) What are the biomedical fields that you consider yourself to be an expert in or that you have special interest in?(most important one first)

a) _____ b) _____

c) _____ d) _____

2) North American Medical School Affiliation:

Institution _____

City & State/province: _____

Title & Position _____

3) Achievements/Awards/Inventions/Other Honors:

a) _____ d) _____

b) _____ e) _____

c) _____ f) _____

_____

_____

4) If you were invited to speak in Taiwan, list the five most likely topics you would discuss. (List the most likely one first)

a) _____

b) _____

c) _____

d) _____

e) _____

5) Would you be able to help with arranging clinical training, medical research (not clinical), clinical observation (just observation without actual patient contact) to trainee or physicians from Taiwan?

____No ____Yes. If yes, as to what capacity? _____

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