

**Ideology, Identity, and a New Role in World War Two:
A Case Study of the Canadian Missionary
Dr. Richard Brown in China, 1938-1939¹**

SHENG-PING GUO
Emmanuel College, University of Toronto

Canadian churches began to send their organized, large-scale, and financially supported missionaries to China in the late 1880s.² Even though that was later than most Western countries, from the peak time in 1920s to the great retreat in late 1940s the number of Canadian missionaries in China was ranked only next to the ones of America and British origins.³ The missionaries' activities reached almost all of China. They accomplished some major projects, such as the creation of Christian universities, middle schools, hospitals, and churches.⁴ In missionary fields such as Taiwan, Henan, and Sichuan, the recognizable identity of Canada as a nation and the identities of denominational churches and famous missionaries gave the various Canadian missionary groups a role in influencing Canadian-Chinese relations.⁵

Before official diplomatic relations were established in 1942 between the Republic of China and Canada, missionaries were the main Canadian residential population in China and the main envoys among peoples and the two nations. Generally speaking, for a changing world system in the modern age of overseas expansion, missionaries played roles as "advance agents" of imperialism or the "brokers of a global cultural exchange" by contributing to the modernization process of host countries.⁶ Then "Christianization" became Western countries' ideology and the motivation of their foreign policy-makers and missionaries for overseas expansion. Christian progressivism and pacifism, in some degree, stimulated Western soldiers, missionaries, diplomats, and traders in

foreign policy making and international relations as a “civilizing mandate.”⁷ As a result, the crusade of modern imperialism used both war and Christian mission as instruments for international expansion and power politics. However, the complicated situation of the Second World War changed some missionaries’ ideology and actions when they redefined their identity and assumed a new role thanks to their awareness of God’s real call. They accordingly changed their mission practice and caused conflicts with their churches. How did the war change the missionaries? How did the missionaries play their new role in China’s Second World War? In the Canadian case, did the missionaries sent to China expect to do one thing, but end up doing something quite different because of the changing nature of the war in their new country? Did the war create a situation that revolutionized how missionaries viewed their calling and even their understanding of China as a “mission field”? What did the missionaries contribute to the international war and to the relations between the Chinese people and the Japanese invaders?

This essay explores how the Canadian missionaries were influenced by the military crisis of 1938-39, before the large-scale international support appeared for China’s resistance to the Japanese invasion, which happened only after the attack on Pearl Harbor on 7 December 1941. By concentrating on the case of the Anglican missionary doctor Richard Brown (1898-1963), the so-called “unsung Canadian hero” of the Chinese battlefield,⁸ this paper analyzes how one minister changed his approach to mission as a result of the war in his mission field. It examines how Brown developed an understanding of Christian mission as a response to “people’s need” and how he acted as a Canadian missionary doctor in the frontline of the North China battlefield. It also looks at how Brown’s church reflected a changing notion of mission from 1938 to 1939, how he redefined his multiple identities as a Canadian, a missionary, and a doctor in wartime China, and how he influenced Chinese life in a variety of ways. I will first describe the story of Dr. Brown’s three-month service in the Border Regions from April to July 1938. Then I will deal with his continuous work to establish the Southeast Shanxi International Peace Hospital in Liaozhou from August 1938 to January 1939. Finally, I will analyze how the circumstances of war changed this Canadian missionary doctor’s approach to mission and suggest how his modified understanding of mission enabled him to acquire influence in multiple spheres of Chinese life.

The War Crisis and Brown's Change of Mission Ideology

Kuomintang's Nanking decade, from 1927 to 1937, ended with the start of the Second Sino-Japanese War. After the Kwantung Army manufactured the Mukden Accident on 18 September 1931, the Japanese military created the puppet empire Manchukuo (1932-1945) in northeast China. The Kuomintang Northeastern Army retreated to Xi'an, the capital city of Shaanxi province in the northwestern territory, under the command of Chiang Kai-shek, the president of the Republic of China. Foreign missionaries were compelled by the violence of the Japanese occupation to evacuate to other areas. On 12 December 1936 in Xi'an, Chiang Kai-shek was arrested by the soldiers of Marshall Zhang Xueliang, the former warlord of Manchuria and commander of the Northeastern Army who strongly disagreed with Chiang's policy of withdrawal. A peaceful resolution made the Second United Front between Kuomintang and the Chinese Communist Party (CCP) possible in early spring 1937. Later, on 7 July 1937, the Marco Polo Bridge (Lugouqiao) Incident in Beijing signaled the beginning of a full-scale Japanese attack against China's major cities and railways. The Japanese captured the capital city of China, Nanking, on 13 December 1937. Within six weeks the Japanese Army murdered more than 300,000 Chinese civilians and disarmed combatants, raping more than 20,000 women in Nanking and its vicinity.⁹ The infamous Nanking Massacre caused international shock and anger.

In April 1937, before the Nanking Massacre, Dr. Richard Brown's wife, Elsa Helen Musiol, a graduate of the Kiel Seminar and a missionary of the German Lutheran Church, and their three children, Rachel, John, and Peter, had moved to the coastal city Qingdao (Tsing Tao), Shandong province, on account of John's "serious prolonged illness." As the British consul "had advised women and children to stay out of the interior China," they settled down there in the hope that a large community of Westerners would provide them with the conveniences of life and that the Japanese military would respect the treaty port's privilege of extraterritoriality after the army's occupation of Qingdao, which happened on 10 January 1938.¹⁰

In early 1938 the fires of war moved closer to Guide (Kweiteh), Henan, in Central China, where Brown had served as a missionary doctor in an Anglican Hospital, St. Paul's, since 1930. After his graduation from the University of Toronto with a Bachelor of Medicine in 1928, as a new missionary Brown participated in the training program in the Chinese language in Beijing and in the ophthalmic practitioner practice in the

Peking Union Medical College from 1929 to 1930. He received a M.D. degree from the University of Toronto in 1931. In early 1938, as the war dragged on and the enemy came closer, Brown and his colleagues “used to see fires in the fields at night” and “the young men started to leave their farms to join the guerrilla forces fire.”¹¹ The young farmers often came to Brown at the hospital to ask him how they should protect themselves and their families from the hazards of war. He was also informed that, to escape capture by the Japanese, the locally influential Chang family “had finally decided to burn the home of their ancestors and their crops” to avoid them falling into the hand of the Japanese.¹² In this situation, Brown began to reexamine his role as a missionary doctor. Should he remain in Guide after its capture by the Japanese army or should he exert efforts to help the Chinese victims of invasion? He had not decided yet.

In mid-February 1938, to seek an answer, Brown went to Hankou (Hankow), Hubei, to see a dentist, renew his British passport, and transact hospital matters.¹³ From Logan H. Roots, the energetic American Episcopalian Bishop of Hankou, and Agnes Smedley, the persuasive Publicity Officer of the Chinese Red Cross who had convinced several foreign correspondents and missionaries to support the Chinese mission fighting the Japanese in northwestern China, Brown was notified that the Eighth Route Army (Balujun) guerrilla forces were fighting the Japanese in an area where qualified doctors and nurses were urgently needed. He also learned that two medical Canadians, Dr. Norman Bethune (Bai Qiu'en) and Nurse Jean Ewen (You En), had just passed through Hankou on their way to Yan'an, the administrative center of the CCP. “Influenced by the electrifying atmosphere of Hankow and being in the prime of his life, Brown felt a definite urge to take up the challenge.”¹⁴ From Hankou, on 19 February 1938, he wrote to Bishop William Charles White in Toronto to ask for a three-month paid session “as a Christian doctor” working in the “Red Triangle” north of the Yellow River:¹⁵

We have had as many as 96 soldiers in hospital, besides many out patients. Kweiteh station and airfield has been bombed and machine gunned, but the cruelest and most horrible one of all was in Chengchow [Zhengzhou] just eighteen hours before I arrived. The damage was appalling and estimated at 800-1000 casualties . . .

I have thought a good deal about this and through the Hankow agencies whom I got in touch with have offered my services for three months to render help to the sick and wounded . . .

Mission work under the J[apanese] is finished. I feel the hospital in

Kweiteh comes under this category and in view of China's great need I do not wish to vegetate in Tsing Tao. I shall try to go on West after Kweiteh falls . . . My point is that if all goes well I shall leave as a Christian doctor working among the sick of the so-called Red Triangle . . .

The need is so great and I hope by my example to influence other Mission doctors to do the same. Poor war wrecked China! If ever she needs friends it is now.

I am not doing this lightly. I feel a definite urge. The Red Cross Society will help me with drugs and equipment.¹⁶

After mail ballot voting by the members of the Mission Conference of the Diocese of Henan, Reverend Philip Lindel Tsen, the Bishop of Henan who had succeeded Bishop William White in 1934, officially granted Dr. Brown's request.

Once he "received a very urgent call to come to Sian [Xi'an],"¹⁷ on 6 April 1938 Brown left St. Paul's Hospital in Guide for Xi'an. On 8 April Brown informed his wife that "This is a venture of faith as I have only been promised two meals a day, meat twice a week and \$2.00 per month. I am the first mission doctor to do this . . . I am sure there are many who envy me my opportunity."¹⁸ Arriving at Xi'an on 10 April 1938, Brown wrote that "everyone envies me my opportunity and even my heart is bubbling with joy and gratitude."¹⁹ He picked up equipment and medicine from the Red Cross Society.

On 13 April 1938 Brown arrived at Yan'an in a League of Nations truck with Dr. Robert B. McClure, another Canadian missionary doctor from the UCC, now the Field Director for the International Red Cross (IRC) in Central and North China. Like Brown, McClure was a graduate of the University of Toronto, spoke fluent Chinese, and was a surgeon. He had been working at the James Menzies Memorial Hospital and operating the Rural Medical System in Huaiqing County, Henan, for the UCC. Now he accepted the IRC job from Dr. James L. Maxwell, the Secretary of the Christian Medical Association in China and the head of a newly established International Red Cross Committee for China Relief. He immediately "recruited Dr. Richard F. Brown as a travelling companion and headed up into Shensi [Shaanxi] province, into Communist territory."²⁰ In Yan'an, the wartime administrative headquarters of the CCP and the Shaan-Gan-Ning Border Region in northwest China, "they introduced themselves as Canadian missionary doctors come on behalf of the IRC to discuss the problems of getting medical supplies to guerrilla fighters and

to the population in general.”²¹ They met Chinese Communist leaders and talked to soldiers and students.

Later, while McClure returned to Xi’an, Brown joined Norman Bethune as one of three members of the “Canada-American Medical Unit” to prepare for a trip to the war zones. During their time in Yan’an, one festive occasion allowed Bethune and Brown to get together. When the propaganda department of the communist party sent open-air movie tickets to them and Jean Ewen, they joined the soldiers and peasants on wooden benches in the courthouse grounds. After the show of the Soviet film *Chapiev*, the CCP head Mao Zedong gave a brief speech and announced that two doctors and one nurse had come to help the wounded. The crowd thumped the benches and clapped. One child soldier called out that the doctors should sing a song. Bethune stood up and sang “The Ballad of Joe Hill” while Brown translated the words into Chinese and explained their meaning.²²

On Monday, 2 May 1938, ten metal containers of medical supplies were loaded onto an Eight Route Army truck. With an escort of twelve fully armed soldiers, Brown and Bethune set out for the frontline in the Jin-Cha-Ji Border Region. As one of two designated Border Regions, Jin-Cha-Ji was an area made up of parts of three provinces: Shanxi, Chahar, and Hebei. As the Eighth Route Army’s base area for resisting the Japanese, it was strategically important because its northern boundary was located only fifty kilometers south of Beijing. In order to present a common front against the invading Japanese, the communists were given jurisdiction in the region by the Second United Front agreement approved by the rival CCP and Kuomintang factions in August 1937 after the Xi’an Incident. The size of the Border Region was 130,000 square kilometers with a population of 13,000,000. There were 15,000 troops in the region when the two Canadian doctors arrived.²³

Born at Gravenhurst, Ontario, in 1890, the son of a Presbyterian minister, Norman Bethune studied medicine at King’s College, University of Toronto. He became one of the top specialists in thoracic surgery in the world and “lived his life driven by the journey,” “like Ulysses,”²⁴ to help in fighting the Japanese. In early 1938, thanks to his involvement with the China Aid Council in New York, an international agency providing medical aid to the Chinese soldiers, Bethune traveled to China with the American Dr. Charles Parsons and the Canadian nurse Jean Ewen as part of the Canada-American Medical Unit.

After staying in some hospitals of the Eighth Route Army in Suide,

Mizhi, and Hejiachuan in the Shaan-Gan-Ning Border Region, and taking part in a one-month march, Brown and Bethune arrived at Lanxian (Luanhsien) in northwestern Shanxi, the headquarters of the 120th Division commanded by General He Long.²⁵ In early June 1938, the two Canadian doctors met with He Long, took pictures, and developed a friendship. In a letter to Dr. J.L. Maxwell, Brown recorded the medical needs they encountered and their working lives on the journey:

North-western Shensi [Shanxi], in that territory occupied by the 120 Division of the 8th Route Army, I found 1,400 wounded men in one town alone, and the place absolutely without any medical supplies or surgical equipment. Dr. Norman Bethune, with whom I travelled, and I, equipped the first operating room in that town, but we could afford to leave there only very little of our own inadequate equipment. In northeastern Shansi [Shaanxi], base of another 8th Route Army force and of great partisan armies, there are seven hospital areas. In these areas, many towns and villages were filled with the wounded, altogether over 4,000 both of the 8th Route Army and of their partisans . . . Medical supplies are pitifully small and in some places non-existent. Dr. Bethune and I examined and operated on many wounded.²⁶

In a letter written in Lanxian to Agnes Smedley, dated on 6 June 1938, Brown expressed his shock at the poor medical services available on the battlefield and his willingness to do what he could to help:

We are on the hop from morning to night. Our longest stay in one place is two weeks, but we average 3-4 days.

The whole way is one procession of misery and appalling conditions. Many of the wounded have had no attention at all, and some have been on their dirty beds for months. In one place many soldiers were absolutely naked, verminous all of them, half starved and slowly dying of sepsis. The other day we came across a poor wretch with half of his face shot away, also 2/3^{rds} of his tongue. He cannot swallow and is slowly dying of starvation. What a trial of misery it has been. Routine blood tests on all sick show an average of blood haemoglobin of 70%. It will take over 100 good doctors a full year to help these people; it will take a good deal of money, too. Several soldiers have lost limbs and fingers from frost bites which went on to gangrene. *Something* must be done at once to provide them with clothes and bedding, also to alleviate the distress of the peasants. In one mountain

'hospital' were 175 wounded, and not a chicken or even an egg could be purchased within 30 *li*.²⁷

The need is great. *Money and doctors*. We leave on our final stage for Wutaishan early tomorrow morning. I plan if possible to return to Hankow and appeal for help, if at all possible to do so, also to Shanghai and Hong Kong . . . the whole road has been a procession of sick and wounded. Already we have done many operations, records are being kept. It is trying to awake every morning with the sick and wounded pulling at your bed clothes, but one gets used to it.

Please, please do all you can to help these poor people, especially the wounded . . .

We have also treated Japanese prisoners of war; in fact we make no discrimination between soldiers of both sides and civilians.²⁸

On 7 June 1938, Brown and Bethune headed to the Wutai Mountains area. On 17 June, they arrived at Jin'gangku village, the headquarters of the Jin-Cha-Ji Military Region, where they met the commander, General Nie Rongzhen. Nie invited Bethune to serve as a medical advisor for the Jin-Cha-Ji Military Region. Bethune happily accepted the title, but he asked to work immediately in the frontline. On 18 June 1938, accompanied by Dr. Ye Qingshan, the two Canadian doctors marched to the Jin-Cha-Ji Military Region Base Hospital, which was located at Songyankou village, thirty kilometers away from Jin'gangku. This hospital was better managed than the four in which the two Canadian doctors had previously worked. The 350 wounded and sick persons were housed in Songyankou and its neighboring villages, Hexicun and Hebeicun, less than five kilometers distant.²⁹ Many soldiers had been wounded ten months before at the Battle of Pingxingguan Pass in late September 1937.³⁰ Brown and Bethune performed physical examinations on all the patients, ranked cases according to the severity of their wounds, and carried out 110 operations by the time Brown left twenty-five days later.³¹ As his three months leave was up, Brown left Songyankou for Xi'an on 13 July. On the day before he left, he did "nine operations, apart from many calls. The operations consisted of the extraction of bullets, shrapnel, and dead bones."³²

During the three months from 13 April in Yan'an to 13 July at Songyankou in the Border Regions, Brown performed a total of "365 operations."³³ After Brown left, Bethune worked continuously in the mountainous Jin-Cha-Ji Border Region until his death by blood poisoning in a countryside hut hospital on 12 November 1939. He was well known for his high hospital management standards and for his invention of a

mobile medical unit designed specifically to perform blood transfusions on the battlefield and to reduce by about 70% the chances of death facing wounded soldiers on the front. It was said that Bethune could perform surgery anywhere, even in the most dangerous conditions of a war zone, because he created a multifunctional tool box that could be turned into a temporary operating table in addition to its primary use as a storage unit for medical equipment and tools. We do not know how many of Bethune's medical innovations were made thanks to his common experiences and cooperation with Brown during their three months' work together. We do know that Brown had been Bethune's translator and also an independent colleague. We also know that the two Canadian doctors "had lengthy talks particularly at night."³⁴ Dr. Robert McClure, a close peer, remarked that Brown "did more work than Bethune."³⁵

Church Crisis and Brown's Change of Role and Identity

During the war against Japan, four International Peace Hospitals were founded in China by foreign doctors. Canadian doctors Norman Bethune and Richard Brown established two of them in 1938 and 1939.³⁶ It was during his three months of service with Bethune on the frontline and during a forty-two-day trip from Songyankou to Xi'an with Haldore Hanson, a young American correspondent for the Association Press, that Brown witnessed the miserable situation and poor medical conditions in the Border Regions.³⁷ He decided he had to raise money and open a new hospital for soldiers and civilians. On 27 August 1938, he sent a letter to Dr. James. L. Maxwell, the Secretary of the IRC Committee of Central China:

Dr. Bethune is in Wutaishan now, the only qualified doctor in the area . . . From the Wutaishan area I crossed the Chengtai Railway allegedly "controlled" by the Japanese, and connected with the General Headquarters of the 8th Route Army, where I also talked with Generals Chu Teh [Zhu De] and Peng Teh Hwai [Peng Dehuai], Commander and Vice-commander of the 8th Route Army and many Central Government Division[s] in the region south of the Chengtai and east of the Tungpu railways. My journey southward was a long procession of sick and wounded, all of them housed in the homes of the people, who care for them as best they can. Chu Teh informed me that he had had 18,000 casualties in the 8th Route Army since April, in that one region alone. Apart from this, the Japanese burned out

many towns, including Wusiang, Liao-chow [Liaozhou], Kaoping, Sinchow, etc. inflicting great suffering on the people who are homeless and face a harsh winter.

In view of these facts, I would ask the International Red Cross Committee in Hankow to do all it can to supply drugs, surgical supplies, and money to enable me to open a large hospital for the wounded of the armed forces, the partisans (armed civilians), and also to establish temporary living quarters for the civilians, particularly women and children and the aged. I recommend that a centre be established at Liaochow, in the buildings of the Brethren Mission Hospital, which is now abandoned . . .

I am trying to raise at least \$100,000 for immediate relief, and I appeal to the International Red Cross to supply me with at least half of this. I hope to raise the rest outside.³⁸

In late August 1938, Brown returned to Kaifeng, the headquarters of the Diocese of Henan, Church of England in Canada, “under the very nose of the Japanese,” who occupied much of Henan.³⁹ He was informed that the North Henan mission had evacuated its territory, its personnel remained at the resort of Jigong Mountains, and few medical facilities remained within the occupied areas.⁴⁰ Brown then “found that he had become an outcast.” “Still worse,” he “was branded as a Communist.” He remembered that, “he had been critical of the operations of his hospital at Kweitch, and had said in a memo that the mission was more concerned with rank and prestige than in ministering to the people.” Now “the hostility toward him for working with Bethune meant that there was no other course than to ‘part company.’”⁴¹

As his detailed proposal was soon approved by the IRC in Hankou, in September 1938, Brown’s friend John Foster, who was working for IRC as a manager, was asked to use the \$50,000 Chinese dollars granted by IRC to purchase equipment and supplies.⁴² Brown went to Shanghai and Hong Kong to raise the remaining money in September and October. His friends, American Freda Utley in Shanghai; Ronald Owen Hall, the Anglican Bishop of Hong Kong; and other friends of the China Defence League, also helped his fundraising. Brown reached Chongqing by air from Hong Kong as Hankou had fallen to the Japanese on 25 October. On the morning of 9 November, Brown arrived at Chengdu from Chongqing by air. As a houseguest of the UCC missionary doctors Leslie and Janet Kilborn, Brown played tennis with other Canadian missionaries.⁴³ On 22 November, Brown informed his wife that he would leave Xi’an for

Southeastern Shanxi within three days.⁴⁴ It was about this time or before that Brown also received the MSCC Executive Sub-Committee's decision from Toronto, dated 17 May 1938:

The Committee further instructs the Secretary to state to the Secretary of the Honan [Henan] Mission the great relief with which the Executive has learned "that Dr. Brown has no official connection with the 8th Route Army or any other Army" and to emphasize the principle that the Mission and Missionaries must be kept absolutely clear from and independent of, military action of any kind whatsoever.⁴⁵

The conflict between the Church's expectations and Brown's Christian commitment concerning the relief of the sufferings of the Chinese people thus led him to leave his missionary doctor post at the St. Paul's Hospital in Guide, Henan, for his goal of setting up an urgently needed hospital in Liaozhou, Shanxi, for wounded soldiers and civilian refugees, even though he planned that "he would let the Chinese themselves run it . . . once it got going."⁴⁶ As a result, on 24 November 1938, in Xi'an, Brown wrote a letter of resignation to the missionary society:

Yet the subcommittee look[s] with "misgivings" etc., but . . . I am firmly of the opinion that this is of a very definite Christian character and is infinitely more preferable to acting as caretaker to a group of buildings which so many missionaries are doing at present . . . After a great deal of thought and study I have been led to make the decision to throw in my lot with my Chinese brothers and sisters. I have been asked and have consented to lead a relief unit again into Shansi and am leaving today. The work is full of hardships and bitter sufferings. I am the only foreigner, and as in the past, I shall eat, live and sleep and share my lot with the Chinese. I go, not as a Communist, to the contrary, very anti-Communist, but definitely as a Christian Doctor armed with the Christian doctrine.⁴⁷

Concerning the criticism of his association with communists, he wrote, "May I remind the sub-committee that China is at war, her very entrails ripped and gushing blood and that this is the time for professing Christians to show a little love to her."⁴⁸ "I am leaving today for the Yellow River crossing," he stated, "It is bitterly cold and for the last three days Sian has been incessantly and brutally bombed."⁴⁹

With medical equipment and supplies provided by the IRC manager John Foster, Brown arrived at Liaozhou in late December 1938.⁵⁰ By early January 1939, the Southeast Shansi International Peace Hospital was established in some brick buildings in the abandoned Brethren Mission Hospital.⁵¹ The hospital's supplies were brought forward in good order and the patients were carried into the wards. Unfortunately, "only 19 days after it was opened, Japanese captured the town" again and, in their second invasion, the entire hospital was destroyed at the end of January. However, "medicine and equipment were salvaged by Dr. Brown and his staff and with these, mobile medical work was continued in areas not far away."⁵² Chinese guerrillas later retook Liaozhou and the hospital was reestablished in scattered units in a number of neighboring villages, with its beds housed in brick and mud huts. Because of its proximity to Japanese garrison zones, the beds in this hospital were "never empty," the few mobile medical and surgical units seldom rested, and the Outpatient Department was "continuously overflowing with civilians and soldiers."⁵³ Surviving under Japanese mopping-up operations, by 1943 the hospital "had 920 medical personnel forming 12 mobile units" scattered widely in the region of Southeast Shanxi and Western Hebei.⁵⁴ Another international friend, Dr. Hans Muller, a Jewish German anti-Fascist, who took his medical degree at Zurich and had worked in the guerrilla regions since 1939, continued Brown's work and headed one unit.

The Controversial Ideology, Role, and Identity of a Missionary

"Dr. Brown did not return" to either the Southeast Shanxi International Peace Hospital at Liaozhou or to his church hospital, the St. Paul's Hospital in Guide, Henan, after January 1939.⁵⁵ In Brown's case, the bitterness and conflicting ideologies engendered by the experience of war in multiple communities deeply influenced the course of his career, especially after 7 July 1937 when the Japanese army launched a full-scale invasion of China. Before 6 April 1938, he concentrated on St. Paul's Hospital, which was in the area that Kuomintang controlled. From 6 April 1938 to the end of January 1939, he operated mainly in CCP-controlled areas. During this entire time, local, international, and church politics taught him lessons. As a deeply immersed Canadian missionary doctor he tried to build up a record of goodwill and positive service to the Chinese people. He acted as an effective civil ambassador of the Anglican Church, Canada, and his medical professional, but he acted more decisively as a

dedicated Christian striving to achieve international goals.

Historian Min-sun Chen notes that, “had Brown remained in the general area of Liao-chou, he would have a fair chance of becoming a ‘Second Bethune.’”⁵⁶ He declared Brown to be “China’s unsung Canadian hero.” He remarked that:

Dr. Brown’s lack of recognition could be traced to: (1) timely encouragement was not given to Dr. Brown in 1938 by the Missionary Society of the Church of England in Canada (MSCC), and (2) Dr. Brown’s subsequent decision to resign from MSCC and to engage in private practice in Tsingtao in the spring 1939. As to the lack of co-operation among the Canadian doctors in China, much could be attributed to the wartime circumstances.⁵⁷

Another historian, Alvyn J. Austin, was the first to write several paragraphs on Brown’s story in the Red Triangle. He commented that, “it was one of the minor tragedies of history” that these three medical graduates of the University of Toronto, Robert McClure, Richard Brown, and Norman Bethune, “who met in a common cause in war-torn China, should be blinded to co-operation by their personality differences.” He observed that, “they were, for example, the only three men for hundreds of kilometers who could have built a hospital system.” He also pointed out that, “it is tragic, too, that the missionary doctors could never see that Bethune’s character became purified by the fires of China – just as their own had been . . . If for no other reason than, Dr. Bethune was Canada’s greatest missionary.”⁵⁸

In my observation, Brown, Robert McClure, and Norman Bethune made their own way to support China and the Chinese people in their hour of greatest need. They co-operated with each other from their own perspectives as Canadians usually did. That they could not co-operate more was not their own fault and not just personality differences, but a more complicated historical context – for instance, ideological conflicts, family considerations, and relations with specific religious or international organizations – but their awareness of their own identities and their new roles in war should be accounted as key factors on their personal paths. In the case of Brown, he could not agree with his church because, while the Diocese of Henan had permitted his three-month leave with stipend to serve the wounded soldiers and civilians in the Red Triangle, the MSCC’s “misgiving” gave him conflicting directions by reaffirming the church’s mission policy and its resolution related to him on 8 April 1938:

it is the duty of all agents of MSCC to devote all their energies to the relief of suffering in the place or posts to which they have been appointed; and further that this Sub-Executive is unable at this time and on the information now before it, to approve either of Dr. Brown's absence from St. Paul's Hospital, Kweiteh, or of the related resolution of the Mission Conference.⁵⁹

Furthermore, Brown could not agree with his church community whose members believed that he had become a "red" and "branded" "Communist" after his three months in the Border Regions.⁶⁰ By contrast, he was very conscious that he was a Christian and missionary doctor. He kept his own Christian holiness by understanding the urgent needs of his "Chinese brothers and sisters."⁶¹ After the completion of his three-month service in the Red Triangle and to the Eighth Route Army for the International Peace Hospital project in Liaozhou, he returned to his Qingdao family in mid-February 1939 and began a new journey as a private Christian doctor serving multinational civilians and refugees. In 1941 he joined the British Royal Medical Corps. Because of his devotion to the anti-Japanese cause and Japan's declaration of war on America, the Japanese army detained and interned his three children and his missionary wife in Manila until February 1945.

Ideological labels, church politics, and international relations hurt Brown and his family. As a Christian missionary and a doctor he had a specific ideology. It was one based on his multiple identities: Canadian, missionary, and doctor. Acknowledging that complex sense of self makes any explanation of his actions in the Border Regions in 1938-39 more reasonable. For example, as a Canadian missionary in Yan'an on Good Friday, 15 April 1938, only two days after his arrival, Brown conducted a Christian service in the Chinese language in response to a request made by Mao Zedong on 13 April. After setting up loudspeakers, Brown asked for a Canadian flag and it was raised.⁶² Brown gave a sermon to more than 2,000 Christian soldiers, students, and other listeners, based on the parable of the Good Samaritan.⁶³ Drawing on that story, he urged his hearers not to oppress their peasant brothers and sisters. On the way south from Wutai Mountains to Xi'an, Brown and Haldore Hanson stopped at the headquarters of the Eighth Route Army in southeastern Shanxi and met with the Commander-in-Chief, Zhu De, and the Vice-Commander-in-Chief, Peng Dehuai. Zhu De pointed out that he needed the same kinds of facilities that Brown and Bethune had begun in Songyankou. Brown also persuaded Zhu De to issue a statement from the Eighth Route Army to all foreign

missionaries, which he later showed at fundraising activities in Shanghai, Hong Kong, and elsewhere for his International Peace Hospital project and at the Mission Leaders' Conference in Xi'an that the Eighth Route Army held at the end of October 1938. Zhu De's letter signaled his appreciation of the missionaries and it was spread widely:

The Eighth Route Army expresses its thanks and gratitude for the kindness and help rendered to China by foreign missionaries during her war of resistance against Japanese invasion, especially to those doctors and nurses who worked under great difficulties and dangers. Their work in China not only means a great deal to the Chinese Army, but also renders tremendous service to Chinese refugees and people. I hope that our International friends will continue to support China's war against aggression, and that those foreign doctors and nurses in the war zone will remain there to work. Furthermore, we welcome our foreign friends to extend a more broad and concrete movement in aiding China, especially help to take care of the sick and wounded in the war zone. The 8th Route Army has no prejudices against missionaries. On the contrary, we welcome them and wish to co-operate with them, for our war of resistance not only fights for the independence and freedom of the Chinese nation, but also for the maintenance of world peace. On this respect our goal is just the same.⁶⁴

Roderick and Sharon Stewart note that, "influenced by Kuomintang propaganda, most missionaries were strongly anti-communist. To many, Zhu De's conciliatory statement was no more than a ruse designed to achieve temporary gains."⁶⁵ Robert McClure stated that:

This move to change its attitude toward the mission work is largely the result of [Richard] Dick Brown's efforts and influence and I think it is what he went up there to do. He has done it and done it more than successfully than we could ever have imagined. I think he ought to be given full marks for this Christian influence and particularly I do not think that his own mission board realize[s] the tremendous work that he has been able to do. I think it is just naturally the result of a man who takes time from his routine mission work to get his nose off the grindstone occasionally and look about him and to give some thought to the big issues about where missions are going.⁶⁶

In conclusion, Dr. Richard Brown was an unsung hero for his efforts to build an international identity for Canada, for missionaries, and for

modern medical services. During the early stages of the Second World War, in 1938-39, as a devoted internationalist, Brown, along with other Canadians, helped to build a positive image of Canada as an independent actor in the world. Even though Brown held a British passport, a symbol of nationality identity,⁶⁷ the Chinese national leader Madame Sun Yat-sen (Soong Ching-ling), Chair of the China Defence League, still clearly recognized that “With the assistance of Dr. Richard Brown, a Canadian missionary-surgeon, the Southeast Shanxi branch was established in 1939.”⁶⁸ As a missionary, Brown and many other missionaries’ professional projects built a Christian identity for their missionary societies and other religious communities; even though Brown was an Anglican missionary and had serious conflicts with his own church, the national leaders of the CCP and the Eighth Route Army still trusted him and appreciated his, and all other missionaries,’ humane services for Chinese soldiers and civilian refugees. As surgeons Brown, McClure, and Bethune healed countless wounded and dying people. They practiced humanitarianism and internationalism through a deep, kind, and real love of Jesus Christ. Their performance on the frontline of the Jin-Cha-Ji Border Region built a global memory for all doctors and modern medical services. Richard Brown tried his best to do his duty and fulfill his promise as a Canadian, a missionary, and a doctor. His story is worth knowing, providing, as it does, an image and memory that tie together Canada, China, and their international contexts in a space beyond ideology, identity, and specific social systems.

Endnotes

1. I would like to thank Professor Phyllis D. Airhart and Professor Mark G. Toulouse, both of Emmanuel College, University of Toronto, for their excellent guidance. For the paper presentation I would like to thank the Emmanuel College principal and office staff, the 2015 executive members of the Canadian Society of Church History (CSCH), and the CSCH annual conference attendees (at the University of Ottawa from 30 May to 1 June 2015) for their support, help, and comments.
2. Alwyn Austin, *Saving China: Canadian Missionaries in the Middle Kingdom, 1888-1959* (Toronto: University of Toronto Press, 1986), 3-10, 12, 15, 19, 20, and 89. Austin mentions the British missionary James Hudson Taylor and “the first Canadian party” of the China Inland Mission. During his 1888 journey to North America Taylor gave speeches in many cities including Toronto. Also see Song Jiaheng and Li Wei, eds., *Jianada chuanjiaoshi zai Zhongguo*

Canadian Missionaries in China (Beijing: Dongfang chubanshe, 1995), 2-3.

3. For example, in mainland China there were still 850 Canadian missionaries at the beginning of 1948, after most of missionaries north of the Yangtze River had retreated, including great retreat of the United Church of Canada's Henan mission in the middle of 1947. See Pan Xingming, *Ershi shiji Jia Zhong guanxi China-Canada Relations in the 20th Century* (Shanghai: Xuelin chubanshe, 2007), 154-55.
4. Song and Li, *Canadian Missionaries in China*, 1. Canadian missionaries mainly participated in the foundation and management of two Christian universities in China: the West China Union University and the Cheeloo University. The related works include establishing of churches, modern hospitals, and schools, academic studies (Bishop William Charles White and Dr. James R. Menzies, etc.), and other cultural brokering efforts.
5. There were several main missions in China: the Formosa mission (Presbyterian, later United) in Taiwan; the North Henan mission (Presbyterian, later United), and the Diocese of Henan mission (Anglican) all in Henan; the West China mission (Methodist, later United) in Sichuan; the South China mission (Presbyterian, later United); and the Roman Catholic mission (Quebec Jesuits in Suzhou) in Jiangsu. The idea of the "identity of Canada" or "national identity" in this paper is borrowed from historian Sidney Mead who once described America with the apt phrase, "a nation with the soul of a church," which was coined by G.K. Chesterton in answer to his question, "What Is America?" – the title of the autobiographical essay in which he relates how he came to appreciate what the United States was all about. See Sidney E. Mead, *The Nation with the Soul of a Church* (New York: Harper & Row, 1975).
6. Andrew Preston, *Sword of the Spirit, Shield of Faith: Religion in American War and Diplomacy* (Toronto: Vintage Canada, 2013), 191-92.
7. Preston, *Sword of the Spirit*, 224.
8. Min-sun Chen, "China's Unsung Canadian Hero: Dr. Richard F. Brown in North China, 1938-1939," in *East Asia Inquiry: Selected Articles from Annual Conferences of the Canadian Asian Studies Association 1988-1990*, ed. Larry N. Shyu, et al (Montreal: Canadian Asian Studies Association, 1991), 109-37. Chen's paper was the only English work to focus on Brown until December 2014.
9. Joshua A. Fogel, ed., *The Nanjing Massacre in History and Historiography* (Oakland: University of California Press, 2000), 6. On the same page, Fogel admitted that there was an argument about the numbers, but he and the other contributors of the volume "are all of a mind that a great massacre occurred, and whether 200,000 people were killed or 240,000 does not alter the

dimensions of horror.”

10. The information in this paragraph comes from Mrs. Brown to Friends [of the Women’s Auxliary of MSCC.-Missionary Society of the Church of England in Canada], 2 July 1938, Brown Family Papers, Toronto. Min-sun Chen holds photocopies of Brown’s rare personal papers, having received them from John and Betty Brown. See Chen, “China’s Unsung Canadian Hero,” 113.
11. The transcript of CBC “Our Special Speaker” program by Major Richard Brown, M.D., Sunday, 4 February 1945, 8:45 p.m. to 9:00 p.m. See Chen, “China’s Unsung Canadian Hero,” 114.
12. Chen, “China’s Unsung Canadian Hero,” 114.
13. This information is from Richard Brown to Bishop William White, 19 February 1938, Richard Brown Documents, MSCC Series 3-3, Leonard A. Dixon files, China-Active files, GS 75-103, Box 77, GSA-Anglican Church of Canada General Synod Archives, Toronto. Hereafter I will use “Richard Brown Documents.”
14. Chen, “China’s Unsung Canadian Hero,” 116. This is Chen’s interpretation.
15. The so-called “Red Triangle” was the Jin-Cha-Ji Border Religion (*bianqu*) in the northwest, from Xi’an up to Wutai Mountains governed by the CCP and the Eighth Route Army under the leadership of Mao Zedong and Zhu De.
16. Richard Brown to Bishop William White, 19 February 1938, Richard Brown Documents.
17. Chen, “China’s Unsung Canadian Hero,” 115. Chen also suggestes that the call was “most likely from Dr. McClure who was with the International Red Cross.”
18. Richard Brown to Mrs. Brown, 8 April 1938, Brown Family Papers, cited in Chen, “China’s Unsung Canadian Hero,” 115.
19. Richard Brown to Mrs. Brown, 16 April 1938, Brown Family Papers. See Chen, “China’s Unsung Canadian Hero,” 116.
20. Munroe Scott, *McClure: The China Years of Dr. Bob McClure, A Biography* (Toronto: Canec Publishing and Supply House, 1977), 219.
21. Scott, *McClure*, 220.
22. Roderick Stewart and Sharon Stewart, *Phoenix: The Life of Norman Bethune* (Montreal and Kingston: McGill-Queen’s University Press, 2011), 284, 437n41. Joe Hill was a Swedish-American labor activist.

23. Norman Bethune to Elsie Siff, 19 July 1938. See Stewart and Stewart, *Phoenix*, 296, 293. The Border Region contained more than 100,000 soldiers of the Eight Route Army and partisans.
24. Adrienne Clarkson, *Norman Bethune* (Toronto: Penguin Canada, 2009), 4.
25. Freda Utley, *China at War* (London: Faber and Faber Ltd., 1939), 137.
26. Richard Brown to J. L. Maxwell, 27 August 1938, Richard Brown Documents.
27. The “li” is a Chinese measurement of distance that equals to a half of kilometer.
28. Richard Brown to Agnes Smedley, 6 June 1938. See Utley, *China at War*, 137-38.
29. Stewart and Stewart, *Phoenix*, 293.
30. Stewart and Stewart, *Phoenix*, 438n79.
31. Norman Bethune to Elsie Siff, 19 July 1938. See Stewart and Stewart, *Phoenix*, 293, 438n80.
32. Richard Brown to J. L. Maxwell, 27 August 1938, Richard Brown Documents.
33. Peter Stursberg, *The Golden Hope: Christians in China* (Toronto: The United Church Publishing House, 1987), 180. Brown, on a CBC program in 1946, said that when he was with Bethune, “I did 365 operations in three months.”
34. Interview with Richard Brown by Peter Stursberg. See Stursberg, *The Golden Hope*, 178.
35. Stursberg, *The Golden Hope*, 180.
36. The Bethune International Peace Hospital was founded on 15 September 1938 at Songyankou village in the Wutai Mountains area, where Brown worked with Bethune twenty-five days from 17 June to 13 July 1938. It was the first of the hospitals to be founded by Bethune. Brown established the Southeast Shanxi International Peace Hospital in January 1939. See Mme. Sun Yat-sen, *In Guerrilla China: Report of China Defense League* (Chungking, Sichuan: China Defense League, 1943), 9-25.
37. Haldore Hanson, *Humane Endeavour: the Story of the China War* (New York: Farrar & Rinehart, 1939), 253-61, 264-69, 273-75, 291.
38. Richard Brown to Dr. J. L. Maxwell, 27 August 1938, Richard Brown Documents.

39. Austin, *Saving China*, 250.
40. Scott, *McClure*, 221.
41. Stursberg, *The Golden Hope*, 180.
42. Chen, "China's Unsung Canadian Hero," 120.
43. Before Brown's official resignation from his church on 24 November 1938, this visit was important for his recognition as a Canadian missionary doctor in wartime. My research has yet to find the evidence about why he went to Chengdu, but he might have gone to seek support from other Canadian missionary doctors, including money, for his new hospital, beyond the obvious reason that Hankou had been occupied by the Japanese.
44. Chen, "China's Unsung Canadian Hero," 121.
45. Field Secretary to the Right Rev. P. Lindel Tsen, D.D., of the Canadian Church Mission, Kaifeng, Henan, 24 January 1939, Richard Brown Documents.
46. Chen, "China's Unsung Canadian Hero," 121.
47. Richard Brown to Reverend Canon S. Gould, secretary-treasurer of MSCC, 24 November 1938, Richard Brown Documents.
48. Richard Brown to Reverend Canon S. Gould, secretary-treasurer of MSCC, 24 November 1938, Richard Brown Documents.
49. Richard Brown to Reverend Canon S. Gould, secretary-treasurer of MSCC, 24 November 1938, Richard Brown Documents.
50. Ernest M. Wampler, *China Suffers or My Six Years of Work during the Incident* (Elgin, IL: Brethren Publishing House, 1945), 68.
51. Mme. Sun Yat-sen, *In Guerrilla China*, 24. The Liaozhou Brethren Mission Hospital was called the Hiel Hamilton Memorial Hospital. It was originally erected in 1917-18 by the missionaries of the American Church of Brethren Mission (CBM).
52. Chen, "China's Unsung Canadian Hero," 122.
53. Mme. Sun Yat-sen, *In Guerrilla China*, 24, including two citations in this sentence.
54. Chen, "China's Unsung Canadian Hero," 122.
55. Wampler, *China Suffers*, 72. No Red Cross workers returned.

56. Chen, "China's Unsung Canadian Hero," 122.
57. Chen, "China's Unsung Canadian Hero," 122.
58. Austin, *Saving China*, 254, including this paragraph's other two citations. Austin did not explain what the phrase "personality differences" meant; however, this was not just a personality issue. This was a complex issue of ideology, identity, and interpretation by the three Canadian doctors, their families, their organizations, and their communities.
59. Field Secretary to the Right Rev. P. Lindel Tsen, D.D., of the Canadian Church Mission, Kaifeng, Henan, 24 January 1939, Richard Brown Documents. This letter repeated the decision of Sub-Executive on 8 April 1938 and its subsequent letters to Brown and Rev. Tsen dated 11 April 1938.
60. Stursberg, *The Golden Hope*, 180.
61. Richard Brown to Reverend Canon S. Gould, 24 November 1938, Richard Brown Documents.
62. Brown's interview with the National Film Board of Canada in 1963. The Canadian flag in 1938 was the Red Ensign. See Stewart and Stewart, *Phoenix*, 284, 436n37, 437n38, 437n39.
63. Stewart and Stewart, *Phoenix*, 284, 436n37.
64. R.B. McClure to Madras, 21 November 1938, Richard Brown Documents.
65. Stewart and Stewart, *Phoenix*, 439n94.
66. R.B. McClure to Madras, 21 November 1938, Richard Brown Documents.
67. Did the doctor belong to Canada or Britain? This was a confusing question of nationality in China.
68. Mme. Sun Yat-sen, *In Guerrilla China*, 24.

