

Roots and Fruits - John and Muriel Berkeley

Bhutan 1967-1977 & Aden 1995-1998

Background

John & Muriel graduated in medicine in 1949 and married in 1950. Then RAF for two years. Various hospital posts. Fort William from 1953 to 1966 ~ John a General Practitioner; Muriel child welfare clinics and raising three children.

Spiritual. Both made a positive commitment to Christ in 1955 at a Billy Graham follow-up meeting when Leyton Ford preached. A further expansion of our 'vision' of God's church in 1957 during Kirk Week in Aberdeen. John became a Reader in 1960 (trained by Rev Dr DP Thomson) and Muriel started a Christian Endeavour Youth Group in our church (on the suggestion of Rev. Jim Duncan, who had just returned from Dr Graham's Homes in Kalimpong)

Expectations:

Enquiries

At Keswick in 1963 we both felt challenged to commitment to "full time" service through the verse "Whom shall I send, and who will go for us? Then said I, Here am I; send me." (Isaiah 6 v.8) and so made some enquiries to (1) Church of Scotland (2) Leprosy Mission (3) OMF (CIM).

From the Church of Scotland Overseas Council William Nelson outlined the pros and cons of service while our children were at school or university and the inherent problems of family separation.

The Mission to Lepers Medical Secretary, Dr N.D.Fraser replied to our enquiry by saying "I am wondering whether you have come to the right person for advice, and whether this Mission is in fact the one that can make the best use of your offer."

OMF International suggested that we were too old and their usual policy was to only accept new workers up to the age of 35 years. (This was later revised!)

Developments

In October 1965 a letter from Mr A.D.Askew indicated that he had been appointed as Executive Secretary of the recently formed Missionary Candidates Committee of the Mission to Lepers and was following up earlier correspondence with Dr N.D.Fraser, and suggested a meeting to discuss future possibilities.

Our two older children were at boarding school in Edinburgh. This decision had been taken for educational reasons. Our intention was that our younger daughter would also join her sister in Edinburgh at "Esdaile", the Church of Scotland school.

We felt that for any future work at home or abroad we could benefit from further training, and consequently made the difficult decision to resign from General Practice in Fort William in 1966. To widen her community paediatric interest and knowledge Muriel took the one year Diploma in Social Medicine at Edinburgh University. John felt that even as a Reader a more structured base of scriptural knowledge would be beneficial, and so he went to the Bible Training Institute in Glasgow..

Around this time the Chinese occupation of Tibet took place – bringing the Chinese army onto the northern border of Bhutan, a Kingdom that had existed in peaceful isolation for 700 years. It was at this point that representatives of The Leprosy Mission (TLM) were invited to Bhutan for discussions regarding work with leprosy patients throughout the country.

Subsequently TLM were looking for a doctor with broad medical experience and who was familiar with travel in mountainous terrain. We had been qualified doctors for 17 years and with broad based experience; John was a keen mountaineer.

We applied and were accepted at the TLM Candidates Committee Meeting in November 1966. The plans were that our three children at boarding school in Edinburgh would fly out to India and stay in Bhutan for summer holidays; and Muriel would always fly home to be with the children at Christmas time. John's mother lived in Edinburgh. That all seemed well planned and a departure date of 31st October 1967 arranged until in February the Church of Scotland announced that Esdaile School was to close for 'financial reasons'!

How was God's Spirit working in our lives?

We have little doubt that the Lord challenged us at Keswick in 1963. We received wise counselling from Overseas Council and were content to wait – we learned that God takes his time to answer prayer!

It was only 3 years later when we prepared to move our children to schooling in Edinburgh and took the step of leaving Fort William in 1966 that the Lord gave very positive guidance. Confirmed to us by a Daily Bible reading in Isaiah 48 v.6 "*From this time forth I make you hear new things, hidden things which you have not known. They are created now, not long ago; before today you have never heard them, lest you should say, 'Behold, I knew them.'*"

The Reality

We went as "missionaries" (described as such on visas!) with The Leprosy Mission, and Associate Missionaries of the Church of Scotland with three congregations as official "mission prayer partners." Two of these congregations soon ceased to respond, and the third continued intermittently. Of course we received great prayer support from our sending church, MacIntosh Memorial in Fort William.

Muriel had to remain in Edinburgh to re-arrange schooling and eventually came out with the children the following summer. John went to South India for a year to learn about leprosy from Dr Bob Cochrane, the recognised worldwide expert, and to learn the surgical techniques of reconstructive surgery from Dr Ernest Fritschi, the successor to Dr Paul Brand.

Spiritually John found a widening of worship experience in the Church of South India, and strengthening in his personal belief and assurance that this was God's place for him at that time. Muriel was much used for speaking to various church groups about The Leprosy Mission and her own involvement in supportive Christian fellowship in Edinburgh.

We were re-united as a family when Muriel and the children came out to join John in the summer, and then we all travelled to Bhutan together on 8th August 1968.

What did Bhutan expect?

They expected us to assess the problem of leprosy in Bhutan, and to propose the best method of tackling the problem nationally, while also dealing with out-patients and in-patients at the Gida Kom Leprosy Hospital. The Bhutan Government also asked us to provide medical services for three Tibetan refugee villages.

How did this work out?

We tackled the leprosy situation as an epidemiological project. It involved carrying out village by village surveys of the population in order to estimate prevalence and then apply this to the whole country. Much of the survey work involved trekking for several days into remote mountain terrain and spending several weeks there covering the villages. In a village of 100 inhabitants 2 or 3 people might have leprosy but we found that the other 80 people had a wide range of other medical needs. The total survey work took about two years.

The Bhutan Government had separate programmes and workers for BCG vaccination, smallpox eradication, malaria control, leprosy etc. We suggested that it would now be better to train multipurpose healthworkers. About this time we had completed almost 4 years with TLM and were due for home leave.

While at home in Edinburgh the Government of Bhutan wrote to TLM to ask if we could be released to work for the Government of Bhutan and develop a training school for Health Assistants (2 year course), Nurse Midwives (2 years) and Public Health Assistants (1 year). Which we undertook from 1974-1977. In many ways we found great advantages in being accepted as part of the Bhutanese Government service, instead of being regarded as an outside "Mission" body.

What about Christian witness?

On arrival in Bhutan Dr Tobgyel, the Medical Director in the Ministry of Development made it clear that if we were asked about our Christian beliefs we were free to reply, but no proselytising or "leaving Christian material in Government Rest Houses". The Leprosy Mission was the only Mission officially allowed in Bhutan. The majority of Bhutanese people that we spoke to admired our work because we were "acquiring merit" which would stand us in good stead in our next re-incarnation.

We also managed to make contact with Christians in southern Bhutan where there had been a lot of evangelistic work in 1948-1960. The Church in Kalimpong dedicated a young Pastor (P.S.Tingbo) for the work of Foreign Mission to Bhutan. He arrived in Chengmari in 1969 and within one year there were 200 believers. In 1970 the Bhutan Pastorate was formally instituted and initially permission was given to build a church. An adverse report through the local SDO resulted in no building; no pastor; no public gatherings; and no outsiders to join worship

The Outcome

Has the original purpose been fulfilled.

The leprosy problem came well under control by direct observational treatment policies. So much so that a few years ago the incidence of leprosy had dropped to very small numbers. Of course the long term disabilities in patients with nerve damage remain and need continual healthcare education. The work of TLM was consequently not required in Bhutan.

The Health School developed into the Royal Institute of Health Sciences (RIHS), training all categories of paramedical healthworkers, and at the Silver Jubilee in 1999 the WHO made a special award to the RIHS for “Primary Health Care Development”.

The few Bhutanese believers suffered a real setback some years ago after someone outside Bhutan sent a very injudicious e-mail which was intercepted by the Bhutan Government and led to severe restrictions which affected the promotion of believers and the education of their children. Since that time the Christians in Bhutan have determined to send no news out of the country.

What was God up to?

A door of opportunity had been opened to show Christian love through medical care. In general the medical developments were appreciated by the majority of people, including the Lamas. Equally we did not discredit the Traditional Physicians and their herbal remedies originating from the School of Medicine in Lhasa, Tibet.

The Queen of Bhutan (Ashi Kezang Wangchuk) was a great supporter of the leprosy work, and also often asked us to give medical advice and treatment to some of the high Lamas. I feel sure this ‘endorsement’ was of value.

Spiritually, Christian work amongst Bhutanese and Tibetans has never been easy and some seeds were sown. In southern Bhutan many of the believers were Nepali-Bhutanese and evicted in the 1970s. Many ended up in the refugee camps in Nepal – where I understand there was very active Bible Study and Christian teaching. Some 5,000 of these people were admitted to America in 2008.

Aden 1995-1998

By 1992 we had both retired from the National Health Service. Our children had flown the nest and so in 1995 we again felt drawn to overseas work. Had we learned anything about God’s dealings with us?

How was God’s Spirit working in our lives?

In 1995 the Interserve magazine “Go” had an article looking for workers in a Public Health project. in the Grasslands of China among a Tibetan population, That seemed to fit our experience and skills exactly. So we applied to Interserve. The follow up response was – sorry project is cancelled. Would you go to Aden?

John’s reaction was “NO” – we are familiar with cold climate; Bhutanese/ Tibetan language; and Buddhism. Aden would be hot; Arabic language; and Muslim. However Muriel was much wiser - so we went to Aden!

Expectations:

At the request of the Governor of Aden, to establish a Mother & Child Health clinic in the grounds of Christ Church, Tawahi, Aden – which had just been returned to the Anglican Diocese after the Civil War and following the ejection of the British in 1967

Result

The MCH clinic was established, equipped, and staff recruited in 3 months. The Church also began to establish important relationships with the many refugees from Somalia and East Africa, as well as seamen using the port of Aden.

On a visit to the Medical School the Dean invited us to work with the Faculty of Medicine to assist with a revision of the undergraduate medical curriculum. We achieved this within two years, while at the same time acting in an advisory capacity to the MCH clinic and the ongoing work with refugees.

As a subsidiary task John undertook, at the request of World Mission, to investigate the situation of the Church of Scotland property which had been left behind in 1968. The property records were located and the Governor of Aden agreed to designate a new building site as compensation. This would have to be approved by the President of Yemen but it was not viewed as a priority.

Outcome:

Our original purpose was achieved, and now the clinic has developed a very effective eye department which is restoring sight to many blind people. We continue to give help at a distance to the Public Health development of a Cancer Policy for Yemen, and the research into Hepatitis B, which is a major problem.

We keep in contact with some of the African Muslim refugees who came to faith and returned to their own countries. One of them (David) became a martyr in Somalia in 2008. Another (Camara) returned to Guinea where he has been an Independent Evangelist. In February 2009 the Evangelical Protestant Church (EPE) officially appointed Camara as an EPE evangelist as he had been “the God given inspiration to raise the Church to intercession, which is seeing so many answers to prayer.”

What was God up to?

In both Bhutan and Aden we have learned that God does not give quick answers to prayer, nor are His plans at all what we expect. I believe we have been ‘encouragers’ to some of the Nepali-Bhutanese in south Bhutan, and at least a witness to Christian service in the development of medical care to the remotest parts of Bhutan.

In Aden we have been ‘stepping stones’ in the Christian journey of a number of Muslim background believers. We have been privileged to maintain a close link with some.