Could we begin this interview by first introducing yourself, for example, your training and educational background, your main roles and duties at the Head of the CML, HKBU?

My name is Lisa Song. I am originally from mainland China. I earned my bachelor’s degree from Norman Bethune College of Medicine, Jilin University, which is a university for studying Western medicine in mainland China. Usually, it would take 1 year to complete the degree. I managed to get into the college with a high examination score. I earned my bachelor’s degree in 1980. I then decided to become a doctor of Western medicine during the peak of the Cultural Revolution in mainland China.

Introduction

According to the National Center for Complementary and Integrative Health, traditional Chinese medicine (CM) is a system of traditional Asian medicine that is built on a foundation of more than 2500 years of Chinese medical practice that includes various forms of herbal medicine, acupuncture, massage, dietary therapy and exercise (in particular, Qigong, a system of coordinated body posture and movement, breathing and meditation). As the first dedicated library with a focus on CM in the universities of Hong Kong established to meet the growing information demand in the development of CM and to provide quality information resources and services in support of the University’s teaching, learning and research activities, the Chinese Medicine Library (CML) of Hong Kong Baptist University (HKBU) was officially opened to members of the university community in August 2001 (Fig. 27.1). With a floor space of 5000 square feet, 70 seats with computer, a multimedia room and group study rooms, the library collection has over 12,000 volumes of CM printed books and journals, and a growing collection of multimedia materials and e-books (Fig. 27.2). As librarian of the CML, Lisa Song (Fig. 27.3) manages one of the world’s most unique collections and spaces that only caters to traditional CM. In the following interview, Lisa Song discusses her unparalleled path to becoming a third-career librarian, as well as sharing with us her personal stories of becoming a doctor of Western medicine during the peak of the Cultural Revolution in mainland China.

1 Norman Bethune College of Medicine, Jilin University in Mainland China – Homepage. Available at: http://www.admissions.cn/bqeyxy/.
about 5 years to finish a bachelor’s degree programme in medicine in China, but my case was kind of special. It was an English-language medical programme because all of the courses, teaching and workshops were carried out in English. During the late 1970s, China just opened its door to the West. During that time, not many people from mainland China could speak English because speaking in a foreign language and communicating with the outside world was strictly forbidden.

Later on in the mid-1980s, even in primary and middle school, we could learn English, but it was still not at the level to get to understand a native English speaker. At the Norman Bethune Medical College, our professors were natives from China. However, only a few of these Chinese professors of medicine, usually elderly, got excellent English training before the Cultural Revolution (1966–76), so their English ability was exceptionally good. The medical degree programme that I undertook at
Norman Bethune Medicine College lasted for 6 years. After earning my bachelor’s degree in medicine, I began an internship practice under the guidance of a clinical doctor at a local hospital in the Jilin Province of China (Fig. 27.4).

Do you come from a family of medical doctors or healthcare practitioners? In addition, what was the social and professional status of traditional CM doctors during the Cultural Revolution?

Figure 27.3 Lisa Song.

Figure 27.4 Lisa Song’s internship as medical doctor in China 1.
Both of my parents are medical doctors specialised in internal medicine, so I thought I was destined to become a medical doctor since my childhood! With their medical influence, I do have a dream to become a real medical doctor.

During my childhood, I visited the hospital frequently, not as a patient, but as a visitor (observer). I witnessed many patients recovering from very serious, life-threatening illnesses and conditions and becoming healthy again. To me, it was absolutely a miracle to be able to witness that. The social status between the Western doctor and traditional CM doctors are relatively the same. Unfortunately, the salary and social benefits they received depended mostly on the number of years of practice (seniority), and not on their skills, competencies and professional qualifications.

Was it difficult to practise Western medicine during the Chinese Cultural Revolution?

My parents practiced medicine before the Chinese Cultural Revolution took place. Because they were medical doctors, whenever any of our family members got sick, especially my grandparents, they would give them medical treatments at home, even the IV treatment, instead of going to the local clinics or hospitals. Because of my parents, I often had chances to observe treatment practices. I would often observe the patients’ stages of suffering and their levels of happiness during their recovery. Because I grew up in such an environment, I witnessed bloody situations and many happily recovered patients. These events jump-started my dream of being a medical doctor. I felt that I was born to become a medical doctor as well.

After a while, my dream came true, and I graduated from medical school. Afterwards, I had a 1-year internship in the different medical subject areas.

From 1976 and onwards, the People’s Republic of China began to open up to the world and undertook a series of major economic and education reforms. As young university graduates with wide-open eyes, we were longing to see what was happening outside of China, and we were eager to go overseas to further our education. There was a group of 40 Chinese students who graduated from the same English medical programme with me. Eventually, a majority of my classmates went to the US to further their studies after 1987.

Your other classmates who graduated from medical school in mainland China around the same time as you (around 1987), are they now practising medicine in the US or they are now working in other nonmedical-related professions?

Only five or six of them stayed in the medical profession. Even though we received our medical degrees in mainland China, our degrees were not recognised in the US. In order to practise medicine in the US, one would need to do a lot of re-studying and passing many different types of US Medical Licensing Examinations (USMLE) that were set out for assessing a physician’s abilities to apply knowledge, concepts and principles, and to demonstrate fundamental patient-centred skills, etc. Eventually, only five or six of my classmates who went to the US managed to pass the USMLE. Currently, they are practicing medicine outside of China, whereas for me, I got a
scholarship to undertake a PhD programme in medical informatics (specialising in hospital information systems) at the University of Utah.2

So do you have a PhD in medical informatics?

No, I do not, despite that I managed to finish all the taught units and coursework of my PhD programme. This was because of my husband, who was 3 years ahead of me doing his PhD programme at the same university. By the time he got his PhD, he already got a job offer in another city of the US. I therefore decided to withdraw from my PhD programme and obtained a master’s degree instead (Fig. 27.5). Eventually, I ended up working as an IT programmer and then a system analyst in the US.

What are the major differences between the treatments of electronic medical records and regular medical records in printed format?

Electronic medical records allow the patient’s information to be transferred from one department to another in the most convenient fashion. It is undoubtedly a huge asset. Such a setup allows healthcare providers to finish their patient registration more speedily, thereby facilitating for the scheduling of more patients under a short period of time. Digital medical records also allow a new prescription to be transmitted electronically or facilitate the renewal authorisation to a community or to the pharmacy. Unquestionably, this type of medical records storage fosters more effective medical practices.

During the early years, what were the main challenges and difficulties when you first started to develop these electronic records?

2 University of Utah – Homepage. Available at: http://www.utah.edu/.
Different hospitals selected their own favourite information system, such as SMS, PiMS, and CENER, etc. When I was a student in medical informatics, I needed to write programs and create individual modules. Each system module will then be linked up and integrated together so that they would function interactively and become the final automated hospital information system that would be used by the hospitals. In fact, the University of Utah\(^3\) is a pioneer in this area.

In the middle of the 1990s, my husband decided to move to Hong Kong. When I first came to Hong Kong, I was working for a private hospital to install their hospital information system. After finishing the IT project, I started to work at HKBU. In my first year, I worked for the HKBU School of Chinese Medicine (SCM)\(^4\) because I have a medical background. During the initial years, I had a chance to work with the HKBU Library staff to set up an electronic CML dedicated for serving the SCM at HKBU. At that time, we did not know what an electronic library was and how it should function, so what I did was identify a large number of relevant websites, evaluate the scope and quality of these websites’ contents and group them logically together based on their subject contents. Basically, it was a website of digital pathfinders dedicated to the subject of CM.

At that time, the President of HKBU was a keen supporter of traditional CM and came up with a very ambitious idea, that is, to establish the very first SCM in Hong Kong under the HKBU. He managed to find a large donation for setting up the SCM. The SCM offers two different programmes, namely, the CM programme and the Chinese Pharmacy programme. Almost all of the SCM faculty members came from mainland China for the reason that they simply could not find any qualified experts locally from Hong Kong to fill the teaching positions of the newly established school. Before Hong Kong was handed over from the British to Communist China in 1997, the British colonial government did not encourage the development of CM in Hong Kong. The Hong Kong colonial government simply did not care about traditional CM and the professional developments and practices amongst its practitioners.

In 2000, HKBU managed to establish the very first SCM and a research institute in Hong Kong, despite still being relatively very small in comparison to their counterparts in mainland China.

The HKBU President also initiated the idea of establishing a professionally run CML to support the overall teaching, learning and research of the SCM. During the initial stage, none of us at the HKBU had the intention of building a separate physical library dedicated to CM. During that time, although I worked closely with the HKBU Library to develop their early version of an electronic library on CM, I was not a member of the Library staff.

Back in 2002, after spending 1 year working at the SCM, the HKBU Library finally decided to set up this subject branch library. At that time, I did not have any interest in becoming a librarian of any kind, despite having already developed a keen interest in working for the SCM. The HKBU Library tried many times to recruit a seasoned professional librarian, preferably someone with a medical background to manage this CML. Unfortunately, they could not find anyone who could fit the professional requirements on both sides, that is, an MLIS (master’s degree in library science) degree, together with a

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\(^3\) University of Utah – Homepage. Available at: http://www.utah.edu/

\(^4\) School of Chinese Medicine, Hong Kong Baptist University – Homepage. Available at: http://scm.hkbu.edu.hk/en/home/index.php.
background in medicine. My former supervisor at the SCM told me, ‘I saw this Chinese Medicine Librarian job opening advertisement several times. Do you have any interest in applying?’ I said I never expected to work in a library, but I was happy to give it a try. Out of all the job applicants, I was the only person without an MLIS. Despite already having a master’s degree in medical informatics, I would still need an American Library Association (ALA)–accredited MLIS degree in order to work as a professional librarian at academic libraries in Hong Kong. When I first started to work for the CML, although I had to perform all the functional duties as a professional librarian, I could only carry the job title and got paid as ‘Library Coordinator’ since I was not an MLIS degree holder (for a photo of Song later receiving the MLIS degree in Hong Kong, see Fig. 27.6).

During my time as the Library Coordinator, my first and most immediate task was to set up the core collections and other basic services for CML. A majority of our printed book collection of the CML came from mainland China. During the initial stage, we had to make several onsite professional visits to different CM libraries around Beijing, Guangzhou, etc., to familiarise ourselves the proper way to set up a CML.

You were originally trained in Western medicine and later switched to become a librarian of CM. Have you encountered any major challenges or difficulties during this critical period of your career transition? The concepts and practices of traditional CM, when compared with Western medicine, how are they different from each other?

In terms of medical concepts, treatments and practices, there are major differences. For Western medical practices, treatments are usually tailor-made to cater for each
particular disease, meaning that the medical doctor will look for specific causes of
diseases and focus on particular body components or organs to treat. For example, if
you are coughing, they will treat your coughs only.

On the other hand, Taoism plays a major role in shaping the concepts and prac-
tices of CM. A person is seen as part of the holistic entity. For this reason, one
should be analysed or interpreted with reference to the whole. As a result, the holistic
concept of traditional CM includes integrity of the human body, as well as its rela-
tionship with the outer environment surrounding us. In other words, what a doctor
of traditional CM deals with is not just the symptoms at all, but the actual root of the
sickness. According to the CM practitioners, every symptom has a root (otherwise,
there would not be a symptom). Furthermore, Western medicine is very good and
effective for acute diseases, quick diagnosis, quick efficacy and fast cures, etc. On
the other hand, CM is better for chronic diseases, but it would take much longer time
to take effect.

When you first took up the position as the CM Librarian, did it take you a long time to
master the basic terminologies in the discipline, for example, the long list of ingredient
names of Chinese medical herbs and all the acupuncture points on human body?

I have to admit that I could not understand all the contents of CM at first because a
majority of the training I had previously was in Western medicine. I only had two
semesters of CM courses back in my student days at Norman Bethune College.
Although my major is in Western medicine, we needed to master some general con-
cepts about CM, such as acupuncture points, and common ingredients of Chinese
herbs. During the CM clinical practice, most of time we had to follow the CM doctors
and nurses to observe how they carry out their medical consultations and their daily
ward rounds to check on their patients’ conditions in order to understand the basic
concepts and treatments of CM.

How long is the history of traditional CM?

It is really hard to say. According to legend, Chinese materia medica was first com-
piled by the Emperor Shen Nong over 5000 years ago. Emperor Shen was said to have
been so moved by disease suffering that he went off to mountain forests in search for
cures.

However, many people say that traditional CM is built on a foundation of close to
3000 years of practices, which include various forms of herbal medicine, acupuncture
and dietary therapy, etc. The Ming Dynasty (1368–1644) was considered the peak of
CM because it was the period when the Chinese medical doctors were able to access
many different schools of medical thoughts and treatments, partly due to the easy
access to medical literature facilitated by moveable type and block printing. Because
of the Chinese block printing techniques, people no longer needed to copy books man-
ually by hand. New sheets, as well as books, could therefore be produced in a much
speedier fashion, thereby keeping the Chinese medical practitioners up to date with
the latest information, in that way enabling a wide variety of people to share their ideas
Documenting Traditional Chinese Medicine Library Collections

with a large number of other people in the CM community. In other words, the block printing techniques played major roles in speeding up the spread of new thoughts, ideas and treatments.

Could you tell us about the collection highlights of the CML?

CML has a set of 400 volumes of books, which is called the *Complete Collection of Traditional Texts on Chinese Materia Medica*. This set includes more than 800 classical works and 10,000 articles on Chinese materia medica. The Library is honoured to have received a special serial designation as No. 1 for acquiring this collection. This set of collections helps us to supplement the shortage of ancient CM literature (see also an exhibition at the CML in Fig. 27.7).

What are your duties and responsibilities as a librarian for traditional CM?

My duties and responsibilities as the CM Librarian (Figs 27.8 and 27.9) include the following:

- oversee the daily operations of the CML, including services in areas of circulation, course reserves, interlibrary loan, printing and photocopying, book drop, lost and found, shelf and equipment maintenance, room reservation, etc.;
- provide CML reference services, conduct library orientation and tours, bibliographic instruction workshops to enhance the information literacy of CML users; answer questions; locate library materials and search electronic databases in response to patron inquiries;
- develop and maintain the CM collection in consultation with SCM faculties and the collection development and management guidelines of the Library, and to monitor the usage of CML collection and facilities;
- serve as a Liaison Librarian and work closely and collaboratively with SCM faculty and users in matters pertaining to the improvement of Library services; and
- initiate and develop interrelated digital CM database series.

Figure 27.7  Exhibition inside Hong Kong Baptist University Chinese Medicine Library.
Which part of your job do you find most challenging?

Physical space for our printed collections. You can see that our Library is indeed very small. When the Library was first established, we had a lot of empty space inside the Library. As years go by, the Library’s collection simply keeps growing and changing at such a rapid speed. The current collection of around 40,000 items includes books, journals, magazines, videos and CD-ROMs, as well as workstations for online access to a wide variety of databases, etc. In fact, our Library has been undertaking major weeding exercises, as well as trying our very best to replace our existing printed...
collection with electronic copies as a way to create more space for new items in our Library.

Are you the only library professional who specialises in CM in Hong Kong?

Amongst all eight universities in Hong Kong, I am the one and only CM librarian. In order to keep myself up to date in the field, I attend the annual meetings of the Mainland Chinese Medical Librarians Association. But, to my knowledge, a majority of these CM librarians practising in mainland China are not MLIS holders. For this reason, despite being considered subject experts in the field of CM, many of them do not have profound knowledge and practical skills in terms of how to manage the daily operations of a library.

For a CML to be managed by a subject expert without an MLIS degree, what kinds of disadvantages would that lead to?

For example, these ‘subject experts’ in mainland China would not know about the latest developments of digital libraries, how to manage library collections in electronic formats or how to provide information literacy instruction classes to students and teaching staff. Many of them do not even think that creating new data or knowledge in the relevant field via digital means is important. When I go to mainland China for professional visits, I would very much prefer to talk with and learn from their reference services colleagues instead because, for example, during their conference presentations, they are always talking about those classical works of CM and clinical practices [e.g., *The Medical Classic of the Yellow Emperor* (黃帝內経)], discussing classical formulae of remedies or treatments, etc. They are always talking about how to conserve and preserve these classics. Year after year, they talk about the same topics, whereas for me, I want to learn about new things, new professional developments, new services and new resources available in CM librarianship.

You kind of stumbled into this profession of librarianship by circumstance; are you totally happy with how your career has turned out to be? Do you have any regrets or second thoughts?

I spent many years studying to become a medical doctor. When I first started working in the library field, I would not say that I really liked the job nature and the working environment inside a library because I did not know I had other options or alternatives at that time. Surprisingly, my career as the CM Librarian at HKBU turned out to be very fulfilling and rewarding. I enjoyed communicating with people (our library end users). Through the communications, I learned new things from the others. I am very happy that I have built up close relationships with faculty members and colleagues and established several projects with them. I have absolutely no regrets.

If you had the choice, would you still want to become a librarian or would you want to go back to being a medical doctor?
Being a medical doctor is impossible now. I have been working as a librarian for over 15 years. I feel like I have accomplished a lot and have achieved a certain status in the field of academic librarianship. I really enjoy my work as the CM Librarian at HKBU, and I have no regrets.

What part of your job as the CM Librarian at HKBU gives you the most satisfaction?

When I saw that question, I suddenly remembered this case: there was a final-year student, and she may not be a very smart student. She came to me and said, ‘This is my topic, I need to do a final project and I can’t find anything’. So, I gave her a research consultation session and showed her different types of databases that she could use for her research. Every time I worked with her, it would take at least 1 h. At the end of each session, she would say, ‘I will try to do it by myself’. The next time she would come back again, she would ask the same question. I repeated the same process five times with her. But one day, she brought her final-year project report and showed me a paragraph in her acknowledgement section, where she wrote, ‘Thanks to the librarians (at HKBU Chinese Medicine Library)… You have made me realise that your job is extraordinary in such an ordinary place. You enabled me to learn things and other important knowledge that could not be acquired within the regular classroom environment. Your contributions to my learning are no less valuable than my professor!’.

Another example that gave me great satisfaction was the collaboration between librarians and faculty members from the School of Medicine. Through our joint efforts and interests, we collaborated to establish the first CM digital project in Hong Kong. At this time, we have set up five open-access databases that are available worldwide. The project team received a Reward and Recognition Scheme for Non-teaching Staff award from HKBU. Our CM Digital Project also received the 2012 ALA Presidential Citations for Innovative International Library Projects Award (Fig. 27.10). The ALA press release stated, ‘While the (Chinese Medicine) databases were designed to improve teaching methods and effective use of these plants and herbs, making this information available for free via the Internet has historic and limitless benefits for medical providers and researchers across the globe’.

What is the role of traditional CM in Hong Kong?

In Hong Kong, actually, the professional environment and career prospects are rather bright and promising for traditional CM practitioners because the demand for holistic healing has been growing rapidly both in and outside of Hong Kong. Furthermore, there has been a long history and tradition of Chinese people using ingredients of traditional CM for home cooking and other domestic remedies. Surprisingly, when the clinic for traditional CM at HKBU was first opened, they received a large number of patients. Furthermore, there is an increasing number of the general public who hold equal respect for the Western physicians and traditional Chinese medical doctors in Hong Kong. In fact, mainland China did a very good job in terms of combining both Western and Chinese practices at many public hospitals and clinics. As a result, there is equal availability of traditional CM and Western medicine in hospitals and clinics in
many large cities in China, whereas in Hong Kong, they still separate both practices, meaning that you need to go to different clinics and hospitals for treatments.

To conclude this interview, I would like to highlight that no matter what profession you are in, you will always find the interests if you set your heart to it.

Figure 27.10 American Library Association awards.