



# the *Calling...*

北美路加醫療傳道會

LUKE CHRISTIAN MEDICAL MISSION

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# The Enduring Impact of Missionary Medicine

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## The Enduring Impact of Missionary Medicine

Dr. Bruce H. Lin

Earlier this year I was asked to discuss the topic of “higher calling” with a group of budding medical students at Mackay Medical College. There was a brief moment of head scratching for me when I started to plan the presentation to this receptive but mostly non-Christian audience. I remembered my early days of medical school and the inevitable soul-searching discussions that often accompanied the late night studying sessions right before the exams: did we choose the right career? What are we going to do with all this knowledge on cells, cycles and anatomic trivia? Memorizing the seemingly irrelevant minutiae seemed a bit punitive to us in those days. Similarly, these medical students are just starting to navigate their way through the increasingly complex health care arena. I did not want to give them a coma-inducing presentation. I wanted to encourage them. As I prayed for guidance to prepare a thought provoking session, the images of several medical missionaries from all over the world immediately came to mind. From that point on, I could not make my powerpoint presentation short enough for the allotted time.

When I first set out to compose this first issue, I really did not know what to name this project. There was simply an overwhelming motivation to embark on it, wanting to share their evangelistic journeys with as many of you as possible. As the responses and articles trickled in from these missionaries scattered throughout North America, it immediately became clear to me what the name of the newsletter ought to be. As you turn the pages, you will read some very personal and very inspiring stories. Theirs are stories of true calling and selfless service. In answering their calling, they traveled to distant and unfamiliar lands, often with very young families and some had to leave their aging parents, immersed themselves into a completely foreign culture, learned vastly different languages, and always with untold personal sacrifices in the process. Many of them cared for the underserved in China and Taiwan for several decades, spending the majority if not the entirety of their professional careers serving in remote areas in the name of Christ. In some cases, their loving commitment to missions work spanned more than one generation, making their homes and starting their families in another foreign nation. As a result of their sacrifice and service, there are still several Christian hospitals providing in relatively underserved areas in Taiwan, carrying on the legacy of healing both body and soul of multitude as a testament to the enduring impact of missionary medicine.

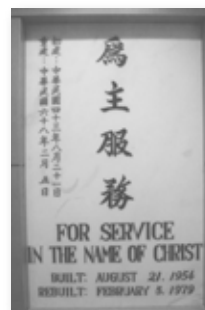
Time and again, I read their life stories, watched their docu-

mentaries, listened to them humbly sharing their experiences, and followed the news of their continuing ministries: retired but refusing to rust out as ambassadors of Christ. And I know now, with absolute clarity and without a doubt, what the Lord has been preparing and calling us to do. It is all in His masterplan. I realize how blessed I am that the Lord has placed them as role models before us, gently setting examples as Christ’s hands and feet, spreading His love to the least among us.

I am so grateful to all these missionaries and their families for their generous sharing of personal and family stories. After they have quietly returned home, it is with much joy that we are able to reconnect with them here. We would also like to extend our sincere thanks to those who have supported us in this process. This publication was conceived partly with the younger generation in mind. Through this medium, we hope to read more messages and reflections from the missionaries in the future issues. Through their sharing, we hope to bridge them with those who have been called and inspired to medical evangelism. Through their examples, we hope to encourage and galvanize the next generation to carry on the good works God has planned for us. Join them and LCMM in spreading the enduring power of missionary medicine and ministries at home and abroad!

Special thanks to Dr. Grace Chen, Veronica Chen, Sylvia Yeh, Phyllis Cheng and Colin Ning for translating the original articles into Chinese. This would not have been possible without their tireless contribution and dedication. We are also seeking assistance in translating future articles into Chinese. If you feel called to this ministry and would like to help with your experience, we would welcome your contribution.

LCMM has recently started a new Facebook page  [www.Facebook.org/lcmmusa.org](http://www.Facebook.org/lcmmusa.org) and would like to encourage all of you to browse and post on it. We welcome your feedback, suggestions, ideas and prayers. Please like  the page to stay updated. Recommend it to your friends and families. We especially encourage the next generation to post and comment in English or Chinese. Let’s use this tool to continue God’s missions for us globally. LCMM is grateful for your support.



## 醫療宣教的深遠影響

林鴻志 醫師 翻譯: 邵陽博士

今年七月我受邀在馬偕醫學院與一群醫學院新生討論“生命中更高的呼召”的主題。當我開始為這群願意接受，卻大多不是基督徒的聽眾準備題材時，有一段時間實在竭腸苦思。記得我剛上醫學院時，在考前深夜挑燈苦讀時，總不免捫心自問：我們是否選對職業呢？這些細胞，代謝循環及解剖學的細枝末節對我們將來有用嗎？在那些日子裡，要記住這些看似不相干的細枝末節好像有點讓我們嚐盡苦頭。而同樣的，今天這些醫學生才剛開始學習如何在這日益複雜的健保領域中探索前行。我不想用我的演講把他們嚇傻了。我想給他們些鼓勵。當我禱告尋求神的引導來準備一個發人深省的演講時，幾位來自世界各地的醫療宣教士的身影立即在腦海中浮現。此後，我文思泉湧，欲罷不能，無法在預定時間內結束演講。

當我開始為這本創刊號撰文時，我真的不知道該如何為之命名。當初只是單純地有一股抑制不住的感動想立即著手，讓更多的人可以分享這些宣教士的宣教經歷。當這些散居於北美各地的退休宣教士陸續傳來他們的文章和回應時，我突然恍然大悟這本創刊號當如何命名。當您逐頁閱讀時，您會看到一些非常親切感人的故事。他們的故事描述的是真實的呼召和無私的奉獻。要回應呼召，他們不遠萬里，往往必須帶著年幼的家小，前往一個遙遠的土地，有的還不得不離開自己年邁的父母，沉浸到一個完全陌生的文化，學習截然不同的語言，這中間有太多不為人知的個人犧牲。他們當中有許多人為了基督的名，傾其一生或大部份的職業生涯，在中國大陸和台灣醫療缺乏的偏遠地區，數十年服務那些受忽視的人群。其中有幾位宣教士延續對神的承諾，他們為宣教的工作不僅獻出自己青春，有些甚至跨越世代，在異國他鄉建立家園，生兒育女。由於他們的犧牲和服務，在台灣偏遠地區還有多個他們創建的基督教醫院存留下來，傳承著對身、心、靈，全面照顧的全人醫療，這些都見證著醫療宣教的持久影響力。

我一次又一次地閱讀他們的生活故事，觀看描述他們的紀錄片，聽他們謙卑地分享他們的經歷，並持續追蹤他們退休後的生活：雖已退休，他們卻不願其福音使者的才幹荒廢。我現在清楚明白主為我們的預備和對我們的呼召，這一切都在祂宏偉的計劃中。我意識到我是多麼蒙福，在我的人生中上帝把這些榜樣擺在我們面前，他們有如基督的手和腳，將基督的愛散播給我們中間的小子們。

我很感激所有這些宣教士和他們的家人慷慨分享他們

個人和家庭的故事。能再次與這些默默退休返鄉的宣教士聯絡上，帶給我們極大的喜悅。我們衷心感謝那些支持我們事工的人。這本刊物的構思部分是來自與年輕一代的交流。我們希望通過這本刊物能更多地分享退休醫療宣教士的信息及反思，也希望透過他們的分享搭起一座橋樑，能與領受神呼召的新進基督徒醫療人員互相交流。通過他們的榜樣，我們希望鼓勵下一代加入神所為我們預備的美好的事工。加入他們的行列，加入LCMM，不管是在國內或國外，一起來參與這造福萬代的醫療宣教工作。

特別感謝陳芳玲醫師，陳穎瑞，葉愛卿，寧可人，鄭純慧以及邵陽博士協助本刊中文編輯翻譯，本刊離不開他們孜孜不倦的奉獻。北美路加傳道會也在尋求中文翻譯及編輯的同工，如果您對此有感動並有翻譯經驗，我們歡迎您的參與。

有關退休醫療宣教士，本刊物和LCMM的詳細信息，請參閱LCMM新設立的Facebook [www.facebook.com/lcmmusa.org](https://www.facebook.com/lcmmusa.org)或瀏覽我們的網站 [www.lcmmusa.org](http://www.lcmmusa.org)，也可以給我們發電子郵件 [thecallinglcmm@gmail.com](mailto:thecallinglcmm@gmail.com) 或致電 LCMM 在加州聖荷西的辦公室。我們歡迎您加入我們的事工！

### Wiran Tako

Dr. Roland Brown



Taiwan was under Japanese control from 1895 to the end of WWII when it was returned to China. Japan's aim was to turn Taiwan in to a colony physically and culturally. The language of education, government and major business became Japanese. Any family that would adopt Japanese as the language of the home

would receive a plaque on their front door or gate that would say "This family speaks Japanese". And of course that also brought some perks. Taiwan University was founded as one of the seven Imperial Universities, but of course, primarily for the Japanese. Shintoism was introduced to add to the local Buddhism, Taoism, and animism. Christianity was not only discouraged, Christians were persecuted, especially among the aboriginal tribes.

The aborigines basically lived in the mountains and were cordoned off from the plains by a ring of police stations. Taiwanese and foreigners were not allowed into the mountain

area without a special permit, which was not easily obtained. So the Christian missionaries relied on tribal people outside the area who had become Christians to take the Gospel to their own people. Any tribal person caught doing this was punished but there were a number of brave evangelists.

The Taroko (Atayal) people were few but with a history of being fierce. They had been head hunters, and a young woman would not even look at a young man until he had a head to his credit. The Japanese were trying to stop this practice and toward the end the policeman's head was one of the favorite targets.

Two of the more active evangelists were a woman by the name of Chin Wan and a man called Wiran Tako. Chi Wan moved from village to village to evade the Japanese and hold services. Frequently the Japanese were hot on her trail and she would be carried on the backs of men rushing her to another village. To my knowledge she was never caught. There is now a Chi Wan Memorial Church near the entrance of Taroko Gorge.

Wiran Tako was not as fortunate. The Japanese did catch him and he was placed in a cage that was too small to stand or to lie down. After some time he lost his mind. Release came at the end of the war. With time and prayer he regained his senses and was again able to function as a preacher. One day in 1954 he arrived in my clinic. He was of a slight build, and frankly, I can't remember whether he still had a facial tattoo. For the Taroko tribe, tattoos were important and had social significance, especially for the women who had larger tattoos than the men.

When I asked him about his problem he became very embarrassed and apologized for having to bother me. His medical history was that of painful defecation with occasional anal bleeding. When I examined him, I found large protruding hemorrhoids with areas of erosion. I assured him that this was readily taken care of with surgery. He was admitted to the hospital and scheduled for surgery the next day. In the O.R. I used spinal anesthesia. As was my practice, we prayed first. Then, with the anesthesia achieved, he was rolled over into surgical position. I removed four large hemorrhoids, and put in an anal pack to help control oozing, and showed him what I had removed. Convalescence was uneventful except that he had pain the first few days. Everyday as I made rounds, he was always thankful but embarrassed to have to bother me with such a problem. I assured him that it was nothing to be embarrassed and that I was glad I could help him. In fact, I considered it a real privilege to render service to him, a saint who had suffered so much for his faith.

Some years later the church in Japan invited him to come and preach. On the one hand they apologized for the way their government had treated him, and other Christians, and they greatly honored him.

## Wiran Tako

薄柔纜 醫師

從1895年起，台灣一直在日本的管轄之下，直到二次世界大戰結束，才被歸還中國。日本的目標是把台灣的人文地理完全殖民化。將台灣的教育，政府和主要商業語言全改用日文。對於採用日文的家庭，他們會收到掛在門牌旁的匾，匾上刻著“這是說日語的家庭”，當然這也為這家人帶來了一些特殊待遇。台灣大學的成立被列為日本七大帝國大學之一，但主要還是為了教育在台灣的日本人。此期間日本神道也被引進加入台灣本土宗教，諸如佛教，道教，和泛靈信仰。基督教不僅不被鼓勵，基督徒甚至還被迫害，尤其是在原住民部落。

原住民基本上都是住在山中，並且被警察局封鎖。若無入山許可證，台灣人和外國人都不得進入山區，而入山許可證是不容易獲得。因此，基督教傳教士傳福音給在禁區外的原住民，再讓這些原住民基督徒把福音傳給山上的族人。這樣做被抓到是會被處罰的，但仍有一些勇敢的宣教士勇往直前。

太魯閣的泰雅族人口很少，但個性激烈。他們獵人頭，而且年輕女子鄙視沒有獵過人頭的男子。日本人試圖阻止這種習俗，卻使日本警察成為獵人頭的最佳目標之一。

有兩位比較積極的泰雅族宣教士，一位是名叫 Chin Wan 的女士和一個叫 Wiran Tako 的男士。Chin Wan 積極的傳講福音，並且不斷地搬遷到不同的村子裡以逃避日本人的追擊。日本人經常緊隨其後，有些人就把她背在背上，逃到另一個村莊。據我所知，她從來沒有被抓到過。現在，在太魯閣峽谷的入口附近就有一個ChinWan紀念教堂。

Wiran Tako 就沒有這麼幸運。他被日本人捉住，關在一個很小的牢籠，無法站立或完全躺下。一段時間後，他心神幾乎失常。戰爭結束後他被釋放，經過很長一段時間加上不斷的禱告，終於恢復了理智，並再次成為一個宣教士。1954年的一天，他來到我的診所。他長得瘦小，坦白說，我不記得他是否有紋面。對於泰雅族而言，紋面具有重要的社會意義，尤其是女人，她們都有比較大面積的紋面。

當我問到他的身體上問題，他變得非常尷尬，並且為麻煩我感到抱歉。他的病史是排便疼痛，偶爾肛門出血。我為他檢查，發現他有嚴重痔瘡，而且痔瘡表面潰爛。我向他保證，手術就可以解決這個問題。他被安排住院並於次日動手術。在開刀房我為他做了半身麻醉。開刀前我們總是先禱告，當麻藥開始起作用，我們幫他翻身到手術位置。我切除了四個大的痔瘡，放入肛門包幫助止血，並給他看切除下來的組織。他的復原非常順利，只有頭幾天有些疼痛。每天我巡視病房，他總是心存感激，並為了他的病況麻煩我而不好意思。我告訴他不用不好意思，我很高興能幫助他。事實上，我深感榮幸可以為這樣的聖徒服務，他為了基督的信仰遭受了這麼大的迫害。若干年後，日本教會邀請他去日本宣教，一方面為過去日本政府錯待他表示歉意，另一方面站在基督徒的角度，表達對他的敬意。

## The Eagle on the Wall

Dr. Roland Brown



Mr. Chen was about fifty years old. He was short, slight in build and wiry. His origin, or “old home” as the Chinese say, was on the China mainland from which he had migrated to Taiwan along with the millions who had fled the

on-coming communists in late 1940s.

In Taiwan he had settled in the east coast city of Hualien. After some time he got a job on the city police force, married a local woman and together they raised a family. Life was going quite well. They were Christians. He was a deacon in the local church and she was active in the women’s organization. Every morning he and his wife would get up early and get in several games of tennis before going to work.

One day he arrived in my clinic. His complaint was embarrassing, but had to be talked about. He was having trouble with defecation. Sometimes it was painful and hard to pass his stool. At times there was bright blood on his stool. Expecting hemorrhoids, I put him in position for an examination. However, examination revealed a mass in his rectum causing partial obstruction. I suspected a malignancy and took a biopsy specimen for pathology examination. His rectum visit was scheduled.

On his return, a week later, I gave him the pathology diagno-

sis: adenocarcinoma of the rectum. That was a shock. In local thinking, a diagnosis of cancer was a death sentence. I repeated the exam, carefully examining the adjacent tissues. There was no palpable extension out of the rectum, or any palpable lymph nodes. I told him that in spite of the diagnosis we had a good chance of removing all of tumor with surgery. But because it was so close to the anus, to do an adequate operation, I would need to sacrifice the rectum and bring the colon out through a hole in the lower part of the abdominal wall. What is called a colostomy. The very thought of it repelled him. Temporarily, to decrease the obstruction, I removed part of it with an electro cautery. He needed to go home and consult with his wife.

When the obstruction was giving him more trouble again, he returned for some relief. I again put him on the table and with the electro cautery began removing bits of tumor. As I was doing this I was pressing for a chance at a curative procedure, which is called an abdomino-perineal resection. He remained adamant. At the next session he expressed some of his concerns. “How can I go play tennis with my wife if I have a colostomy? And how can I go out in public with a big bulge on the side of my abdomen? And how about odors?” I assured him that if he followed instructions, he would learn to take care of his colostomy. He could do it first thing in the morning and then go out and play tennis with his wife. With just a little pad over the colostomy, other people would not be aware of it. And if he occasionally had a problem with odor, a dietary adjustment would probably take care of that. He finally agreed to have surgery.

The date for surgery was set. He was admitted to the hospital the day before for prepping. There were still some concerns, but he was going through with the surgery. I had prayed that during the time of procrastination he would not have developed involvement of the adjacent tissues. At surgery I could find no evidence of such. The surgery went well and he had a good convalescence.

A week after discharge, at his clinic visit, he was happy. He had learned the routine of care for his colostomy. After another week everything looked good and I told him he could resume playing tennis with his wife. He expressed his joy and thanks by asking his daughter, who is an artist/painter, to paint a picture for me.

So, on my living room wall I have a 3’ x 5.5’ painting in Chinese style of an eagle with wings and tail feathers spread and talons poised as it “attracts” the waves crashing on the rocks of a cliff. At the left in Chinese script is the verse from Isaiah 40:31: “Those that wait for the Lord shall renew their strength, they shall mount up with wings like eagles, they shall run and not be weary, they shall walk and not faint”.

## 牆壁上的鷹

薄柔纜 醫師

陳先生大約五十歲左右，體型短小精幹。他的根，中國人稱“老家”是在中國大陸。1940年代後期，他隨著幾百萬逃離共產黨的人潮，從大陸移居台灣。來到台灣後，他在東海岸的花蓮定居成為警察，也娶了當地女子共組家庭，生活過得很愜意。他們一家是基督徒，陳先生在當地教會是個執事，太太則活躍於婦女團契。每天早晨，他和妻子早早起床，會先打幾場網球才去上班。

有一天，他來到我的診所。他的問題難以啟齒，可是還是得講出來。他有排便上的困難，如廁甚是辛苦，有時還帶有鮮血。我想他可能是有痔瘡，然而檢查後發現他的直腸旁有腫瘤，導致部分阻塞。我懷疑是惡性腫瘤，採取了活檢標本送病理檢查，並排定複診時間。

一個星期後，我告訴他病理報告診斷是直腸癌。他很震驚，因為對當時的台灣人來說，癌症的診斷等於是判了死刑。我再次仔細檢查了鄰近組織，看看有沒有擴散至直腸外，或有沒有任何腫大的淋巴結。我告訴他，儘管診斷是癌症，但我們仍有機會通過手術清除掉所有腫瘤。但因為它很接近肛門，我需要施行結腸造口手術來取代直腸，並將結腸直接接在腹下的人工造孔，他很排斥這個治療方法。為了可以暫時減少阻塞，我用電燒除掉一部分腫塊。他說需要回家與妻子商量。

當腸道阻塞情況變得更加嚴重，他重返醫院尋求治療。我再次請他躺在診療台上，用電燒去除腫瘤，並希望經由腹會陰反應使治療更有效，但他仍然堅持不願開刀。

再次回診時，陳先生表達了他的擔憂。“如果我動了結腸造口手術，怎麼能跟太太去打網球？腹側將會異常突出，要我怎麼出入於公眾場合？再說身上還會有異味吧？”我向他保證，如果他能遵照指示，好好學習結腸造口的護理，每日清早第一件事就先做好護理的工作，之後便可與妻子外出打網球。而且在結腸造口外的紗墊很小，其他人不會注意到。如果偶爾出現異味的問題，飲食上做些調整就可以了，他終於同意接受手術。

手術日期訂好了，開刀的前一天他入院準備時，仍然有一些顧慮，但他已決定接受開刀治療。我一直為他祈禱，希望腫瘤不會因為耽延治療而擴散。還好手術進行順利，腫瘤沒有擴散，而且復原情況良好。

出院後一個星期，他高高興興的回來複診。他已學會了結腸造口的護理程序。再一個星期後，看起來復原得很好，我告訴他可以繼續跟妻子打網球。為了表達他的喜悅和感謝，他請當畫家的女兒為我畫了一幅畫。

所以，在我客廳的牆上有一幅3'×5.5'的國畫，上頭有一隻展翅的鷹，爪子好像準備要抓住拍擊懸崖岩石的海浪。圖畫的左側寫著以賽亞書40:31的經句：“但那等候耶和華的必從新得力。他們必如鷹展翅上騰；他們奔跑卻不困倦，行走卻不疲乏。”

## Island Memories

Lucy waterman

I lived at Tachia camp. I lived on one end of the camp. One evening I stopped to talk to friends then I continued to walk across the campus to where I lived. I went into my bedroom to prepare for night. Something had been moved – like Youth money collected and not put in a safe place – gone! Someone had stolen it—a fair amount. And I looked for the money, I ran into a “Masked man”. He said he had a knife. He quickly moved about and was out the front door, running to the wall and climbed over it. I shook for quite awhile. I doubt he had a knife but he had the money, and gone.

Later in the week, police felt they had caught him but no return of money. Some friends donated some to cover the Youth. I have learned to be more careful in hiding money and keeping doors locked.

## 生活小故事

華德安 護理師

我住在塔吉亞營地 (Tachia Camp)的旁邊，有天傍晚在回家路上，遇見朋友寒暄幾句之後，我便跨過營地，繼續往住處方向走去。當我踏入臥室準備就寢時，看到房間遭人翻動後的凌亂，連忙檢查收藏的現金，發現錢已經不翼而飛。那是最近向青少年團契收取的款項，金額不小。突然間，一位蒙面歹徒出現在我面前，並急忙說道：「我身上有刀」，說完後他立刻奪門而出，迅速地翻牆逃逸。我不確定他是否有刀，但確定的是他拿走我的錢逃跑了！

幾天後，警官抓到歹徒，但錢已經被他花光了。有些聽到這件事的朋友慷慨解囊，為青少年團契奉獻了一筆金額。



## GOD'S CALL

Bonnie Dirks

My earliest memory of missionaries/mission work was at 5 years of age, when 2 missionary couples came from China to visit the church where my father was pastor. In those days it was common to invite missionaries to spend several days to a week in a given church. These 2 couples stayed in our home with us. They shared in Sunday services, as well as visiting some of the church families, and small groups during the week. As children in our family, we loved to hear their stories and couldn't seem to get enough. When it was time for our guests to leave us and continue their travels, we were sad, but I had decided that when I grew up, I wanted to be a missionary nurse in China. (These 2 couples happened to be the parents of Dr. Roland Brown, who later helped establish the Mennonite Christian Hospital in Hualien; and the Boehr family, whose son and family later became my TEAM co-workers in Taiwan.

In the mid-40s our family moved from Kansas to Portland, OR where my father had accepted the call to a small church. Again we were often privileged to have missionaries from various countries come to our church. This also served to increase my desire toward missions.

As I approached high school graduation, my goal was to enter nurses' training. I had saved some money from various jobs, but not enough. About that time, a lady who had recently been attending our church, came to visit us. She talked with our family about my desires, and at the end of her visit she said that she wanted to pay the total cost of my nursing program! Her only stipulation was that when I finished my program, and had a job, I should pay for my sister's nursing course, which I was happy to do!

Following my graduation from the nursing program, I continued working at the hospital where I had trained – working in the Labor & Delivery rooms, which I thoroughly enjoyed! At the same time, I enrolled in the 1-year Graduate Degree program at Multnomah School of the Bible in Portland, while working night duty in the Labor & Delivery Rooms. The following year, I enrolled in a school in Nebraska, where I was able to get my Bachelor's Degree in nursing.

After returning to Portland, I continued working nights in Labor and Delivery rooms. During all of that time, My goal was still to be missionary nurse in China. However, by that time, China was "closed" to mission work, so I began to look at other areas. After applying to The Evangelical Alliance Mission (TEAM), and being accepted, I learned of the needs on Taiwan's east coast, specifically, and sensed God's "call" to that needy area. I began raising the needed financial support that was required. I left for Taiwan in the fall of 1963. Prior to the beginning of language school, another TEAM missionary took me on a trip around the island, which was both beautiful and informative.

On returning to Taipei, it was time to prepare for language school. Since there were several of us single girls as

newcomers, some of us were graciously welcomed to live with 2 TEAM missionary ladies who worked at the Door of Hope Children's Home in Taipei. We settled in and were grateful for the opportunity to live with the 2 ladies who were "seasoned missionaries". They were a great help to all of us and we soon became accustomed to the shouts of children calling out "meigworen" & "da bidz" (American & Big Nose), as we rode our bikes to and from the Taipei Language Institute each day. In language school, I was blessed with a wonderful teacher for our small class of 2 TEAM men, and myself.

At the end of our first year of language school, our TEAM leadership asked if I would be willing to move to the East Coast to begin studying the Amis language instead of taking the 2nd year of Mandarin, which was normally required. The Amis language had just been reduced to writing by TEAM missionary Ed Torjesen, and since that was the area that needed medical help, I agreed to go.

I moved into a home – right on the coast – in Chengkung, living with another single lady who was part of the group that was translating the Bible into the Amis language. My days were spent working with an Amis girl (informant) each morning, learning the sounds, etc. and in the afternoon we visited some of the Amis people in their homes – to help me in using the new words I was learning.

Dr. Dennis and his family were living in the Kaohsiung/Pingtung area so that he could work part-time at the already established Pingtung Christian Hospital while continuing to study Mandarin.

Occasionally, Dr. Dennis would come to do mobile clinics on the east coast,



and I was able to go along with him and other missionaries who helped with the clinics – usually held in the small village churches. These trips were helpful to us – to meet the needs of these people, some of whom were in remote areas.

Eventually, it became clear to us that these people were very needy, and the nearest hospitals were too far away for them to reach the help that was needed.

In between the mobile clinics, I held a very simple clinic on a weekly basis at my home in Chengkung. We also had pre-natal classes for expectant mothers and later they began to call us to help with their home deliveries. It was then that I realized why I had worked in Labor & Delivery rooms for 8 years before leaving for Taiwan. I was very grateful for what I had learned from our highly-trained obstetricians in the US!



At that time, we had another nurse – Lucy Waterman – living in Taitung. She was helping to establish a TEAM church in that city. When we had the mobile clinics, I would go to Taitung to help her, and Lucy would come to Chengkung to help me. With each clinic, a short gospel message was given, along with some simple teaching pertaining to their health. However, we all realized that – even though we could help our patients to a small degree, we really needed to have our own hospital in a centralized area where patients could come as needed.

Also, we could give better, and more consistent care to our patients.

While Dr. Dennis and others were looking for land, we continued to help – even to be “on call” to deliver a baby at a family home. Two of us nurses worked together for these deliveries, and we were so grateful that God was with us, and we never had a serious problem. One time, one of our new babies became very congested, so he became our first “in-patient” (See story of “A Baby in my Dresser Drawer”) I kept him at my home for a couple of nights where I could use a vaporizer, and then he was able to return to his family again.

Another urgent call I had one day was from a young mother-to-be whom we had never seen. I found the lady on the floor of her home, unresponsive, (but breathing) with a very high blood pressure, and edema, but baby heart tones were good. Fortunately, Dr. Dennis was available by phone from Taitung. He gave me directions and said he would come as soon as possible, to transport the patient to Taitung. She was not yet in labor, but we stayed with her as we waited for Dr. Dennis to arrive. When he came, he, too, realized that she needed to have a C-section in order to save both her and her unborn child. They took her to Taitung where the small Catholic Hospital said they would be glad to help, as well as to allow Dr. Dennis to do the C-section. It was still questionable as to whether or not the baby would live. Many of us were praying that all would go well, and in a short time, we received the phone call that the baby had been delivered, and was breathing well, as was the mother. The new parents named their newborn son “Gangis”, which was the Amis name that had been given to Dr. Dennis! Needless to say, there was rejoicing from all involved!

Another mobile clinic patient, Fagod (pronounced “Fangoth”) was seen in one of our early clinics in Chengkung, a big man who complained of pain above his waist on the right side, with icteric skin, and fatigue. After he was evaluated by Dr. Dennis, he was quite sure that he had a liver abcess which needed surgery as soon as possible. After several phone calls to Taitung, the Provincial Hospital was willing to let Dr. Dennis do the surgery. However, Dr. Dennis said that the patient’s family would need to be prepared to give blood. Everyone in his extended family was afraid to give blood and the patient himself was afraid of surgery. However, after much persuasion, it was all arranged. Lucy Waterman, nurse in Taitung, and I (from Chengkung) were told we could observe the surgery, BUT from outside the hospital, looking through an open window of the surgery room! (no screens!). Finally, some family members of the patient were willing to give blood, and the surgery was done. The patient recovered, and responded to treatment, though later in his life, he has had more episodes. However, as far as we know, the patient is still alive, and doing much better!

Dr. Dennis and other TEAM missionaries continued to look for land where a small hospital could be built. Finally, they found a spot that would meet our needs. The initial hospital was drawn up for 3 floors: 1st floor for out-patient department, pharmacy, X-Ray, lab, and offices. The 2nd floor was to be for in-patients. The plan was for 30 beds – we didn’t have any as yet! We did find a business that would make bed frames from “angle-iron” with a plywood piece cut to fit the angle-iron frames. (Patients were not yet accustomed to “soft” beds). Mostly, they were grateful for help with their illnesses, and doctors/nurses who cared for them.

Finding staff for our fledgling nursing department was a challenge. In those days, anyone looking for a well-paying job would not even think of going to Taitung – that was the last place to go! Public education was only required up to 6th grade.

However, I learned of a missionary in Hualien who had started a small school for some of the 6th grade graduates, and taught them just a few of the basic skills they could learn – to be a help to patients. After hiring a few of these girls, I soon learned that they still needed a LOT of help. So we had some classes in basic nursing procedures they could learn in order to be of help to the patients. Most of them learned quickly, and some of them continued with us. Much later some of them were able to get further training, even to the point of getting government certification. Some of them are still on staff in some capacity. Others have moved on “up the ladder” and are serving elsewhere.

One thing that our patients looked forward to was music in the hospital. If the nurses were finished with their patient assignments, one would pick up a guitar, or accordion, and go sing for a patient. Once they started, the group grew, and the patients loved it. Often, some of those from the Chaplain’s office started, and the nurses joined them. The tribal people have beautiful voices that is one thing I miss here in the US.

In the beginning, we used a part of the original building’s 3rd floor as nurses’ dorm. Later, a real nurses’ dorm was built. When a Taiwanese obstetrician became available, we decided to use a portion of that floor for a small OB department. That worked well for a period of time, until it became necessary to expand again, and the hos-

pital board began looking at further growth.

Little by little, we added doctors (both Taiwan and US trained) as well as more nursing staff. Since we had more and more infants and children coming to our clinics, and a highly trained and capable pediatrician, we were able to open a pediatric department. We were shocked one day when a family came (from north of Taitung, bringing newborn baby girl who weighed only 600 Gms. The baby was born at home 5 days earlier, but was so tiny the parents thought she would not live. They had 2 boys at home, and the family wanted a little girl, so they fed her “sugar water” with a medicine dropper for 5 days. At that time they began to have hope that she might live, so they brought her to our clinic. Fortunately, we were blessed to have Dr. Long as our pediatrician to direct her care. She grew and developed normally, and the parents asked us to give her a name. One of our nurses suggested Mei-En “Beautiful Grace”, which the parents also favored. After a longer than usual hospitalization, she was able to return home with her parents and siblings. She was followed up in our clinic by Dr. Long, and we all thanked the Lord that she developed normally.

As time passed, we prayed for God to show us who could come and continue to manage the ministry that the Lord had begun in Taitung. The hospital board was made up of some of our own doctors as well as from other Christian hospitals around the island. It seemed wise to invite some people from the Mennonite Hospital in Hualien. Their hospital had been established much earlier than ours, and their clientele was similar, as they were also on the East Coast,

and faced similar needs among the various tribal groups, as well as typical illnesses. It seemed good to ask Harold Liu, who had already had training in hospital administration, and also had contacts around the island that would be helpful in getting the hospital further established as the hospital board desired. Our hospital board was happy when Harold agreed to come.

It was in April/May of 2004 that many of us (already retired) were invited back to celebrate 40 years since the beginning of the hospital. It had grown (literally) from the initial 3-story building to 12 stories, with many new departments and still had space to grow! In spite of all of the joy and thankfulness as we saw what God had done, there was a sad note when we learned that one of our earliest girls in the nursing department (who had subsequently married and moved to Taipei) was driving with her husband to attend the festivities, had an accident and both were killed instantly!

Dr. and Mrs. Dennis have been invited back for hospital Board Meetings and they continue to be amazed to see how our hospital has grown and how God has been blessing the ministry there. All of us who were formerly a part of the growth of the hospital are grateful to see what God has done, and is continuing to do. From the beginning, it has truly been like a “grain of wheat” that has grown to be what God has intended. Also, many others around the island have now heard of our Taitung hospital. Even to the point of having the story of our hospital in all of the 4th grade history books on the island, and Dr. Dennis is frequently invited to these schools to speak. We are grateful for what God has done!

## 神的呼召

### 台東基督教醫院創建時期故事

德樂詩 護理師

我對宣教工作最早的印象大約是5歲時，有兩對在中國工作的宣教士夫婦來探訪我父親牧養的教會。邀請宣教士拜訪教會數日甚至一週，在當時是很常見的事。這兩對宣教士夫婦住在我家，他們在週日崇拜中分享他們的宣教工作，也一起探望會友，或帶領小組聚會。年幼的我們很喜愛聽他們的故事，好像永遠都聽不夠。當他們要出發前往下一站時，我總是感到悲傷，暗下決定當我長大我也要成為一位到中國的宣教士。這兩對宣教士夫婦其中一對正是薄柔纜醫師的父母(薄柔纜醫師後來創建花蓮門諾醫院)；另一對是Boehr夫婦，他們的兒子全家都是後來我在台灣的同工。

在40年代，父親領受神的呼召到波特蘭州奧瑞崗市牧養一個小教會，我們搬離堪薩斯州。我們教會很榮幸常常能接待許多在各地的宣教士，而我想要做宣教士的心志也日益堅定。

當我快要高中畢業時，我的目標是接受護理訓練。我一直打工存錢，但仍不夠付學費。有一位新加入我們教會的女士來探訪我們，在談話中知道我想唸護理，她表示願意負擔我所有學費，唯一要求就是當我畢業有工作時，必須負擔我妹妹護理教育的學費，我當然非常樂意這樣做。

護校畢業後我留在學校醫院的婦產科工作，我非常喜歡這份工作。我選擇值夜班，以便可以同時在波特蘭的聖經學校研究所(Multnomah School of the Bible)唸書。次年我進入那布拉斯加州的一所學校，拿到護理學的大學文憑。

回到波特蘭後，我繼續在婦產科夜班工作。我仍然渴望到中國宣教，但這時中國已經“關閉”宣教的大門，所以我開始留意其他的地方。福音派聯盟(TEAM)接受我的申請，我知道台灣的東海岸有需要，也感受神呼召我到那裏去服事，便開始募款準備啟程，1963的秋天我出發前往台灣。在語言學校開始前，有一位也是福音派聯盟(TEAM)的宣教士帶我環島一週，這旅行讓我看見台灣之美，也學到很多。

回台北後，我開始上語言學校。我們幾個剛來的單身女孩與兩位福音派聯盟的宣教士同住，她們在Door of Hope Children's Home工作。我們安頓下來，心中非常感謝有機會能與兩位“經驗老到”的宣教士住在一起，對我們有極大的幫助。很快的我們也習慣每天騎腳踏車去語言學校時，小朋友對我們大叫“meigworen” & “da bidz”(美國人，大鼻子)。我很幸運在語言學校遇

到好老師。我們班很小，只有兩位福音派聯盟的男同工，再加上我。

第一年語言學校快結束時，福音派聯盟的負責人問我，與其繼續修第二年必修中文，是否願意到台灣東部學阿美族語？因為台灣東部有醫療上的需要，我決定前往。

我搬到成功鎮，新家坐落在海邊，與一位正在翻譯阿美族聖經的女士同住。我每天早上和一位阿美族女孩學發音，下午去拜訪阿美族家庭…正好可以練習我剛學到的新字。

譚維義醫生全家當時住在高雄/屏東一帶，他一邊學中文一邊在屏東基督教醫院幫忙。譚醫生有時會到東海岸小村落的教會來看診，我和其他的宣教士就會去幫忙。這種流動診所對住在偏遠地區有醫療需要的人很有幫助，對我也是助益良多。更清楚看到這個地區在醫療上的需要，最近的醫院對他們來說仍然太遠了，無法提供所需的幫助。

當譚維義醫生的流動診所沒有來的時候，我在成功鎮每週有個小醫療站，為準媽媽們上產前預備的課；不久之後，她們開始要我們去她們家幫助她們分娩。終於明白為什麼在來台灣之前我必須在婦產科工作八年，深深感謝在美國時能向優秀的婦產科醫生學習。

有一位護士Lucy Waterman(華特安女士)當時在台東幫忙創建教會。當流動診開放門診時，有時我會去台東幫她，或她來成功鎮幫我。我們診所每次會先傳講一小段福音，然後教導健康知識。雖然我們所做的對病人小有助益，但我們知道我們需要一間地理位置方便病人就醫的醫院，這樣我們也比較能提供病人高品質的照顧。

當譚維義醫生在尋找適合蓋醫院的土地時，我們繼續照顧患者，甚至必須隨時出診到病人家接生。我們兩位護士同工，常感謝上帝與我們同在，使我們從未遇到大問題。有一次，我們接生的嬰兒呼吸不順，他成為我們第一個“住院病人”。我把他留在家中，用蒸氣機讓他呼吸舒適些，用梳妝台的抽屜做個床給他睡，幾天後他終於可以回家了。

另一件急診發生在一個我從未見過面的準媽媽身上。我發現她失去意識昏倒在家，血壓很高而且水腫，還好胎兒心跳正常。幸運的是譚維義醫生正好在台東，他告訴我如何做緊急處理，然後他會盡快來把患者送到台東。我們陪著病人，當譚醫生到時，他也認為病人需要剖腹產來挽救母子的生命。譚醫生把病人帶到台東，一間天主教的小醫院願意讓譚醫生在那裏做剖腹產。我們不知道嬰兒是否可以存活，我們一起為病人禱告，希望一切順利。終於接到一通電話報知母子

平安。這對新科父母為他們的兒子取名 "Gangis"，這是譚醫生的阿美族名字！我們每一位都為了這件事雀躍不已。

Fagos是我們在成功鎮流動診所的早期病患，他很壯，常抱怨右邊腰部疼痛，皮膚很黃而且容易累。譚醫生看診後認為他是肝臟腫，必須盡快開刀。經過幾次電話溝通，台東省立醫院願意讓譚醫生做手術，但是病人很怕開刀，他的家人也很害怕可能必須為他捐血。經過一陣溝通協調，終於定案。他們允許 Lucy Waterman (華特安女士) 和我可以觀看這個手術，但必須在醫院外面一個沒有玻璃的窗口觀看。他的家人終於同意捐血，手術也順利完成。病人漸漸復原，而且對治療的反應非常好，雖然後來幾年他又出一些狀況，但據我所知，他仍然活著，而且健康情況比以前好。

譚醫生和一些福音派聯盟的宣教士繼續尋找可建一個小型醫院的土地。他們終於找到一個地點，適合我們的需求。醫院初步計劃是蓋三層樓：一樓為門診部藥房，X光室，檢驗科和辦公室。二樓是30個床位的病房，可是我們當時什麼都沒有。有一位商人願意幫忙，他用“角鐵”做床架，再切一塊三合板做床墊（患者還不習慣“軟”床）。大多數的病人都很感謝在生病時照顧他們的醫生/護士。

尋找工作人員對我們剛剛起步的護理部是一個挑戰。那時任何一個尋找高薪工作的人是不會想要來台東的。國民教育只到六年級。我知道在花蓮有位宣教士教導一些小學畢業生一些基本技能，讓他們可以幫忙照顧患者。我們僱用這些女孩之後，很快就了解到她們仍然需要很多教導，所以我們教授基本護理程序的課。他們大多學得很快，其中一些人留下來工作，有些人日後得到更進一步的培訓，獲得政府認證。有些人仍繼續護理工作，也有些則高昇或遷往他院服務。

我們醫院的病人特別喜歡在醫院裏聽到的音樂。當我們照顧完病人，有人就拿起吉他或手風琴，去唱歌給病人聽。一旦有人開始，就會越來越多的人一同唱，病人也喜歡唱。常常是院牧部的人起頭，護士加入。我回美國後非常想念原住民美好的嗓音。

剛開始，我們原建築三樓的一部分是護士宿舍。後來，蓋了一個正式的護士宿舍。當有位台灣人的婦產科醫生願意來東基看診，我們決定使用該樓層的部分做為婦產科部門。這樣持續了一段時間，直到需求增大，醫院董事會又開始尋找進一步的增長方案。

漸漸地，我們增加了醫生（包括台灣的和美國的），以及更多的護理人員。因為我們有越來越多的嬰兒和兒童來就診，再加上我們有一位很棒的小兒科醫生，因此我們開了一個小兒科部門。有一天，我們都嚇到

了，因為有一家人從台東北邊來求診，他們帶來一位5天前在家中出生，體重只有600克的新生女嬰。她這麼小，父母認為她活不了。他們家裡有兩個兒子，家人想要一個小女孩，所以他們用醫用滴管餵她“糖水”，5天後他們看她有希望活下來，所以他們把她帶到了我們的醫院。我們很幸運有龍樂德醫師 (Dr.Robet Long) 來照顧她。她慢慢長大，一切正常。她的父母要我們給她命名，有位護士建議“美恩”“美麗的恩典”，她的父母很喜歡這個名字。她住院比大多數人久，終於可以跟著爸媽及哥哥回家了。她一直回來給龍樂德醫師複診，我們感謝神她正常的成長。

隨著時間的流逝，我們祈禱上帝讓我們知道，誰可以來繼續管理祂在台東開始的事工。東基醫院董事會是由我們自己的一些醫生，以及台灣其他基督教醫院的醫生組成。花蓮門諾醫院成立比我們早得多，也在東海岸，與我們的病人族群類似，部落群體的醫療的需求也相似，連病人的疾病都相似，因此邀請一些花蓮門諾醫院的人進來董事會似乎是明智之舉。董事會希望能邀請呂信雄先生，呂先生有優秀的醫院行政資歷，而且在台灣有很好的人脈，這對於東基想更進一步發展將有助益。醫院董事會很高興呂信雄先生願意前來。

2004年4月/5月間，我們許多人（已退休）被邀請回去參加醫院40週年慶。它已從最初的3層建築擴建為12層，有許多新的部門，而且有足夠空間可供繼續成長！我們看到了神所行的，心中充滿歡樂和感激。但是也有一件令人悲傷的消息，有一位早期和我一起護理部工作的女孩，（後來結婚，移居台北）她和先生在開車來台東參加慶典的路上，出了車禍當場喪生。

譚醫生夫婦繼續被邀請回去參加醫院董事會會議，他們為東基的成長以及神對東基持續的祝福而讚嘆。我們這些曾屬於東基也見證東基成長的人，感謝上帝所完成的工作以及祂將持續做的美事。從一開始，東基就像“一粒麥子”，現已長成神所要的樣式。現在台灣很多人也知道台東基督教醫院，甚至小學四年級的歷史課本都有東基創立的故事，譚維義醫生也經常被學校邀請去演講。我們為神的作為獻上感謝。



龍樂德醫師小美恩



龍樂德醫師大美恩



## CHOICES

Dr. Carl H. Epp

What should I do with my life? This question kept repeating itself after I became a Christian at age seventeen. Born in 1930, I grew up on a farm on the plains of Sask., fifty miles north of the city of Saskatoon. There I enjoyed the freedom of the open sky, always watching for weather changes. There were also the chores of looking after the farm animals, and being a part of the annual cycles of seedtime and harvest. The routines of a mixed farm were not accomplished by one person alone but as a cooperative effort of the family unit: parents, two sisters, and five brothers. I was third in the sib-line. Should I continue this seemingly care free life? In the Mennonite Church near our farm, I taught Junior High Sunday School and was active in the choir and the Young People's. Later, I was asked by the congregation to be one of the Lay Ministers. This was a solemn responsibility that I hadn't anticipated but it was a sacred trust extended by the congregation. Was this a possibility for my life-work?

After high school in 1953, the pressure to choose a profession was on. Farming, the church ministry or? Parents encouraged me to consider teaching. Mother pointed out that preparing for teaching would make me financially independent sooner than most other choices. Also, since teaching had to do with helping people (students) this experience was

useful in any profession. I could start teaching after one year of Teacher's College (equivalent to one year of university education). Summer school University classes and a winter correspondence class would be a necessity as well to be able to continue to teach.

Before I committed myself to teaching, I joined a summer voluntary Christian service group in a mental hospital. There were seven of us young adults eager to make a difference in the care of the mentally ill. This was my first job away from the farm. But, was watching mental patients indoors as well as outdoors, lighting their cigarettes really work? Was the medical profession an option for me as well? Of one thing I was certain---I would not continue working in this hospital once summer was over as some of my coworkers thought of doing. Whatever my future profession would be, when it came to learning, I liked the sciences, literature and languages, but had to work hard at math and history. Medical novels were a treat having enjoyed *Magnificent Obsession* by Lloyd C. Douglas and some of his other novels as well. At the mental hospital some of us volunteers received permission to observe a brain operation; a prefrontal lobotomy, which, in the mid 1950s was still a treatment for severe depression. The operation was fascinating to watch. At the end of the summer, I went to register at Saskatoon Teacher's College for one year. I then taught at a rural public school for two years. The several summer school classes and the winter correspondence courses gave me a second year credit in education. Then I enrolled for full-time university Science classes were very interesting and I was taking German for a second language. It was the language I had grown up with at home and in the church.

At university it was almost a relief

to be responsible only for myself, instead of a classroom full of eager students. Life had been rather hectic for two years with teaching; back on the farm on weekends; and keeping up with church involvements as well. My prayer often was: "Lord, take me as I am and make out of me what you will." Soon I learned to also add the words: "----in your own way and in your good time." I switched my studies from Education to the Arts and Sciences and on rechecking my choices of classes, and then realized that my classes all were credits for pre-med. Was I getting ahead of myself? Was I really up to that challenge? Yet, the interest was there and I was aware that there were many countries in the world that didn't have enough medical help. On discussing my study plans with relatives and friends who had had similar experiences, I received much encouragement to continue. Agreed that the cost of both time and resources were hurdles to overcome with the special ingredient a necessary essential. The latter was pointed out to me by cousin Marguerite, a nursing educator. I promised the Lord, that if I was accepted into medical college, I would like to be a medical missionary. While awaiting acceptance, I spent a year studying theology at Canadian Mennonite Bible College (CMBC) in Winnipeg, Man. During that year I met the love of my life, Hilda Schoeder. She was a dedicated Christian woman who also had plans to be a missionary.

After acceptance to medicine in Saskatoon, studies began in earnest. Summers I often worked at two jobs and in winter had a part time job in the medical library several evenings a week. Hilda and I were married after she completed her Christian Education program in 1961. She worked as a nurses aid at Saskatoon City Hospital. (I had earlier worked at this hos-

pital as an orderly. ) In my third year of medical studies one of my profs , Dr. Ed Somerville asked me how I was doing and this led to a very interesting discussion. Basically, he checked to see if I needed any help whether financial or otherwise. I conceded that I was financially stretched---what with a little daughter at home and Hilda no longer working. Dr. Somerville had a plan to help me financially. He ended up paying me the equivalent of \$100 per month for a year. This was an undeserved gift, without a doubt it was a special answer to prayer. Repayment was deferred until I would be in practice and then help a needy medical student as I was helped. No interest was mentioned for this unusual loan. It was meant to be paid forward.

After graduation I joined a Family Practice group in the town of Kinderley in SW Sask, working with three experienced colleagues as a General Practitioner for three years. The experience was busy but very helpful to work with these three congenial physicians. On reconnecting with the Commission on Overseas Missions ( COM), who had held our applications for several years, we were told that Mennonite Christian Hospital( MCH ) needed another doctor. This ninety-bed hospital was in the city of Hualien, on the East Coast of Taiwan. It sounded like an interesting place to work. It had three expatriot doctors and one Taiwanese half-time radiologist. Nurses were trained on location and there were two chaplains who worked not only with patients but with staff as well. Due to the shortage of teaching hospitals in Taiwan at that time ( early 70s),MCH was asked by the Dept of Health to accept doctors in training. Hualien is a seaport set in very beautiful surroundings but with a semi-rural ambience. This small hospital accepted medical students in summer; interns for a full year of

practical experience. At that time, in the early 70s,MCH already had a surgical resident and two in Family Practice Was I dreaming? Here was a bilingual (English-Chinese) teaching hospital with a corner-stone engraved with the words: “ Service in the Name of Christ”! This would accommodate my rural upbringing; teaching experience ; and church involvements. The words of St. Paul came to mind:”----all things work together for good to those who love God, to those who are called according to His purpose.” Rom. 8:28.When MCH was notified that we were willing to come, Dr. R. Brown asked if I would first take two years of a four year Internal Medicine residency before going to Taiwan. MCH really needed an internist to complement the surgeon, the pediatrician, and O&G they already had,and did not need another family practice doctor.

Initially, it was rather disappointing for Hilda and me to have to delay another two years before we would arrive at our destination at MCH. Yet, it was the right thing to do and we agreed with Dr. Brown's plan. Then it was urgent to apply for a residency( in Winnipeg instead of Saskatoon). The application was sent to Winnipeg with the reply that I be ready to start in three month's time. We had ,in the meantime, bought a house in Winnipeg and so the transition was underway. When my mother heard how quickly our plans for residency were in place she saw it as an affirmation that it was God's will. The residency was intense but also very practical. So, the two years went by very fast.

Our children were Maureen(10); Kevin (6); David(4); Weldon (2) at the time we were leaving for Taiwan. We took leave of our parents in August, 1972 to establish a new home in Taipei, the capital of Taiwan. We

would not see our loved ones again for five years. My first responsibility was to start Chinese studies at the Taipei Language Institute. Maureen and Kevin started classes in the International School and made new friends. My classes were during five forenoons a week; while Hilda had afternoon classes three times a week. On those afternoons a Taiwanese lady came to our home to look after David and Weldon and also prepare a Taiwanese supper for us on those days .We learned to use the public transportation and found good shops for groceries and household needs. We felt secure in God's love in spite of all the adjustment and for the support of fellow missionaries and friends we were very grateful.

The minimum language study time for full time missionaries was two years. In my case, I took one year of Chinese immersion studies. After that year we moved to the MCH compound in Hualien,on the East Coast of Taiwan.I started seeing patients in the forenoons and continued the Mandarin curriculum from the Taipei Language Institute in the afternoons. The immediate goal in the language classes was to be able to communicate. We practiced to speak four-tonal words, phrases and finally sentences.It was writing Chinese characters which was difficult but, at the same time they were fascinating. Thus routines were established for the Epp family. We had the privilege of living in a Japanese style house, conveniently situated on the MCH compound. The children now enjoyed a one room school and soon had new friends.The younger two were at home with Hilda. She continued her Chinese classes in evenings.

In retrospect, the choices we had made in the past decade were nothing short of awesome. Awesome because

we felt chosen by Jesus Christ himself and led by His Holy Spirit. There was the choice of pre-med classes; the choice of missionary medicine; the choice of Hilda as a life's companion and the choice of internal medicine for residency. Our family felt richly blessed! It truly was "amazing grace".

In conclusion, the word of Paul continued to resonate: "The One who calls you is faithful and He will do it." I Thess.5:24.

August 1, 2013



## 抉擇

艾可諾 醫師

“我該如何善用此生?”當我在17歲決志成為基督徒後，便不斷思索這個問題。我出生於1930年，在撒克平原、撒克通城以北50英里的一個牧場長大，能徜徉在寬廣的天空，觀察四季的變化。牧場的工作包括照顧動物，隨著季節變化撒種收割。我在家排行老三，跟著父母、兩位姊妹及五位兄弟，全家分工合作照料這個複合式牧場，因為單靠一個人是做不來的。我該繼續這種無憂無慮的生活嗎?當時我在附近的門諾教會教初中生主日學，在詩班與青年團契中也相當活躍。後來會眾邀請我成為在職傳道人，這麼神聖的任務非我所預期，卻是會眾神聖的託付。難道這會是我一生的事工嗎?

1953年從高中畢業後，選擇專業的壓力與日俱增，應該繼續務農、教會服事還是有其他選擇?父母建議我考慮教職，母親指出教職比其他工作，更能幫我儘早經濟獨立。教學是一項助人(學生)的行動，這個經驗對將來從事任何行業都有幫助。只要上一年師範學校(等同於一年大學教育)，再加上暑期課程與冬季函授學校，就可以開始教書。

在我決定一生奉獻於教育之前，參加了一個暑期基督徒團體在精神病院的工作。我們一共有七位青年人，每人都對精神病患的照顧費盡心思，這是我第一份在牧場以外的工作。但是全時間看護精神病患，甚至幫他們點香烟，算是一份工作嗎?是否我該考慮從事醫療行業?唯一能確定的就是暑假結束後，我不會像其他幾個朋友一樣繼續留在精神病院工作。撇開將來要從事的行業不談，如果問我喜歡學什麼，我喜歡科學，文學及語言，數學與歷史則要下很大的工夫。我喜歡閱讀醫學小說，譬如 Lloyd C. Douglas 寫的 Magnificent Obsession，還有他的其他作品。在精神病院工作時，我們幾個志工有機會觀看腦前額葉白質切除手術，在1950年代中期，這種手術常用來治療重度憂鬱症，能觀看這個手術太精采了。暑假快結束後，我在撒克通師範學校唸了一年，之後在鄉下的公立學校教了兩年書。之前上過的暑期課程與冬季函授學校可抵大學二年級學分，我便在大學註冊主修科學，並選修德文為第二語言，其實德文是我在家中與教會使用的語言。大學生涯對我來說輕鬆很多，因為只要對自己負責，當老師要對全班學生負責。前兩年的教職生活非常忙碌，週末時我仍回到牧場，並繼續參與教會服事。我經常這樣禱告：“主啊!求祢按我的本相接納我，按祢的旨意塑造我。”之後我又加上這句“照祢的方式及

時間”。我的學習由教育轉向藝術與科學，當我重新審視選修的課程，才發現這些都是醫學預科的必修課程。我是不是走得太快太遠了?是不是真的準備好接受挑戰了呢?我是真的對醫學有興趣，而且我知道世上有許多國家缺乏醫療資源。當我跟有類似經歷的親朋好友討論未來的學習計劃，他們鼓勵我繼續努力。醫學教育費時費錢，我的表姊馬格利特是護理老師，她指出我需要一些確切的因素來肯定這個決定，於是我向神承諾，如果我能進醫學院，我願意成為一位醫療宣教士。在等待錄取期間，我花了一年時間在 Winnipeg 的 Canadian Mennonite Bible College (CMBC) 神學院就讀，就在這年我遇見一生的至愛 Hilda Schoeder，她是虔誠的基督徒，有心從事宣教工作。

進入撒克通城的醫學院後，我滿懷興緻，努力學習，暑期我打兩份工，冬季則在醫學院圖書館每週打工幾晚。當 Hilda 在 1961年完成基督徒教育課程後，我們就結婚了。她在撒克通城市立醫院做助理護士，我曾在這家醫院打雜。醫學院第三年，有位教授 Dr. Ed Somerville 與我閒聊，我們展開一場有趣的對話。基本上他想知道我是否在經濟或其他方面需要幫助，我承認自己捉襟見肘...自從我們的小女兒出生後，Hilda 便不再工作了。Dr. Somerville 打算給予我們經濟上的協助，他每個月資助我差不多100元，為期一整年，我知道自己是不配得到這份禮物，但無疑這是神垂聽我們禱告，給我們的回應。我開始工作後把錢還給他，同時也幫助像過去的我一樣經濟拮据的醫學生。這是可以延期還本的無息貸款，主要是希望把前人施予我們的恩惠再傳給後人。

畢業後，我加入在撒克通城西南邊的 Kinderseley 城一個家醫科的醫療團隊，與三位有經驗的家醫

科醫師一起工作三年。雖然非常忙碌，但與這三位稱職的醫師一起工作，對我助益良多。我們向海外宣教使團申請到海外工作的申請函，被擱置多年之後終於得到回音。我們得知花蓮門諾醫院需要一位醫師。這家醫院有90張病床，位於台灣東海岸的花蓮，聽來是個服事的好地方。這醫院有三位來自國外的醫師長駐，有一位台灣本地兼職的放射科醫師。護士多為本地培訓，有兩位院牧照顧病人及員工。在1970年早期，台灣教學醫院不足，衛生署要求花蓮門諾醫院接受實習醫師。花蓮是個美景環繞的海港，瀰漫著農村的氣息。每年暑期，醫院會招收一些醫學院學生，並讓實習醫生展開為期一年的訓練。當時醫院裡已經有一位外科，兩位家醫科住院醫師。這一切太美好，我在作夢嗎？這家雙語的教學醫院的基石上刻著：“以基督之名而服事”。我在牧場的成長背景，教學經驗與教會的服事，這些經歷讓我適合這份工作。我想起使徒保羅在羅馬書八章28節的一段話：“……萬事都互相效力，叫愛神的人得益處，就是按他旨意被召的人。當花蓮門諾醫院得知我們願意前往時，Dr. Brown問我是否願意先接受兩年內科住院醫師訓練再前往台灣，花蓮門諾醫院非常需要內科醫師，他們已經有外科，小兒科，婦產科，不需要再增加一名家醫科的醫生。起初我與Hilda非常失望，因為又要延遲兩年才可啟程，但這決定是對的，我們同意Dr. Brown的計劃，便即刻遞交住院醫師的申請（這次是在Winnipeg而不是撒克通城）。我接到通知，準備三個月後在Winnipeg開始住院醫師訓練，同時也在Winnipeg買了房子，計畫就要逐一實踐。我母親得知我這麼快就得到住院醫師訓練的機會，她認為這是神對我顯明祂的旨意。住院醫師的訓練非常緊湊而實用，兩年很快的地過去。

當我們啟程前往台灣時，我們

有四個孩子，Maureen 10歲，Kevin 6歲，David 4歲，Weldon 2歲。1972年八月，我們告別父母，在台灣的首都台北開始我們的新家，五年內我們將無法與在加拿大的至親相見。到了之後當務之急是要開始在台北語文學校學習中文。Maureen與Kevin在國際學校上學，結交了新朋友。我的課是一週五天的上午班，Hilda則是一週三天的下午班，她上課時，一位台灣的女士來家中照顧David和Weldon，並為我們準備台式晚餐。我們學會搭乘大眾交通工具，也發現購買日常生活用品的商店。雖然我們忙著適應新的生活，但因為心中有神的愛而深感平安，對於朋友及其他宣教士給予我們的支持更是無限感恩。全職宣教士的中文最少要上兩年，我選擇上了一年密集式中文課，之後我們就搬到以東台灣的花蓮為基地的門諾醫院。我早上看診，下午繼續上台北語文學校的中文課，目標是要讓我能用中文與人溝通。我們練習中文發音的四聲及造詞，造句。中文書寫比較困難但也非常有趣，生活漸入常軌。我們很幸運分發到一間日式房屋，孩子們在僅有一個教室的小學校就讀，很快地又結交新朋友。較小的兩位孩子與Hilda留在家中，晚上她繼續上中文課。

回想過去數十年所做過的抉擇，感覺都是神奇妙的帶領，神揀選了我們，也藉由聖靈一路引導。不管是醫學預科或宣教醫學的選擇，還是選擇Hilda為我一生的伴侶，亦或接受內科住院醫師訓練的決定，我們全家屢次在這些抉擇上蒙受神豐盛的祝福，這真是“奇異恩典”。

使徒保羅的話一直迴響著：“那召你們的本是信實的，他必成就這事”（帖撒羅尼迦前書五章24節）

## From Mongolia to Formosa

Carol Gunzel



My story really begins with my Mom and Dad in their obedience to the Lord's calling. Dad had wanted to be a missionary to Africa but for one reason or another each mission he applied to, there were requirements for further schooling or that he belong to a certain church in order to go as a missionary to Africa. He then applied to The Evangelical Alliance Mission (otherwise known as TEAM) and when asked where he wanted to go, he replied: "Where you most need missionaries." The reply was, Mongolia. And that is where Dad went.

He first studied the Mongolian language with a Mongol prince in Inner Mongolia (north of China). He lived in Mongol yurts and later bought 3 camels that he loaded up with medicines and gospel portions that he would lead to the Mongol nomads. He carried aspirin (for anything above the waist) and castor oil (for anything below the waist). He often said that because the Mongols did not have medicines of any sort, they thought that if a little was good, then a lot would be better. You can imagine the results of said medicines!

My Mom followed Dad out three years after he left for Mongolia. They were married in Peking and then lived up in Mongolia and North West China. In his first years as a missionary there, Dad was on the committee that was



revising the New Testament in Mongolian. This work, though interrupted by WW II, was finished in 1952 in Hong Kong. He always said he felt this was his most important work. There still are copies of this Mongol New Testament in the old Mongolian script, though since there have been other translations.

Can you then understand that I as an MK, would not have some sort of burden to go back to these people in Asia? That's where I was born--up near the Great Wall of China. And where we lived until the WW II. After the war was over, Mom and Dad and our family moved back to China -- in the north west, then on to Hong Kong as the Communists invaded the land. I had always wanted to be a nurse and so after Bible school, went to Nursing School. Because I couldn't get into China, I went to Taiwan, also known as Formosa.

I worked as a nurse in our TEAM hospital in the southeast part of Taiwan. Later I went back to the US to study anesthesia and then for 30 more years gave anesthesia to our surgical patients.

I worked with young people in and outside of our local church, teaching them English and, as became my deepest joy and desire, had Bible studies with them.

In total, I was in Taiwan 37 1/2 years and retired in 2001. My Mom then in Canada, needed care and I was delighted to be with her for 10 years before she passed away at 99.7 years old!

Since then, I've been involved with Seniors in our Independent Living Quarters here in Abbotsford, BC, Canada. It has been a joy and a blessing to be here. I am grateful and thank the Lord for His gracious kindness to me!

## 從蒙古到福爾摩沙

耿喜音 麻醉護士

我的故事要從父母順應神的呼召開始講起。父親曾經夢想成為一名在非洲傳道的宣教士，但他所申請的工作，不是要求更多的教育，就是規定必須隸屬某個特定的教會，因此都無法成行。他後來向福音派聯盟（或稱為TEAM）申請宣教士一職，當被問到想去哪裡宣教，他回答說：“哪裡最需要宣教士，我就去那裏。”他得到的答覆是，“蒙古”。這就是家父前往的地方。

他先在內蒙（中國以北）向蒙古王子學習蒙古語。他住在蒙古包，後來買了3頭駱駝，滿載著藥物和福音工作的用品，向蒙古的遊牧民族宣教。他攜帶阿司匹林（治療腰部以上的任何問題）和蓖麻油（治療腰部以下的任何問題）。他常說因為蒙古人沒有任何形式的藥品，他們認為如果用一點點藥就會好，那麼用很多效果一定更好。你可以想像這些藥的療效！三年之後，我的母親追隨父親也來到蒙古。他們在北京結婚，之後住在蒙古和中國西北部。

父親成為宣教士的第一年，便擔任蒙古修譯新約聖經的委員，這項工作雖然因為二次世界大戰而中斷，但1952年終於在香港完成。父親總說這是一生最重要的工作。這部以老蒙古文翻譯的新約聖經仍保有版本，之後也出現其他譯本。

現在你可以了解我這個蒙古小孩再回去亞洲工作，不會有什麼困難了吧？因為我在中國長城附近出生，二次世界大戰以前，一直在那裏生活。戰爭結束之後，我們全家又搬回到中國的西北，直到共產黨佔領這塊土地，我們才退居到香港。

我一直想成為一名護士，所以完成聖經學校的學業後我就去唸護理。因為無法進入中國，所以我去了台灣，又稱為福爾摩沙。我在福音派聯盟（TEAM）所屬的醫院中擔任護士，醫院位於台灣的東南方。後來我回到美國學習麻醉，往後30多年，我在醫院為手術病患麻醉。我與當地教會內、外的年輕人一起工作，教他們英語，跟他們一起查經成為我最大的喜悅和盼望。

我在台灣總共待了37年半，於2001年退休。母親當時居住於加拿大，需要有人照顧，我很感謝在她以99.7歲高齡過世前，能有機會與她共度十年相聚的時光！

之後我就居住在加拿大 Abbotsford, BC銀髮族獨立生活社區，同時參與關懷長者的事工。能夠委身在這裡何其有幸。很感謝神給我的恩典，祂是如此恩待我！



Caravan at mission station



The Gunzel Family at Mongolia Mission

## MY CALLING TO (MEDICAL) MISSION WORK

Susan (Martens) Kehler

I was born in a Christian home. My parents were immigrants from Russia, specifically Ukraine. Because of change of government to Communism in Russia in the early years of 1900, my parents, along with thousands of other immigrants entered

Canada in the latter years of the 1920's. This was because of religious persecution. But my parents were not of Russian descent; they were among those immigrants to Russia during the reigning years of Catherine the Great –she searched out from other countries those with farming skills to work the rich black soil of Russia. My father was of German background and my mother more of Dutch descent.

The older I become, the more I am grateful for my Christian upbringing even though I did challenge some of the traditions that came with their understanding of following Jesus. At about age 12, I clearly recall sitting with my friends in our Church, listening to a missionary on Home Assignment from China. I recall how deeply I was moved by his report and wondered if ever I might engage in such service! Three years later, at a Christian Young People's Retreat (Camp), at age 15, I accepted Jesus as Lord and Saviour! Upon return home, I felt the need to share this with my parents: we arrived home on an evening, and before going to bed I prayed for help to tell my parents the following morning. I was fearful! Why? One tradition of my parents was that one did not speak too openly about Christian "things" –these "things" were too holy! Next morning, upon going to our kitchen for breakfast, I expected to meet both my parents and sisters there! Lo and behold, only my mother was in the kitchen! With her back to me, (she was stirring oatmeal) my mother said, "Did any young people become Christians at the camp?" How wonderfully the Lord had prepared the way! "Yes," I said, "About five or six of us and I was one of them!" My mother turned to me with tears streaming down her face, telling me how happy she was to hear this. Two years later I accepted adult baptism.

The next years were somewhat uneventful, although I soon learned that with following Jesus, I frequently needed to

again experience "small conversions". Sometimes I realized I lacked love, other times I needed to ask for forgiveness, or put more effort into establishing routine quiet times with God; but all along, the "feeling" of maybe someday going out as a missionary did not leave me!. Many times I would say to myself, "Well, I know that if I would go out under our (Mennonite) Overseas Mission Commission, I will need much more education"— but always telling myself that I had plenty of time! However, after completing High School, what then? I recall giving this quite some thought, especially during the two years I took Bible School. And, during these years I came to the peaceful conclusion that taking nursing education would be a suitable career for a missionary. I believe God directed my choice.

More than ever was I convinced of God's leading when upon preparing to enter 3-year nursing program, my High School Principal's son who was home for Christmas Recess from his Medical School told me about a 2-year Nursing Program in which I would gain the same amount of education as a 3-year program offered. I tracked down this program and was accepted!

However, after completion of my nursing education, I knew our Church's Mission Organization would require of me more theological education. So I enrolled in Canadian Mennonite Bible College, Winnipeg, but at the same time sought a nursing job to financially support myself! This slowed down my graduation time (plus I needed to take out about one year when my father went into palliative care because of cancer; and died!) In a sense I was somewhat relieved about slowing the possibility of overseas mission work because I, by now, knew enough about the lives of missionaries to conclude that their work was definitely not "all roses".

But, one day, my girl friend, a missionary candidate to Japan, said to me, "Sue, have you already sent in your application to the Mission Board?" (This was in my last year before graduation.) "No," I responded. She talked to me for a long time and assured me that God would NOT send me out if I was not meant to go. I wrote for an application, filled it and returned it. However, I thought the Mission Board would ask which country I may wish to serve in. To my surprise I received a response from the Mission, stating that they would like me to consider Taiwan since one of our Mission medical doctors felt they desperately needed a nursing school. (Two nursing schools wanted me to take a teaching job; I did take one and had two years of experience by now!).

Once more I doubted my call! I prayed for God's patience. First, I decided to ask four college professors whether they



thought I was suited (and if it was necessary to consider going overseas as compared to doing Christian service at home). Since three professors said it was much more difficult to find suitable overseas personnel, I should seriously consider going -the 4th professor said, "God won't mind which you choose."

A final time I pled with God, and "again put out the fleece". This was because our student nurse doctor told me I likely had been born a "Blue Baby". Health was very important to the Mission Board. So, cautiously, I made an appoint-

ment with a Cardiologist and asked to be checked out re my "heart condition". He looked puzzled, but he consented. I did not tell him about putting out the fleece. After several hours of tests, the Cardiologist turned to me and said, "Girlie, you can go anywhere in this whole wide world! You have a good heart!" I graciously thanked him and walked out! I was persuaded God had called me!

Within several months I was on my way (1957), via a freighter ship to Taiwan and spent the next wonderful 25 years there, always having the assurance that God lead the way!

## 我的醫療宣教事工呼召

馬素珊 護理師

我生長在基督教家庭，父母是俄國移民，準確地應說是烏克蘭移民。1900年初期，俄國政權轉變為共產專制，我的父母與許多俄國人因為信仰迫害在1920年左右移民至加拿大。但是我的父母並非俄國後裔，他們是在凱撒琳大帝統治時期因俄國豐饒的黑土壤與許許多多人移民至俄國，我父親具有德國血統，母親則是荷蘭後裔。

雖然我曾挑戰那些因信仰而來的傳統舊俗，然而我越長大越感激自己成長在基督教家庭。我清楚地記得在我12歲的時候與朋友在教會聽一位傳教士講述他在中國的家庭事工。他的報告深深地感動我，我甚至期待有一天也可以從事這樣的事工。三年以後，在15歲那年，我在一個青年基督徒退修營會裡接受耶穌基督成為我的神與救主。我覺得回家後應當告訴父母我的決志，當天晚上我在床前禱告，祈求神幫助我在隔日早上稟報父母。我有點害怕，因為我的父母有個習慣，他們不怎麼公開討論基督教那些"太神聖"的事！第二天早餐前，我想爸、媽還有我的姊妹都會在那裡！於是屏住氣息、悄悄地進入廚房，沒想到只有母親在那兒，她背對著我正在煮燕麥片，她問我「你們年輕人當中，有人在營會成為基督徒嗎？」上帝真是奇妙的幫我準備這樣的開場白！我回答說「有啊，大概5、6位，我也是其中之一。」母親轉過來面對我，眼流滿面，她告訴我她多麼為我感到高興。兩年後，我接受成人堅信禮。

雖然我很快就了解到如果要跟隨耶穌，我需要常常更新自己，但是在未來的幾年裡一路走來並不那麼順利：有時我欠缺愛心，有時需祈求神的赦免，或者必須更努力地建立與神有固定的安靜時刻。雖然有種種的不順，但是有朝一日成為宣教士的心願卻從未更改。我常告訴自己「如果想要透過門諾會海外宣教組

織而出國，我需要更多的教育。」我總是安慰自己「時間還很多，不急！」然而我也記得在我唸聖經學校的那二年裡，常問自己這個問題：「高中畢業後，然後呢？」。最後，我決定去唸護理，那是適合宣教士的工作。我心中對這個決定充滿平安，我相信這是上帝幫助我做出的抉擇。

我心中確信上帝要指引我進入三年制的護理課程，但是通過一位回家過聖誕節的醫學生(高中校長的兒子)，我得知也有二年制的護理學校，和三年制是等值的教育，於是我申請那樣的學校並獲准入學！

完成護理學位後，我知道我們教會的宣教事工組織要求宣教士必須修習神學課程，所以我進入加拿大門諾聖經書院。同時，我也找到一份可以支付學費與生活開銷的護士工作。我因父親的癌症治療及逝世而休學一年，因此我無法如期畢業。其實這樣的延遲也讓我喘口氣，因為此時的我已了解到宣教士的生活絕非全像「玫瑰」般的美好。

在我最後一學期的某一天，一位即將被差派到日本宣教的朋友問我「Sue，你已經將申請表遞交給宣道委員會了嗎？」，「還沒有呢！」我答道。她對我曉以大義好一段時間，並且向我保證如果神沒有預定我走這一條路，祂絕不會差派我出去。於是我填寫了申請表，並遞交出去。我覺得宣道委員會至少會先徵詢我想到那一個國家服務，但是出乎意料地，在回函信上他們要我考慮到台灣，因為那邊的宣教士醫生非常需要有人幫他們開辦護理學校。（早先的時候，有二間學校要我去教書，我接受其中的一間的聘請，所以我有二年的教書經驗。）

我不能確認上帝對我的呼召，我祈求神耐心等待。我決定先詢問四位大學教授，看他們是否認為我可以勝任那職務？（我真的需要出國？還是留在家鄉做教會事工就好了？）三位教授認為我應該認真地考慮前往，

因為在海外很難找到合適的人員；第四位教授對我說「上帝不會在意妳做何樣的選擇。」

後來我再一次求神翻開底牌讓我明瞭一切，這是因為我們的學生醫師告訴我，我出生的時候應該是一個「藍寶寶」。對宣道委員會而言，健康的身體是第一要素。所以為了安全起見，我約了心臟科醫生，要他仔細幫我檢查我的心臟狀況。他很不解地看著我，但還是同意，我沒有告訴他翻開底牌這件事。經過幾小

時的檢驗與測試，我的心臟科醫生轉過來對我說「小姐，妳可以到世界上任何一個國家，妳的心臟強得很！」我感激地謝謝他然後離開。我已經被說服了，確認上帝要呼召我。

經過幾個月，我已經搭著貨輪準備飄洋過海到台灣(1957),在那兒我度過25年美好的歲月，也確信這是神引導我走的路。

## My Journey to Taiwan

Joy Randall



I, Joy Margaret Randall (Na Ma-Liet) was born in Cobourg, Ontario, Canada, a life time member of St. Andrew's Presbyterian Church where my family were dedicated members. My father was an elder and

Church School Superintendent for many years. My mother was in the choir, church school teacher, WMS member and President of Presbyterian of the WMS, etc. My brothers have been elders, involved in Church School, Youth and Choir. My sister was very ill and died when she was 9 years old. This had a great influence on all our lives and our faith journey. At an early age in my life I was called to church work and later more specifically to be a missionary nurse.

After graduating from Nursing and with advanced preparation I was designated by the Women's Missionary Society W.D. of the Presbyterian Church in Canada in May 1969 as a missionary to Taiwan. Originally, I expected to be sent to Nigeria and was on standby for the Red Cross during the time of the Nigeria- Biafra War. When the PCC-Board of World Mission and WMS realized they would not be able to send anyone to Nigeria at that time they asked me to consider an appointment to Taiwan. As a child I had always been interested in (Formosa) Taiwan, heard many stories from our missionaries, and our church helped to build a Tayal church. I feared my abilities to learn to speak Taiwanese. My minister said if he could learn Mandarin then I should be able to speak Taiwanese.

I arrived in Taiwan on Nov 1969. After two years in Taiwan-

ese language study in Taipei I was assigned to Changhua Christian Hospital to Nursing In Service and Educational Training Dept. Changhua Christian Hospital had about 150 beds and 300 people on their staff of which 100 of them were in the Nursing Dept. Later I became the Director of Nursing from 1976 until my retirement in 2004. The hospital grew to 1500+ beds at Changhua Rd and Nan Guo Medical Centre, with more at the Er Lin Branch Hospital. I was also the Nursing Director of the Community Health Dept. and the Hospice Programme.

Throughout my years at Changhua Christian Hospital I was an active member of the Pastoral Care Committee especially in relation to the spiritual care for our nursing staff. This included Nursing Christian Fellowship and other fellowship groups and English Bible Study. We encouraged our Nursing Units to have worship daily. The Pastoral Care Personnel visited each unit once a week for worship. Many of our nurses became Christians over the years. I am most thankful to God who worked through us over our years of service and fellowship together.

The Nurses' Choir was formed in the 1990's and we had over 100 nurses singing at the Nurses' Day Candle Lighting Service each year and on other special occasions. The Nurses' Choir and Community Health Nurses as part of their outreach programme would go to the smaller rural or aboriginal churches to sing and hold clinics. I enjoyed singing in the Hospital Choir for many years and especially for our Hospital's 100th Anniversary in 1996, when we sang the Messiah in Taiwanese, which was a great challenge for all of us.

Our hospital had many challenges and changes over the years. I always enjoyed making visits to the patients and talking with them and their families. I could also observe the nursing care and any problems they may have had. As the hospital got larger it was more difficult to do this daily.

The patients and their families were most appreciative of the concern and care shown them. In 1980 Changhua opened

our first branch hospital in Erlin. Therefore I was involved in developing the Nursing Care in that hospital. At first it was very difficult to get nurses to go there as they thought Erlin was at the end of the world! But in later years more were willing to work and live in Erhlin. In the 1990's I was involved in the beginning of our Hospice and Palliative Care Programmes. First we began Home Care before having a Palliative Care Unit in the hospital. We carefully chose the nurses to train and learn more about this specialty. One of our goals was to provide spiritual care for their patients and their families.

One of our hospital's greatest challenges for Nursing, Medical Care and our Christian faith was during the time of SARS. Daily we met to discuss how to improve the special isolation techniques and to prevent our staff from contracting SARS. We also planned ways to overcome the stress associated with this by spending extra times in devotion and prayers. All this helped everyone to rely on their faith in God to overcome the stress of nursing at that time. Many nurses said if it had not been for this spiritual support, they would not have continued in Nursing.

\*\* Our Nurses' Book of Prayers had just been printed and it became a part of their daily walk.

Another difficult time was when PCT was under persecution in the 70-80's. Today we often forget the pressure that was on the Taiwanese at that time. I was greatly moved many times by the dedication and faithfulness of so many Christians to their Church and Taiwan. When people were concerned for my safety I told them I really felt I wanted to be here and show support for my friends and the Christians here in Taiwan. At that time I was deeply moved spiritually when we sang the hymn "When Peace Like a River.....It is well with my soul!"

Our Medical Missionaries in Changhua did not have the same kind of pressure related to the political issues as did those in theological education or in churches. We continued to be dedicated in our care and relationships with our patients and staff. The only time I had a "special" visitor was when I was a member of the PCT Executive Committee. Otherwise I did not feel threatened. Many respected us at the hospital because of its many years of dedicated service to the community.

My most helpful Scripture during my whole life journey is ..... "I can do all things through Christ who strengthens me". (Philippians 4:13) This was always my family's motto and helped me no matter what problems we faced during my sister's death, my parents' illnesses and deaths and in the various situations I faced in Taiwan. I always felt Christ gave

me special strength to carry on. In the early '70's we did not have telephones in our homes to call home to Canada. We would have to go to the Taipei/Changhua Telephone Centre to phone home and it was very expensive. Our mail took 2 weeks to arrive so when you were worried many things had already happened or problems were overcome. You had to trust in the Lord always and not let the worry overcome you.

In Philippians: 4: 4 "Rejoice in the Lord, always.....do not be anxious" With all the other concerns in Taiwan I knew the Lord was always with me. I was not to worry and give all my cares to the Lord.

Prayer Partnerships have always been very important to me. Often this was with a friend close by, in our groups in our church, or with a missionary colleague. Many individuals in WMS and our churches in Canada, friend and family were praying for me as well as for Taiwan. I usually sent special prayers requests with my newsletters and received many cards, letters and later emails from many prayer partners in Canada.

Sometimes the daily demands of a busy life just won't leave you alone. We really want to serve the Lord. We struggle with balancing our lives. We all go through various "seasons of our life-journey." We need to "Be still and draw closer to our Lord", hopefully deepening our devotion, strengthening our service. Then with less stress in our lives we are able to "Rejoice in the Lord always" and enjoy loving service for the Lord.

Even with our busy schedules at home, work, church and community we still need to take time apart to be with God. I know this might be difficult at times but we really must do this! (It was a little easier for me to do this when I was in Taiwan since I did not have family present). Now I am retired and at home I seem to have more responsibilities that keep me busier. But I am still reminded that I must find time to "Be still and know that I am God" To know God's will and God's way in our lives as we go on with our life journey in our calling and in our mission is still very important. We need to have a balance between work and worship, between love for God and love for others, and between worship and service. We need to lead a balanced life and to have a Christ-like life. Therefore we need to have "a time away" for reading, listening and praying to keep our life balanced and to keep in tune with God.

When people ask me what I miss the most about Taiwan...I usually reply the people. Whether friends, staff at the hospital or in the church everyone was very helpful, kind and understanding. I learned a lot from them through Bible Study,

## Prayer and Fellowship.

In 2004 when I was retiring many of our nurses and staff told me of things I had said or done that had influenced their lives both in Nursing and in their Christian faith. They mentioned it was through my concern for the staff and their families, for the patients and their families and my concern for the people of Taiwan.....

Throughout my mission journey in Taiwan I was constantly reassured by the words of Colossians 1: "to bear fruit in every good work as you grow in knowledge of God"

We plant the seeds. God waters. Then we pray that the fruits of all our efforts and ways will be seen now and in the future and that all may be to God's glory & praise.

It is a highlight of our "life- time journey" when we experience the fruits of which will bring joy to the Lord!

During our journey we are assured that God is right beside us and we have God's promise in the Great Commission that "Lo I am with you always, even to the end of the age. (Matthew 28:16-20) This is part of our mission calling but also part of our call to journey with God through out our life.

Peng-an!

WMS is Women's Missionary Society (W.D.)  
PCC Presbyterian Church in Canada  
PCT Presbyterian Church in Taiwan

## 我的故事-在台灣的人生路程

藍瑪烈 護理師



教會的詩班服事，同時也是教會學校的老師，婦女宣教會的主席。我的幾個兄弟都是教會的長老，致力於各樣教會的事工，像是主日學、青年團契以及詩班。

我的名字是 Joy Margaret Randall (藍瑪烈)，出生在加拿大的安大略省，從小在聖安德魯長老教會長大，我的父親是教會的長老也是多年的主日學校長，我的母親在

妹妹在她九歲的時候因病去世，這對我們全家人的人生以及信仰，產生巨大的影響。我很小就接受呼召要在教會工作，後來更明確的知道要走上醫療宣教。

1969年的五月，我剛從護理學校畢業，爾後便接受了加拿大長老教會婦女宣教會的差遣前往台灣。原本我是預定被差派到非洲的奈及利亞，等待加入紅十字會在利亞內戰的救援工作。但當世界差傳會與婦女宣教會發現當時無法派遣任何宣教士進入奈及利亞時，便詢問我改往台灣的意願。"台灣"，這個"福爾摩沙"美麗之島對我來說並不陌生，因為從小就知道台灣有個泰雅族的教會是我的教會所設立、支持的，也常聽見宣教士們口中所述說關於台灣的故事。我很擔心自己學習台語的能力，我的牧師以他能學會中文為例，來鼓勵我一定也能學會台語。

同年的十一月我抵達台北，學習講台灣話，兩年後，到彰化基督教醫院任職，負責訓練護理人員。當年的醫院有150個病床、300名員工，其中護理人員就有約100位。從1976年我正式成為護理部門的負責人一直到2004年退休為止，彰化基督教本院增長到超過1,500個床位，並擴展二林分院。我的工作也從培訓護理人員延展到社區的公共衛生以及臨終安寧療護。在我投身致力於護理人員的培育工作的同時，我也全心投入於院牧部的工作，成立護理人員小組，中、英文查經班，充分地顧及護理人員屬靈生命的成長，鼓勵他們持續每日的靈修生活，並藉著院牧部帶領護理人員每週有固定的崇拜。感謝上帝，有為數不少的護理人員因而蒙恩得救信主。感謝神透過我們多年來的服事與同工，來完成祂的工作。

1990年所成立的"護士詩班"以人數來說可謂為"百人詩班"，我們除了在每年的護士節舉辦燭光演唱會，也參與社區的節日慶典，足跡更涉及偏遠地方的教會，將詩歌讚美與醫療義診搭配成為佳美的組合。我本身也參與彰基醫院員工詩班多年，印象最深的是院方慶祝成立一百週年時，我們以台語唱韓德爾的彌賽亞。

在彰基事奉的那段日子裡，醫院面臨種種的挑戰，也不斷地在考驗中更新成長。我喜歡探訪病人和他們的家屬談話，可以從中觀察看護醫療或是病患所面臨的問題。

我可以感受到病患以及家屬對護理人員那種發自愛心的照護有著說不盡的感激。彰基二林分院在1980年成立，我隨即投入於護理人員的培訓工作。一開始很難招募到護理人員，因為二林對他們而言像是地極，不過後來幾年情況開始改善，有越多人願意搬到二林居住工作。1990年我參與安寧療護的策劃，先從居家看

護開始，之後才在醫院設立安寧病房。我們嚴格甄選合適的護理人員，特別加強安寧看護的訓練，其中一項是專門照顧病患及家屬的心靈需要。

SARS 爆發的時期，醫院在看護、醫療以及基督教信仰再次面臨極大的挑戰。每天我們開會討論如何改善隔離技術，防止醫療人員感染 SARS。也透過大量靈修以及禱告時間，幫助大家堅定對神的信心，克服疫情對看護工作所造成的壓力。許多護理人員事後回想起來，都說他們完全是憑著對上帝的信靠，從禱告中支取力量，才能平安渡過那些重擔壓身的日子。

另外一次醫院面臨挑戰是在 70-80 年代，PCT 遭受壓迫的時候。我們時常忘記台灣人民在當時所遭受的壓力。許多忠心的基督徒對他們的教會以及台灣的付出，讓我十分的感動。當有人為我的安危擔憂時，我會告訴他們我想留在這片土地，支持我的朋友以及台灣的基督徒。每當我們唱著“當平安如江河湧流...在我靈裡有平安”我就特別的感動。

其他的神學教導或教會，因為牽涉到政治敏感議題而備受壓力，我們在彰化的醫療宣教則沒有這樣的問題。我們持續進行醫療看護，同時與病患建立友誼。唯一一次有特別訪客是發生在我擔任 PCT 管理委員時，除此以外我並不會感到安危受到威脅。許多人尊敬我們在醫院的工作，因為這是多年來無怨無悔對社區的付出，才帶出來的影響力。

在我人生道路上對我最有幫助的經文是腓立比書 4:13 保羅所說“我靠著那加給我力量的，凡事都能做”。這句經文是我家的座右銘，幫助我渡過各樣的難處，像是姐姐過世、雙親的疾病、以及在台灣面臨的各種狀況。我可以感覺基督給我特別的力量帶我繼續向前。在 70 年代的初期，家裡沒有電話可以打電話回加拿大，需要到電信局才能撥打，而且所費不貲。信件往返更是耗時，往往郵件抵達時，一切憂傷掛慮的事不是已經發生或是得到解決。只有信靠並仰望主的同在及安慰，主給我的應許是“你們要靠主常常喜樂。我再說，你們要喜樂。當叫眾人知道你們謙讓的心。主已經近了。應當一無罣慮，只要凡事藉著禱告、祈求，和感謝，將你們所要的告訴神。”

我在台灣多年的事工背後，最大的支持者就是我的禱告夥伴，他們分佈在台灣、加拿大的教會以及各團契小組，他們日以繼夜，不斷地為我和台灣禱告。特殊禱告事項我會用新聞稿的方式寄出，禱告夥伴則是利用卡片、信件或是電郵的方式回應。

在台灣事奉主的日子是忙碌的，我們必需常常提醒自己要更親近主，我們才能夠更深地回應主的呼召並能重新得力，坦然面對工作的壓力，常常喜樂。

每一個事奉神的人，無論你在家庭中、或是教會、社區的服事上有多麼的忙碌，你仍然必需分別出一段特定的時間來親近神。在回應神呼召的同時更重要的是清楚知道神在你生命中的旨意和方向。在宣教工場繁忙的生活中，也要謹慎地在工作與敬拜，愛神與愛人之間取得平衡，不可顧此失彼。更要用心在讀、聽、思想神的話語，永遠與神保持在同一條線上。

有人問我，我對台灣最大的懷念是什麼？我會毫不遲疑的說，答案是“台灣的人”。無論是朋友、醫院的同事、或是教會的同工，團契的弟兄姐妹，都是助我良多、也是我學習的對象。

2004 年，在我退休的前夕，醫院的醫護人員及員工告訴我，我的言行舉止以及對同工、病人和他們的家庭所付出的關懷和愛心，對他們的工作和屬靈生命有著莫大的影響，我想起在台灣宣教多年，神一直以歌羅西書 1:10 “在一切善事上結果子，對上帝的認識更有長進。”來堅固我。是的，事奉神的人一生最精彩之處，就是當看見自己所撒下的種子得著神恩典的澆灌，並且結出蒙神喜悅的果子。

事奉主，回應主呼召的人，他們的一生經歷必有神的同在，如同祂所應允我們的“看哪，我天天與你們同在，直到世代的終結。”（馬太福音 28:20）這是主對使徒及你、我踏出宣教步伐的呼召，我們也要以一生與主同行來回應他的呼召。



## Smiles for Life

LCMM

Cleft palate was a significant medical and social issue in Taiwan. Many children suffering from cleft lip/palate not only had to cope with the medical consequences of the physical deformity, but also the social stigma branded on them and their families. New hope for these children came with the arrival of a

medical missionary.

Dr. and Mrs. Noordhoff first came to Taiwan as medical missionaries in 1960. Dr Noordhoff had graduated from University of Iowa in 1954 and subsequently completed general and plastic surgical residencies. They were sent to Taiwan in 1959 by the Reformed Church in America (R.C.A. 美國歸正教會), and Dr. Noordhoff spent almost the entirety of his professional career rebuilding children's lives in Taiwan and other Asian nations. The Noordhoffs have devoted much

of their efforts to improving the lives of people born with cleft palates and other facial disfigurements.

Dr. Noordhoff, an internationally recognized plastic surgeon, began his work at Mackay Memorial Hospital (馬偕紀念醫院) in Taipei. After 16 years, during which he served as hospital superintendent of Mackay, he moved to Chang Gung Hospital (長庚醫院), where he became chairman of the Department of Plastic Surgery. He and his wife Lucy helped establish the Noordhoff Foundation, which aids patients in need of facial plastic surgery. Along the way, Dr. Noordhoff had set up many milestones in the development of Taiwan's craniofacial medical care, such as the first polio rehabilitation center, the first burn center, the first intensive care unit, and the first craniofacial center. In 1989, Dr.Noordhoff donated his personal savings of USD 100,000 and established the Noordhoff Craniofacial Foundation(NCF). It is estimated that over 25,000 children with craniofacial problems have received operations through this foundation.

Having served the Lord and the needy in Taiwan for decades, the Noordhoffs retired and returned to the US in 1999. Since then, considering Taiwan their second home, the Noordhoffs have made several trips back to Taiwan and continued to contribute to the fundraising efforts for NCF. However, their most recent trip in 2013 is likely to be their last to Taiwan, as the long trans-Pacific treks are becoming more challenging. During this last visit, seeing the rapid growth of cosmetic surgery and aesthetic medical industry in Taiwan, Dr. Noordhoff encouraged Taiwan's medical community to remember the spirit and values of patient care, stating "Making money is not wrong, but values should hold on!"

If you would like to learn more about the Noordhoff Craniofacial Foundation, visit their website [www.nncf.org](http://www.nncf.org)

## 永恆的微笑

LCMM

唇裂/腭裂是在台灣一個嚴重的醫療與社會問題。許多兒童唇裂/唇齶裂患不僅要承受身體發育上的缺陷，也要承受因這先天缺陷而烙印在他們和他們的家庭上的社會歧視。對這些孩子來說一位醫療宣教士的到來帶來了新希望。

於1960年,羅慧夫醫師和太太以醫療宣教士的身份首次來到台灣。羅慧夫醫生於1954年從愛荷華大學醫學院畢業，隨後完成一般外科和整型外科住院醫生的訓練。他們受美國歸正教會 ( RCA)差派到台灣，此後羅慧夫醫生幾乎花了他全部的職業生涯在重建台灣及其他亞洲國家孩子的生活。他傾注全力改善天生唇裂/腭裂等面部畸型的人們的生活。

羅慧夫醫生是國際認知的整形外科醫生，他在台北馬偕紀念醫院工作16年,擔任馬偕醫院院長的工作，之後他轉任長庚醫院整形外科主任，他和他的妻子露西設立了羅慧夫基金會，幫助需要做面部整形手術的貧困患者。之後，羅慧夫醫生在台灣的顱面醫療創立了許多里程碑，如第一間小兒麻痺患者的復健中心，第一個燒傷中心，第一個重症加護病房，並創立台灣首間顱顏中心。1989年，Dr.Noordhoff將他自己的個人積蓄台幣三百萬全數捐出，成立了羅慧夫顱顏基金會 ( NCF ) 。據估計有超過25 000名有顱面問題的兒童通過這個基金會,而得以接受手術治療。

服事上帝與服事台灣人近40年後,羅慧夫醫生於1999年退休返回美國。對他們而言,台灣是他們第二個家，他仍回台多次，繼續為羅慧夫顱顏基金會募款。然而，2013年返台之旅很可能是他們最後一次回到台灣，因為跨越太平洋的長途飛行變得越來越具挑戰性。在這最後一次的訪台期間，他看到整容手術和醫學美容在台灣的快速增長，羅慧夫醫生鼓勵台灣醫界要記住醫療的精神和價值觀，指出“賺錢是沒有錯，但醫療的核心價值更應該把持住！”

如果您想了解更多關於羅慧夫顱顏基金會，請參閱他們的網站[www.nncf.org](http://www.nncf.org)





## Working with God and fulfilling God's commission

Dr. Paul Cheng

Translated by Rebecca Chen

**A**t the end of the year, as we review this past year and look forward to the coming one, we continue to seek God's guidance. We hope in the new year of 2014 to not only enjoy God's abundant grace, but also serve God even more and not waste our limited lives.

On the topic of responding to God's grace, we must first mention that, this year, LCMM has been committed to promoting the ministry to reconnect with the retired medical missionaries who dedicated their lives to serving Taiwan and are now retired in America. Through the efforts of Dr. Bruce Lin and several other co-workers, we are now able to reconnect with 13 individuals. As seen in our first publication of *The Calling*, we have some preliminary results from our initial outreach. We have seen how willing these retired missionaries are to share their stories. Hopefully, we can learn from them and follow in their footsteps.

In order to spread more awareness, LCMM and the River of Life Foundation collaborated to host a concert in April. The event had a very good response. Thanks to the dedication of many volunteers, we received more support than we expected, and we now have more resources to reach more people. Compared to these missionaries' service to our homelands, our work is very insignificant. We are grateful for your support so that we can do more for and with them. We also look forward to hosting other concerts to be held in other cities to share these missionaries' moving stories and convey God's love to more people. The current plan is to host a concert in May or June 2014 in the greater Los Angeles area in collaboration with other churches or organizations.

We also hope to translate our inspiration from these retired missionaries into action by continuing to help people living in medically and financially disadvantaged areas. Next year, we plan to partner with Taitung Christian Hospital in their ministry to care for the local aboriginal community, continuing the wonderful work of many missionaries in Taitung. We also seek the assistance and collaboration of American churches to participate in Eastern Taiwan's gospel work. In particular, we would like to encourage retired or soon-to-retire brothers and sisters to consider being used by God in this field. We also hope the next generation is willing to go to the remote areas of their parents' homelands to be used by

God and to learn to live without regrets, following the examples of missionaries who came before us.

LCMM recognizes the importance of passing the baton to the next generation of medical workers. We have hosted cultural exchange programs between Taiwan and the U.S. for the last three years in a summer camp organized by the Mackay Medical College. There, we have the opportunity to identify many talented and mission-minded pre-health students to serve as teaching assistants in the cultural camp. This is a second-generation evangelistic effort toward the young people of Taiwan. We also arrange for the American TAs to visit several Christian hospitals in Taiwan and participate in community service. Through these activities, we hope to help these second generation find a sense of higher calling in their medical education. We hope they are willing to join the LCMM family, get involved in our various ministries, or explore other ministries suitable for their generation.

Last December, the North American LCMM team took a medical mission trip to Little Kwai River, located at the Thai-Myanmar border. It was a chance to serve alongside Taiwanese Christian medical staff and to learn to use love to treat the poor and refugees in the region. We will make mission trips to Little Kwai River three to four times a year and hope to eventually develop a long-term plan to help this region.

In our local ministry in the Bay Area, our mission is to meet the needs of the church and community by providing medical assistance, such as medical lectures in churches, counseling, and disease screening. We will continue to teach bioethics, including another bioethics seminar to explore the themes the end-of-life decision-making and hospice care.

We are grateful to God for the chance to serve in North America. We thank Him in all aspects of our service, especially His provision. We are grateful for the support and cooperation of churches, and many thanks to the brothers and sisters who dedicate their time, talent, and money to continue LCMM's ministry in response to God's commission. We hope in the coming year we can continue to work with God in faithful obedience to experience His miraculous works.

## 與神同工，完成祂的托付

鄭博仁 醫師



又屆歲末，是我們回顧過去一年，也是展望未來一年的時候。我們一面檢討這一年所做的，一面尋求上帝的帶領，希望在2014新的一年能更多為神擺上，不再浪費我們有限的生命，徒受神所賜豐盛的恩典。

講到要回報神的恩典，就要先提到在這一年路加致力在推動的新事工，就是去關懷那些奉獻一生在臺灣，退休回到北美的醫護宣教士。在林鴻志醫師、陳芳玲醫師及其他幾位同工的努力下，我們連繫上13位要關懷的對象。從這一期的季刊可以看到初步的成果，看到他們是如何願意把他們的故事分享給我們，也如何盼望我們也都願意更多的來服事神、幫助人，追隨他們所留下的佳美腳蹤。

為了推動這事工，路加在今年四月和生命河基金會合辦「杏林愛·故鄉情」音樂見證會，得到非常好的回應。感謝許多義工的投入，及超過我們所求所想的奉獻，有較多的資源來服務更多的人。比起他們為我們的家鄉及同胞所付出的，我們所做的實在微不足道。我們希望繼續得到大家的支持，我們也盼望在北美其他地方舉辦這樣的見證音樂會，把他們動人的故事及上帝的愛傳講給更多人知道。目前的計劃是在明年五月或六月在大洛杉磯地區舉辦，我們正在接洽有意合辦的教會或機構。

我們也更盼望把這些宣教士帶來的感動化成行動，能繼續在醫療及社會福利缺乏的地區幫助弱勢族群。明年的一個新的計劃是要和台東基督教醫院配搭，投入在當地原住民社區的關懷事工，延續許多宣教士在台東地區所做的美好事工。我們也非常需要灣區或北美的教會來協助，一起在台灣後山的福音工作來同工，特別希望已退休或將退休的弟兄姊妹，考慮在這個禾場，讓神來使用。我們也盼望有我們的下一代，願意到他們父母的家鄉的偏遠地區，單純的為神擺上，去經歷，學習如何擁有像譚維義夫婦和許多宣教士所得到的-一個無怨無悔、滿足的一生。

北美路加深知傳承交棒的重要，藉著連續三年在馬偕醫學院舉辦的台美醫護學生文化交流營，我們有機會認識到許多品學兼優，又有宣教心志的第二代青年，邀請他們在文化交流營中擔任助教的工作。我們也安

排他們到台灣的幾家基督教醫院見習，參與醫院在社區的服務。透過這些活動，我們希望幫助這些第二代在他們學醫的過程中，有一個更高的使命感；也希望他們願意加入路加的大家庭，參與路加各樣事工，或開拓其他適合年輕的一代來做的新事工。

從去年12月起，北美路加開始組隊到泰緬邊境小桂河地區做醫療短宣，有機會和台灣路加及泰國的基督徒醫護人員，一起同工、一起學習以醫療做團隊的事奉，學習如何以愛心去服侍那最微小的貧民和難民。除了每年三到四次短宣外，我們希望能有對這地區更有幫助的中、長期計劃，北美路加可以參與或協助。

灣區本地的事工，我們的原則還是要配合教會在社區關懷和福音事工的需要，提供醫療方面的協助，在教會舉辦醫學講座、諮詢及疾病篩檢。我們也會繼續做醫學倫理方面的教導，計劃再辦一次生命倫理研討會，也考慮再一次以重病末期的醫療決定和臨終關懷為探討的主題。

我們感謝神給我們在北美路加有這樣服事的機會，感謝祂在各方面的供應，也感謝眾教會在各方面的支持和合作，感謝許多弟兄姊妹付出他們的時間、才幹和金錢，讓路加的事工可以持續，無愧神的托付。我們期待在未來的一年，可以繼續和大家一起來與神同工，藉著忠心順服的事奉，來經歷祂奇妙的作為。



# 一起來關顧

## 退休醫療宣教士



薄柔纜 醫師 (Dr. Roland Brown)

老少兩代的薄醫師為了中國人付出了80年歲月，他們以性命和血淚服事著一代又一代的中國人。父親薄清潔牧師經歷了中國近代史上最頻仍的40年，兒子薄柔纜醫師戰後到荒蕪貧困的台灣，落腳在最乏人問津的「後山」(花蓮)。創辦花蓮門諾醫院，為貧民與原住民奉獻41年。



龍樂德 醫師 (Dr. Robert Long)

越戰期間在越南做小兒科醫院的醫療宣教工作。1977龍醫師夫婦帶著四名兒女，舉家來到台東定居，將自己24年的歲月奉獻給台東基督教醫院。龍樂德被稱為「台東小兒科之父」，對早產兒及病重兒從不放棄，始終執著於「對生命尊重」的理念，奮力地救治每一個孩子。台東人形容他是一位「以行為傳播基督教義」的宣教士醫師。



譚維義 醫師 (Dr. Frank & Mrs. Sally Dennis)

譚維義醫師完成外科訓練後和身為護理師的愛妻莎莉選擇到亞利桑那州的貧民院為印地安病患服務。他在1961年來到台灣後山，在物資極度缺乏之下，譚醫師從小診療站開始，翻山越嶺在山區做巡迴醫療，1968年創辦台東基督教醫院，33年來，從未向醫院支取分文薪水，只靠美國教會奉獻所得微薄收入，過簡樸清貧的生活。



羅慧夫 醫師 (Dr. Samuel Noordhoff)

1959年，32歲的羅醫師蒙神呼召，舉家來台行醫宣教44年，自稱是「永遠的台灣人」。他創辦了台灣第一所小兒麻痺重建中心，第一間加護病房，第一個自殺防治中心生命線，以及第一個燙傷復健中心。他窮盡一生心力，巧手修補了無數唇顎裂及顱顏患者的缺陷，幫助他們重拾人性尊嚴。



德樂詩 護理師 (Ms. Bonnie Dirks)

終身未婚，將34年的青春都奉獻給台東人。1963年在台東鄉下設立診療站，一切都非常簡陋，每當要消毒針筒等醫療器具時，她得練習在土灶裡生火，用鍋子將水煮開，權充消毒鍋。在台東基督教醫院服務時，德樂詩親自為病人擦澡，導尿，剪指甲，遞便盆，翻身。這種「全人護理」的觀念，在今日的醫院裡已經不多見了。



藍瑪烈 護理師 (Ms. Joy Randall)

1969年加拿大籍的藍瑪烈護理師，蒙神差派來到台灣彰化基督教醫院服務，從學閩南語開始，奉獻她30年的歲月給彰基。許許多多小兒麻痺或被寄生蟲感染的孩子們都得到她特別的照顧與疼惜。藍護理師同時引進國外先進臨床護理技術，建立護理管理，並協助彰基與國外各大醫院建立交流管道，提升台灣護理水準。



艾可諾 醫師 (Dr. Carl Epp)

1973年舉家由加拿大來到台灣花蓮。當時東台灣醫療資源貧脊。他深入山區從根本解決原住民公共衛生與嚴重的寄生蟲問題；在貧病交迫山區，照護畸形兒與早產兒，並為東台灣建立內科體系。艾可諾為台灣後山奉獻20年黃金歲月。



蘇輔道 醫師 (Dr. & Mrs. George Timothy Stafford)

蘇輔道 (Tim Stafford) 醫師1972年到台東基督教醫院服事，一待就是二十六年，與東基創院院長譚維義 (Frank Dennis) 醫師一同巧手縫補後山醫療的缺口。有「繡補大夫」之譽的蘇醫師，於1993年獲頒第三屆醫療奉獻獎。



耿喜音 麻醉護士 (Ms. Carol Gunzel)

耿喜音最喜歡自稱是「蒙古人」，父母在1931即自美國前往中國大漠之南傳教，耿喜音十六歲到加拿大唸高中，再到美國進修麻醉護理，1970來到台灣，一肩扛下了東基全部的麻醉工作。成立東基居家護理所。



唐瑪理安 宣教士 (Mrs. Marilyn Tank)

出生成長於台灣，是前台灣神學院院長孫雅各牧師 (Rev. James I. Dickson) 與芥菜種會孫理蓮牧師娘的女兒，與宣教士唐華南牧師 (Rev. Vernon Tank) 結婚，致力協助芥菜種會開拓各式的醫療，兒童，婦女事工，包括殘障孤兒院，盲人重建院，肺病療養所，育嬰所，未婚媽媽之家等等。她於1990年退休後，回到美國定居芝加哥，但因為心連台灣，數次回台灣協助各項事工。



馬素珊 護理師 (Ms. Susan Kehler)

1957年加拿大籍的馬素珊經由美國門諾會的派遣，來到台灣設立門諾護校，紓解台灣東部的護理人力需求。馬護理師培育許多當地的原住民少女，傾心教導她們護理的專業，更常常用愛心與耐心來引導她們認識上帝。她在台灣36年的歲月，照顧病人，視病猶親，是位愛的實踐者。



華德安 護理師 (Ms. Lucy Waterman)

1964年底與德樂詩護理師一同加入譚維義醫生率領的醫療隊，使巡迴醫療服務範圍由屏東至台東成功等海岸線沿線，擴大至成功長濱沿海地區，為原住民提供免費巡迴醫療服務。為台東基督教醫院創始人員之一，來台服務38年。



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