2014 第三期

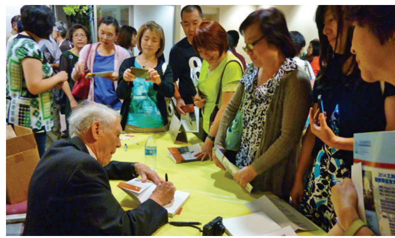
The Calling

LUKE CHRISTIAN MEDICAL MISSION

當做在那最小的身上
Do It Unto The Least

北美路加醫療傳道會
LUKE CHRISTIAN MEDICAL MISSION

2014杏林愛故鄉情影像音樂會 @ Los Angeles



2014 Medical Mission Conference

Retired Medical Missionaries Connection Project (RMC)

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行　囊

文/吳方芳

拎一只行囊，一只名叫鄉愁的行囊。
旬旬的方盒裡：
一包新焙的咖啡豆、一本聖經、相簿，
一款款慈母裁縫的衣衫、一襲醫袍，
和一頁頁父親在失眠夜裡，含淚書寫的叮嚀。

拎一只行囊，一只名叫捨己的行囊。
拾掇了不知幾回、
也淚了不知幾回的皮箱裡，
最沉重的是牽掛，最難的是放下。
放下風中翻飛著的老父的白髮，
放下晨光裡老母劬勞的身影，
放下揪心的故鄉，
放下全然獻上的自己。

拎一只行囊，一只名叫信靠的行囊。
情深意重的負荷裡；
盛裝著至死方休的信守與怦然。
啊！基督犧牲之愛如鼓聲咚咚，
福爾摩沙的召喚如浪濤隆隆。

拎一只行囊，一只既離家又回家的行囊。
斑駁的行李箱裡；承載著
一輩子的忠心殷勤、醫病醫心、
一筐子的恩惠慈愛、福杯滿溢
和一頭灰白、一個老身。

拎一只行囊，淚眼濛濛。
離別的碼頭，薄霧迷離，
這方是摯愛的家鄉，
那端是血脈相連的至親。
啊！臨老又要離家，
是回家還是離家？
最難的仍是放下， 放下揪心的故鄉！

行囊序

鄭博仁

最近路加同工拜訪台東基督教醫院，與現任院長呂信雄夫婦有共同的感動，要跟隨這些宣教士的佳美腳蹤。夫人方芳姊出了“一粒麥子種在後山”這本書，紀念這些宣教士在東台灣的貢獻。方芳姊特別寫了”行囊”這首詩送給北美路加，一起來紀念這些宣教士，也一起在醫療宣教能更多讓神來使用。

My Introduction to Medicine in Taiwan

Roland Brown, MD

One of the advantages of the draft board allowing me to finish my residency year rather than being called up immediately was having time to find out where I was going and a little about the clinic situation. This then allowed me to collect a library to take along, and try to collect instruments. At the time the clinic had no inpatients and did no do surgery. Consequently they also did not have surgical supplies. That gave me time to keep pestering the O.R. supervisor to set aside instruments that the surgeons were rejecting for various reasons and letting me pick from them what I felt I could use.

My biggest windfall came during my last rotation, on neurosurgery. The chief was a very kindly Jewish man who was good to his residents. When he learned what I was going to be doing and the probable situation, he became interested. One day he said "Brownie, come along with me." He took me to the instrument company where he bought his surgical instruments. He said to the clerk "You have the index of my instruments, please select out those marked for back surgery and wrap them up. When the clerk gave the bundle to him, he turned around and gave the bundle to me. He said "Now Brownie, you have enough instruments to do back surgery." Praise God! What a contrast to some of the efforts I was making.

Surgical instruments being so expensive, I went to Montogomery Ward, to their tool section and picked out chisels, drills, bits, clamps, pliers, screw drivers, and their best grade of screws, etc. Things I could use in orthopedic surgery. The hospital carpenters made a special box for my library.

We arrived in Keelung, Taiwan in September, 1953. After some orientation, Glen Graber, the unit leader, took us to Hualien. The next morning he left, going south to Taitung and Pingtung to check on eye clinics we were running. Sophie and I started to unpack although we were no in our duplex yet but staying with some fellows of the unit.

About 10:00 o'clock the following morning a police man came and said there was a long distance call for me at the police station. Neither the unit nor the clinic had a phone because they were hard to get and expensive. On the line was a missionary lady in Taitung, fifty miles south of Hualien. Glen ahd checked the clinic and then this morning he collapsed as he was about to board the bus for Pingtung. Because he was a foreigner, the bus company brought him to her house He asked her to call me to come.

I grabbed my stethoscope, B.P. cuff, and found a Levine (nasogastric) tube. Then, with my interpreter, Peter Chao, we boarded the next train for Taitung. It was a narrow gauge line with three cars that stopped at every little town. We arrived at Taitung about 5:00 p.m.

Glen was a large, heavy set man, somewhat overweight. It was not hot but he was perspiring profusely. After taking his history and examining him, my tentative diagnosis was a perforated ulcer. So I passed the nasogastric tube to keep his stomach empty. The lady said that a Christian pediatrician had stopped to see him and had given him some medicine. So I asked to talk to the doctor. A phone call to his house revealed that he was taking his bath and that he would come as soon as he could.

I told the doctor that Glen was dehydrated and needed intravenous fluids. His answer was "Yes, I gave him 20 cc of vitamin B and 10 cc of vitamin C." I repeated the request for IV fluids and got the same answer. The lady's house was across the street from the Provincial Hospital and the doctor was on the staff there. I wanted some abdominal x-rays to look for free air and the doctor said he could arrange that. After a while some hospital staff came with a wheeled gurney and Glen was bounced across the street to the hospital. Unfortunately the x-ray machine was too weak to get through Glen's bulk.

In case his condition should take a turn for the worse, I wanted him in the hospital where he could have surgery. The doctor said that he was a pediatrician and could not admit Glen. We would have to talk to the Superintendent. So we phoned him. By this time it was already 10:00 pm and he was in bed, but he would see us. So leaving Glen at the hospital, we took a pedicab to the Superintendent's home. Oriental style, the first thing was talking some pleasantries, then introducing Glen and ourselves. Finally, he asked what the request was and I explained the situation. He said that I, not being on the staff, could not admit Glen. But he would call his chief of surgery to admit him and we could work together.

The surgeon checked him and agreed with my diagnosis and scheduled him for surgery in the morning. I asked for 2,000 cc of IV fluids. He agreed but ordered the fluids interstitially (under the skin, IS). I argued for IV because IS was too slow. Finally he agreed to 500 cc IV and the rest still IS.

So Peter and I started taking turns sitting with Glen, and

praying. I was praying for wisdom and guidance. I wandered around the hospital to evaluate it. I did not know that the reputation of the hospital was that patients came in the front door and left out the back. The result was that I was greatly discouraged. The fact that Glen was technically my boss added to the pressure. Finally, I decided to fly him to Taipei on the first flight in the morning.

Peter and I were at the airline office when they opened in the morning. The first flight was almost full with no room for a stretcher. But they would give him a front row seat so he could stretch out some. However, it was not a direct flight to Taipei, instead it went to Kaohsiung. There it made a side flight to the Pescadore Islands and back. So we had a couple of hours in the airport infirmary. I was able to get him an IV and a dose of morphine.

During that time I called Dr. Donald Dale in Taipei. He said he had a van that he used as an ambulance, and he had privileges at Mackay Hospital (Presbyterian). He would meet us at the airport and admit Glen to Mackay. He also called Dr. Footland a Norwegian missionary surgeon. I called Glen's wife, June, in Taichung and explained the situation and asked her to meet us at Mackay.

From Kaohsiung to Taipei the airline took out some seats so there was room for a stretcher. I sat next to Glen. Having been up all night and worried, I was very tired. When the air got a little rough, Glen said "You look a little green!" June, a nurse, met us at Mackay about 4:00pm. With all protocols filled and prayers said, we went to the OR. Dr. Footland asked if I wanted to operate. I told him I was so tired he should go ahead and I would assist. Dr. Dale gave the anesthesia. The diagnosis was correct and the repair made. With great thanks to the Lord, I slept very well that night and returned to Hualien the next day.

I also learned why the Taitung surgeon was reluctant to give fluids IV. Fluids on the market in Taiwan at that time were not pyrogen free and patients frequently had a reaction. Or, the giving of medications intravenously in 10 or 20 cc volumes (the so-called "big needle") on an outpatient basis at the request, if not demand, of the patient. Some things for me to consider as I started practicing at the clinic in Hualien.

開始在台灣行醫的經歷

薄柔纜醫師

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戰禍最頻繁的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。

待在兵役局的好處之一是實習時，我有時間了解即將被派去的地方，以及診所的狀況，而不是馬上被派上場。這讓我在醫療器材上能有充份的準備。當時診所並沒有住院病人，也沒有開刀的服務，因此沒有手術醫療器材。也因為還有時間，我才有機會央求手術室的主管讓我從醫師淘汰的器材，挑選日後可能用到的。

在神經外科最後一輪實習時，我得到從天上來的禮物。部門主任是個很仁慈的猶太人，對住院醫師很好。當他得知我未來的任務跟可能面臨的狀況，他變得感興趣。有天他對我說 ”你跟我來”，便帶我到他平常購買器材的公司。他對店員說請從他過往購買紀錄中，有標明手術用器材都準備一份。當店員打包好後，他便轉身交給我。他說 “薄柔纜，現在你有足夠的器材能動手術了”。感謝神！這跟我之前拼命自己想辦法簡直是天壤之別。

手術器材過於昂貴，所以我到Montogomery Ward 的器材部門挑選鑿子、鑽孔機、齒片、夾子、老虎鉗、螺絲起子，還有他們上好的螺絲等日後整形外科手術能派上用場的工具。醫院的木工還幫我特製盒子放置器材。

1953年9月我們抵達台灣基隆。經過幾次新生訓練後，單位負責人高甘霖 (Glen Graber) 醫師帶我們到花蓮。隔天早上他就南下前往台東跟屏東，巡視眼科診所的服務。雖然太太 Sophie 跟我還沒搬進宿舍，只是

先跟同事暫住，我們還是開箱安頓。

隔天早上大概10點鐘，警察來了說有人打長途電話到警局找我。因為取得不易且昂貴，醫療單位跟診所都沒有電話。電話那端的女宣教士從台東打來，距離花蓮以南 50哩遠的地方。高醫師探訪診所後，正要搭乘早班往屏東的公車時昏倒了。因為他是外籍人士，巴士公司就帶他到這位女宣教士家，高醫師便委託她致電給我。我抓起聽診器、血壓計、鼻胃管，帶著翻譯趙聰生 Peter，搭上下一班往台東的列車。火車沿著峽谷行駛，只有三節車廂，每一站都停靠。我們到達台東已經下午五點了。

高甘霖醫師體格壯碩，體重有點過重。天氣不熱但他大量出汗，問了他的病史並診斷之後，初步判定是潰瘍穿孔，所以透過鼻胃管幫他清空胃部。女宣教士跟我說稍早有個基督徒小兒科醫生來探望高醫師，給他用藥，所以我想跟這個醫師談談。打電話給醫師時他正在洗澡，說會盡快趕來。

我告訴他高醫師脫水，需要靜脈注射，他回答說已經給過他 20cc 維他命 B 跟 10cc維他命 C。我又再跟他說一次需要靜脈注射，還是得到一樣的答案。女宣教士的房子就在省立醫院的對面，這位醫師就在那裡服務。我想要照胃部 X 光片，醫師說他可以安排。不久之後醫院就派人用病床，把高醫師推到對街的醫院。很可惜 X 光照射不夠強，無法照出高醫師胃部的狀況。

如果高醫師的情況惡化，我希望他能夠在醫院開刀治療。醫師說他是小兒科醫師，無法讓高醫師住院，需要得到上級同意，所以我們打給醫院主管，那時已經晚上10點，他雖然就寢了還是同意接見我們。我們把高醫師留在醫院，便搭乘三輪車趕到主管家。東方的習俗是先寒暄幾句，然後才介紹高甘霖醫師接著自我介紹。最後他問到我們的需求，我向他解釋狀況。他說我不是醫院的醫生，不能為高醫師看診，但他可以讓外科主任為高醫師看診，而我們共同會診。

外科主任看過高醫師後，同意我的診斷並安排隔天早上開刀。我要求 2000 cc 的靜脈注射 (IV)，他雖然同意但改成組織液 (IS)，我爭取要 IV 因為 IS 太慢，最後他同意注射 500 cc 的 IV，剩下的維持 IS。

Peter 跟我輪流換班照顧高醫師，也為他禱告。我求神給我智慧跟引導，也在醫院四周走動評估。我不知道這個醫院的名聲是病人活著進來，死著出去，實在讓人洩氣。高醫師算是我的老闆，這讓我壓力更大。最後我決定讓他坐首班飛機回台北接受治療。Peter 和我大清早就到航空公司，首班飛機幾乎滿班，沒有空位可以放置擔架。他們同意給高醫師前排的座位讓他可以伸展。這班飛機不是直航到台北，要先去高雄轉往澎湖再回到高雄，所以我們有幾個小時可以待在機場的醫療室。我順利幫高醫師拿到靜脈注射以及嗎啡。我打電話給在台北的丁曉亮醫師 (Dr. Donald Dale)，他說他有個當作救護車的小貨車，而且馬偕醫院很禮遇他，他也連絡上挪威籍的宣教外科醫師傅德瀾 (Dr. Footland)。我打給在台中的高夫人 - 孫理蓮師母，跟她說明情況也請她到馬偕醫院跟我們會合。
從高雄到台北的旅途，航空公司拆掉幾個座位好放置擔架，我就坐在高醫師旁邊。我整晚沒睡又很擔心，所以非常疲倦。當氣流不穩飛機搖晃得厲害，高醫師說我的臉都變綠了。孫理蓮師母是護士，她於下午4點到馬偕醫院跟我們會合。經過各樣程序跟禱告後，我們進到手術室。傅德瀾醫師問我是否願意操刀，但我實在太累了所以請他代勞，我則協助麻醉的部分。診斷是正確的也修補了。感謝神！我好好睡了一覺，隔天就回到花蓮。

我後來知道為什麼台東的外科醫師不願給 IV 注射，因為當時在台灣的注射含帶熱源質，病人常常會有反應。不然只有在門診病人要求下，才會注射 10 – 20 CC 的 IV (俗稱大頭針)。當我在花蓮開始看診時這點也要列入考量。

2014 Financial Report* 2014 年1月至12月 15日收支表

項　目	收　入	支　出
2014 奉獻收入 (1/1/14-12/15/14)	$143,323.26	
經常費 (Administration)		$23,189.53
退休宣教士關懷事工 (Retired missionaries care)		$37,990.79
台東事工 (Taitung tribal village)		$13,169.20
泰國事工 (Thailand ministry)		$12,100.00
MSCE 馬偕文化營		$11,396.44
CCMM		$2,000.00
Book Sale purchases		$1,400.00
醫療講座及倫理研討會 (Healthseminar; bioethics conference)		$3,171.02
宣教年會&路加之夜		$15,205.07
小計 subtotal	$143,323.26	$119,662.05
結餘		$23,701.21

* subject to final verification by CPA upon IRS filing

路加同工感謝教會及許多弟兄姐妹的支持，讓我們可以有足夠的經費來推展神交給我們各樣的事工，我們會繼續善用神藉著您們的愛心所給路加的資源，照神的旨意及帶領，做神的好管家和無愧的工人。

LCMM co-workers appreciate the support from churches and many brothers and sisters in Christ. Without your generous donations we will not have sufficient fund for many programs God has entrusted us to carry out. We will continue to utilize the resources we have to do the good work He has prepared for us faithfully and unashamedly.

The Prayer Lady

Carl Epp, MD

Some individuals are blessed with a smiling face and a persistent, positive and gentle demeanor. Dorcas was such a person. About forty years old at the time I learned to know her, she worked as an assistant in the physio / occupational department at Mennonite Christian Hospital.

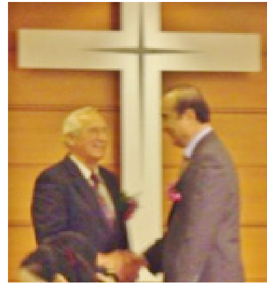
She was especially adept with crafts, paintings and other creative things. Yet, she hadn't had the opportunity to train as a professional therapist. Teaching patients to do some of the artistic things that she had at her finger-tips was her pleasure, and the excellence of the articles made was evidence of the latent skills Dorcas had discovered in the patients in her care. Her presence in the P.T. Department was a therapeutic plus, driven by her devotion to the great Healer, Jesus Christ.

She not only prayed for the sick but also with them. Understandably, quite a few of the patients that came in with limb or back injuries required extended hospital stays and this frequently resulted in despondency and depression. There was an ongoing communication between Dorcas' patients and the chaplains re: spiritual needs, in keeping with MCH's philosophy to treat the whole patient(body, soul and spirit). A special patient that had a lengthy hospital stay was Tom, a twelve year old who was run over by a train and lost a leg and part of the lower arm on the opposite side. He was a Christian and a rather happy-go-lucky pre-teen who was always humming or singing hymns and gospel tunes. His challenge was to learn to balance and walk with one leg and carry things safely with the stub of the lower arm which still could flex at the elbow.

Tom also had the benefit of Dorcas' attention. His medical team was in contact with an employer who needed a painter's assistant. Mr.John Tsai was interested in training Tom to paint buildings. It was amazing how agile and balanced Tom was on a scaffold, holding the paint can at the stub of the injured arm, happily singing his favorite songs. His long hospital stay was over and he now was independent. He also learned to safely operate a motorcycle which helped him expand his work area.
Tom would be called back to the hospital at times to visit a patient with life-changing injuries complicated by despondency and depression. This usually made a positive difference. Tom eventually got married and raised a family.

Truly, the "the joy of the Lord "was his strength as it also was for Dorcas. Praise God!

(Pseudonyms are used throughout the article.) Oct. 2014



代禱勇士-多加

艾可諾醫師

> 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。

神給一些人特別的恩典，給他們微笑的面容，積極的態度和溫柔的舉止，多加就是這樣的人，我們認識的時候，她大約四十歲左右，是花蓮門諾醫院復健科的助理。

多加非常擅長手工藝， 繪畫以及各樣的創作， 雖然沒有受過正式的治療師訓練，但是教病人美勞設計與製作,對她來說完全輕而易舉，而且很開心，許多精彩的作品證明多加在她的病人當中 ，發掘出許多潛力，她帶給復健科很大的幫助，全都來自倚靠最大的治療師-我們的主耶穌。

她不只為病人禱告，也和病人一起禱告，可以想像，那些四肢或背脊受傷的病人因為需要長期住院，往往都是灰心沮喪，遵照門諾醫院全人(身,心,靈)醫治的理念，多加的病人與院牧經常聯繫，特別是靈性方面的需要，其中有位長期住院的十二歲病人湯姆，被火車輾過，失去了一隻腿，以及半隻手臂，他是基督徒，是個喜樂且隨遇而安的青少年，總聽到他哼著詩歌，他最大的挑戰是學習平衡，用一隻腳走路，同時用另一邊的胳膊還能彎的半隻手臂拿東西。

湯姆受到多加的特別照顧.醫療團隊為他聯絡上一位正在找油漆助手的雇主，這位蔡先生願意訓練湯姆油漆房子，我們看到湯姆敏捷又穩定得站在鷹架上，同時用他的半截斷臂提著油漆罐，口中仍然哼著他最喜歡的歌，真是不可思議，他長期住院的日子結束了之後，開始獨立生活，他也學會騎摩托車，擴大了做工的範圍，湯姆常受邀回到醫院探訪灰心沮喪的重傷病人， 使他們得到很大的幫助. 湯姆日後也結婚成家。

"靠耶和華而得的喜樂"
是他的力量， 也是多加的力量 。讚美神!

(文中非本人真名)

1995 Dr. Dennis Newsletter from Taitung Christian Hospital

"Kwai yidyan, Isheng, yau dzwo libai"--"A little faster, Doctor, it's time for church". It was Sunday morning rounds, and my quadriplegic patient on whom I had done a large skin flap to cover one of his two huge bedsores, Mr. Chiang was asking me to finish the dressings as soon as possible so he could go up to chapel for the weekly church service, There is a lot to done to get him ready for the service.

The dressings have to be finished, his urine bag emptied, and then he must be lifted into a wheelchair by several people. Then someone needs to trundle his IV stand along to the elevator, and then to third floor chapel. It's a bright spot in his week of not very many bright spots. Unable to more than "just move' his upper arms, he is completely dependent on others for care at only 30 years of age. Not a Christian before his accident, he is now listening to Christian tapes, reading his Bible, and looking forward to Sunday service. I helped lift him into the wheelchair and went with him to chapel, where I saw a man with cancer of the esophagus, unresectable, but can swallow because of a Silastic tube placed through the tumor into his stomach. I wonder what is in his heart as he sits in the chapel, an IV in his arm, and the IV pole beside his pew, reading about the God before Whom he will stand in a few months. Then there is Mr. Jang with cancer of the stomach, far advanced, "nothing can be done ", trying to find the reference in the Bible that the pastor has announced. In the aisle are two patients in wheelchairs and two in walking frames. My mind goes to the three patients downstairs who would be perfectly able to come if they could only put their broken leg up on the back of the pew in front of them, but it really wouldn't work out too well. We need to think of some way around that problem.

Certainly an unusual congregation, and yet it would probably be hard to find one with more earnest seekers after God, or more in need of His grace. Some are Christians of many years, seeking daily grace for their cancer or paralysis. Others know nothing about a God you can't see, but want to find out, and this is their first opportunity. During the Christmas season when Taiwan goes through the motions of a secular Christmas, we always have new opportunities to explain who Jesus is and that the real Gift of Christmas is eternal life through faith in Christ (Ephesians 2:8). Keep praying for us and for our patients, their families and neighbors. The Gift has to be delivered and received, "opened and installed" before it can begin the life-changing process to transform individuals into functioning members of Christ's Body.

Some follow-ups: Kolas, the 72-year old man who lost both legs when caught in a brush fire, is now at home making rattan chairs for sale. The Gospel Team visited him and found him in good spirits. Mr. Lin, the "contrast" to Kolas mentioned in our June letter who sang bawdy songs and took his traction off at night, has quit alcohol completely. His personality is much changed and he has become a cooperative patient and his fractures have healed. His big problem is that, while he would like to go to church, and become a Christian, his sister is very active in the Buddhist. Temple behind their home and she paid all his hospital bills! Pray for Mr. Lin and his sister. The missionaries injured in the van accident.

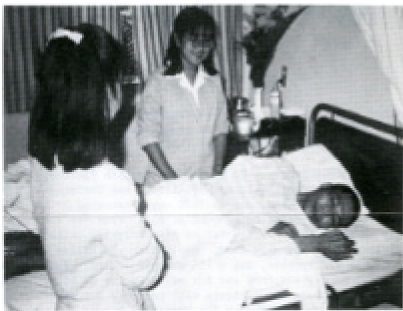
Alice and Priscilla, are completely recovered except for more frequent aches and pains, and Leona Dickinson, now in St. Paul, is using her left hand well and can read, though her left eye has residual damage. Sally has arthritis in her left hip since a fall last furlough, recently improved after changing medication several times and especially after putting a softer pad over firm mattress. My heart is dropping a few beats, but I survived the summer as the only surgeon here and even got a week off thanks to Dr. Hongming Lay, from Chicago. I have pedaled my way through a lot of books on my exercycle and still marvel that wearing yourself out really does give you more energy!

譚維義醫師一九九五年聖誕節于台東基督教醫院Newsletter

譚維義醫師

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医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。



“快一點阿，醫生，我得去做禮拜了!”在星期天的早晨查房，蔣先生趕著我要為他完成敷料。他是一位被我曾經做過了皮瓣覆蓋的四肢癱瘓病人，而我還得做很多事情才能幫他準備好去做禮拜。

除了要完成敷料已外，我還得清空他的尿袋，並且和其他人一起把他抬上輪椅。接著，有人得推著他的IV架子走到電梯，帶他去三樓的禮拜堂。對蔣先生而言，禮拜可以算是他每一周的亮點吧。才30歲就已經四肢癱瘓的他在出事前還並成為基督徒。現在，他卻常常在讀聖經，聽和基督教有關的磁帶，和期待著週日的禮拜。我幫忙把他抬上輪椅，然後陪著他走到教堂。在那裡，我看到一名得了食管癌症的男子。因為他的腫瘤看似是無法被切除，所以他有一條橡膠管通過腫瘤進入胃，好讓他能吞食。看著這名只剩下幾個月的男子坐在禮拜堂裡讀著聖經，手臂插著IV，不知道他現在是抱著什麼心態準備去見神。再來又看到得了胃癌的張先生，據說是“無法挽救了”。他正在翻著聖經，尋找著牧師所宣布的經文。禮拜堂的過道上另外還有兩位坐著輪椅的病人和兩位扶著助行架的病人。我這時想到了在三樓的三位其他病人。只要我們能想出辦法讓他們把斷了的腿放置在他們前面的長凳上，他們因該就能來參加禮拜。我們還得必需多加思考如何能解決這個問題。

雖然說這教會的人還滿不尋常的，但相信他們各各都是認真而又需要恩典的信徒。有些人是多年的基督徒，每天為了他們的癌症或癱瘓向神求恩典。有些人對不能看到的神還一無所知，所以想利用來這裡做禮拜的機會來更加了解他。當台灣每年在度過一個世俗的聖誕節時，我們總是有新的機會來向人介紹耶穌和解釋他是如何為人帶來永生（以弗所書2:8）。

請大家繼續為我們禱告，也為我們的病人和他們的家人和鄰居禱告。耶穌所獻給人的禮物必須被交付和接受，“打開並安裝”，才能持續啟發更多人來成為教會的一份子。

一些後續：科洛斯，那位在叢火中失去雙腿的72歲男子，現在在賣他在家裡編織的藤椅。我們的福音團隊去拜訪他時，發現他精神很好。林先生現在已經徹底戒了菸酒。他的個性比以前還良好，而他也成為了一個比較合作的病人，骨折也已經癒合了。他最大的問題就是雖然他很想去教堂，成為一個基督徒，他的妹妹是個忠誠的佛教徒。林先生的家後面是廟，而且醫院帳單都是由妹妹在付！請為林先生和他的妹妹祈禱。

出了車禍的傳教士，愛麗絲和百基拉，除了身體還有疼痛之外已經幾乎痊癒了。在聖保羅的利昂娜迪金森在使用她的左手，也能閱讀，但她的左眼還有殘留的損傷。莎莉的左臂在上個假期因為摔傷而得了關節炎，在換藥數次和換了一個比較柔軟的床墊以後，情況最近有所改善。我的心臟是慢了幾拍，但是我在這夏天成功的應付了當這裡唯一的外科醫生的責任。拖了來自芝加哥的宏銘萊博士的福，我甚至還有機會放一個禮拜的假。我常常在健身腳踏車上邊運動邊讀書，也一直在體會，其實消磨體力也能帶給你更多的能量！

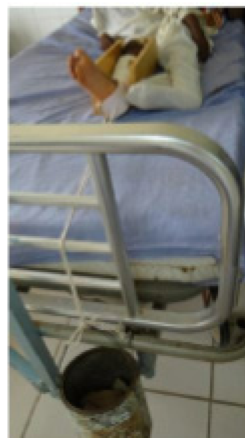
Niger Medical Mission-August 11, 2014

Barbara Okamoto, MD

Ina yini? How was your day? Well I am learning that it is quite difficult to break habits. In many countries, hand gestures are so different that you offend someone by just waving your hand- right or left. Giving the high 5 could be considered a curse in some places. Here in Niger, you should accept something or give something only with your right hand. The left hand is the toileting hand and it is considered unclean and offensive to offer or accept anything with just the left hand, even money. You also never touch common food with your left hand. These people are so gracious and they often wave to us since they are use to foreigners but I constantly find myself needing to sit on my hands! Then there is the issue of a woman not exposing her hips. I am regularly pulling out my shirt from my skirt so it hangs out because I have forgotten that my hips are not to be exposed even when they are covered! Of course this is probably a good habit to adopt since I have the hourglass figure with all the sand in the bottom. =-) Contour is out and the bag look is in.

The first time that I saw this, I was wondering what happened to this child's feet but now I am getting use to them. Apparently there are a lot of women who dye the bottom of their feet with henna. I guess it can be a substitute for shoes if you don't have them but most people wear sandals of some sort. The henna dye is supposed to last for about 3 weeks depending on how many times you wash it, and obviously this little girl's dye job is wearing out. I don't see much in the way of tattoos here but I do see a few body markings depending on the tribe a person is from.

This last Sunday on the way back from my usual Sunday activities, I was able to visit the local pump house. Apparently the mission community has a well up on a hill with some water tanks. The water is gravity feed down into the community. Men and children transport the water in plastic jugs and cans either by hand, or by a wagon usually pulled by a donkey here in town for a price. Can you imagine waiting in line to fill your water jugs and then having to haul all your water to your house? It is no wonder why water is such a precious commodity here in the desert and why bathing is mostly done "bird bath" style if at all. Work continues to be very busy here at the hospital. I just admitted another child with a femur fracture that we treat with Buck's traction. Buck's traction here in G consists of a bucket of stones hanging off the frame of a bed. This helps to pull the femur straight in children making the muscles fatigue. Once the bone is aligned adequately enough, the leg is casted and the traction is removed. We use weights in the states but rocks in a paint can suffice. The number of rocks one uses depends on the weight of the child and how much traction is tolerated.



Another child who is 14 days old that I admitted to the hospital the other day, I took to the OR today as well. He is so malnourished that you can see every little rib. He presented with a distended colon and probably has Hirshsprung's Disease which is a disease where the colon is not innervated by the nerves that it should have so the stool is not propelled distally. We did a colostomy and will see what the biopsies show of the colon before we try to re-hook the colon back. There is no rush however to do any further surgery. This child will need to get into a better nutritional state before we can do anything. The malnutrition and anemia that I see here in G truly reminds me of the pictures that I have seen of malnourished children in Africa and India in the past but I had never seen to this extent even in Kenya. We have so much food in the United States that it is hard to imagine people starving to like this. When I hired a housekeeper for a little over dollar an hour, I was told that this is a fair wage. The housekeepers do laundry, cleaning, and some even cook. It does not take long to realize that you do not throw out your chicken bones or scraps of meat like the tendons because the housekeeper will want to take them home to eat them. Literally nothing goes to waste. The bones are eaten and provide a source of calcium since they do not have the calcium tablets and the various supplements that we so often take in the States. It is embarrassing to give them these bones as we tell them to discard them but if we directly try to give them food to take home,

we often hurt their pride and they may refuse the offer. So many of the missionaries have found that when they get tired of certain foods or the bread gets too stale, they just ask the housekeeper to discard them, knowing all along that they will be taken home to their families for consumption with great pleasure.

Don't forget to remember to lift up the people here in Africa with the Ebola virus which is almost always fatal and for those missionaries who have contracted the disease while trying to save these people. We recently had a bulletin put out by CMDA asking for physicians to consider going to Elwa Hospital to help knowing the dangers that it entails since the mission doctors there are way over worked and need assistance during this epidemic. We have not had any Ebola outbreaks here in Niger but there is a definite high alert everywhere. It appears to be primarily in Sierra Leone and Liberia at this time. Until I have time to share more adventures with you all, may He continue to bless and keep you. (August 11, 2014)

PS. I just talked to a long term missionary here in G and she stated that we have freedom to talk about the church and Christian activities here with some restrictions so in my next email, I will tell you more.

尼日爾醫療宣教日記2014年8月11日

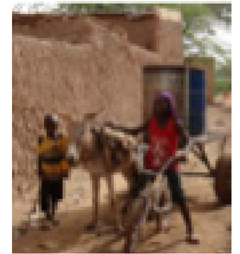
岡本醫師
Dr. Barbara Okamoto

岡本醫師是在Ohio執業多年退休的外科醫師,早期曾到台東基督教醫院幫忙，她去過許多國家醫療宣道。應譚維義醫師(Dr. Dennis)之邀, 為LCMM寫醫療宣教日記

伊納 伊尼？（尼日爾當地語：你今天過的好嗎？）
對了，我正意識到打破習慣是件非常難的事。在許多國家，手勢是如此不同，以至於你只需揮揮你的手，左手或右手，就得罪人了，哪怕和對方舉手對拍在一些地方也可以被當作詛咒。在尼日爾這裡，你只能用右手來接受或贈送東西。左手是上廁所用的手而被認為是不潔。用左手來贈送或接受任何東西，哪怕是金錢，都會冒犯人。你也從來不許用你的左手來摸大家共享的食物。這些人是如此的親切，他們常向我們揮手致意，因為他們已經習慣外國人了，但我卻常常發現自己不敢用任何一隻手對揮！再有就是女人不許顯出髖部的問題。我常得拉出我的襯衣下擺蓋住我的裙子，　因為我總是忘記了即使穿了裙子我的髖部也是不能顯出來的！當然，這可能是一個我要養成的好習慣，因為我下半身臃腫。 = - ）這樣既然隱藏了輪廓，臀部就不會顯得太肥贅。

我第一次看見時，我在猜這個孩子的腳不知道遭遇到了什麼，但現在我已經習慣了。顯然，有很多女性用腳指甲花染料來染腳底。我開始想對沒有鞋子的人這可能是一個替代品，然而大多數人都穿涼鞋。取決於洗腳的次數，指甲花染料一般可以持續約3周，顯然這個小女孩染的色快褪完了。我在這裡沒有看到太多的紋身，但我確實看到一些人身上的標記用來表示他是從那個部落來的。

上個周日，在我做完日常的周日活動回來的路上，我有機會參觀當地的泵房。顯然，這個宣教士社區有一口井在一座小山頂上，還有一些水箱。水由重力向下引進社區。男人和孩子們用塑料壺和罐徒手運水，或到鎮上雇驢車。你能想象排隊等著來將水裝滿水壺，然後把所裝的水拉回家？這也難怪在這沙漠裡的水是如此珍貴，如果洗澡也只是像“鳥洗澡”。這裡的醫院工作仍然是非常繁忙 。我剛收治了一個孩子，我們用巴克氏牽引來治療他的股骨骨折。尼日爾這裡的巴克氏牽引就是掛在床的框架上的一桶石頭。這有助於直拉兒童股骨使肌肉疲勞。一旦骨充分對准，腿打上石膏后牽引就除去了。我們在美國使用鉛重，但在尼日爾這裡, 油漆罐裡放岩石就夠了。岩石的數目取決於患童的體重及可承受多少牽引力。



另一個孩子只有14天大，我前幾天將他收治入院，我今天還送他進了手術室。他是如此的營養不良，你可以看到每個小肋骨。他病癥為結腸擴張，可能有Hirshsprung氏病，這種病患結腸不受神經支配，因此大便不向前推進。我們做了結腸造口術，並看了結腸活檢報告，然后我們嘗試重新將結腸接回來。但是進一步的手術治療並不需急於做。這孩子將需要先有了一個更好的營養狀態，然后我們才可以做這些事情。我在尼日爾這裡看到的營養不良和貧血真的讓我想起我看到過的在非洲和印度營養不良的兒童的照片，但甚至在肯尼亞我也從來沒有見過這樣嚴重的程度。我們在美國食物如此豐裕，　很　難想象這裡的人挨餓到

如此地步。我一個小時一塊多美元雇了一個管家，有人告訴我，這工資很公平。管家洗衣服，清潔，有的甚至做飯。不需要很長時間你就意識到你不要扔掉雞骨頭或像筋一樣的肉雜碎，因為管家要帶回家吃。這裡真的沒有任何浪費。人們把骨頭都吃掉，來獲取鈣源，因為他們沒有鈣片和各種我們經常需要在美國的補品 。給他們這些骨頭讓他們丟掉會令人尷尬， 但如果我們直接盡量給他們食物讓他們帶回家的話，我們會傷害他們的自尊心，他們可能會拒絕善意。因此，許多宣教士們發現，當他們吃膩了某些食物或面包過於陳舊，他們就讓管家丟掉，卻始終知道管家樂於將食物帶回家給家人食用。

別忘了將埃博拉病毒肆虐的非洲國家百姓交托給神，埃博拉病毒幾乎總是致命，也別忘了記念那些試圖挽救這些人時染上這種疾病的宣教士。我們最近由CMDA推出了公告要求醫生考慮去ELWA醫院幫忙，盡管我們知道那裡的危險，因為那裡的宣教士醫生工作嚴重超時，在疫情中需要外界協助。我們在尼日爾沒有任何埃博拉疫情，但無處不高度警惕。目前似乎主要是在塞拉利昂和利比裡亞。下次我有時間再跟大家分享更多的冒險經歷。求神繼續保佑，堅固你。

另：我剛才和在尼日爾這裡的長期宣教士聊了。 而她說，我們這裡雖然有某種限制，仍可以自由談論教會和基督徒的活動，所以我會在我的下一個郵件裡詳談 。

Niger Medical Mission-August 20, 2014

Barbara Okamoto, MD

Greetings! It's been a joy to experience a new culture and a learning experience all rolled into one. I have been enjoying reading some of the African proverbs and I wanted to share some of them with you.

1. If you are in a hurry to get married, your sister-in-law will be prettier than your wife.
2. Whoever has thirst for everything risks to swallow a knife.
3. Trees that grow together cannot help but rub against each other.
4. A bird doesn't leave its nest without leaving some feathers behind.
5. All peanuts belong to the same family, but the two together in the same shell are especially close.
6. A sheep which has many different shepherds spends a lot of nights outside.
7. It's grasshopper by grasshopper that one fills up the game bag.
8. As long as you haven't finished crossing the river, don't insult the crocodile.

Don't you just love these proverbs? Each culture has its own style of proverb but it truly reveals the environment in which one is raised. Here in Niger life the family unit is close and members must work together to survive. Everything is done by hand and is labor intensive. For example, these men are making cinder blocks in a mold on the ground, filling them with cement like mixture and then turning the mold upside down, one at a time. The man above is collecting and hauling food for his goats each day. Even the children have to work and haul things- boys and girls alike. These kids may be very skinny but they are strong and have learned to work hard if they want water to drink and food to eat. I could just fill this page with picture after picture of the scenes that I see in the town of G but they just can't convey the true picture of the harshness of life in a desert. Yet for those who have so little, their smiles do not reveal the same picture. How I wish we could learn from them to be grateful for what God has given use.

Surgery continues to be a challenge here in G. I am often on call for Ob Gyn surgery and I cannot tell you the number of times I have been called in to do a Cesarean Section for eclampsia under local anesthesia, delivery of a dead baby that is stuck in the birth canal, D & Cs, Episiotomies, and all sorts of things that I have not had any training other than that in medical school eons ago! I keep laughing to myself wondering if they only knew who they were calling for backup help- me of all people! The one who in her internship almost dropped the baby into the steel bucket on the floor when a Mexican lady decided that it was time to get her baby out. With a shout in Spanish, she pushed her baby out like a torpedo into

my chest. There I was breathless with all the air pushed out of my lungs trying to catch this slimy "football" of a baby spiraling down to the bucket on the floor. Feet and hands were all over the place and I only managed to grab the umbilical cord just before the baby reached the bucket. In that one telling moment, I swore never to do OB and my career in OB ended or so I thought!

The Ob Gyn MD, EP states that her joy is when she gets to do a tubal ligation after a terrible C Section because she knows that she will not have to come back to this mess again and she has saved another woman. There are really 2 major problems. First many of the girls are too young to have children and not fully developed at ages 13-15. They also have no prenatal care and come in too late. Secondly we have women who are just too worn out from having children like their 10th child when they themselves are malnourished and anemic. But how do you explain anything medical to people in Hausa when the same word is used for artery, vein, and tendon for example. The language itself is not equipped to tackle medical knowledge let alone basic physiology. This is compounded with the fact that most of these people do not have an education, no clue how their body works, or why they are getting sick. EP has learned to tell the women that the womb is spoiled and thus they need a tubal ligation because they understand what spoiled means. I still cannot deal well with the dead children that I see or mothers that die in childbirth so it is such a joy when I see healthy babies. Triplets are not too common here so this picture I got from my friend TS is a real treat.

I told you that I would talk about Christian activities in my last email since it is allowed with some restrictions. We had a fantastic service last week as the 2 churches here in G combined when we had a group of visiting pastors from the neighboring country to the South arrive for a conference. It was a wonderful church service with a lot of singing of traditional songs with traditional drums. Africans intrinsically have a God given talent for rhythm and dance. Although the church was very hot and crowded-(there is no such thing as personal space in these countries), everyone was happy and rejoicing. One just has to make sure that you do not sit on the end of the bench because you may find that you only have room for one cheek before the service ends! This of course forces one to sway in the correct direction with all those on your bench when you might not be so inclined with rhythm. Despite the fact that most of the brothers and sisters in this region are not Christian, you would not know it from the size of the congregation with the two churches combined. As is the usual tradition, men sit on one side and the women sit on the other side of the church. The other thing is that there is often more than one offering taken during the service and if you like the singing, you can get up at any time and put money in the plate by the choir director to show your appreciation for their contribution. That ultimately goes to the church. The one thing that you do notice is the fact that there is active participation by the men and women as well as the children because it cost them something.

This is a picture that I took from the front of the church looking back at the congregation as I was putting my offering into the box at the pulpit. Note the log drum. It is a joy to be able to worship with brothers and sisters in Christ even when I can't understand a thing. There is a warmth and everyone says Hello- "San nu" as they come up to greet you. This of course is not the usual attendance in most churches. Obviously the hospital in G has really influenced the milieu here. The other week, I went to a church in M. There were 3 men present besides the pastor. Often the churches meet in the homes of the pastor who works fulltime doing other work because there are few believers amidst the M brothers and sisters. In the evenings we have our own church service on the compound at 5:30 PM and it also is an interesting experience as we gather like the United Nations with missionaries from Germany, Australia, England, Ireland, Nigeria, the Congo, the States, and Canada etc. The service is given in English and in French. Well I think that I have probably made this email too long but I just wanted to give you more of a taste of life here in G. My time here is rapidly disappearing but there is so much more to share. Thank you for your prayers and support as I serve our Savior and Lord.

PS. So far we have been blessed with no Ebola. PTL!

尼日爾醫療宣教日記2014年8月20日

岡 本醫師

您好！過去一直是一種體驗一種新的文化的快樂和學習經驗的結合。我一直在享受閱讀一些非洲諺語，我想與大家分享其中的一些。

1. 如果您急於結婚，你的小姨子會比你的妻子更漂亮。
2. 凡貪戀一切的其風險高過吞下一把刀。
3. 一起成長的樹木不禁互相摩擦。
4. 鳥離開它的巢前沒有不留下一些羽毛的。
5. 所有花生屬於同一個家族，但同一個外殼中的兩粒特別密切。
6. 有許多不同牧人的羊常在野地過夜。
7. 野味袋子得靠一隻接一隻的螞蚱螞蚱才能充滿。
8. 只要你還沒有到河對岸，就不要去惹鱷魚。

難道你不喜歡這些諺語？每一種文化都有其自己風格的諺語，但它確實表明一個人成長的環境。在尼日爾這裡的生活以家庭為單位而彼此密切，家庭成員必須共同努力才能生存。一切都是由手工完成，屬於勞動密集型。例如，這些人都用在地上的一個模具做預制磚，他們把水泥狀混合物填充進模具，然后一一轉動將模具扣過來。上圖該名男子每天收集和運送飼料喂他的山羊。甚至孩子們不論男女都得工作和運東西。這些孩子可能很瘦，但他們很堅強，知道如果他們想有水喝，有飯吃就得努力。我可以用在G中鎮上一幅幅的照片充滿本頁，但這些照片仍然無法描述在沙漠嚴酷生活的真實寫照。然而，那些幾乎一無所有的人，他們的微笑則表現出全然不同的畫面。我多麼希望可以從他們身上學到要為上帝所給予的來感恩。

在G這裡手術仍然繼續是挑戰。我常常隨時待命來做婦產科手術。我在局部麻醉下做子癇剖腹產，取出那被卡在產道的死嬰，子宮擴刮，外陰切開術，以及各種各樣的事情數都數不清，而我上次為此受訓的時候是好多好多年前上醫學院期間！我常常暗自偷笑，好奇他們是否知道我這個從千萬人中選來做后備助手的人有何廬山真面目！一個在她實習期間，有位墨西哥婦女在孩子生出來時幾乎將嬰兒投進了在地板上的鋼桶的人。這婦人用西班牙語大喊一聲，就把她的寶寶像發射魚雷一般射入我的懷中。而我是氣喘吁吁氣急敗壞地在粘糊糊的“足球”　似螺旋下落到地板上的桶前試圖抓住孩子。我手忙腳亂，終於在寶寶掉入桶中之前只抓住了臍帶。在那個千言萬語都難以形容的時刻，我發誓再也不做婦產科了，而我以為我的婦產科職業生涯就從此結束！婦產科醫師EP曾經說過，她的快樂是當她剛做完一個可怕的剖腹產之后做輸卵管結扎手術，因為她知道，她不會再回來收拾這個爛攤子了，而她又救了一個女人。主要有兩個真的很嚴重的問題。首先很多的女孩子孩子都生得太早，才13一15歲還未發育完全。他們也沒有產前護理並且就醫太晚。其次，我們治過連自己都營養不良，貧血卻生了高達十個孩子而身體垮掉的婦女。但在豪薩語當中同一個詞用於例如動脈，靜脈和肌腱時，你如何向人們解釋醫療知識？語言本身根本不具備解釋醫學知識的功能, 更不用說解釋基本的生理知識。問題 很復雜，因為事實上，這些人大多沒有接受教育，不知道自己的身體如何運作，或者他們為什麼生病。EP學會告訴婦女們她們的子宮變質了，因此，她們需要一個輸卵管結扎術，因為她們明白什麼是變質的意思。我還無法妥善面對夭折的孩子或死於難產的母親，所以當我看到健康的嬰兒是這樣的喜悅。三胞胎在這裡不太常見，所以我從我的朋友TS得到的這張照片是一種真正的享受。

我上一封電子郵件告訴你我會談談基督教活動，因為雖然有一些限制這些還是允許的。上周G這裡兩所教堂的聯合崇拜我們有一個超棒的崇拜，當時我們有一群來訪的牧師從鄰國來到南部開會。這是一個充滿傳統鼓和演唱傳統歌曲的精彩的禮拜。非洲人天生就有上帝賜予的節奏和舞蹈天賦。雖然教會裡很熱，很擠（在這些國家沒有個人空間這樣的事情），每個人都感到高興和欣喜。每個人只要確保他不會擠在板凳的末端，因為你會發現，不等崇拜結束你只有一半屁股坐在板凳上！這當然強迫每個人都得用同一個方向與所有其他共享板凳的人搖擺，盡管你可能沒有這樣的意願配合節奏。盡管大多數在這一地區的兄弟姐妹都不是基督徒，你不會從這兩個教會聯合聚會的規模知道這一點。按照一般的傳統，男人坐在教堂的一邊，婦女坐在教堂的另一邊。另一件事是，崇拜過程中往往收不止一次的奉獻，如果你喜歡詩班的獻詩，你可以在任何時候把錢放在合唱團指揮面前的盤中，以表示你喜歡他們的獻詩。那錢當然最終歸教會。你會注意到一件事，那就是由男人和女人以及孩子們都積極參與崇拜，因為他們得花錢才能參與。這張照片是我上講台把奉獻放入奉獻箱時從教堂前面回拍會眾。請注意那個原木鼓。雖然我什麼也聽不懂，能夠與兄弟姐妹在基督裡崇拜是一種快樂。當他們前來問候你，每個人都彼此說你好—“三奴”時一股暖流涌上心頭。

當然，這不是在大多數教會平時出勤的狀況。顯然，G地的醫院已真的在影響這裡的環境。前兩周，我去了M地的教堂，除了牧師共有3名男子在場。教會常常在牧師們的家中聚會。牧師們平時全職做其他的工作，因為M地的兄弟姐妹之中很少有信徒。到了晚上，在下午5點30分我們在營地有自己的教堂崇拜，這也是一個有趣的經驗，因為我們聚集在一起像個聯合國，有來自德國，澳大利亞，英國，愛爾蘭，尼日利亞，剛果，美國，和加拿大等地的宣教士。崇拜用

英語和法語進行。嗯，我想我可能這封郵件寫得太長，但我只是想讓你們領略更多在G這裡的生活。我在這裡的時間過得很快，但還有許多要分享。謝謝您的祈禱和支持我服事我們的神及救主。

另：到目前為止，我們一直蒙福，
不受埃博拉病毒侵害。 感謝贊美主！

Helping those in need, "the least of the least"

Scott Murray, MD

I'd like to share about the medical work that I've been doing for over twenty years in Thailand. I want you to get a picture of how the medical mission works. You may ask, "Do we need missionary doctors, when a lot of these countries have their own doctors already? Is there still a place for medical missions?" That's what I want to take a look at today.

The hospital we have been working at for the last four years is Kwai River Christian Hospital. We're up near the top of the "trunk" of the elephant (Thailand sometimes looks like an elephant on a map), just west of Bangkok.

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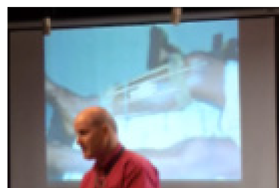
Obstacles to Modern Medical Treatment

Now, why go to Thailand? 95% of the population is Buddhist. In fact, the Thai say, "We're Thai, therefore, we're Buddhist," as if they are synonymous. Their belief system is about making merit: doing enough good in this life in order to come back in the next life as a better person, wealthier, happier, all those things. There's a lot of animism, as well.

There is still a huge amount of mistrust in modern medicine. One patient of ours came in with abdominal pain, but he didn't come to the hospital when he was ill. The first place he went to was the witch doctor. The witch doctor got a special knife which he had prayed over, or used some incantations on, and made scratches over his abdomen to get rid of the "evil spirit" that was causing the pain. So much was the patient's belief that it was an evil spirit causing his pain that he waited one week before coming to the hospital. Actually, he'd had typhoid, and his intestine had ruptured. When I operated on him, most of his bowel content was inside his abdomen. He did survive, but only just.

Another patient came after breaking his leg from falling out of a tree. But again, he went to the local witch doctor in his village first. The witch doctor put on a bamboo splint and didn't do a bad job of it, really. But he had a compound fracture, where the part of the bone is sticking out of the leg, and there was a little bit of infection, with some worms beginning to eat away at the tissue around the bone. He came to me and asked, "Can you help me?" And I said I would have to operate, but he said, "You can't do that!" He explained that the witch doctor told him that the bamboo splint had to stay on for six weeks; if he took it off even a minute early, he'd never walk again. Such was his belief in the witch doctor that evil spirits would cause him to go lame if he didn't follow his orders, that he implored me not to touch the infected splint. Instead, I got a bit of local anesthetic, trimmed off the bone that was sticking out, cleaned off the infection, and then gently closed it, leaving a little open just to let the infection drain.



These are the kind of patients that we get: their belief system is such that often, the doctor is not the first person they go to. We're the last person they go to.

Another patient had a huge dental abscess that caused swelling and pain in his cheek. His first resort was to go, not to a witch doctor, but to the local Chinese doctor, or herbalist. The Chinese doctor had written the character for 'tiger' on his swollen cheek, explaining that it would "chase away" all the bad stuff. This, and herbal medicine as well, is very popular in Thailand. When people go to the local herbalist and receive various concoctions of dried roots and snakeskin and such, well, sometimes it works, and sometimes it doesn't, and that's when they come to me.

When you go to underdeveloped countries, you suddenly find yourself taken out of your comfort zone as a doctor. One of the first things I realized was that I had to make do with few resources. I treated an old man who was in his seventies, who had had to amputate his leg above the knee. But we had no prosthesis; we couldn't just send him down to the local prosthetic department for a new leg. What we ended up doing was using a two-and-a-half inch plastic drain, with a piece of wood at the bottom, attached to his leg, because that's all we had.

When you're out in the mission field and you have no facilities, you have to think, "How can we adapt to the medical situation?" Well, this man was able to walk with his pipe drain-prosthetic. It was some time before we were able to send people off to get trained and get better, modern equipment.

Leprosy and the Treatment for Social Stigma

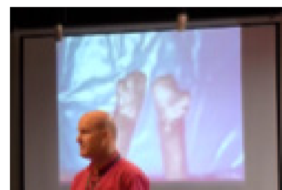
Now, I'd like to talk a little bit about leprosy. When I first went to Thailand, it looked like I was going to have to work with leprosy patients only. Leprosy usually starts off as a pale rash on the skin, usually anesthetic, which means that you cannot feel that part of the skin. It loses sensation; if you were to shove a pin into the rash, you would feel no pain.

I had a patient come in, a young man about eighteen years old. He had a rash on his cheek, and he said, "Doctor, it's getting bigger. I've had it for six months. I've tried various potions and creams on it, but it doesn't seem to go away." I had a look at it and said, "Well, this is leprosy. That's why it's not getting better. You need treatment." He didn't believe me. He said, "I can't have leprosy. If I go home and people see I've got leprosy, they're going to throw me out of my home, and I'll lose my job." So he went away. Six months later, he came back, and the rash had gotten a bit bigger. He'd been to the witch doctor, he'd had various herbal treatments, he'd even been to the temple. He'd done everything he could to possibly cure his rash, but nothing had worked. So finally, he came back, and he agreed to treatment.

Some wait even longer. I saw a young man who had lepromatous leprosy: millions of leprosy bacteria underneath the skin cause it to wrinkle and swell up; he had lost his eyebrows, his ears were swollen, and his nose had begun to cave in and become deformed. If he had waited even longer, his skin would have begun to necrote, or die, and then ulcerate. We don't know much about the skin condition translated as 'leprosy' in the Old Testament, but it could have been similar. This is how severe untreated leprosy can become.

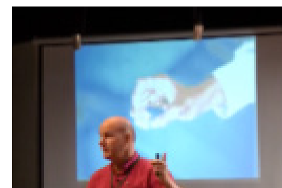
When this young man who had lepromatous leprosy came to me, I couldn't believe that he was only 29 years old. He looked 69. He had been living in the jungle for two years. His family had cast him out, saying, "We don't want you near us," because they knew he had leprosy. Only his brother would take food out from the village and leave it on the edge of the jungle, where he would come to eat it once a day. None of the rest of his family wanted any contact with him. Well, news got to him that we were able to treat leprosy patients, so he came to the hospital and said, "Can you help me?"

We were able to treat the leprosy with drugs, of course, but one additional thing we were able to do was to reconstruct his face. We took some cartilage from his rib and slid it up his nose; we took some hair from behind the ear and transplanted it into the eyebrows, and then did a little bit of a facelift. Six months later, he looked healthy and happy, with a new nose and new eyebrows. He was able to go back to his village, and everyone was happy that he was cured. But not only was he cured, he was able to be accepted back into the village, because of the cosmetic surgery we had performed. And most importantly, while he was with us getting treatment for a number of months, he came to know Christ. He also became very involved in the translation of many hymns. So, through medical work, we were able to show this person who was outcast, whom nobody wanted, the love of Christ.



Leprosy can also involve other parts of the body besides the face. Sometimes, the earliest sign of leprosy is outer nerve palsy: when the fingers and toes become numb and unable to move. The nerves are damaged, the muscles weaken, and the fingers end up beginning to claw. If you leave it untreated, the entire hand becomes an unusable claw. The patient cannot straighten their fingers, so they cannot work: they can't pick things up, harvest rice, or dig up and plant things. So, they end up having to beg. They become outcasts, thrown out of their homes.

We can operate to straighten out the fingers, but the remaining problem is that the nerves are still damaged. A patient with no sensation in their fingers will pick up a pot from the fire while cooking, but he won't feel it burning. After a while, the fingers will just fall off. One of these patients came to me and asked, "Can you give me a new hand?" I said, "I'd love to be able to give you a new hand, but I can't do it." But what I could do was take out some of the bone from his forearm and construct a set of pincers for him. It didn't look very nice, but at least he was able to work. He was a leprosy patient, but we taught him how to do some handicraft, some weaving, and he was able to start a new job and sell the things he had created.

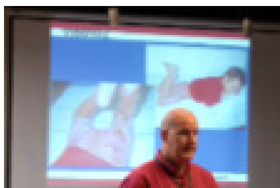


One patient came too late. He'd lost both arms and part of his left foot to leprosy. He still had to try to look after himself, because nobody wanted him, and his family had thrown him out. He'd continued working until the ulcers became so severe that he developed cancer in an ulcer in his arm. We'd had to cut off the arm to try to save him from his cancer. In the picture I have of him, he's standing with just one leg and no arms, but he's smiling. I don't know if you would smile if you had a body like his. I asked him, "How do you cope?" His family had disowned him and he was in such a pitiable physical condition, yet he had a big smile on his face. "Why are

you smiling?" I asked. "I wouldn't be smiling, if I were you. Aren't you angry with God for giving you leprosy and leaving you like this?" He said, "No. If I hadn't gotten leprosy, I would never have come to Kwai River Christian Hospital. And if I had never come to Kwai River Christian Hospital, I would never have come to know the Lord Jesus Christ."

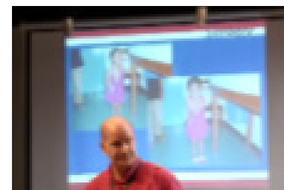
He came to know Christ while he was getting treatment and surgery. Even though his body was so ravaged, he said, "I thank God that I got leprosy, otherwise I wouldn't have found His love. Even though I have this body now, I'm going to have an eternal, wonderful, beautiful new body when I go to heaven." He was able to thank God for his deformities, because he had found Jesus. That's the kind of treatment we were able to offer.

Medical Patients Who Come to Know Christ

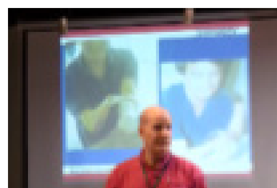


I'd like to share a few stories from the cases that we've had, just a few of the hundreds, if not thousands. There was a young boy, 14 years old, who'd fallen out of a tree when he was 10 while trying to collect beeswax from a beehive. He'd fallen five or six meters to the ground and broken his leg. He hadn't been to school for four years, because the teacher had told him he couldn't come on account of his disability. His brain was perfectly healthy! But he'd had to stay home for four years. So his family came to me and asked, "Can you help him walk?" We operated on him and were able to straight his leg out, and eventually he was able to go back to school. He also came to know Christ and began to attend the local Burmese church.

Another patient I had was a little girl, 5 years old, who had fallen into a fire. In the villages, they use an open fire for cooking, and she had fallen into one of them and burnt her bottom. She'd been treated in the local hospital for about six months, but the backs of her knees had scarred up and left her legs permanently bent. She hadn't been able to walk for about a year, and some of her wounds were not quite healed. She and her father had come from a village some distance away from the hospital. A missionary had been to this village and tried to evangelize, but they had been very antagonistic and unwilling to believe. But when the missionary found this little girl, he suggested taking her to the Christian Hospital to see what they could do. So they came, and the first thing I tried was traction: we applied some weights to see if we could stretch out the tendons and the skin that had contracted. But although we did our best, nothing would move, so we operated instead. Two weeks later, she was able to walk home. While she was in the hospital, of course, we shared the gospel with her and her father. Her father was not interested at all. He was very antagonistic. In fact, he was more interested in being able to buy alcohol because he was no longer in the village; he spent most of his time drinking when he was supposed to be looking after his daughter. They left, not having come to know Christ.

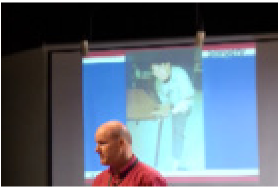


About two years passed, and I met the missionary who'd first brought the father and daughter to us. They lived some six or seven hours away, so we hadn't done any follow-up since they'd gone home. But I asked after Pata and her father and wondered if they believed yet or not. The missionary replied that they didn't believe, even two years later. I said, "That's a real shame." And he said, "Ah, but there's another bit to the story. When I took this girl and her father back into the village, and they saw the girl walking – after they'd been to the witch doctor and given sacrifices to no avail – you know, the whole atmosphere of the village changed." He said, "Every time we tried to share the gospel before, they said, 'Nope! We don't want to hear it.' But when we took this girl back, people opened up. Now, two years later, we have a church of 30 people in that village who have come to know Christ, because you were able to treat this little girl." Medical work had opened a door for this village six hours away from the hospital; the people opened their hearts and said, "Now, we'll listen to what you've got to say."



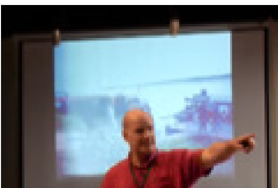
I had another patient from Burma who came to me with no hands. He said, "Doctor, can you give me two new hands?" I said, "Well, I've kind of run out of miracles for today! I can't do that for you." But I was able to do a procedure that turns the bones in the forearm into two giant pincers, like two giant chopsticks that can be used to hold and open things. Before, he couldn't use his hands; he couldn't eat, clean his teeth, go to the toilet, clean up, everything was extremely difficult. But after the operation, he took several months to learn how to use his new chopstick-hands, and he eventually learned how to make tables and chairs so that he could go back to Burma with an occupation. He also had a big smile on his face, despite having no hands, because he came to know Christ during the six months he was in the hospital. Later, he said to me, "Doctor, you know, I've always wanted to become a tailor." And I said, "Oh, well, there's no way we can… I mean, we've really run out of miracles now!" But the hospital staff were able to procure a foot-operated sewing machine for him. His feet were fine, so he would sit and use his chopstick-hand and his other hand to move the cloth around… Six weeks later, before he went back to Burma, he gave me a gift of a shirt and trousers that he had made.

Eleven years passed. One day, another person from his village came to the hospital. I said to him, "Why would you come all the way here, when you're from such a long way away?" He said, "Do you remem-



ber the man you operated on eleven years ago?" I said that I did and asked after him. He told me, "He's fantastic. And you know what? When he came back to our village, he told us all about Jesus, whom we'd never heard about before. And now, a decade later, there are a hundred people in our village who have come to know Christ." The man I'd operated on was from an area in Burma where missionaries couldn't go, but he already had the language and the access, so when he came to Thailand for his operation, he went back to Burma as a missionary. The sewing machine went back with him, too. The village church met on Sundays, and half of the congregation would wear the clothes that he made.

So through our medical ministry, often through very simple surgeries and simple treatments, we can open doors. A man whom nobody could go to came to us and ended up as a missionary to his village.



While I was in Thailand, I got invitations to perform reconstructive surgery in other countries. On one trip, I went to Laos. The hospital we were going to had no operation facilities, no medical instruments, no anesthesia, no sutures, no gowns. We brought all of our own gowns, gloves, masks, hats, instruments, needles, and syringes; we carried them all onto a boat to cross the river from Thailand into Laos. Everything was piled into a little boat, with chickens and pigs in the back, and toothbrushes and toothpaste in another corner, along with all of my surgical equipment. I remember sitting there, thinking, "We've got everything here but the kitchen sink!" (NB: This is an English idiom) And then, I looked into another corner of the boat and saw that they had actually brought twenty kitchen sinks! So we had everything and the kitchen sink going over with us to Laos.

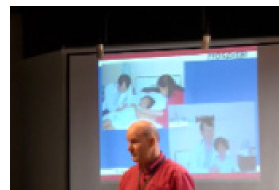
When we went over to Laos, we got to train the Lao surgeons and doctors in reconstructive surgery. I was going in and out of the country over six or seven years, doing the training, and I'd like to tell you about a group of ladies, all of whom I'd performed reconstructive surgery on. Some of them had spent years living in the jungle when they had leprosy. But after I'd treated them for leprosy and done hand and face reconstruction, they were able to return to their villages, and the wonderful thing was that all five of these ladies had gotten married. Before, they had been outcast because of their disease and stigmatized because of their deformities, but the community had welcomed them back, and they'd all been able to find husbands. For them, the treatment we were able to provide had made all the difference. So they all came to see me in Vientiane, the capital of Laos, to say thank you. One of the women came accompanied by her husband. He thought his wife was so beautiful, that when she left the village to come to the big city, he was worried that another man would take her for his wife, so he came down to make sure that she returned with him. He thought she was that beautiful! And again, we were able to help them not just physically, but also spiritually; we shared the gospel with them and gave them eternal life, as well as a life on this earth that would be happy and free from stigmatization.

Evangelism in the Waiting Room

So, how do we do it? Well, as patients come to see the doctors with whatever problems, a headache, back pain, a rash, while they're sitting and waiting to be seen, we give them the Gospel. Before they can see the doctor, they've got to listen to the gospel first. We share the gospel with posters and simple explanations for half an hour. It's funny because when they're sitting in the waiting room, they don't have anywhere else to go, so they've got nothing better to do than listen anyway.

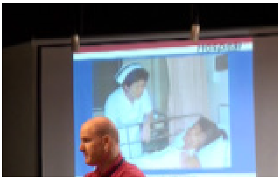
And while the patients are getting treatment, they're also in beds, tied to an IV drip. They can't go anywhere, but we can go talk to them on the wards and share the Gospel with them. We also share with families. About two years ago, we had a Christmas program. We invited all the patients and all of their relatives who come around to visit, and ended up with over a thousand people in front of the hospital. We shared the gospel and had a Christian group come sing and a preacher who spoke in Karen, the local language.

The medical work there is such that every day, we have eighty to one hundred patients coming through our doors. In one year, we have 25 to 30 thousand coming to our small hospital. That's thirty thousand lives and souls that we have the opportunity to share the gospel with – and they have to listen! We don't have to go anywhere; we don't even have to go out of our doors, because they come to us. And we share the gospel with every single patient we get.



Compare this to the church, where people come every Sunday. You can get one or two hundred people coming to church each week, but they're the same people each week. If the church wants to evangelize, it has to go out and find somebody to talk to. But in our hospital, we just stay there, and people come to us. And we don't let them go away without having a chance to hear the gospel. We tell them this: we may be able to cure you, or we may not be able to cure you. But regardless, we can give you something better than a Tylenol, something better than your hernia surgery. We can give you eternal life; we want to share it with you.

Doctors who are Christians are able to share, not just the evangelists.



One of our Thai doctors at Kwai River Christian Hospital, a pediatrician, was treating a patient who had leukemia. He came during her treatment and shared the gospel and prayed with her. One of our nurses would make it a habit to give the antibiotic, change the IV and the dressing, and then say to the patient, "Now, let me tell you about the Lord Jesus Christ." The patient in bed doesn't have anywhere to go, and we have all the time in the world to share the gospel. What an opportunity! Everybody gets a chance.

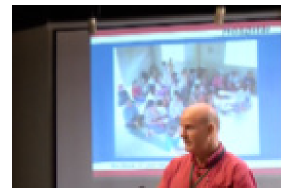
The Patients Become Missionaries

And the consequences can be amazingly far-reaching. One patient we had was a 53-year-old lady, Mrs. Black. She'd been to the local hospital, not far from us in central Thailand, half a dozen times. She had pancreatic cancer, she was jaundiced, she had an obstructed biliary tract, and she was getting thinner and thinner, but the local hospital had been able to do nothing for her. So finally, she came to our Christian Hospital, saying, "They've told me I've got cancer and that there's nothing I can do." I gave her an ultrasound and rechecked her and said, "Well, I think they're right. I think you do have pancreatic cancer, and we probably cannot save you, but what I can do is a bypass operation, which will give you a little bit longer to live." So she agreed; we did a bypass surgery and cured her of the obstruction, and her jaundice began to settle. One of our nurses had gone into the operating room and prayed with her before the operation. Now, after the operation, Mrs. Black told us this story. She said that went she went into the pre-op room and the staff prayed for her, she saw this image of a man wearing white who came down and carried her into the operating room. The next thing she knew after that was the man putting her down in the bed after the operation. I don't know what that was, maybe a vision. But she said, "I didn't even notice the operation; all I knew was this person in white who told me that everything was going to be okay. And I woke up, and then the nurse came over and started praying again." And she believed in the Lord Jesus.

Five days later, she was healing, getting less jaundiced, and eating. We said to her, "You can go home now!" But she said, "You've got to tell these people in my village about the Lord Jesus Christ! When I go home, can you come with me?" So our evangelists got together, and I went with them to her village. The whole family was amazed! They'd thought she'd gone to the hospital to die, but here she was, walking to them, and looking healthier. Mrs. Black sat her husband down and said, "Look, I've got something to tell you." She called all her friends and relatives in – we had about thirty or forty people in the house – and she said, "Right, everybody sit down, you've got to hear this story." And she pointed to us and said, "Tell them! Tell them about Jesus! I've got cancer; I'm going to die, but you need to tell them." So we were able to share the gospel for a couple of hours, just to some of the people of her village.

Just when we were about to leave, Mrs. Black said, "You can't go yet! There's a girl who lives just down the road here. She's been paralyzed for six years. She couldn't come here, because she's lying paralyzed in her house. Would you go and tell her?" And we said, "Well, sure, we've come all this way (about two or three hours from the hospital), let's go and talk to her." So we walked down to this lady's house, just five or six hundred meters from Mrs. Black's house, and Mrs. Black told her to call all her relatives in. So we had another twenty or thirty people and we told them about Jesus. We prayed for the paralyzed girl, and an amazing thing happened: she was still paralyzed, but from that day on, this girl just fell in love with the Lord. Before, she'd never gotten out of her house; she'd been in her house for five or six years. But after that, she'd get on her wheelchair and tell her older brother to push her, so she'd get pushed around to the house next door and sit and read the Bible to her neighbors. She was so excited about this new faith that she had.

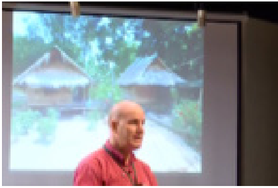
Well, we spent another couple of hours with this girl and her family and friends. And just as we were about to leave to return to the hospital, Mrs. Black said, "No, you can't go yet! There's another guy, another 500 meters down the road, and they've told him at the local hospital that he's dying of cancer. Would you go talk to him?"



Mrs. Black came back to the Christian hospital every month for a follow-up, and it was a long journey from her village. She'd hire a pickup and put in about ten to fifteen people from her village, piled up into the back. Some came with medical problems. Others just came because she told them to. She'd bring them all to our hospital, the Christian hospital, not to see the doctor, but to listen to the gospel that was being preached in the morning. She'd say, "You come, and sit here, and listen to this." She came every month for nine months, and brought her village people with her every time. After nine months, Mrs. Black died. But during that time, she'd brought nearly one hundred people to the hospital and started a church in her village. She died, but new life in Christ was given to the people that she left behind. It was all because one person had come to the hospital, heard Christ, and then took it back to share with her neighbors. Even in the little time she had left, she wanted to make sure that other people could taste the love of God and the wonderful grace of God, as well.

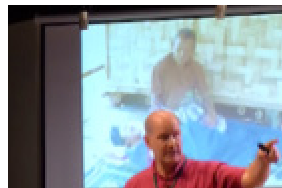
That's what medical missions is about. We go with our skills – our little skills and gifts that God has given us, and we give them to the Lord and say, "You use them." And a Christian medical hospital becomes a place where we can share the Gospel.

Safe House and Candlelight



There are two satellite projects involved in Kwai River Christian Hospital's ministry, and I'd like to mention them briefly. Safe House is a home for migrants who have no citizenship and no relatives, who live in the border community. We have about forty-five residents who stay in a few houses. Most of them are elderly, have AIDS or some psychiatric illness, or are in some way incapacitated and alone. We take them in and try to teach them a trade, so that they can work. We've taught them how to weave, we've given them pigs and chickens to raise, and we also have a vegetable garden at the safe house. We have seventeen full-time staff, and anywhere between 45 to 60 residents. Some come for a year or two, and then we try to return them to Burma, to family, if we can.

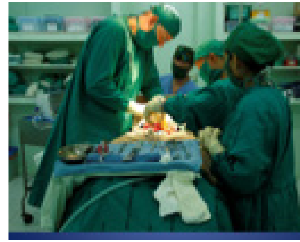
Then there's Candlelight, another ministry our hospital runs that is a community-based disabled program. We have about 150 families with disabled children or adults in the program. How can we help these families? One way is income generation. For example, we bought a pig for a family with a disabled girl – she was unable to walk or speak – and let them raise it. Eventually, they could sell it and start their own income-generating project. There was a grandfather who was left to take care of his disabled grandchild. His house had no roof, so we bought corrugated iron and helped him build the roof of his house so that he could take care of his grandchild. In another family, a grandmother had seven or eight grandchildren to look after by herself, so we provided for their educational needs, helping them with school uniforms, books, and transportation to school. With one part-time staff member for about 150 families, we help with education, we help those who are deaf and blind, we start income-generating projects, we help with building repairs, and so on.)



Speech given by Dr. Scott Murray at the Luke Christian Medical Missions Conference in August 2014 (to watch Dr. Murray's videos, please visit Youtube " LCMM North America" Channel or https://www.youtube.com/watch?v=oJVLswXfKLA) ; summarized by Andrew Cheng and Irene Liu

幫助至微小的,有需要的人

Scott Murray 醫師



Dr. Murray是蘇格蘭人，第四代宣教士，他出生於泰國，回愛爾蘭受醫學教育，是外科醫師。畢業後先去非洲，1991回到泰國繼續醫療宣道至今。

我想要與你們分享我在泰國20多年所做的醫療事工，讓你們對於醫療宣教的有一些概念。你們可能會問：「這些國家很多都已經有自己的醫師了，還有宣教醫師的空間嗎？」這正是我今天所想要分享的。

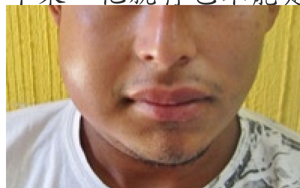
過去四年多我們在泰國西部的桂河基督教醫院(Kwai River Christian Hospital)服事，泰國在地圖上看起來像一隻大象，它就位於曼谷的西邊，象鼻的頂端。

現代醫療的障礙

為甚麼會去泰國呢？在泰國95%的人都是佛教徒。泰國人甚至說「只要是泰國人，就都是佛教徒」。他們的信仰就是要行善：今生多做善事，來生輪迴可能會過更好、更有錢、更快樂的日子等等。他們還相信萬物都有神靈。

在當地仍然不是很信任現代的醫學。我們有一位肚子痛的病人，身體不舒服但沒有馬上來就醫，他先去求助於巫醫。巫醫用一把他祈禱過或下過咒語的刀子，就在他的肚子上劃了幾刀，來驅除讓肚子痛的「惡靈」，病患深信就是這些惡靈害他肚子痛，還整整拖了一星期才來醫院就醫。事實他是患了傷寒，小腸都已經破掉了。開刀打開腹腔時，腸子內的東西都已經跑出到腹腔裏了。還好他終於勉強活下來了。

另一位病人從樹上摔下來跌斷了腿，但他也是先去找村裡的巫醫。巫醫給他用竹子做了一個夾板，做得其實還不差，但他有厲害的骨折，斷骨還從皮裡穿出來，感染部位有蟲子啃掉了骨頭附近的組織。病人前來求助：「能幫幫我嗎？」我說這需要動手術才行。他卻回答：「千萬不可。」因為巫醫告訴他，竹夾板一定要固定滿六星期才可以拿下來，只要提前拆下來，他就再也不能走了。他深信若沒有聽從巫醫的話，惡靈就會讓他一輩子跛腳。我只好先打上一點麻醉針，把凸出來的骨頭修掉，再縫合好傷口，並留下一個小洞來引流膿水。



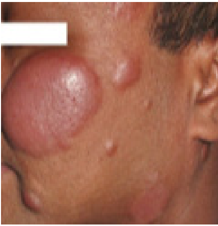
我們遇見的病人都是像這樣：因為這些迷信，他們在

生病時不會馬上來找醫師，而是拖到不得已時才來。

另一個病人因為蛀牙長大膿包的關係，臉頰又腫又痛。他沒有找巫醫，而是去一個傳統中醫那裡。這位中醫就在他腫痛的臉頰上寫了個「虎」字，說是可以「驅邪」。這類的傳統醫療和草藥在泰國也很流行，他們拿各種的樹根、蛇皮等來熬煮，有時有效，有時候沒效，這個時候才會來找我們。

來到了開發中國家，才發現你已經遠離了當醫師傳統的好日子，會發現可利用的資源真的非常有限。我曾為一位七十多歲的老人做膝關節上的截肢，卻沒有義肢輔具可用，這裏是沒有輔具中心可以訂做一隻新腿的，最後只好把底下接著一塊木板的兩吋半塑膠管，套到他的腳上，這就是我們廢物利用所能做到的。當你們來到欠缺資源的宣教禾場時，就要思考「我們該如何適應這樣的醫療環境？」在我們派人去進修也擁有較新較好的設備之前，這位阿伯靠著塑膠管做的DIY義肢，還是可以走上路。

痲瘋病與社會歧視的處理



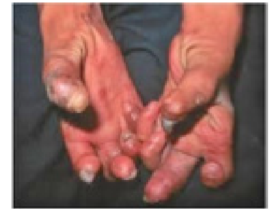
接下來談到痲瘋病。剛到泰國的時候，我以為痲瘋病人的治療，就只需對症下藥就夠了。痲瘋病的徵兆，通常會先發現有淺色不痛的皮疹。皮膚失去了知覺，就算用針去刺也不覺得痛。

我有一位18歲的病人，在他臉頰上有塊皮疹，他告訴我：「醫生，我的皮疹有六個月了，它變得越來越大。我試過各種藥膏但都退不掉。」看了看他的臉頰，我告訴他：「這是痲瘋病，所以皮疹才好不了。你必須好好的治療。」他不相信我的話：「我不可以得痲瘋病的。否則我回到家，他們知道了就會把我趕出家門，還會丟掉工作。」他就這樣離開了。六個月後他再回來的時候，皮疹長得更大了。他去找過巫醫，接受過各種的草藥治療，還到廟裡拜拜，用盡各種辦法卻都枉然。最後，他只好回到我們醫院來治療。

有些病人拖得還更久。我見過一個瘤性痲瘋的年輕人，在他皮下無數的痲瘋病菌，讓他的皮膚產生皺摺並腫起來；眉毛不見了，耳朵腫了，鼻子也凹陷變形了。如果他拖了更久，皮膚就會逐漸壞死、潰爛。我們不是很清楚舊約裡大痲瘋長的樣子，但情況應該差不多。這就是沒有好好治療的結果。

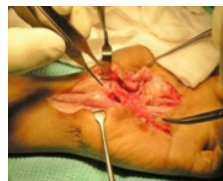
當我看到這位瘤性痲瘋的年輕人時，我簡直不能相信他才29歲—看起來倒像是69歲。過去兩年他都住在叢林中，因為家人知道他得了痲瘋就被趕了出來：「你不要再來接近我們」，每天一次他會來到叢林邊緣，來食用他哥哥從村子帶來放著的食物，其他的家人都不願再和他聯絡。後來他聽說我們醫院可以治療痲瘋病，就來到醫院，問說：「可以幫幫我嗎？」

除了藥物治療之外，我們也的要修復他的臉。我們用從他肋骨取下的軟骨撐起鼻樑，從耳後取點頭髮來植眉，再做一點拉皮手術。六個月後，他有了新鼻子和新眉毛，看起來健康又快樂；他終於能夠再回到村子裡，大家也都很高興他得到了醫治。因為有了這樣的整形手術，不僅疾病得醫治，還能被村裏鄰居所接納。更重要的是，在他接受治療的幾個月期間，他認識了耶穌基督。他也很用心的翻譯了許多的詩歌。透過這樣的醫療服事，我們將上帝的愛彰顯給這位原本被大家所棄絕的人。



除了臉部，痲瘋病也會在身體其他部位滋長。早期的病徵有時只是周邊的神經麻痺，手指或腳趾因而麻木或不能動；肌肉在運動神經受損後就萎縮了，手指最後會捲曲成爪子一般。如果再坐視不管，整隻手就會變成一隻無用的爪子。病人會因爲無法伸直手指而無法工作：無法用手去拿東西、收割稻穀、挖洞或種樹，只好變成了乞丐，被家人與社會棄絕。

我們可以動手術來讓他們的手指伸直，但問題是神經已經受損。當手指沒有知覺時，甚至　在煮飯時可以從火裡拿起鍋子，而絲毫不覺得已被燙傷，漸漸指頭就脫落了。有一個這樣的病人來問我：「你能給我一隻新的手嗎？」我說：「我很希望我能夠，但我沒有辦法。」我可以做的是：從他的前臂取出一些骨頭，做成鉗子般的手臂。外表或許不好看，但至少可以工作。我們教痲瘋病人製作手工藝品、或是編織，讓他可以開始工作，賣一些他自己製作的東西。



有一個病人太晚來就醫，已經失去了雙臂和部份的左腳。因為家人把他趕了出來，也沒有人要他，他必須要自力更生。他手臂上的潰瘍因為持續工作而越來越嚴重，甚至轉變成癌症。為了救他，我們必須要把他罹患癌症的手臂截斷。我有一張他的照片，他只能用一隻腳站立，另一隻腳和兩雙手臂都沒了，但是他還可以微笑。如果你有這樣的身體，我不知道你還能否微笑。「你要怎麼辦呢？」。他的家人不要他了，身體狀態又是如此可憐，但是他臉上依然掛著燦爛的笑容。我問他「你為甚麼笑呢？如果我是你，我可絕對笑不出來。你難道不會因為上帝讓你得病，被棄絕而怨恨祂嗎？」他說：「可不然。要不是得了痲瘋病，我就不會來到桂河基督教醫院，也就沒有機會認識耶穌基督了。」

他在接受治療和手術時認識了耶穌。縱然他的身體嚴重毀損，他說：「我感謝神我得了痲瘋病，不然我不會找到祂的愛。雖然現在我的身體是如此，到天堂時我將有一個永恆的、美好的、美麗的新身體。」他雖身體殘缺仍然感謝神，因為他找到了耶穌。這就是我們所要提供的治療。

病人前來認識耶穌

我想與你們再分享幾個小故事，這只是幾百個或幾千個中的一部份而已。有一位14歲的少年，他在10歲時為了採蜂蜜，而從五、六呎高的樹上摔下來，也跌斷了腿。這四年來他都沒有去上學，因為老師認為他行動不便，就叫他不要來學校。他的頭腦都很正常，卻已在家待了四年，他的家人前來問我：「你能夠幫助他再走路嗎？」我們幫他動了手術，直了他的腿，他終於能夠回到學校上課了。他也認識了耶穌，並繼續在緬甸當地一間教會聚會。

另一位病人是掉進火堆裡的五歲小女孩。在她的村裡常在露天的火堆裏煮飯，她因為不小心跌到火堆裡而燒到了屁股。她在當地醫院治療了六個月，但膝蓋後頭因為嚴重的疤痕，而無法伸直下肢，這一年來她都無法行走，而傷口也沒有完全癒合。他們居住的村子離我們醫院有點遠，有宣教士曾經到那邊宣教，但居民多有敵意而不願接受。宣教士看到她的狀況，就建議可以到基督教醫院來試試，於是這對父女就來了。我們先試著牽引來拉開攣縮的皮膚，但都無效，因此我們就給她動了手術。手術兩星期後，她能走回家了。當她住院時，我們傳福音給小女孩和她父親，但她父親一點也沒有興趣，對信仰很是排斥。事實上，他對買杯中物比較有興趣，因為不再住在村裡，在原本該他照顧女兒的時後，卻多數時間花在喝酒上面。最後父女出院時，他們並沒有認識耶穌。

兩年過後，我遇見把那對父女帶來醫院的傳教士，因為他們住在相隔五、六鐘頭車程的遠處，那對父女在離開一直就沒再見面了。我問他他們是否信主了，他說兩年過後，他們還沒相信。我說：「那真可惜，」。但他說：「但故事還沒完。當我帶這對父女回到村裡時，他們看到那在巫醫治療和獻上祭物後都沒有效用之後，小女孩竟然可以行走，整個村子的氣氛就不一樣了。以前每我們次想去傳福音時，他們都說：不要！我們不想聽。但在看到小女孩回來後，他們漸漸敞開心胸了。到現在 兩年過後，我們教會已有30個人來認識耶穌，就因為你們醫好了這女孩。」醫療事工開啟了遠達六小時車程外小村莊的門，村民們打開心門，並且說：「現在，我們來聽聽你們所要傳講的。」

另外有一位從緬甸來，沒有雙手的病人。他告訴我：「醫生，你可以給我一雙新手嗎？」我說：「嗯，我今天已把所有神蹟都用光了！我幫不上這個忙。」但我做了個手術，把他前臂的兩隻長骨做成鉗子模樣，像是一雙巨大的筷子，使他可以夾住或打開東西。過去因為沒有雙手可用，他無法進食、刷牙、如廁、淨身，做任何事都極為困難；手術之後，他花了幾個月的時間來適應他的新筷子手，最後他學會用它來製作桌椅，回到緬甸後就找得到工作了。他還是沒有雙手，但臉上也掛著一個大微笑，因為在醫院治療的六個月中，他認識了耶穌。後來他告訴我：「醫師，你知道嗎，我本來很想當一個裁縫的。」我說：「喔是這樣啊，我想是不可能了…我意思是，我真的沒有神蹟可用了！」但醫院裏的同仁幫他買了一台腳動縫紉機，他的雙腳完好無缺，所以他可以坐著，用他的筷子手和另一隻手臂移動布料…。六週後，在他回緬甸之前，他送我一件他親手織的衣服和褲子。

十一年後的某一天，有他的同鄉來到醫院，我問他：「你怎麼會從大老遠趕路到這裡？」他說：「你還記得那位你十一年前開過刀的病人嗎？」我說我記得，然後呢？他告訴我：「他太神奇了！你知道嗎？他回到村裡後，告訴大家有關耶穌的事，我們從未聽過。而現在，十年過後，村裡有一百個人信了耶穌。」那位來自緬甸宣教士也無法到達村落的病人，前來泰國動過手術後，回到緬甸竟然成了宣教士。跟著他一起走的縫紉機也發揮功能——教會做禮拜時，有一半的會眾都穿著他所做的衣服。

透過醫療宣教，即使只是簡單的手術和單純的治療，我們可以開啟許多的大門。一位來自無人可進入地帶的人，來到我們這裡報到，還變成了村裡的宣教士。在泰國的時候，我偶而也會受邀到其他國家去做重建手術。有一回來到寮國，我們要去的醫院缺少手術設備、沒有醫療儀器、沒麻醉劑、沒縫線、連手術袍也沒有。我們帶了自己的手術袍、手套、口罩、手術帽、器材、針及針筒等，帶著所有物品搭船渡河從泰國進入寮國。小船上的東西堆如小山，雞和豬在船尾，牙刷牙膏和其他手術用具一起在另一個角落。坐在那裡時，我想著：「除了了洗碗槽，我們可甚麼都帶齊了！」(英國諺語) 然後，突然看到船的另一個角落真有二十個洗碗槽，連它也來了！所以我們真的是帶了所有東西（連洗碗槽都有）一路到寮國去了。

到達寮國後，我們指導當地的外科醫師與一般醫師做重建手術。這六、七年來我進出寮國多次辦理這樣的培訓。我要與你們分享接受整形手術一些婦女的故事。這些婦女因罹患痲瘋病而被迫在叢林裏面居住多年，而當我治療好她們的痲瘋病、並完成手和臉的整

形手術後，她們終於能再回到村落裡去，這五位婦女甚至還結婚了。過去她們因為疾病與畸形而被棄絕與歧視，但治療好後村裡歡迎他們回來，還都找到了丈夫，我們帶給她們真是全然的改變。因此，她們全部來到寮國首都金邊來向我道謝。其中一位的丈夫也跟著來，因為他認為她實在是太美了，深怕從鄉村來到大都市的她，會被其他男士搶去做妻子，所以他來當她的護花使者。他真的認為她的妻子是那樣的美好！同樣的，我們在身體上，和在靈性上都幫助了她們；我們不僅給予她們快樂不被歧視的生活，還將福音傳給他們，帶給他們永生的盼望。

在等候室傳福音

我們是如何做到的呢？不論病人為著甚麼原因（頭痛、背痛、皮疹等）來到醫院，在他們等候時，就先傳福音給他們。在看到醫師之前，他們一定要先聽福音。我們運用半小時以海報和簡單說明來傳福音；有意思的是，當他們坐在等候室，無路可走，無事可做，就只好專心聆聽了。

當病人住院治療時，因為要打點滴而只能待在床上，哪兒都不能去，我們就可以到病床邊向他們傳福音，也分享給一旁的家屬。兩年前，我們舉辦了一場聖誕晚會，邀請所有病人和家屬們一同來參加，結果有超過一千人來到醫院門口。我們傳講信息，請了當地的福音樂團來表演，還有一位會說當地Karen語的牧者。

每天我們大約有80到100位病人來醫院就診，一年就是二萬五千到三萬人來到我們這間小醫院，換句話說：我們有機會傳福音給將近三萬個生命與靈魂，而且他們不得不聽！我們不必跑到哪裡去，甚至不需要出門，他們會自動跑來。我們也不放過任何一位病人，都要傳福音。

如果跟教會相比，在主日聚會時會有人來教會，也許每週有一、兩百人來，但每週來的人就都是這些人。教會要想宣教，就必須走出去，找人傳講福音。但是在醫院，我們只需守株待兔，一堆人就會主動前來了，一定要讓他們聽了福音才可以離開醫院。我們讓他們知道：或許，我們不一定能夠醫好你，但我們可以給你比止痛藥更好的、比疝氣手術更好的東西——我們可以給你永生，我們希望把永生分享給你。

不只是神職人員能傳，基督徒醫師也可以傳福音。在桂河基督教醫院的一位小兒科醫師，他在治療罹患白血病的病人時向她傳福音，並為她禱告。我們的護理師們也會在給病人打針、換點滴或換藥時，對他們說：「讓我來跟你們說說耶穌基督的故事。」病人在病床上無處可逃，而我們有許多時間向他們傳福音，這是多麼好的機會！每一個人都有這樣機會的。

病人成了宣教士

這樣的結果甚至可以變得無遠弗屆。Black女士是我們一位53歲的病人，來到泰國中部一間離我們不遠的小醫院已經五六次了。她患有胰臟癌，因為膽管阻塞也引起了黃疸，身體越來越瘦，但那醫院束手無策，幫不上忙。最後她來到我們醫院，跟我說：「他們跟我說我得了癌症，我已無路可走。」我幫她做了超音波並再次詳細檢查後，告訴她：「做完檢查，我想他們說的沒錯，你得了胰臟癌，我們可能無法一定救活你，但我們可以做一個繞道手術，讓你可以活得久一點。」在她同意之下，我們做了繞道手術來紓解阻塞的問題,而黃疸也就退了。在為她動手術前，有一位護士進到準備室為她禱告。手術後，Black女士告訴我們，當護士為她禱告時，她見到一位穿白衣的男士前來，帶她進入手術房。手術之後，男士將她安置在床上。我不知道這到底怎麼一回事，或許只是個幻象，但她說：「我甚至不知道有手術，我只知道那位白衣男士告訴我說：一切都沒事了，然後我就醒了，先前幫我禱告的護士又前來為我禱告。」她就這樣相信了主耶穌。

五天後她逐漸復原，黃疸漸少，也開始可以吃了。我們告訴她：「你可以回家了！」但她要求：「你們一定要來我們村裡頭告訴大家耶穌基督的事！你們可以跟我一起回去嗎？」就這樣，我和我們的這位宣教士一起回到她的村子裡，她的家人都很驚奇，以為她到醫院就要死了，但現在竟然活生生地回來了，而且氣色更好了。Black女士要她丈夫坐下來，說：「來，我有事要告訴你們。」接著她找來她所有的親戚朋友們，約三、四十人在房間裡，然後說：「好，大家請坐好，你們一定要聽聽這個故事。」就指著我們說：「告訴他們！跟他們說說耶穌！我得了癌症，我就要死了，但你一定要跟他們說。」我們因此有機會跟這一些村民傳福音，說了幾小時。

當我們要離開時，Black女士說：「你們還不能走！有一個女孩住在這條路上，她癱瘓已經六年了，只能躺在家裡，不能來聽，你們可以去傳福音給她聽嗎？」我們說：「好啊，我們都花了兩三小時從醫院來到這裏了，我們就過去吧。」我們又走了五、六百米來到女孩的家，然後又把女孩的親戚朋友都找來，我們就再跟二、三十人分享了福音。我們為癱瘓的女孩禱告後，奇妙的事發生了：女孩雖然依舊癱瘓在床，但從那日起她就愛上耶穌了。之前她已經五六年未曾離開家門，但從此之後，她會坐上輪椅，要她哥哥推她到

附近鄰居家讀經給他們聽。她對於這新的信仰可是非常的興奮。

在女孩家與她的親友逗留了一兩個小時後，我們正準備打道回醫院時，Black女士又說了：「你們還不能走！五百米外還有一位先生，這裏的醫院告訴他得了癌症，他就快死了，你們可以再過去和他談談嗎？....」

Black女士每個月都要回基督教醫院來複診，從她住的村子來這裏有一段相當遠的路。她租了一輛小貨車，十幾個人擠著站在車上，有些真是來看病的，有些則只是她叫他們來的。她把他們帶來我們這個基督教醫院，不是來看病，而是一大早就來聽傳講的福音。她說："你們過來，坐好，給我好好聽著"。她每個月都這樣子來，連續來了九個月，也每次都帶她村落裏的人一起來。九個月後Black 女士過逝了，但這段時間她帶了將近百人來到醫院，並在她的村子裏成立了教會。她雖然死了， 卻留下基督的新生命給這些人。這整件事只因一個人來到醫院聽見了福音後， 又把這福音分享給她的鄰居。儘管她只剩很有限的時間， 她也要讓其他人一同嚐主的愛與祂奇妙恩典的滋味。

這就是醫療宣教在做的事。我們帶著我們的技能 - 神所賜我們的小小技術與技巧，當我們把這些奉獻給神"讓神來使用"，這樣，一個基督教醫院就變成了分享福音的地方。

"安全之家" 與 "燭光" 事工

簡單再介紹一下小桂河基督教醫院的兩項附帶事工。"安全之家"是提供給在邊界附近，沒有身份也沒有親戚，流離失所人的住處。有幾間房子提供給約45個人居住。大部分是老人，患有愛滋病或是精神疾病，或是無法自理生活的獨居老人. 我們帶他們來這裏後，教他們做小生意，讓他們有工可作. 也教導他們學編織，養雞養豬， 還有一個菜園可耕種。我們有十七位全職員工，45至60位的住民. 有的來了一兩年，我們都會盡可能幫助他們重返緬甸的家園。

"燭光"事工是另一項為身障者在社區提供提服務的事工. 服務將近150個有身障兒童或成人的家庭。 我們怎樣幫助這些家庭呢？有的是幫他們創造營收，譬如有一位不能走也不能說話的身障女孩，我們買了一隻豬給他們飼養，等到把豬賣了以後，就可以接續自己的生財之道。另有一位被留下來照顧身障孫兒的老祖父，他的房子沒有屋頂， 我們就幫他裝了鐵皮屋頂，好讓他可以安心照顧孫兒。還有一個要獨力照顧七八個孫子的老祖母，我們提供了教育經費好購買學校制服，書本和交通費用。我們有一位半工的職員來負責所有這些家庭的需要，提供教育機會，幫助耳聾或眼盲的殘障人士，輔導創業，也幫忙修屋補房，等等這類的工作。

這是Dr. Murray在2014年八月北美路加醫療傳道會宣教年會之講稿 – 感謝鄭安誠 Andrew Cheng及劉怡伶 Irene Liu 共同整理，埔里基督教醫院 陳思衛 Szwei Chen，穆家芬 Chia-Fen Mu 及 陳恒常 Heng-Chang Chen 等合力翻成中文。

想觀看演講影片者，請參看
Youtube "LCMM North America" Channel，or
https://www.youtube.com/watch?v=oJVLswXfKLA

泰緬邊界小桂河事工

廖俊惠醫師

2012年退修會中，北美路加一些同工聽到翁瑞亨醫師分享關於泰國小桂河地區的需要，受到極大感動，因而配合台灣路加及恩典基金會，在翁瑞亨醫師的策劃下，開始參與了泰緬邊界小桂河事工。

小桂河靠近泰緬邊界，地區偏遠醫，療資源缺。當地因有受到緬甸政府迫害而逃到泰國境界內的少數民族，格倫族(Karen)難民，因此美國在附近設有難民營。這些難民生活艱苦，又缺乏醫療資源。緬甸本身醫療落後，因此也有相當多的緬甸病人越境來泰國看病。我們義診就設在由一位緬甸來的華人傳道(梅花傳道) 在當地所牧養的的一間小教會-JD3Ong教會。

在2013年，一些參加義診的同工看到當地的需要，一致決定設立小桂河基金，來提供比較持續性的幫助。

小桂河基金的用途日前計劃分成四個方面：

1. 僱用一位當地護士，在教會計劃設立的醫護所提供醫療服務。
2. 支付生活費給有感動，願意從美國或台灣到當地做較長期服事的醫生或護士。
3. 提供教育獎助學金給梅花傳道的孩子們，鼓勵他們接受好的教育，特別是醫療方面，希望將來他們能將所學回饋他們自己的家鄉。
4. 幫助小桂河基督教醫院的醫療業務。

小桂河基督教醫院是當年宣教士為了照顧附近的窮苦之人所設立的一間五十床的小醫院。設備簡陋，醫療人員不足。目前由一位蘇格蘭籍的OMF差派的宣教外科醫師 Dr. Scott Murray擔任院長。這間醫院所照顧的病人，大約有一半付不起醫療費用。醫院同時負責附近一家專門收留無家可歸的精神病患的"安全之家"與"燭光"事工。

若您願意支持泰緬邊界小桂河事工，可經由LCMM網站為小桂河基金特定奉獻

The Long Link—Christmas 2014 - Faithful

Last year, half of our family celebrated Christmas together as Dave and Myrna and their three children joined us in Montana with Becky, Dave and their six children. We had a beautiful and blessed time.

In April Judy and I flew back to Montana for the birth of our 16th grandchild—Becky and Dave's 7th. Becky had decided to have a home delivery by midwife rather than a hospital delivery. When her labor started, Becky called her midwife and found out she was quite sick. The midwife was going to send another midwife but Becky decided to go to a doctor in town who had delivered some of their previous children. When the doctor examined her he found the baby had fetal distress and scheduled an emergency C-section. The baby arrived with the cord wrapped around the neck three times. If he had been delivered at home he would either have died or not been normal. Instead he was a healthy 8 lb. 12 oz. boy– Benjamin David Helsby. God was so faithful! Our oldest daughter, Beth and her daughter Caroline flew back from Taiwan and along with their daughter Grace in a U.S. college totally surprised Becky a few days after we left.

On April 22 we flew to the Christian Medical and Dental Associations Continuing Education Conference which was held in Greece for the first time. The conference alternates between Thailand and Africa. The Thailand meetings have been held in a very reasonable resort hotel which is large enough for a full program for the spouses and children of the medical missionaries who come. For years the commission had been looking for a similar facility in Africa without success. Usually the Africa facility will only house about 100 attendees. This year in Greece the 700 attendees were from 74 countries and included 129 children, 30 children's workers from two churches, 74 nonmedical attendee spouses, 254 M.D.s, 124 faculty who paid their own way to give the needed continuing medical education, and 120 missionary dentists, nurses and other medical personnel. Many of these came from restricted access and stressful countries and living situations. Judy helped with the women spouses program and I led the nonmedical men's group. We had plenty of opportunities to give member care of encouragement and counsel to many of the attendees. In addition Judy and I were one of the three couples leading the Marriage Enrichment Weekend at the end of the conference, attended by twelve couples.

Clay and Margaret Grondahl, from our church in New York, who have accompanied us on some of our previous member care trips accompanied us on this trip. Together we joined the "Footsteps of the Apostles" tour just before the conference began. We gained new insights into the culture and thought of the New Testament and Paul's writings. During our time in Greece, Clay celebrated his 75th birthday, Clay and Margaret celebrated their 50th wedding anniversary, and Judy became 70!

The Grondahls had invited their oldest two grandchildren, Ryan and Jackie, and we invited our oldest grandchild, Grace, to tour Rome with us for five days following the conference. We were moved and inspired by the paintings and art in the Sistine Chapel, Vatican Museums and St Peter's Basilica, and the Roman Forum, Coliseum and other sights of Rome. Our final days in Italy we visited two TEAM missionary families supported by our church.

Becky and Dave and their seven children were with us for about two weeks before returning to Tanzania to begin a ministry working with Tanzanian pastors and families. We were privileged to be together with them as our son, Dave, was promoted to Lt Col. I gave him the oath of office as I did when he received his first commission in 1990!

September 9—15 we returned to Taiwan to help celebrate the 50th Anniversary of TEAM's hospital and church in Taitung, Taiwan, where we were privileged to serve for 25 years. Several of the missionaries we served with in the past also returned for the occasion, including some of their children and grandchildren. It was very encouraging to see the continued growth of the hospital and TEAM church these past 50 years. God truly has been faithful and blessed in both ministries. Both continue to, serve and reach out and bless Taitung and the outlying areas. It was a great joy being with former coworkers, patients and church friends. Well known Heavenly Melody Singers led a rally for about 500 as part of the celebrations. We visited colleagues in China for ten days before the Anniversary celebrations.

Judy continues making beautiful quilts.

We thank God for each of you and pray you have experienced His faithfulness in your own lives in 2014!

Much Love,
Bob and Judy Long

Note: to see larger photos or text, go to this site:

http://boblongtw.tripod.com/longs2014christmasletter.pdf

The Medical Students Cultural Exchange (MSCE) program

James Chen

The Medical Students Cultural Exchange (MSCE) program was first conceived in 2011 as part of Luke Christian Medical Mission ministry to bring the Gospel and fellowship to the campus of a medical school in Taiwan. We have chosen Mackay Medical College (MMC), the only medical school that was founded by a Protestant Christian organization in Taiwan, to be our initial focus. MMC was recently established in 2009 and will be the last new medical school to be formed in Taiwan according to its population growth and government policy. It is yet another blessed fruit born out of the rich legacy of the first Presbyterian missionary George Leslie Mackay, who bravely answered God's calling and dedicated his entire life, leaving Canada in 1871 to serve in northern Taiwan until his death in 1901.

Even though MMC was founded by the Presbyterian Church in Taiwan, fewer than 10% of the admitted students and fewer than 20% of the faculty and staff are Christians. MSCE therefore serves a unique mission and function by bringing together Christian college students and faculties from the United States to share their culture, Christian values and Christian faith with MMC students every summer in a seven- to nine-day English camp. From 2011 to 2014, LCMM has organized and supported 64 American Christian students from 27 universities to join our Taiwan mission teams led by Christian doctors, faculties, scientists and professionals. MSCE at MMC was successful since the beginning and has become one the most welcome summer programs by the MMC students. It also received enthusiastic affirmation and support from the president and the administrative body of the medical college. MSCE is a bridge for young American Christian university students, most of them in the fields of medicine, nursing and healthcare, to open up dialogues with mostly non-Christian medical, nursing and audiology and speech pathology students at MMC.

MSCE is attractive to the MMC students because of its well-designed program ranging from topics and activities surrounding culture, language, science, politics and healthcare to seminars on entertainment, career aspiration and contrasts between Western vs. Eastern values. However, more importantly, MSCE owes its success to the dedication and love of the young American Christian students who are willing and eager to share their faith and build friendship with students in Taiwan. It is not merely a weeklong summer camp, but a long-term friendship building and faith sharing opportunity between Christian and non-Christian students across an ocean and cultural divide. We are thankful that from four years of sowing and watering, the ministry is taking root both at LCMM and MMC. We have students from the U.S. eagerly wanting to return to Taiwan to serve MSCE every summer. Reciprocally, we also have new and veteran MMC students who look forward to returning to the MSCE English camp to connect with their counterparts from the U.S year after year.

Following the English camp at MMC, the American students in the MSCE program would usually spend an additional week visiting and serving Christian hospitals and experiencing a rare opportunity to witness the tribal culture and spiritual needs in more remote mountain areas of Taiwan. To many of the American Christian students, these journeys are usually filled with stories and rich histories about how early western Christian medical missionaries blessed the island of Taiwan in the early days and how contemporary Taiwanese Christian medical professionals continue to carry on the mission of serving, loving and faithfully answering their callings from Christ. For the MSCE ministry, our sincere hope is that the seeds of salvation will be planted and germinate in the young hearts of MMC students. In addition, we pray that the experience of MSCE can be an encouragement and inspiration to future medical professionals in both Taiwan and the U.S., and that the spirit of many sacrificial missionaries can be passed onto these students.

God has blessed the MSCE ministry so abundantly over the past four years. We are deeply thankful for your generous support and prayer to sustain this ministry. Our prayer requests for 2015 are that (1) we can serve better through MSCE by strengthening the follow-up work with MMC students; (2) we will plan more effectively with more participation from MMC Christian faculty members; (3) we will be able to explore a more long-term goal for MSCE and 4) establish Christian fellowships among American medical professionals and medical school students who have a heart to serve both locally and in Taiwan as part of LCMM.

For more information on MSCE, please visit:
http://www.lcmmusa.org/#!admissions/c1ylq, or
http://mscesummercamp.wordpress.com/

台美醫學生文化交流營（MSCE）事工

陳哲宏

台美醫學生文化交流營（MSCE）事工的構想是北美路加傳道會在2011年開始萌芽，主要是希望透過台美醫學生文化交流營的活動將基督教福音帶進台灣醫學院的校園裡。馬偕醫學院成立於2009年,算是校齡相當輕的學校，而我們最初會選擇馬偕醫學院乃是因為它是目前台灣唯一一間以個基督教精神立校的醫學院，同時也是稟承過去奉獻了一生在台灣宣教的第一長老會傳教士馬偕博士焚而不毀的馬偕精神。馬偕博士一生的座右銘：「寧為燒盡、不願銹壞」，意思是讓生命為特定目的燃燒，雖然犧牲自己，燒盡自己，卻因自己的付出而成就無限的價值，這正是焚而不燬所呈現的精神，也正是馬偕一生最佳寫照。因此，我們期望將馬偕博士所結豐富的果實繼續延續下去。

雖然馬偕醫學院是以基督精神立校的學校，但是校內師生基督徒的比例卻不高，大約只有10-20%。因此讓北美路加提供了一個很好的切入點，同時也讓台美醫學生文化交流營（MSCE）事工能夠顯出它的獨特性。台美醫學生文化交流營（MSCE）在每年夏天招募來自全美各地擁有基督徒信仰的學生及講師回台灣與台的學生進行為期7至10天活動交流，分享他們的文化，基督教的價值觀和基督教信仰。藉此提供兩地不同領域的醫學院學生一個對話的橋樑。從2011年開始到2014年，LCMM已支持來自27所不同院校的64美國基督教學生到台灣進行此項事工的服事，而在台灣方面，我們的事工也受到馬偕醫學院校方的支持與肯定，現在台美醫學生文化交流營也成為該校相當受歡迎的暑期活動之一。

台美醫學生文化交流營之所以會吸引馬偕醫學院的學生，是因為我們所精心設計的課程，主題和活動內容包羅萬象涵蓋了文化，語言，科學，政治，醫療，娛樂，以及未來的職場規劃不同領域的話題討論，主要是比較分享東西方之間的價值觀與看法。然而，更重要的是，台美醫學生文化交流營會成功的原因是歸功於那些年輕的美國基督徒學生非常樂意也渴望與台的學生分享他們的信仰，並和他們建立良好的友誼。它不僅僅是一個為期一周的夏令營，而是讓這些年輕的美國基督徒學生跨越大洋和文化鴻溝和台灣那些非基督徒學生之間能夠建立並保持長期友好的情誼同時又能分享基督教信仰的機會。我們很欣慰這四年來，台美醫學生文化交流營事工從播種、澆灌到紮根，現在這項事工已在台灣有令人滿意的基礎。過去曾參加過台美醫學生文化交流營活動的不管是美國學生助教或是台灣馬偕醫學院的學員都表示想再繼續參加我們每年的夏令營，這點對路加傳道會來說也是一種鼓勵及支持我們繼續服事的力量。

通常結束完一週的夏令營之後，我們會再繼續安排美國的學生助教們到台灣的基督教醫院和偏遠山區參觀訪問及服事，讓他們有機會親眼目睹台灣的部落文化並且瞭解台灣較偏遠山區居民的需求。

這些行程安排對這些來自於美國的學生們來說，讓他們有機會瞭解過去早期西方基督教傳教士醫生如何在台灣為福音耕耘的故事以及現今台灣基督徒醫療專業人士如何繼續承接福音傳遞的使命並忠實地回應神的呼召用耶穌的愛來服務社群。我們期盼透過這樣的經歷能讓願意服事的種子放在他們的心中並能成長茁壯。此外，我們也祈禱，MSCE的經驗可以鼓勵和靈感在台灣和美國未來的醫療專業人士，以及很多犧牲傳教士的精神可以傳遞給這些學生。

對於過去的四年，神可以說是相當祝福MSCE的事工，而我們也深表感謝您的慷慨支持和代禱使此項事工得以維持。明年2015年請為我們代禱以下事情

（1） 我們可以透過MSCE夏令營強化與馬偕學生後續服事的工作；
（2） 我們會更有效地規劃以及鼓勵馬偕的教師更多參與我們的活動;
（3） 希望我們將能夠探索出一條更長遠的目標；
（4） 能建立一個LCMM內部的醫療團契，未來能來服事本地及台灣的弟兄姐妹。

2014 MSCE Reflections

Never before have I had the opportunity to share the gospel with so many people who are so willing to listen, so curious to learn about Jesus, so open to me sharing about Jesus…………..These two fruitful weeks have been an experience like none other, and it's always such a pleasure to be able to take part in God's work, especially in such a land so near and dear to my heart. - Cindy Wu

All the students thought so deeply and I could see their curiosity for God and Christianity grow more and more. There were times where I would normally freak out and try to change the subject, but I found myself digging deeper and asking for more of their opinions. It was great to be a part of MSCE where I could help plant seeds and share the gospel with people that were so willing to listen and so curious about Christianity. - Priscilla Chiao

Even though I did not feel that I had successfully conveyed the message that I'd intended to during my Morning Manna, I was happily surprised to hear from students that they had related to my testimony and experiences. So what did I learn from Bible study and Morning Manna? I learned that God works through the unexpected. - Tiffany Huang

What makes MSCE different from other programs is that it does not end after the closing ceremony. This program is meant to build relationships. Even in the second week when I was in Taitung with the other TA's, I spoke with my MSCE team between breaks at the hospital, in the commute between locations, and also during a typhoon. They've given me the best time in Taiwan. We've climbed Yang-Ming Mountain, gone to the Shilin Night Market, drank boba tea, and fought (I fled) ginormous flying insects together. What I had expected in this program was a cultural exchange but what I got out of it was a family in Taiwan where I once had none. - Phillip Chea

We only spent one day in Taitung Christian Hospital (due to a typhoon), but I spent much of the day shadowing a missionary doctor. ……………In my first year of medical school, my opinions of certain specialties and lifestyles have been easily swayed simply based on what others have told me. Through talking with this doctor, I was reminded of the value of cultivating a vibrant relationship with God to do the work he has and will put on my heart. - Miranda Wang

2014MSCE會後分享

我以前從未有機會與這麼多人分享福音，他們願意傾聽，也非常好奇想瞭解耶穌，因此暢開我分享耶穌信息的大門…………這豐收的兩週是以前的經驗無可比擬的,尤其是可以在我心所衷愛的台灣參予神的聖工是何等的喜樂,。- Cindy Wu

所有的學生都思考非常深入,我看得到他們對神和基督教的好奇心越來越深。有幾次我被問到快抓狂並試著換話題，但我發現自己的思考也越挖越深,也更樂於聽取他們的意見。我很高興自己是MSCE的一員，可向樂於傾聽又對基督教好奇的人播撒福音的種子。- Pricilla Chiao

雖然我覺得在晨更時沒有成功傳達我想表達的信息,但我很驚喜得知他們對我的見證有所感受.所以我在讀經與晨更學到什麼呢? 我學到神通過意想不到的事情來完成祂的工作。- Tiffany Huang

MSCE與其他夏令營不同之處,在於即使閉幕式後仍沒結束.這事工的用意是要建立關係,即使第二個禮拜我和其他助教去了台東,我仍然在醫院有空時,轉車時,颱風時,與他們聯絡,他們給了我在臺灣最美好的時光。我們爬陽明山、去士林夜市,喝珍珠奶茶,也一起大戰蚊蟲。我期待的是一個文化交流營,但我得到的卻是在全無熟識的台灣找到一個大家庭。- Philip Chea

因為颱風的關係,我們只有一天時間在台東,我用這一天shadowing一位醫療宣教師…………在第一年的醫學教育期間,我們受人影響,對專業與生活型態的看法搖擺不定。這位醫療宣教師提醒我與神建立活潑關係的重要性,並去做神在我心中告知當做之事。- Miranda Wang

A Glimpse into God's Heart for Taitung

Florence Hsiao

My two-month short term missions trip to Taitung (台東), Taiwan was one of the most formative spiritual experiences of my life. From a young age, I was taught to love God and love your neighbors (Matt.22:37-38) and to "love because he first loved us." (1John4:19) Yet, whenever it became inconvenient to love, I would suddenly forget those years of Sunday school. This all changed when I moved to Taiban (台坂), a small Paiwan tribe (排灣族) village in the mountains of Taitung, to teach English and live with the missionary and counselor, Jeriah Shun of Galilee (家立立) Foundation, who cared for the people's mental and spiritual health. From this experience, I began to see that love for others comes from loving God, and that it is not just about making people feel better, but about giving people lasting hope, a hope that can only come through Christ.

I must admit that when I first arrived in Taiban, I had no idea what to expect. Prior to the trip, I had learned about the various problems that people in villages around Taitung often faced. Alcoholism, drug abuse, and domestic violence have made it common for children to grow up in single-parent homes or for grandparents to be the primary caregivers. From the stories I heard in Taiban, what I had learned turned out to be an accurate description of reality. Needless to say, I felt unprepared to serve in such a setting.

I spent my first week acquainting myself with the people of Taiban, learning their culture, and helping Ms. Shun with various tasks. With no real agenda, I learned to be faithful, starting each day by waking up at 5:30 AM to go for an hour-long walk with Ms. Shun lifting up prayers for the people and the land. I "shadowed" Ms. Shun and caught a glimpse of the missionary's life – one that is characterized by proactive love for all those around her, joy in bringing hope into the lives of other, and constant communion with God. She treated every child, every hurting mother, and every broken father with dignity, as one made in the image of God. And through her interactions, she brought hope into people's lives by taking the time to address their needs, no matter how difficult or inconvenient. Despite the many material goods that outsiders give to the villages, I witnessed how only the hope we have in Christ can end addictions, heal relationships, and unify families. However, what amazed me most about Ms. Shun was that she never once directed attention to herself. Everything was for God's glory and every blessing that the people received through her was because of God. I noticed that her intimate relationship with God made her so secure in her identity in Christ that she loved with a boldness and persistence that broke down barriers with even the most hostile people.

Jeriah Shun, the missionary I had the privilege of getting to know.

Teaching English at Tuban Elementary

During the second week, the local elementary schools invited me to help teach English. I eagerly accepted the offer because I realized that my level of Chinese made it perfect for me to develop relationships with elementary school students. I taught 3rd-6th graders at Taiban Elementary, 1st-2nd graders at Tuban (土坂) Elementary (a school in a nearby village), and evening K-2 classes. With little to no experience teaching children, let alone in Chinese, my time in the classroom was nothing short of challenging. Most of the students were uninterested in learning English and often disrupted class. But praise God for giving me wisdom, strength, and love that was not from myself because the more difficult the student, the more I found myself loving them.

However, the times I cherished most were those I spent outside of the classroom with the kids. Some of them came to trust me and shared their fears and hurts with me. I did not always feel "qualified" to care for them, but I trusted God with my words and learned to use the power of His word to bring comfort to them. It was a joy to see the children's childlike faith in God grow with an unwavering persistence that is often rare even in my own life.

Despite the gorgeous green mountains around the village, the ugliness of evil was very present. Coming to terms with the brokenness in families, especially domestic violence, was one of my most spiritually challenging experiences. When I learned that the mother of two of my students, who had recently accepted Christ, was sexually assaulted by a neighbor, blamed for it, and then abused by her husband, I could not help but angrily ask God how He could allow such things to happen to the people he claims to love. Yet, God showed me that even in darkness, His grace

I lived at Galilee Foundation's Taiban Station. The brightly colored poster with Isaiah 61:3 written on it was like a beacon of light in the village.

abounds. I vividly remember the genuine look of peace and comfort on the mother's face when Ms. Shun brought her over to the house following a particularly painful night. After accusing God for abandoning her, I realized that God had been working all along by placing Ms. Shun, a woman she clearly trusted, in her life. In Psalm 139, David says, "the darkness is not dark to you; the night is bright as the day, for darkness is as light with you." (Ps. 139:12) Often times, I am tempted to assume God is not present when people suffer from injustices, but in reality, God is intimately involved, and even the darkest parts of the earth cannot escape His light.

As an aspiring physician, my experience in Taiban reformed the very foundation of why I want to become a doctor. Doctors are called to bring healing to the physically broken, but Christians are called to bring healing to the spiritually broken. Christian doctors must, therefore, aim to treat patients holistically, recognizing the need for physical, mental, and spiritual healing. What this looks like will depend on each patient, but in practice, it all begins with loving God with all of our being. When we love God, His love, hope, wisdom, and light overflows to those around us.

I love these Taiban kids and miss them so much!

When John the Baptist declared Jesus the savior of the world, two of his disciples immediately followed Jesus wanting to know who He is. In response, Jesus told them, "Come and you will see," and so they went and lived with Him. (John 1:39) In the same way, I went and lived with a sister in Christ, and saw how God is working through her to transform lives, families, and entire communities in Taitung. I have never been more convinced that loving and serving others begins with loving God because only through Him can we have hope and bring true healing and redemption to the world.

台東台坂村短宣感想

蕭翔中

> 蕭翔中(Florence Hsiao)美國出生, LCMM同工的第二代, 2013大學畢業.回台參與台東"家立立社福慈善基金會"社會關懷事工-部落星光Project, 入住部落、成為偏鄉的"星光老師".

在台灣台東兩個月的短宣對我屬靈經歷與成長影響至深. 從小我就被教導要愛神和愛鄰舍 (太22:37-38) 以及"我們愛, 因為神先愛我們"(約壹4:19). 但是當愛神愛人必須付代價時, 我會很快就忘了多年來主日學的教導. 神藉著這次短宣改變了我. 今年春天, 我有機會到台東山區原住民排灣族的台坂村教英文, 並且跟隨一位家立立基金會所差派的孫方瑩宣教士學習. 看到方瑩阿姨如何全心全意關心照顧村民的身心靈之後, 我開始明白, 我們之所以能夠真正愛人, 是因為有從神來的愛, 我們愛人不只是使人感覺好些, 而是給他們希望, 給他們那份只有耶穌基督才能帶來的永恆的盼望.

我必須承認剛到台坂村時, 我對將要面臨的一切一無所知. 去台東之前, 已經有人告訴我關於村中原住民的種種問題. 村裡的孩子們大多成長在單親或隔代教養的家庭, 酗酒, 毒品以及家暴都是司空見慣. 抵達台坂村之後, 發現果真如此. 無庸置疑, 我是完全沒有準備好去面對這些情況.

我用第一個星期來認識村民們, 了解他們的習俗, 同時也幫忙孫方瑩阿姨處理一些事情. 起初並沒有固定的作息表, 我學著忠心且持之以恆每天早晨五點半起床, 和方瑩阿姨在台坂村步行一個小時, 開聲為村民和這塊土地禱告. 我每天跟隨著芳瑩阿姨, 開始對宣教士的生活有些了解, 特別是她如何主動積極地去愛周遭的人, 充滿喜樂地與人分享主耶穌所賜的盼望, 以及時時刻刻和神保持親密的關係. 方瑩阿姨以尊嚴對待所有孩子, 關懷每位受傷的母親, 以及那些不稱職的父親, 因為他們都是按著神的形象造的. 不論多困難或多麻煩, 方瑩阿姨總是非常耐心地解決村民的需求, 帶給他們希望. 我發現縱然許多公益團體給村民各種物質上

的供應, 但是只有耶穌基督才能幫助他們除去酒癮, 醫治人與人之間的關係, 以及建立和諧的家庭. 最讓我印象深刻的是方瑩阿姨謙卑服事的態度. 每一件事她都歸榮耀與神, 她一再強調,人們經由她所得的福氣與恩典都是從神而來. 我注意到因著她和神親密的關係以及在基督裡與神的連結, 再大的仇恨, 再不友善的攔阻都會被她那堅定不移的愛折除.

從第二星期開始, 當地的國小邀請我去幫忙教英文. 我之所以非常樂意, 是因為知道我的中文程度剛好適合和小學的孩子們交朋友. 在台坂村我是教三到六年級, 在附近的土坂村教一二年級, 晚上回到台坂村教幼稚園到二年級. 我沒有教小孩的經驗, 更不用說還得用中文教學. 可想而知, 課堂上充滿了挑戰. 大部分的學生對學英文毫無興趣, 而且總是搗蛋影響上課. 感謝神賜我智慧和能力, 更賜我從祂來的愛, 因為我發現越是困難調皮的學生, 我越愛他們.

然而, 我最珍惜的時間是在課堂之外與孩子們的互動. 有些孩子慢慢地開始信任我, 會和我分享他們的恐懼和所受到的傷害. 我總覺得自己不太"合格"作這方面的關懷, 但我仰賴神保守我的口, 學習用神話語的大能來幫助他們. 看到孩子們對神信心的成長, 特別是那種天真單純又堅定不移的信心, 使我更加喜樂.

縱然美麗的青山圍繞著村莊, 魔鬼的醜陋仍無所不在. 面對破碎的家庭, 尤其是家暴, 我的屬靈經歷受到極大的挑戰. 我的兩個學生的媽媽, 剛接受耶穌成為基督徒, 就被她的鄰居性侵, 反而被責怪, 又再被她的丈夫凌辱. 當我知道這件事後, 心中充滿憤怒, 我問神為什麼允許這樣的事發生在祂所愛的人身上. 然而神讓我看到即使在黑暗中, 祂的恩典仍然豐豐富富. 在那最痛苦夜晚, 當方瑩阿姨把那位受害的媽媽帶到我們的住處, 受傷者平靜與安祥的面容深深地印在我的腦海裡. 質問神為甚麼離棄祂的女兒之後, 我終於明白, 事實上, 神一直與她同在, 神早已在她的生命中為她預備一位可以信賴的方瑩阿姨. 詩篇139篇, 大衛說"黑暗也不能遮蔽我使你不見, 黑夜卻如白晝發亮, 黑暗與光明在你看都是一樣"(詩139:12). 我經常以為當人遭受不公不義的境遇裡, 神不在那裡. 但事實上, 祂更是親自陪伴祂的兒女, 即使在世上最黑暗的角落, 祂的光仍然照耀.

作醫生一向是我的心願, 在台坂村兩個月的經歷徹底改變了我學醫的基本動機. 醫生是被呼召去治療身體的疾病, 而基督徒則是被呼召去治癒心靈的破碎. 所以基督徒醫生必須有全人醫治的心懷, 關心病人身體, 精神以及心靈各方面復原的需要. 病人們可能各有不同的需求, 但是當我們醫治病人的時候, 則完全基於我們對神全心全意的愛. 當我們愛神, 祂所賜的盼望, 智慧與亮光就經由我們祝福身邊的人們.

在施洗約翰宣告耶穌是神的羔羊之後, 他的兩個門徒立即跟從了耶穌. 耶穌問他們要甚麼, 他們問耶穌在那裡住, 耶穌回答說, 你們來看. 他們就去看他在那裡住, 便與他同住(約1:39) 同樣的, 這次短宣, 我與孫方瑩宣教士同住兩個月, 看到神如何藉著她改變許多生命, 許多家庭, 甚至整個社區. 我深信愛人與服事人始於愛神, 只有神才能帶給人類希望, 帶給世界真正的醫治與救贖.

從聖經的生死觀看臨終前的醫療抉擇

張立明 醫師

我們在做很多決定的時候都牽涉到價值的判斷, 當面臨生命終了的時候，我們會做什麼樣的決定？這些決定都牽涉到我們的價值觀。某件事情現在似乎很重要，而隨著時間的改變，在生命臨終前我們也會有不同的想法。作為基督徒的我們，在做臨終決定的時候，有沒有符合聖經的意義呢？我們的決定又會不會討上帝的喜悅呢？

放棄治療？

在我母親在60歲的時候，她被診斷為乳腺癌第二期，當時選擇進行切除手術，經過一年的化療後又發現罹患了惡性胃癌，那時候的她非常灰心。作為一個非常虔誠的基督徒，母親當時告訴全家人她想要放棄治療，連續得了兩個癌症，她想是不是上帝要她離開這個世界呢？她也不想再經歷一次化療的痛苦。而當時我父親對我母親說：「你走了我怎麼辦？」就是因為這句話，母親決定繼續接受治療，而現在也已經痊癒。我們作為基督徒，是否可以放棄治療？放棄治療算不算自殺？

生命將要終了的最後幾個月做的決定，要放在我們作為基督徒永世裏面來看。當我們做這些決定的時候，和我們以後是否可以進入天堂，還有整個生和死的價值觀都息息相關。如果我們在全局中始終堅持正確的價值觀，那麼任何一個小的決定都不會錯，所以我們要想的是一個宏觀的觀點來探討生死觀以及臨終前的醫療決定。

基督徒的死亡觀

當我們談到死亡，先要來看死亡是如何定義的？是心跳停止？腦波停止？還是呼吸停止？死的定義在法律和醫療上都有一些判斷的原則，而通常是交給醫生來做判斷。死的定義從古至今一直都在改變。從聖經來看，死是靈魂離開身體的那一刻，而這個時刻是醫學無法檢測到的。 靈魂離開身體之後總要去一個地方。傳道書第12章第7節這樣說：「塵土仍歸於地，靈仍歸於賜靈的上帝。」創世記告訴我們，人在被造的時候，本來上帝是用塵土造了亞當，然後上帝在他的鼻孔裏面吹氣讓他成為有靈的活人（創世記2:7），所以他的靈是從上帝吹的氣來的，這一點和其他的動物都不同，顯出人受造的特殊性，在人死的時候他的身體又歸回塵土，但是他的靈要歸回上帝那裏。

聖經的二元人論

聖經裏面有很多的經文講到人是由身體和靈魂組成的，例如：

- 那殺身體，不能殺靈魂的，不要怕他們；惟有能把身體和靈魂都滅在地獄裡的，正要怕他。（馬太福音10:28）
- 親愛的弟兄啊，我們既有這等應許，就當潔淨自己，除去身體、靈魂一切的污穢，敬畏神，得以成聖。（哥林多後書7:1）

雖然有很多人相信聖經是說人由靈、魂、體三元所組成，但是靈與魂在聖經的原文很多地方是互換的，所以聖經所支持的是二元的人論，也就是說，人是由靈魂和身體所組成的。靈魂和身體在我們這一生中都沒有分開過，而人死之後靈魂會回到上帝那裏去。

人的受造奇妙可畏

- 創世記一章27節：上帝就照著自己的形象造人乃是照祂的形象造男造女。
- 人的受造極有價值，要反映出上帝的榮耀

人受造的特殊性

只有人是上帝的三個位格之間彼此討論而造的，上帝說：「我們要照著我們的形象、按著我們的樣式造人，使他們管理海裡的魚、空中的鳥、地上的牲畜，和全地，並地上所爬的一切昆蟲」（創世記1:26）。可以看出上帝造人是經過父子聖靈的三個位格討論後的決定。人是按照上帝的形象所造的， 「上帝照著自己的形象造人，乃是照著祂的形象造男造女」（創世記1:27）。所以人受造特別尊貴，其他的動物各從（像）其類，而只有人像上帝，有上帝的形象，也只有人會有道德反省，有生命意義的追尋。所以人的生命價值遠高過動物，人犯罪以後上帝用獸皮幫他們做衣服幫他們遮蓋赤身的羞愧，而耶穌在世上的時候也從一個人的身上趕出好幾千個鬼進入豬群，這都表示人的需要比動物的命還重要。

上帝的形象

什麼是上帝的形象？聖經並沒有給出明確的定義，只是說人有上帝的形象，聖經只有兩處經文對上帝形象的內容有所描述：

- 並且穿上新人；這新人是照著上帝的形象造的，有真理的仁義和聖潔。（以弗所書4:24）
- 穿上了新人。這新人在知識上漸漸更新，正如造他 主的形象。（哥羅西書3:10）

這兩處都是指信主後生命重生的人，只能說是狹義的上帝的形象，但是不是所有的人都有這樣的形象。

人犯罪後，是否失去神的形象？以下經文可供參考：

- 凡流人血的，他的血也必被人所流，因為上帝造人是照自己的形象造的。（創世記9:6）

上節指出全部犯罪的人還是有神的形象，因此人也不可以隨便傷害其他有神形象的人。尊重生命，不傷害生命是上帝的命令。

- 我們有舌頭頌讚那為主、為父的，又用舌頭詛咒那照著上帝形象被造的人。（雅各書3:9）

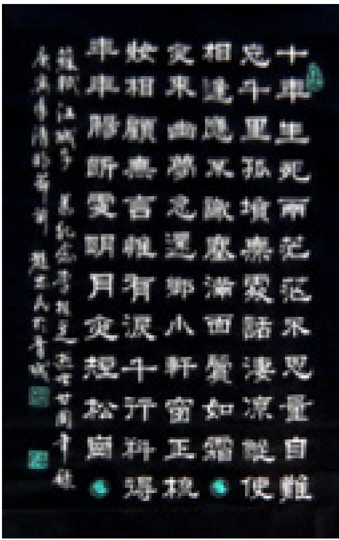
上節說我們不應該同一個舌頭來頌讚上帝，而又用同一個舌頭來詛咒按上帝形象被造的人。由此可見所有的人都有上帝的形象，包括男人、女人、小孩、嬰兒、甚至腹中胎兒、胚胎、昏迷的人和植物人。

進化論與世俗哲學提不出人命應該受尊重的理由，因為自然界只有弱肉強食，所以並沒有什麼道理來特別尊重人。只有上帝的話--聖經指出一切人權的基礎，那就是所有的人都有上帝的形象。在基督教文明灌溉過的歐美國家都很重視個人權益的保障，因為聖經說所有的人都有上帝的形象。

醫學倫理中常提到的自主（autonomy），包含尊重個人隱私權、告知同意（informed consent）和參與醫療決定都奠基於上帝的形象。行善（beneficence）和不傷害（nonmaleficence）也都基於此原則，否則觀察弱肉強食的自然界，是找不出行善和不傷害的理論基礎。人受造而平等（created equal）更是民主與公平正義（justice）的基礎，這些都是基於上帝的話，而非進化論。美國的憲法賦予公民相同的權利與保障，並不是因為人生而平等，因為這不是事實，乃是因為人受造而平等，這完全是基於聖經，在此原則下人的價值也遠超過社會經濟的考量。

生命的主權

人雖然有自由的意願，但是人的自由是受造的，因此



也是有限的。人的生與死都不在自己的掌握範圍內，我們對自己的生命其實沒有那麼高的控制權，我們的生命掌握在上帝的手中，所以我們不可隨便結束自己或別人的生命。

雖然世俗觀點試圖將死亡視為自然現象，但當我們談到死亡的時候，都不覺得死亡是正常現象，反而是很忌諱的。家人死亡的痛苦也會讓我們哀傷很多年，蘇軾懷念他過世多年的妻子時寫到：「十年生死兩茫茫，不思量，自難忘。千里孤墳，無處話淒涼。縱使相逢應不識，塵滿面，鬢如霜。夜來幽夢忽還鄉，小軒窗，正梳妝。相顧無言，惟有淚千行。料得年年斷腸處，明月夜、短松崗。」

死是人很難解釋和接受的事實。人都不想死，但是人人都會死。　人的死期也不是自己可以規劃的，到臨近的時候才會知道，因為生死的權利根本不在自己手中，　今天的人仍想藉著醫療和科技來延後死亡，但是人終究會死。聖經很清楚地啟示我們，死是不自然的，是陌生的侵入者，是仇敵，是罪的結果，因為罪的工價乃是死（羅馬書6:23），所以人看到死人會不自在，想到自己有一天會死就有很多的疑問、焦慮和不安。耶穌完全了解死亡帶給人的痛苦，他的心跟哀慟的人一同哀哭（約翰福音11:33-35）。起初上帝剛開始創造人類的時候並沒有死這件事，雖然死亡已因人犯罪而入了世界，但將來有一天上帝要把死亡從人間徹底除滅，這就是我們的福音（啟示錄21:4）。

死的由來

聖經明白指出死不是一種自然過程，相反的，死是人犯罪所帶來的詛咒。

- 這就如罪是從一人入了世界，死又是從罪來的；於是死就臨到眾人，因為眾人都犯了罪。（羅馬書5:12）
- 罪的工價乃是死。（羅馬書6:23）

在創世記2:16-17，上帝吩咐亞當說：「園中各樣樹上的果子，你可以隨意吃，只是分別善惡樹上的果子，你不可吃，因為你吃的自己必定死！」。「必定死」有三重意義：人與上帝的關係從此斷絕疏離；人被上帝定罪被咒詛；人的死期定下，身體開始朽壞，往死亡的路上走。罪和死是緊緊地鏈接在一起，死的由來就是因為罪，所以要處理死，一定要先處理罪。

上帝用耶穌基督的十字架同時解決了罪和死的問題，我們的罪必須由無罪的聖子耶穌承擔，代替我們死在十字架上，然後神將永生賜給謙卑悔改的罪人。在十字架上，上帝把耶穌的生命賜給我們，而把我們的罪歸給耶穌，由他承擔罪人所應得的死，使我們得著新的生命。死亡對於信徒的意義就此改變。

約翰福音11:25-26耶穌說：「復活在我，生命也在我，信我的人雖然死了，也必復活。凡活著信我的人必永遠不死，你信這話嗎？」信耶穌的人雖然一樣要經歷身體的死亡，但這死亡的意義已經改變，死不再是咒詛，乃是通往永生的一道門。耶穌所賜給我們的新生命將在身體死亡的時候帶我們通過死亡之門，進入主永恆榮耀的國度裏。因此基督徒的永生從信主得救就開始了，並不是死後才開始。

臨終心願

一百多年前，人對臨終前的願望是在家中過世，有親人鄰居隨侍在側。在中國有宗教儀式，在美國則有牧師的探望，死後埋葬在附近熟悉的田地或者教會墓園。現代人臨終前則是躺在隔離的加護病房中，周圍都是陌生的、不停換班的白衣醫護人員。身上插滿管子，一直要被抽血、打針、抽痰等等，日夜不停的醫療機器帶來的噪音，還有強制打入氣管的氧氣。臨終者的心理很空虛，家人一天只能兩次探望，所有的醫護人員的原則都是搶救到底，因為死就代表著醫療失敗。統計顯示，70%的美國人希望在家中過世，但有80%的人死在醫院中。更有超過30%的病人在加護病房中住超過10日。60％的病人臨終前只認識不到一個照顧過他的醫師。

治療與自然死的再思

到底治療的目的何在？是治癒，緩解，拖延還是安寧緩和？安寧緩和的定義是繼續給予必要的治療，而停止不必要的治療。無效治療可以指主要疾病的治療無效（例如永久癱瘓或末期癌症），也可以指併發症治療無效。隨著科技的發展，有很多的治療是可選擇的，但不是每一種治療都是必要的。

自然死亡的定義是不用高科技或可選擇的維生方式來延長疾病末期之瀕死階段，讓疾病因自然進行而死亡謂之。自然死亡是不延長死亡的過程，即不管有無醫療措施或干預行為，病人都會死亡，只是醫療措施會使瀕死的過程延長，例如：將人工呼吸器、心肺復甦

術之用於癌症末期病人。
基督徒可否放棄治療呢？如果在無效治療的情況下，放棄治療並沒有違背聖經的原則，因為這正是謙卑放手讓生命的主權再回到上帝的手中，所以放棄無效治療並不等於是自殺。放棄無效治療的死因是疾病，而自殺的死因則是自殺所用的工具。放棄無效治療的意圖是謙卑的放手、不拖延病程，而自殺的意圖是死亡。如果有效治療存在，而我們在這世界上還存在責任與義務，那麼我們是不應該放棄治療的。所以說最理想的照顧不代表最大的治療，延長生命也不代表延長瀕死期。

放棄治療與自然死也不是安樂死。安樂死是翻譯自英文euthanasia，字根eu-是愉快的意思，Thanatos是希臘神話中的死神。安樂死的本質是用毒藥或其他方式，讓還沒死的病人提前結束生命，其實是不安也不樂的。現代的安寧緩和療護已經可以解決死前95%的疼痛問題，剩下的5%也可以用麻醉讓病人沉睡，因此痛苦其實已經不再是問題，不應作為殺害生命的藉口。主張安樂死權力的錯誤就是誤以為自己是自己身體與生命的主宰，可以隨己意願結束。不論是安樂死或是醫助自殺（physician-assisted suicide），都不是尊重生命的作法。

器官捐贈與腦死

從聖經的教導來看，器官捐贈是助人的行為，每個人對自己的身體都有保養顧惜的責任，這是對上帝負責任的態度，上帝要我們做忠心的管家，在活著的時候保養顧惜自己的身體。在死了以後，當自己不再需要這些器官的時候，與人分享是好的。

在器官捐贈前，必須由醫師判定腦死之後才能進行手術，腦死的定義為大腦與腦幹功能均停止，雖心跳尚未停止，但沒有腦幹反射，沒有自發性呼吸，在醫療與法律上均視同已死。腦死的判定之所以需要在心跳停止之前，是為了維持器官的活力，以讓受贈者受惠。並非所有器官、組織都在同一瞬間一起死亡。呼吸心跳停止後毛髮可能繼續生長，角膜及皮膚一天之內仍可移植，骨骼兩天之內仍可移植，動脈血管三天之內仍可移植。在美國各州，取器官的流程各有不同，從信仰角度而言，制定流程的醫療委員會需要保守定規，在醫療上確定捐贈者已經死亡之後才能取其器官，相關建議可參考美國基督徒醫療協會(Christian Medical & Dental Associations)的器官捐贈流程建議*Organ Donation After Circulatory Death (DCD) Ethics Statement<http://cmda.org/resources/publication/organ-donation-after-circulatory-death-dcd-ethics-statement>*

植物人也有上帝的形象

永久植物人指的是大腦失靈，但是腦幹是好的，病人雖然沒有意識，但是仍然可以吞嚥，呼吸，靠著一根鼻胃管或胃造口術供應養分，可能一直維持生命幾十年。植物人因為還活著，是活人，所以有上帝的形象，應受保護與尊重。以賽亞書42章3節說到：「壓傷的蘆葦，他不折斷；將殘的煙火，他不吹滅」。這是上帝對人的態度，不論是植物人或是臨死前的病人，我們都應該高度尊重每一個人。

對於植物人的醫療抉擇，在基督教界有不同意見，對於無法從口中進食而需靠胃管進食的植物人，有的基督徒認為管灌餵食屬無效治療，造成負擔時可以慎重考慮放棄；而另有些基督徒認為管灌餵食屬於基本人道照顧，絕不可放棄。當我們做出醫療決定的時候，不管是站在醫護人或是家屬的立場，都要本著對上帝負責的原則。最好的狀況是病人已預立醫囑，若是病人在意識清楚時曾表達自己的願望，則應尊重病人自己的意願。若是病人未曾表達任何願望，醫護人員及家屬應以敬畏上帝的心，禱告尋求後，作出不違背良心的決定，並向上帝負責。

聖經對遺體處理的觀點

聖經描述在墳墓中的耶穌與拉撒路時，均以其名字稱之，顯示人死後的身體，在地上仍然代表死去的人。所以我們對遺體還是要同樣的尊重，身體與靈魂都代表個人，即使屍體會朽壞，仍應慎重體面處理，不應視為臭皮囊（佛教用語）或廢物。火化或土葬最後均使屍體歸於塵土，只是速度不同，重點是帶著尊重的態度處理。

雖然世上其他宗教都輕視身體，但只有聖經肯定身體的尊貴與價值。羅馬書12章1節教導我們：「將身體獻上，當作活祭，是聖潔的、是上帝所喜悅的」。希伯來書10章5節：「基督到世上來的時候，說：神啊，祭物和禮物是你不願意的；你曾給我預備了身體」。聖經看重身體，信徒也應該一生保持身體和靈魂的潔淨。（哥林多後書7:1)

當與年長者討論終末抉擇時（例如變成植物人該如何處理，土葬／火葬等），有時不方便直接問他，可以考慮利用媒體報導相關議題時問其意見，或用第三者的立場詢問長者對此的看法，要有耐心給予足夠思想和時間，不要期望一次就有清楚回答。

（本文由同工李樂Lauren Li整理
自2014年灣區華人教會生命倫理研討會演講內容）

探尋，跟著聖徒的行跡

許博榮

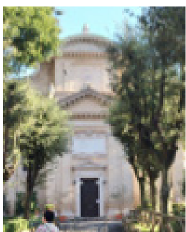
路加醫療傳道(LCMM)，意思是因為路加是一位醫生，但這次有機會到羅馬和以弗所才漸了解用他名字取名，他是一位默默的忠誠工作者，在使徒行傳，看不到他的名字，但他清楚詳述了彼得˙保羅的傳教事蹟，即可看出他正確的徹底把資料完全紀載，整理敘述，在這裡用幾點來提這個偉大的人。

路 加

出生背景：根據記載，他是安提阿教會的人，首先，他把使徒行傳寫成像小說，人物，從彼得開始，彼得悔改改變後，主用他，行傳說(二˙41)　，於是領受他的話的人；就受了洗，那天門徒約添三千人，然後彼得的神蹟奇事，接著就是司提反這個執事，這次有幸我拍到一張雕刻的銅像版，司提反被眾人用石頭打死，旁邊拿著衣服的年輕人正是保羅　，提摩太後書四˙11，保羅說，獨有路加在我這裡！保羅在羅馬坐監，是誰和他在一起？”路加”一位為主盡忠，跟著同伴共患難的人，他又是一位謙卑的人，不標榜自己，不誇耀自己，輕描的在行傳說”我們”(見行傳二十一˙8)，他又是個稱職的醫生，保羅有病痛，他醫治他，照顧傳道者，也是我們今天要學習的榜樣，照顧主的工人，也是一種有意義的事奉。

還有一點大家都知道，他更忠實的寫了路加福音，(因為兩本書都提到提阿菲羅)　，因為他我們的福音，基督的救贖才被眾人所接受和廣傳，歷代一直傳遞！認知路加的偉大，亦是這次探尋之旅的收穫。

保 羅



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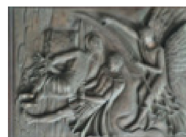
(圖3)



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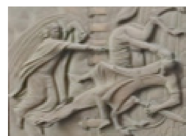
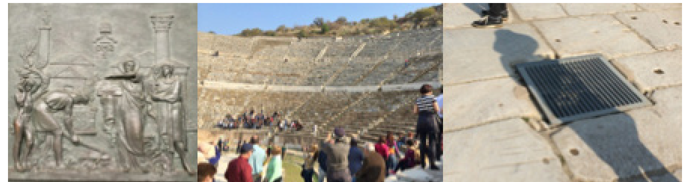


(圖5)

透過路加使徒行傳，我以前急著想知道保羅的狀況，所以有幸到保羅被斬首的地方，那是一所修道院，在羅馬的郊區，(大概是刑場地方)(圖2)，在旁邊有一尊大理石雕像(圖3)，據說他被斬頭後，頭落下跳了三次，所以後來的人設立三個噴泉紀念他。在另外一處有一間聖保羅大教堂，坐地鐵可到， 在門前銅壁上有一幅被尼祿王砍頭的描述，很殘忍(圖4)，真是一生為主而活、為主而死的大使徒，銅壁上另一幅是保羅因大光落馬(圖5)，因為保羅的偉大書信(十三本)，給後人很大的勉勵，所以在另外一塊銅板上就描述他建造教會的辛勞，後人要大家都知道以流傳萬世(圖6)。

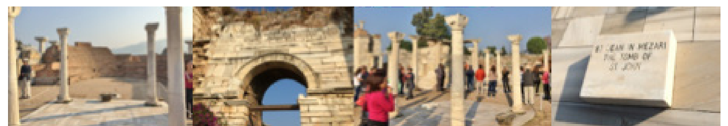


(圖6)　(圖7)　(圖8

我們也到了他最後被關的地牢進去看(不許照相)　，地牢內很暗、很小、很窄，而且會從上面滴水下來(在尼祿王時代被殺)　，但保羅說，那美好的仗，我已經打過了，當跑的路我已經跑盡了，所信的道，我已經守住了，從此以後有公義的冠冕為我存留，這些話，真值得我們再一次的省思！不是嗎？

我們這次有機會去以弗所，想起他第一次去宣教，就想看那地方，那是近兩千年前，有一個劇場 (THEATER)，是當初宣教而產生動亂的地方，使十九˙30-32(圖7)，在那時候有二十二萬五千人住在這個城市，很進步，有兩層樓的圖書館，有議會大廳，還有水管、下水道(圖8)，大理石板鋪的大馬路，很有規劃，該THEATER可容納兩萬五千人，我想找保羅講道的維拉努學房，問導遊他也不知道，下次去，一定要找到。

約 翰

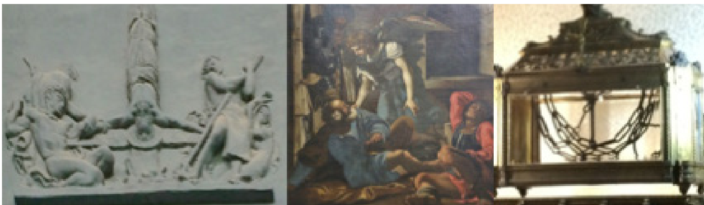


(圖9)　(圖10)　(圖11)　(圖12)

在以弗所，我們到聖約翰大教堂去看，很大，聽說有130M長，但已成廢墟，但仍殷跡可尋(圖9-11)　，在教堂中有一塊墓碑，是他埋葬的地方(圖12)　，約翰這個人我一直想在書局找到他的傳說傳記。約翰是一位我很欽佩的長者，他慈祥，很有愛心，不溫不火，有耐心的勸戒教導。在以弗所AD　64-69，從耶路撒冷搬來，一直做傳教的工作，當然，他也照顧耶穌的母親，瑪麗亞，(在山上的小屋住)，最重要的，他以以弗所為中心照顧牧養鄰近的教會，如啟示錄七個教

會，福音在小亞細亞廣傳，除了保羅提摩太以外，最有影響力的是約翰，另外更重要的是他在被關在拔摩島上，因為主的靈，他寫了啟示錄，讓我們知道將來有永生的盼望，另外又寫了約翰一、二、三書，句句寶貴，更偉大的他是耶穌生平，約翰福音的作者他的名言約翰三˙16，神愛世人，將祂的獨生子，賜給他們，叫一切信祂的人不至滅亡，反得永生，有機會，我還想找出這約翰更多的事蹟，編撰成冊。

彼 得



(圖13)　(圖14)　(圖15)

最後說到彼得，在羅馬大家都知道聖彼得大教堂是紀念他，天主教認為他是第一位教皇，但從我的角度來看是耶穌基督為了福音廣傳在的升天前，在堤比哩亞海邊，赦免彼得，而且要他牧養餵養他的羊、小羊的結果，彼得拼著命為主到處作見證，據說他也去過以弗所(保羅提過他)　，後來據神學家及歷史學家說，他到了羅馬傳教。初代教會興旺起來，人數增加，羅馬皇帝看了眼紅，逼迫他們，把他們和野獸一起拼鬥至死，羅馬城大火(在尼祿王時代AD　64年)　，把罪歸給基督徒加重迫害，把人活活的燒死，甚至把彼得倒釘在十字架上，見銅版圖13，彼得這個人，在使徒行傳教後段幾乎沒提到他，但他一生充滿了神奇，神蹟奇事跟著他，我在羅馬(聖彼得CHAIN　CHURCH)看到一幅畫(圖14)　，是天使把他鎖鍊斷掉，把他搖醒，旁邊兵丁還在呼呼大睡，在那地方我們還看到歷代聖徒還保存那時綑綁他的鎖鏈，如圖15，因此拍照下來以作紀念。彼得最後也被關在地牢多時，然後，光榮的為主殉道，一生真是轟轟烈烈、多采多姿的人，從頑石變成活石，天主教會尊他為第一代教皇，一定是有原因，待將來再做研究，但我在羅馬的感觸、感想：是天主教有很好的傳教制度、組織和系統，譬如，就他們注重嬰兒、幼兒教育，注重教育，我們看到MISSION的地方都有學校，注重行道(社會工作，照顧弱勢，設立醫院)。

最後我想分享一件事，當我在地牢，站的當時，聽了Video解說員一句話，他說：耶穌基督被釘在十字架，祂是以生命來影響生命，這些使徒不就是這樣嗎？

以感恩的心來事奉

鄭博仁醫師

感謝神的帶領，眾同工忠心的擺上，以及教會和許多弟兄姊妹的支持及代禱，幫助北美路加又走過豐盛的一年。參與的同工們在這一年來得以在服侍中操練信心和愛心，學習團隊的配搭，也藉著事工的增長經歷到神的帶領和供應。在今年的宣教年會時，我提出了幾個事奉的心態和原則和大家共勉，其中一個很重要的一點就是我們理當懷著感恩的心來服侍，在服侍中數算神的恩典。

八月底和迦南教會合辦的宣教年會，算是在今年影響路加事工推展最重要的一個活動，藉著講員們的信息和分享，同工和與會者同受極大的激勵。從退休的德樂詩護理師 (Ms Bonnie Dirks) 到在宣教工場第一線的Dr. Scott Murray, 我們看到一代接一代，在這世界各角落，不斷有醫護宣教士，回應上帝的呼召，無怨無悔地將一生獻給神，成為活祭。我們也從吳方芳執行長，戴珣珣牧師及施富金教授的分享，看到故鄉台灣福音的需要，特別是對弱勢族群的照護。

兩年前藉著翁瑞亨醫師在退修會中的分享，我們開始參與在泰緬邊界弱勢族群的醫療宣教，這個事工將會因著Dr.　Murray帶來的生命見證，讓路加有更進一步的投入。今年一月是我們第四次組隊前往，除了定期的醫療短宣以外，我們希望對Dr.　Murray辛苦經營的小桂河基督教醫院能有一些實質的幫助。最近為他們添置一個檢驗儀器，希望是一個好的開始。Dr.　Murray最需要的是醫護人員的支援，讓他們可以有休假喘息的機會，請大家特別為這個需要代禱。

今年五月在南加州辦了兩場"杏林愛故鄉情"音樂見證會，這是第一次在灣區以外的地方舉辦，得到非常好的回應，也讓更多人知道這些為台灣奉獻一生的宣教士的故事，有機會來向他們說一聲謝謝，讓他們知道我們沒有忘記他們，更重要的是藉著傳揚他們的故事，激起大家參與福音工作的熱忱，願意追隨他們的佳美腳蹤。我們在今年開始台東的事工，參與台東基督教醫院家立立基金會的"部落星光"計劃。除了在財務的支援外，我們帶了一批北美的學生進入其中一個據點－新興村，為原住民青少年辦了一次生命營造夏令營。更有同工的第二代蕭翔中 (Florence Hsiao), 住進另一個據點－台坂村，和原住民孩童生活了兩個月，學習宣教士的侍奉，建立這些孩子的信心，讓他們對他們的一生有盼望，有目標，"陪他一段，贏回一生"。

台美醫護學生文化交流營於今年七月連續第四年在馬偕醫學院舉辦，一年比一年辦得更進步，也有更好的成果。台美兩邊參加的學生都有極佳的評價，也成為馬偕校方極其看中的一個活動，明年會擴大舉辦，讓更多的學生有機會參加。幾年下來，我們也看到福音的種子慢慢在台灣的學生中發芽生長，宣教的心志也在北美的學生中慢慢培育起來。藉著這個事工所打下的基礎，我們將進一步發展以第二代為主的英文事工，特別在這次路加的年終聚會時，籌辦第一屆英文事工研討會。我們邀請許多第二代的基督徒醫護專業和學生，共聚一堂，集思廣益，尋求一個可以一起來事奉和學習的途徑，在醫療宣教的領域裏來服侍，用神所賜給他們的恩賜來造福社區，幫助弱勢，傳播天國的福音。

在灣區本地的事奉，我們的原則還是在協助華人教會的福音，關懷和教導的事工。在這一年，我們嘗試在Fremont基督之家舉辦每月一次的醫學講座，選擇對大眾有幫助的題目，並有福音信息和見證。我們也提供血壓檢測，肝炎篩檢，流感疫苗注射等服務，幫助教會踏入社區，也吸引更多人進入教會。這項事工明年會繼續在Saratoga基督之家舉辦。在教導和關懷方面，我們在今年10月和生命河靈糧堂牧區合辦一場生命倫理研討會（這是北美路加第八次主辦的倫理研討會），以"重病末期的醫療決定"為主題，從醫學倫理學及聖經原則的角度，幫助教會牧長和關心這個議題的弟兄姊妹有更深的認識。我們也計劃有實際的行動，安排教會到老人院，安養中心，安寧病房做關懷的工作，並給予適當的訓練。

使徒保羅提醒我們這些蒙恩的人"不可徒受上帝的恩典"，勸勉我們"要在各樣的事上表明自己是上帝的用人"（林後6: 1， 4）。清楚明白神給了我們夠用的恩典，並知道如何感恩，如何報恩，是我們服侍的動力，也是我們服侍應有的心態。有服侍神的能力和機會，也是神給我們的恩典。期盼我們都能珍惜在路加一起侍奉，一起學習的機會，順服神的帶領，忠心的擺上，做好祂所交托給我們各樣的善工；特別是做在那最小的身上，得以蒙受父神所賜更大的福份，承受祂為我們所預備的國（馬太25: 34）。

特 別 感 謝

陳恒常醫師 Dr.Heng-Chang Chen 埔里基督教醫院

陳力安 Jason Chen

陳思衛 Szwei Chen 埔里基督教醫院

陳穎瑞 Veronica Chen, JMHO

鄭安誠 Andrew Cheng

李樂 Lauren Li

劉怡伶 Irene Liu

穆家芬 Chia-Fen Mu 埔里基督教醫院

邵陽博士 Dr. Yang Shao

王華影醫師 Dr. Clair Wang

吳蕙欣醫師 Dr. Faith Wu

協助本刊中英文編譯，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的Facebook或瀏覽我們的網站，也可以給我們發電子郵件或致電LCMM在加州聖荷西的辦公室。

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一起來關顧退休醫護宣教士

除了今天大家所聽到的這些醫療宣教士感人的故事以外，還有許許多多同樣從歐美遠渡重洋，在中國內地、臺灣的山邊海角，默默的將一生奉獻給華人。他們寫下了華人歷史中不為人知的重要的一頁，他們在醫療、教育及宣教的成果和影響，持續到今天，讓千萬人受惠，如今正是我們可以回應回饋的時刻。

北美路加竭誠邀請您，一起來關心一些退休回到北美的醫護宣教士，他（她）們多數年紀老邁，在健康照顧與經濟上有很大的需要，以下是我們目前連絡上的宣教士，希望有更多的人力和資源，可以去照顧更多的退休宣教士。我們也希望藉著這樣關係的建立，可以更多吸取他們的經驗，追隨他們的佳美腳蹤，藉醫療來服務弱勢，傳揚愛的福音。

薄 柔 纜 醫師 (Dr. 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戰禍最頻仍的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。

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。

德 樂 詩 護理師 (Ms. 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, 她得練習在土灶裡升火,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。

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療服務。為台東基督教醫院創始人員之一，來台服務38年。

艾 可 諾 醫師 (Dr. 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。

倍蒂威廉 檢驗師 (Betty Williams)
在埔里基督教醫院草創初期, 她與正在受訓成為臨床心理醫師的先生來到台灣, 與芥菜種子會的孫理蓮女士合作, 幫助設立埔里基督教醫院的檢驗室, 先生並在埔里山上為原住民牧會, 他們領養三個台灣小孩.

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。

馬 素 珊 護理師 (Ms. 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,抒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。

龍 樂 德 醫師 (Dr. 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。

羅 慧 夫 醫師 (Dr. 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.羅醫師醫療服事的原則,「不只要治療患者生理的疤痕,同時也治療他們的心理疤痕」。

藍 瑪 烈 護理師 (Ms. 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。

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。

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。

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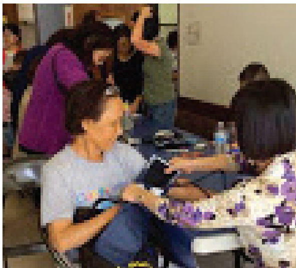

台東基督教醫院五十週年慶

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