

The Calling



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北美路加醫療傳道會

LCMM LUKE CHRISTIAN MEDICAL MISSION

募款餐會



馬偕學生營



叢林醫護學校 及我們關心的宣教士



孟加拉醫療短宣



北美路加在六月底參加由美福神學院籌劃的孟加拉短宣

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感謝
提供稿件及照片的每一位我們所敬愛的宣教士及同工
翻譯同工: Sylvia Yeh、陶美霞、鄭卉如
校對同工: 羅兆璋
照片集錦: 陳芳玲
編輯同工: 鄭博仁、鄭純慧
特別謝感林俊君多年來為The Calling作排版及美工的工作。

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 (北美路加醫療傳道會 LCMM), 或網站 (lcmmusa.org), 也歡迎以電子郵件(lcmmusa@yahoo.com)或致電(510-366-9842) LCMM在加州Fremont的辦公室與我們聯繫。

編者的話

很高興可以藉著這個刊物, 向支持北美路加的牧長和朋友們報告事工的近況; 也用這個機會分享我們對醫療宣教的負擔, 並感謝大家長期的支持和代禱。

北美路加的同工們以“感恩報恩及傳承”做為我們服事的原則和動力, 我們感念許多醫護宣教士在台灣的奉獻, 應該在他們晚年的時候多多關心他們, 也讓更多人聽到他們的故事。我們也知道這些忠心愛主的宣教士們並沒有期待從我們得到什麼報答, 他們希望看到的是我們的接棒和傳承, 繼續他們宣教的工作, 去幫助那軟弱的, 傳福音給貧窮人, 回報上帝給我們恩典。

在這期的“*The Calling*”, 我們有三篇退休宣教士的分享, 包括蘇輔道醫師對和他一起在台灣服事26年的愛妻的懷念。也有兩篇我們所支持的宣教士醫師分享他們目前在偏遠地區的工作, 並特別要介紹神在孟加拉為我們所開啓的一個新的事工。在傳承方面, 我們也藉著一篇學生的文章, 分享她如何透過在馬偕醫學院的營會, 和參訪偏遠地區的基督教醫院, 學習如何向台灣的醫護學生分享神的愛和救恩, 也幫助她進一步思考進入醫療領域的目的何在, 要如何裝備自己, 預備將來為神所用。

謹在此再一次感謝大家對北美路加事工的關心和多方面的幫助, 我們需要更多人的代禱和參與, 一起追隨宣教士們所留下的佳美腳蹤, 做那無愧的工人, 不白受恩典, 多節果子來榮耀神。(鄭博仁醫師)

LCMM 同工拜訪 Betty Williams 夫婦

FOR SERVICE IN THE NAME OF CHRIST Dr. Carl Epp

In the late 1940s, the Chinese Communists were forcing the Nationalists to the east coast of China and many Nationalists fled to Taiwan if at all possible. Missionaries in China returned to their home countries or fled to Taiwan to continue their work among the tribal people there.

Christian missions had been in Taiwan since the late 1890s with the Canadian Presbyterian workers in Taipei and the east coast of Taiwan and establishing a hospital and a seminary in Taipei as well. Rev. James Dickson of the Presbyterian mission had been in contact with Mennonite relief workers in China at this time and invited them to do relief work with tribal people along the east coast of Taiwan. The Mennonites accepted the invitation and sent volunteers to Taiwan through the Mennonite Central Committee (M.C.C.). MCC had already done relief work in Ukraine after WWI and the Russian Revolution of the early 1920s.

The first MCC volunteers arrived in 1948. They treated patients from the southern part of Ilan county to the northern area of Taitung County as well as the entire Hualien County. There were no hospitals or clinics in these areas at that time. Medical work was accomplished on location with mobile clinics. The mobile clinic team usually had a doctor, a nurse, a chaplain and the truck driver. These professional volunteers hailed from Mennonite and Brethren in Christ communities in North America. A variety of medical conditions presented themselves, including eye infections, boils, leprosy, tuberculosis (T.B.), dental problems and industrial accidents. The number of patients coming to the clinics was daunting. Medications were scarce. Large abdominal hernias, neglected fractures were constant reminders that a hospital and a surgeon were urgently needed. MCC was pressured to establish a base hospital for the growing number of patients.

In Hualien city there were several empty buildings with some hospital equipment and a used operating room as well. MCC asked Dr. R. P. Brown from Kansas to organize a temporary hospital from these rented buildings and equipment. Major surgery could now be done. Nurses aides were trained and an R.N. was trained as an anesthetist. Rev. Paul Lin was the chief chaplain. Aside from leading the morning devotions the chaplain also helped with registration and counselling of patients or staff. Some of the nurses aides would help translate for the doctors.

為主服務 艾可諾 醫師

在1940年代後期的政治環境下，因為中國共產黨的逼迫，國民黨撤退到中國東海岸，許多人若有機會也逃到了台灣。當時在中國推動事工的傳教士中，有一些人回去自己的國家，有一些人也逃到台灣，在原住民當中繼續著他們的宣教事工。

自1890年代末期開始，基督教傳教士已在台灣展開宣教事工。1940年代，加拿大長老教會在台北和台灣東海岸已有事工，並在台北建立了一所醫院和一所神學院。當時長老教會傳教士，孫雅各牧師 (Rev. James Dickson) 與在中國服務的門諾會救援人員有保持聯繫，並邀請他們參與救援台灣東海岸的原住民事工。門諾會接受了孫牧師之邀，並通過門諾會中央委員會 (M.C.C.) 派遣志願者來到台灣。門諾會中央委員會在第一次世界大戰結束後及1920年代初的俄國革命後，就已經在烏克蘭開展了救援工作。

第一批門諾會中央委員會的志願者於1948年抵達台灣。他們所服務的範圍是從宜蘭縣南部，還有整個花蓮縣，直到台東縣北部的原住民地區。當時這些地區尚未有醫院或診所。醫療工作只有在門諾巡迴醫療隊所到之處才能得以完成。

當時的巡迴醫療隊裡通常有一位醫生，一位護士，一位牧師及卡車司機。這些專業志願者來自北美基督教的門諾會和基督弟兄會 (兩者都是浸信會中的重洗派)。巡迴醫療隊要面對各種各樣的病症，包括眼部感染，囊腫，癩瘋病，肺結核，牙齒的問題和因為工業事故造成的創傷。前來巡迴醫療隊求醫的患者人數多到難以想像。藥物短缺，同時有嚴重腹部疝氣患者，和沒有被妥善治療的骨折傷患來求診，這些都讓醫療人員看見，當地是多麼的需要外科醫生以及一所能夠作手術的醫院。爾後前來求診的病患數量不斷增加，使得門諾會中央委員會迫於所需，不得不在當地建立一所臨時醫院。

當時在花蓮市，有幾棟空著的建築物，裡面留有一些醫院的設備還有一間舊的手術室。門諾會中央委員會便租用了這幾棟建築，並要求來自堪薩斯州的薄柔纜醫生 (Dr. R.P. Brown) 負責建立一所臨時醫院，這樣就可以在這個臨時醫院裡進行大手術。醫院培訓了數名助理護士，並且訓練一位護士成為麻醉師。林保羅牧師則擔任了臨時醫院裏的主任院牧。林牧師除了帶領早上的靈修，也幫忙病人掛號與註冊，同時也擔任輔導患者或工作人員的工作。有些助理護士也同時擔任醫生與病患之間的翻譯。

Although MCC had begun the medical work with the mobile clinic and then the base hospital it was with the understanding that no permanent institution would be planned because MCC upheld its principle of encouraging local incentives for growth and independence. Mennonite leaders discussed the challenge of opening another mission field, with the General Conference Mennonite Church accepting this responsibility. By 1954, the rented hospital buildings and equipment were given back to the former owners and a new 35-bed hospital was built on a vacant lot overlooking the Pacific Ocean. MCC handed the hospital over to the C.O.M. (Commission of Overseas Mission). The nascent Medical Mission also placed the cornerstone with their MCC motto: "For Service in the Name of Christ". The motto was engraved on a piece of local granite, in Chinese characters and English letters. The motto expressed the resolve of the clinic professionals and their assistants and translators to work together to address the spiritual, mental and physical needs of the sick. The majority of the patients were from Tayal, Toroko, Amis and Bunun tribes. Later, local Taiwanese and other ethnic Chinese could also be admitted to M.C.H. (Mennonite Christian Hospital).

AN ENCOUNTER WITH THE MCH MOTTO

Biblical writers draw attention to cornerstones and have spiritualized them as well { Ps. 118: 22-24 ; Is. 28:16 ; 1 Pet. 2:6 }. The MCH cornerstone was born when the first hospital was dedicated in 1954. Later, it was moved whenever new construction happened at the hospital. The inscription on the stone read: " For service in the name of Christ", in both Chinese characters and English letters. When I last saw the motto a few years ago, it was hanging from the wall in the Grace Building together with a writing of Menno Simons' True Evangelical Faith". Mr. Jacob Chao, an MCH friend, verified that it is still in that location. He also verified the story below.

Mrs. Lee was a widow with a teen-age daughter and son. She was the sole bread-winner for the family and had worked at MCH for a number of years. She, and her children, attended the Meilun Mennonite Church, not far from MCH. The children did well in school and were supportive of their mother. But, a dark cloud hovered over this family. When I, the undersigned, learned to know Mrs. Lee it had to do with her breast cancer. She had had surgery and had started chemotherapy. She had lost time off work but was eager to continue her job in the hospital house-keeping department. She tired easily and had to rest often when resuming her work.

雖然門諾會中央委員會展開了巡迴醫療隊和臨時醫院的事工，然而，建立一個常設性的醫院卻不在他們的計劃中。因為門諾會中央委員會有他們堅持的原則，就是要鼓勵當地人民能靠自己努力成長。門諾會的領導同工們因著當時的需求，討論開拓另一項具挑戰性的醫療服務的可能性，他們得到了門諾教會的支持並同意承擔這一項事工。就在1954年，門諾會中央委員會交還了在城裏租用的醫院和設備，並選在一片面對著太平洋的空地上，建立了一所有三十五個病床的常設性醫院。門諾會中央委員會將醫院交給了門諾會海外宣道會 (C.O.M.)。這個新創立的醫療宣教團隊也把門諾會中央委員會的格言：“為主服務”視為醫院的房角石，並用英文和中文刻在一塊當地產的花崗岩石上。這句格言表達了門諾醫院裏每一位醫療服務人員的心志，他們要共同努力解決每一位患者身心、靈的需要。大多數患者來自泰雅族，太魯閣族，阿美族和布農族各部落。後來，漸漸也有原住民以外的當地人來門諾基督教醫院求診。

門諾醫院格言的提醒

聖經作者們常常在經節裡引起人們對房角石的注意，並賦予它屬靈的意義。例如；詩篇 118: 22-24; 以賽亞書 28:16; 彼得前書 2: 6。門諾基督教醫院這塊刻著“為主服務”的基石刻寫於1954年，就是醫院建立完成的那一年。後來，每當醫院擴充改建時，這塊以中，英文寫著“為主服務”的基石都會跟著搬遷。幾年前，我在恩慈樓也看見懸掛在牆上的這句話，它與門諾西門先生所題的“真實的福音信仰”同掛在一處。一位在門諾基督教醫院工作的朋友 Jacob Chao 先生，告訴我它現在仍然掛在那個地方，他同時也和我分享了以下的見證：

李太太是一位寡婦，育有一對十多歲的青少年兒女，她是這個家唯一的經濟來源，她在門諾基督教醫院工作了很多年。她和她的孩子們，都在離門諾基督教醫院不遠的門諾美崙教會聚會。孩子們都是好學生，也是懂得分擔家務的好孩子。但是，母親的身體健康問題，就像一片烏雲籠罩著這個家庭。為了瞭解李太太乳癌的病情，我得以認識並更深入的去了解李太太，當時她已做過手術並開始化療療程，且有一段時間沒有到醫院上班，她渴望繼續在醫院家政部門工作，後來也如願回到工作崗位，但是她很容易疲倦，經常在工作時需要休息。

有一次，在教會的禱告會上，李太太作了見證，也與大家分享了她的困境。但她決心繼續工作並鼓勵孩子們完成他們的高中學業。某一天早上在工作時，李太太的精神體力處於一個前所未有的最低點，她覺得她

At a prayer meeting at church Mrs. Lee gave her testimony, sharing her plight with the congregation. She was determined to keep her job and encouraged the children to finish their high school. One morning, at work, Mrs. Lee's strength and energy were at an all-time low. She was at her wit's end. What could she do? While she was resting she noted the granite corner-stone nearby. She could not recall seeing it before. Apparently, construction workers had removed the stone from the old hospital and a new place was being prepared for it. The inscription read: "For Service in the Name of Christ". Mrs. Lee pondered the meaning. She reproached herself for not having the right attitude regarding her work. She regretted not having thought of her menial work as being a service to the Master but that seemed to be the motto's message.

Mrs. Lee now had a positive, wholesome feeling about serving the Lord in the house-keeping department. With renewed and positive energy Mrs. Lee completed her day's work. She vowed to "make a go of it" for the Lord. Indeed, she now officially served "in the name of Christ."

Mrs. Lee has since met her Maker but her Christian example lives on at MCH. (Mr.Chao mentioned this in his letter to me last year.) Hopefully, many more people will be encouraged to consider their chosen work or profession as a service to the Master when they ponder the meaning of the MCH motto.

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(Some names used in the Mrs. Lee story have been changed to protect the privacy of individuals).

Carl H. Epp, MD, Int. Med., MCH.

January 14, 2018

已經沒有辦法再工作下去。她問自己能做什麼呢？當她癱在一旁休息的時候，她注意到了附近有一塊花崗岩基石。她不記得曾經看見過它。顯然是建築工人把它從舊醫院搬來，正在準備把它放在這個新的地方。基石上寫著“為主服務”。李太太思考著這句話的意思。她責備自己沒有正確的工作態度。她懊悔之前從來沒有想到她的工作雖然粗重，但也是為天上的主服務，這似乎是這句話給她的信息。

在那之後，李太太對於自己在家政部門工作，有了積極健康的心態，她知道每一件事都是為主而做，李太太有了更新的正能量去完成她一天的工作。她立志要為主奮力完成每一件事，為主服務。如今，李太太雖已蒙主恩召，與造她的主同在，但她的榜樣仍然在門諾基督教醫院裡流傳著。但願還有更多人可以從思想門諾基督教醫院格言的真義得到鼓勵，也將他們的工作視為“為主服務”。

編者按：

艾醫師今年87歲，曾在花蓮門諾醫院服務20多年，目前退休住在加拿大Winnipeg市



The New and the Old Dr. Roland Brown

And Solomon Said: "What has been is what will be, and what has been done is what will be done; there is nothing new under the sun."

In 1954 we were with MCC in Taiwan. Our location was in Hualien, a city down the east coast. I was the doctor running a small hospital and clinic serving the aboriginal people living along the east coast and in the mountains. The clinic was very simple as was the staffing. I had one half time physician working with me. The nursing staff consisted of a head nurse who dropped out of nursing school prior to graduation and seven teenage aboriginal girls who had primary school and a three month course of first-aid treatment. Our patients were all aborigines primarily from two tribes. Most were very poor with a high percentage of malnutrition.

I remember a boy of about eight years who had been brought in with a very serious infection. I placed him on one of the cephalosporins and in two days there was marked improvement. Several days later toward the end of his antibiotic treatment he developed a severe diarrhea. Anti-diarrheal medication had little effect. Suspecting that it was resulting from his antibiotics, I stopped them. But the diarrhea did not stop. He was becoming emaciated. I suspected a bacteria called C. difficile. It was resistant to the antibiotic so when the normal bacteria were wiped out by the antibiotic, the difficile took over the intestines. Other medications and antibiotics were unable to stop the diarrhea. His condition was deteriorating daily and the prognosis looked dire.

As I thought about the problem I also prayed for guidance. If the problem was an overgrowth of C. difficile because normal bacteria had been killed off by the antibiotics, how could I restore the normal bacteria? No pharmaceutical companies produced pills, capsules or liquids based on intestinal bacteria.

Then it occurred to me: since the primary problem was in the colon, a preparation of normal stool as enema solution could be instilled retrograde like an ordinary enema. So I wrote the order for a fecal enema. I explained to the nurses what I wanted: an enema solution made of normal human feces, and that one of the nurses was probably the best source of the feces. This was to be delivered to the patient in the form of a high enema. I apologized to them

新事與舊事 薄柔纜醫師

如同所羅門所說：「已有的事後必再有；已行的事後必再行。日光之下並無新事。」

1954年我們透過台灣的門諾會，來到位於東海岸的花蓮縣，身為醫生的我負責一間小醫院和診所，為居住在東海岸和深山裡的原住民提供醫療服務。診所設備簡陋，人員也很簡單：一位半職的醫師和我一起工作，護理人員包括一名即將自護校畢業卻退學的護士長和七名具有小學學歷與接受過三個月急救治療訓練的青少年原住民女孩。我們的患者主要是來自兩個部落的原住民，他們大多數非常貧窮，患嚴重營養不良。

我記得有一位約八歲的男孩因為非常嚴重的感染而被帶來醫院。我給他頭孢菌素的抗生素，兩天後有明顯改善。然而經過幾天的抗生素治療後，他出現了嚴重的腹瀉，抗腹瀉藥物幾乎沒有任何效果。我想它是由抗生素引起的，因此停止了抗生素。但是腹瀉並沒有停止，他變得非常憔悴。我懷疑是一種叫做艱難梭菌的細菌，它對抗生素有抗藥性。因此當抗生素消滅了正常細菌時，艱難梭菌就佔據了消化系統，其他藥物和抗生素無法阻止腹瀉。男孩的病情每天都在惡化，治癒率很不樂觀。

當我一籌莫展的時候，我祈求神的指引。如果問題是艱難梭菌因為抗生素殺死了正常細菌而過度生長，我怎樣才能恢復正常細菌？沒有任何製藥公司有生產腸道的正常細菌藥丸，膠囊或藥水。

我突發奇想：如果問題出在結腸，那用一般的糞便做成灌腸液的製劑，把它用像普通灌腸一樣進行逆行灌注，也許能解決問題，因此我下了一道糞便灌腸的處方。我向護士解釋了我的想法：由正常人的糞便製成的灌腸液製劑，灌進病人來產生好的腸道細菌，以解決腹瀉問題，其中一名護士的糞便可能是最佳來源。我們用這高灌腸的方式來治療男孩，我為這有點髒亂的治療向護士道歉，然後一切就交給她們去做了。結果奇蹟般，男孩的腹瀉第二天停止了，他很快就恢復了健康。

我記得是在1964年我們另一位患者出現類似的問題，這時我們有來自西方的護士擔任主管。病人是個年輕人，在用盡其他治療方式失敗之後，我在他的病歷表上寫了一道處方：給予高劑量人類糞便灌腸。護理主任馬丁斯小姐把病歷表拿來給我，並問我這是什麼意思？我告訴她「就是照我上面所寫的去做了」，她回答說「你是當真的？」所以我向她解釋了理由。

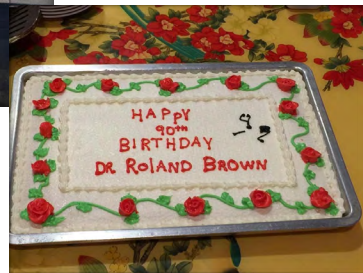
for the messy therapy and then left it up to them. It worked like magic. The next day his diarrhea stopped and he was soon on the road to recovery.

I believe it was in 1964 that we had another patient develop a similar problem. By this time we had Western nurses as supervisors. The patient was a young man. After exhausting other forms of treatment unsuccessfully, I wrote an order on his chart for him to be given a high human fecal enema. Miss Martens, Director of Nursing, brought the chart to me and said the nurses had asked her what it meant. I told her "Just what it says." She answered "Do you really mean that?" So I explained the rationale to her. They got it done and the patient recovered.

When I saw Miss Martens in 2011, she still remembered the occasion. I mentioned it to her because I had recently read in a medical journal of a new therapy- a big discovery! And since then comes along the September issue of the Readers Digest touting "20 Breakthrough Cures." On page 83 was an item: "9. Wacky Fix for a Tamer Tummy." They basically described the procedure I have described above and I had used some fifty years earlier. It had not occurred to me to publish it.



2016年，同工、友人歡聚為 Dr. Brown 慶祝 90 大壽



他們照著去做，結果病人康復了。

當我在2011年見到馬丁斯小姐時，她仍然記得那件事。我之所以向她提起那次治療，是因為我最近在醫學雜誌上看到了稱之為“一個重大發現”的一種新療法。在那之後，9月號的讀者文摘有一篇「20種突破性治療法」，在第83頁寫道：「9. 馴服腹痛的古怪治療法」，這兩篇報導基本上描述了我上面所說的程序，然而我五十年前就已經採用了，但是我從沒有想過要發表它。

編者按：

薄柔纜醫師已92歲，在花蓮服務台灣同胞40年，這是他在台灣行醫生涯發生的許多感人的趣事之一。



Marilyn's Memory Dr. George Timothy Stafford

On April 22, 1972 Marilyn, their three girls, and Dr. Tim Stafford arrived in Taipei from cool Wyoming, to serve at the Taitung Christian Hospital. The Lord had been reminding them He was watching over them, as each child had experienced a major threat to her life, the most recent being when Becky, aged four, nearly drowned as we stopped in Hawaii on the way to Taiwan. Dr. Dennis met us on our arrival in Taipei, and took us shopping the next day just in time to experience a substantial earthquake while we were in a store!

We flew to the Taitung military airbase the following day and were greeted by missionaries and staff after leaving the restricted area. Our temporary home was to be the two bedroom apartment of a missionary couple who were away, until Dr. Dennis' family would leave for furlough. There it was quite warm and humid, with a small square bathtub, a small bedroom with wall-to-wall tatami where the three girls would sleep, and Marilyn had to learn to use the gas stove and a new kind of broom. One fan helped a little, and Janet Beck came with her daughters to help with tasks, buying groceries, and orientation. Tim went to the hospital the day after arriving, as Dr. Dennis had arranged to teach him surgeries for children deformed by polio, so was already unable to help very much.

With no Chinese language, three girls ages five months, three years and four years, an all new environment and climate, no telephone, and a mostly absent husband, Marilyn patiently, prayerfully and lovingly set about to adapt. God had called them to Taiwan. She had prepared at Wheaton, a Christian college near Chicago, where she also met Tim, and they sang and attended Bible study together. At college she participated in inter-racial ministry with Pioneer Girls, was involved in music and drama, and received an AB in Sociology. She then moved to Alabama and studied to become a Registered Nurse, during which time she also married. After internship, Tim was drafted for two years of Army medical service, one in Vietnam, during which time Marilyn miraculously was able to travel to meet him when he had a brief time off, to visit missionary friends in the Philippines. After that Tim studied to be a surgeon, and she worked as an Emergency Room nurse until their children began arriving. God prepares us in His mysterious ways for what lies ahead, including that trip to Asia! We served on the mission committee in our church in Alabama, which later commissioned us for the Taiwan ministry, as did Marilyn's home church in Wyoming.

Now she had new challenges, meeting many new people,

緬懷愛妻 蘇美玲 蘇輔道醫師

我和美玲 (Marilyn) 帶著三個女兒於1972年4月22日，從涼爽的懷俄明州抵達台北，前往台東基督教醫院服務。主一直提醒我們，祂會眷顧我們，就如同祂過去保守美玲 (Marilyn) 一般，即使每個孩子的出生都讓她歷經生命的威脅，主保守她都平安渡過；還有，在我們前往台灣途中停留夏威夷時，四歲的貝琪蒙神保守不致淹死。

譚維義醫師在我們抵達台北時就來見我們，隔日帶我們去採購，我們在商店的時候還巧遇了大地震！第二天我們就飛到台東空軍基地，出了管制的機場後受到宣教士和工作人員的歡迎。我們暫時被安頓在一對正值外出的傳教士夫婦所住的兩房公寓。台灣的天氣非常炎熱又潮濕，所幸還有一個電風扇可以稍微解暑。我們住的這間公寓有一個小小的方形浴缸，還有一整間鋪著榻榻米的小臥室，後來它就成為我們三個女兒的臥房。美玲 (Marilyn) 必須學會使用瓦斯爐和一種新型掃帚。珍妮貝克和她的女兒們，稍後也來協助我們採購一些生活用品，並帶我們熟悉環境。我在抵達台東後的第二天便前往台東基督教醫院，因為譚醫師已安排要教我如何為小兒麻痺症的孩童施行手術，所以我也沒有時間幫助美玲 (Marilyn) 安頓一切。

美玲 (Marilyn) 除了不諳中文，還要帶著三個年齡介於五個月、三歲和四歲的稚女。面對全新的環境和氣候，沒有電話，加上一個大半時間都不在家的丈夫，美玲 (Marilyn) 仍然非常耐心地，並不斷用禱告和充滿愛的心去適應。上帝呼召我們到台灣，美玲 (Marilyn) 在芝加哥附近的惠頓基督學院唸書時就已裝備自己。我們就是在那裡相識的，我們一起唱歌並參加查經班。大學期間，她參加先鋒女孩 (Pioneer Girls) 的跨種族事工，她對音樂和戲劇也很熱衷，後來順利取得了社會學學士學位。美玲 (Marilyn) 後來搬到阿拉巴馬州，進修成為一名註冊護士。我們就在那個時候結婚了。我在實習醫師訓練結束後，被安排兩年的軍隊醫療服務。期間奉派去越南，美玲 (Marilyn) 有如奇蹟般地，竟能在我的短暫的休假期間來看我，我們就一起到菲律賓拜訪宣教士朋友。之後，我重返校園並成為一名外科醫生。在我們的孩子出生前，美玲 (Marilyn) 一直都是急診室的護士。上帝以祂奇妙的方式為我們預備未來的道路，包括那次亞洲之旅！神讓我們在阿拉巴馬州的教會負責宣教事工，後來差派我們到台灣宣教。美玲 (Marilyn) 在懷俄明州的教會期間也是如此受裝備。

來到台東的美玲 (Marilyn) 面對許多新的挑戰，例

using sign language while studying Chinese, learning how to get around, care for her family, ride a motor scooter, shop in the open market, find a large (boa constrictor) snake in Dennises' yard, and assimilate a new culture. The Dennises' house was far more spacious, and came with a national part-time Christian helper who was a real blessing. During the fifteen months we lived in that house and a subsequent fifteen months in a different house, she helped in English vesper services, taught Bible and assisted the single Morrison Academy branch school teacher in other ways. She helped produce an outdoor Christmas play at Dennises' using foreign students with Chinese narration that first year, well attended by neighbors. She was hostess to several short-term medical care providers. One short term dentist's wife helped care for the home while Marilyn was confined for a month by a serious knee injury from a motor scooter accident. She tutored nurses in English, and did some discipling and counselling with several Taitung ladies who were more fluent in English. Family from the USA came for visits during this time, as well as later.

We returned to the USA the summer of 1975 and attended TEAM (The Evangelical Alliance Mission) candidate school, took more Bible training, and were quite busy reporting to and encouraging churches and individuals who were supporting us, with preaching, singing, prayer and counselling. There were glad reunions with family in Alabama and Wyoming. Tim acquired more medical training and experience, and our son Daniel was born.

In 1976, when we returned to Taiwan, we lived in other missionary homes in Taichung for nine months of regular language training, progressing more than with the very limited tutoring we had been able to obtain in Taitung the first three years, and the children became acquainted with Morrison Academy. The Lord had led Marilyn to spend much time in the USA planning ahead for the children's education, obtaining recommended books and games, which proved very wise in the following years. We returned to Taitung, where she resumed ministry at the church, school, hospital, music, among women and families, and hospitality for short-term health professionals, whose numbers continued to grow. Expansion of the hospital building and outreach was taking place, and our involvement in local medical care grew, still including mobile clinics in the mountains and offshore islands, with Mackay Memorial Hospital also adding a branch hospital. It was time to think of transitioning to more national medical leadership, and several outstanding Chinese Christian professionals became involved. Having been interim director several times when Dr Dennis was away, Tim became hospital director when Dr Dennis retired. In seeking the Lord's plan for the ministry's future, a national board and national director

如：認識新的朋友、學習中文、使用手語、熟悉新環境、照顧家人、學騎摩托車、在傳統市場買菜、適應新的文化，除了這些，還包括在譚醫師家的後院看到一條大蟒蛇。譚醫師的房子很寬敞，並有兼職的基督徒助手幫忙，對我們真是一大祝福。我們在那房子住了十五個月，之後搬遷到另一幢房子又住了十五個月。除了面對新環境的挑戰，美玲 (Marilyn) 還參與英語晚禱、教授聖經課程，並為在馬禮遜分校任職的單身老師提供他們需要的協助。她也曾幫助譚醫師製作了一個在戶外表演的聖誕劇。第一年由外國學生表演並有中文旁白，許多鄰居都來觀賞。她也曾負責接待短期醫療受訓的醫護人員。她有一次因為摩托車車禍，膝蓋嚴重受傷，就是一位接受短期訓練的牙醫師的妻子幫忙照顧我們全家大小一個月。美玲 (Marilyn) 以英語訓練護士，並訓練和輔導幾位英文比較有利的台東婦女，我們也陸續招待許多來自美國的家庭。

我們於1975年夏天回到美國，進入TEAM (宣教使命聯盟) 學校，接受了更多的聖經訓練，並且非常忙碌地到各教會去分享，並以講道、詩歌、禱告和輔導來鼓勵那些支持我們的教會和個人。我們也非常高興與在阿拉巴馬州和懷俄明州的家人團聚。我也獲得了更多的醫療培訓和經驗。我們的兒子丹尼爾也在這個時候出生了。

1976年我們回到台灣，住在台中宣教士的家，接受為期九個月的語言訓練。比起過去三年我們在台東所獲得的有限語言課程，我們進步許多。孩子們也進入馬禮遜學校就讀。上帝帶領美玲 (Marilyn) 在美國期間花了許多時間為孩子們的教育做提前規劃，購買經推薦的書籍和遊戲，這在接下來的幾年裡，證明這些規劃是非常明智的。我們回到台東後，她在教會、學校、醫院、音樂事工上、婦女和家庭中，廣大的推動宣教事工，並繼續款待前來接受短期醫療受訓的醫護人員。那時台東基督教醫院正在擴大建築和推廣外展活動，同時也增加地區醫療服務，包括設立山區和近海島嶼的巡迴診所。馬偕醫院也在台東增設分院，許多當地傑出的基督徒醫生參與其中。我們覺得，是該考慮把台東的醫療事工移交給台灣本地的人來領導的時候了。我在譚醫師回美國的期間曾擔任代理院長，並在譚醫生退休後，正式成為院長。我們不斷地尋求神對未來宣教事工的計劃，就在1998年，我退休前不久，醫院正式設立了董事會來帶領院務，上帝繼續擴大和祝福台東基督教醫院，因為它分享福音並見證神的愛與關懷。在我們的家中，孩子們在6年級到8年級的時候，就一個接著一個地搬到台中的馬里遜學校住宿，以完成中學學業。我們曾多次前往台中去看他們的活動和表

were established shortly before we retired in 1998, and God continues to enlarge and bless the Taitung Christian Hospital, as it shares the gospel and demonstrates the love and care of the Lord.

In our family the children, one by one as they reached 6th to 8th grade, moved to the Morrison Academy dormitory in Taichung to finish high school. We took many trips to see their activities and performances, and Marilyn served a term on the school board there. It was very hard to send them away so young, but God answered much prayer, as we watched their spiritual growth and commitment develop. By the time they went to college, they already had experienced much of what incoming college freshmen have to learn, though they still had to go through "reverse culture shock" to adapt to living in America. Now they continue to serve the Lord in many places and ways, and follow the example of listening, loving, music, gentleness, teaching, giving and serving that they learned from their years at home. Marilyn continued discipling, serving and loving both in Taiwan and then in Colorado. She was a devoted Bible student and part of study and prayer groups in both places. Our later years were especially spent caring for her mother, who lived as a widow twenty nine years. She moved to Colorado to live with us, then moved to Canada near her other daughter because our high elevation was affecting her breathing. That led us to take many long trips to Canada. Our travels took us to many places in the USA, for pleasure and to visit family, friends, and the Lord's family. Tim worked as a trauma surgeon locally, then as a travelling doctor in four states. We visited our son in Europe while he and Beth were studying there, and where now they have part-time regular ministry, especially in Moldova. In our travels we returned to Taitung twice, also visiting our daughter Elaine when she taught at Morrison Academy. Soon after mother's death, Marilyn found she had breast cancer. That appeared to be cured when less than two years later she was found to have late stage pancreatic cancer. She endured nine months of chemotherapy, hair loss, progressive suffering and pain, but she continued to show an interest in the needs, interests and activities of others even until the day before her death. Our children were here to say goodbye, and she came home from the hospital with hospice care for her last three days. On June 17, 2018 the Lord took His child to the eternal home He prepared for her, where we know we will see her again!

演。美玲 (Marilyn) 也曾擔任學校董事。對我們而言，把孩子在年幼的時候送到遠方的學校去讀書，是非常痛苦的一件事。但當看到他們的靈命得以成長時，就知道上帝回應了我們的禱告。在他們到美國上大學時，他們早已經歷過大學新生必須學習的東西，只是他們為了適應美國生活，仍然需要再次面對「文化衝擊」。現在他們都在不同的地方以不同的方式繼續為主服務，並遵循他們年幼時在家中所學到的一切關於管教、愛、音樂、溫柔、教導、奉獻和服事的事。

美玲 (Marilyn) 繼續在台灣和科羅拉多州兩地接受訓練，並服務和愛護病人，她是一位熱心學習聖經的人，也是兩地學習聖經和禱告團體的一員。我們晚年花許多時間照顧美玲 (Marilyn) 守寡二十九年的母親，她原先搬到科羅拉多州與我們同住，但是因為科羅拉多州的高海拔影響她的呼吸，後來就搬去加拿大，住在另一個女兒家的附近。我們因此常常前往加拿大去探望她。

我們旅行到過美國的許多地方，探訪家人、朋友和主內的家人，帶給我們許多喜樂。我們搬回科州後，我在當地擔任創傷外科醫生，又在四個州擔任不定時的兼職醫生。當我們的兒子和貝絲在歐洲學習時，我們去拜訪他們，現在他們在那裡有兼職的宣教事工，特別是在摩爾多瓦 (Moldova)。在我們的多次旅行中，我們也兩次回到台東，還拜訪了我們在馬里遜學校任教的女兒伊蓮。但就在美玲 (Marilyn) 母親去世後不久，美玲 (Marilyn) 被診斷出患有乳腺癌，後來似乎是治癒了。但是經過不到兩年，她又被診斷罹患晚期胰臟癌。歷經九個月的化療，除了脫髮，還受了許多苦與折磨。但直到她去世的前一天，她仍然關心著別人的需要、別人的興趣和他們所做的事。美玲 (Marilyn) 生命的最後三天從醫院回到家接受安寧療護，孩子們都陪在她身邊，也一一與她道別。2018年6月17日，主將祂的孩子帶到那為她預備的永恆家中，我們知道有一日我們必再相見！



Medical Mission Journals from Guatemala Dr. Barbara Okamoto

Buena noches, Que tal?



Well it has been a busy week. I have continued to teach and I have been doing surgery in the evenings. The anesthesiologist, Dr. Lemus has a full time job in Salama so when she gets off work, she comes to do anesthesia here

in Cubulco where her husband Dr. Sosa works in our clinic. This means that we usually work into the night. On Tuesday we had a mastectomy and a cholecystectomy to do. By the time we got started and then finished it was about 9:30. Nothing is easy here in Cubulco. There is no such thing as a laparoscopic cholecystectomy! They are all done open without a proper retractor. Oh how I wish I had a Thompson retractor. But we makeshift everything here and do the best that we can. PTL everything went well.



Several days before I had 2 frenulectomies for tongue tied children, and a palatal laceration that I had to be repair. Thanks to the stuffed animals that Sherri Webster, one of my neighbors gave me, I was able to get a least get a smile from



these children even though it was short lived!

Then yesterday, Julio the director of the hospital asked me to speak on the public radio station. Apparently the hospital has time every week and often the doctors and the dentist speak. When they get visitors, it is not uncommon for them to be asked to speak about any Christian topic. Since a number of the people know me in this area, I decided to give my testimony with the Evangelism Explosion presentation and to invite the listeners to trust in Jesus Christ alone for eternal life. It is a little risky when you have to time the presentation with respect to the amount of time you think it will take your translator to interpret everything, but Pastor Francisco did a great job and I really appreciated his help. Apparently it was aired on 2 radio stations in the area live and a number of people came up to me afterwards stating that they heard me speak. The real question is did it make a difference in their hearts if they did not know Christ. I can only plant the seeds and water. God does the growth!

Every time I turn around, the director of the hospital asks me speaking somewhere else. Tomorrow I will be speaking to a

傳愛到瓜地馬拉 Barbara Okamoto 醫師

晚安, 你們都好嗎?

這一週確實非常忙碌, 我繼續要教學並在晚上做手術。Lemus 醫師(麻醉師)做完她在Salama 的固定工作後還趕來Cubulco (她的丈夫Sosa 醫師在這看診) 幫忙我做麻醉, 所以我們必須要工作到很晚。這週二做了兩個手術分別是乳房切除和膽囊切除, 自開始到晚上九點半才結束。在 Cubulco 沒有什麼事情是輕而易舉的, 腹腔鏡膽囊切除也不可能做, 大多是在沒有合適的牽開器下進行的開放性手術, 真希望在這裏我有一付合用的Thompson 牽開器。在這裏我們得盡可能靈活應用所有的東西, 感謝神讓一切都能順利執行。

幾天前我為兩位孩童做了舌繫帶鬆開術, 也為一位孩童做了上顎撕裂的修補。感謝我的鄰居 Sherri Webster 送我的小玩具動物能派上用場, 獲得小朋友短暫的笑容。

昨天醫院主任 Julio 邀請我去廣播電臺分享, 顯然醫院每週有時段, 通常會邀請一些醫師或牙醫師去分享。他們的訪客常被請去電台談論有關基督信仰方面的主題。既然已有許多當地的人認識我, 我就決定藉著我的見証和福音介紹, 邀請聽眾來信耶穌基督得著永生。我們必須要精準的計算我的分享和翻譯總共所需要的播放時間而不能出差錯, 很感謝 Francisco 牧師的幫助才能完成這事工。當天現場同一時間在兩個電台播放, 幾位當地人說他們聽到了我的分享。但重要的是, 聽完廣播後他們的心是否改變了。我們做播種澆灌的工作, 而不是神讓種子發芽成長。

之後, 醫院主任又邀我去不同地方分享。明天我要向一群牧師們分享我在尼日爾的工作, 尤其是教會牧師的角色要如何向當地穆斯林信徒傳福音, 使教會合一, 牧師與醫師又如何同工配搭來榮耀上帝。尼日爾有些牧師告訴會眾生病不用去看醫生, 只要禱告神就會醫治。卻常常耽誤了病人就醫的時機, 而為時已晚矣。

這週日晚上我被邀請去 Nazarene 教會, 本以為只是在主日學向青少年分享我的見証, 最後才知道我不但是向全會眾做見証, 而且是現場電視與電台同步轉播。過去我曾在電視節目上討論醫學方面的主題, 但不曾在電視台做過個人的見証, 請為我禱告能順利完成。當我們願意服事神的時候, 神加添給我們許多意想不到的經歷。

好吧! 我得趕快去準備我週日的講稿內容了, 謝謝你們的代禱和支持, 與主同行!

編者按:

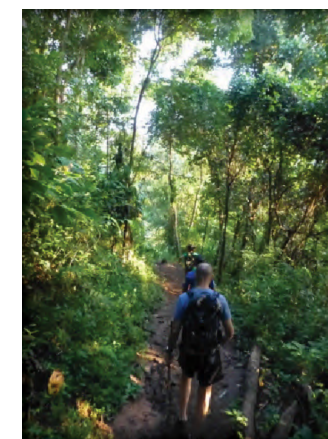
Dr. Okamoto 是北美路加醫療傳道會支持的宣教士, 除了定期到瓜地馬拉開刀治病傳福音以外, 也去非洲, 埃及等醫療急缺的地方服務。她目前在柬埔寨服事。

LCMM Support aids surgery in Burmese Jungle Dr. Scott Murray



Our journey took us from Thailand, by 4-wheel off-road truck, negotiating hours of dirt mountainous tracks, through rivers and streams to the beach of the Salween River; the

natural boundary between Thailand and Burma where we then boarded a small river boat heading north for a couple of hours to disembark on a small steeply inclined river bank this time on the Burmese side of the river. A small leap from the rocking boat with our bags of equipment required a moderate amount of agility so as not to fall straight back into the boat or river before scaling the steep bank another 40 m to reach the relief of a flatter shelf where we could unload our packs before returning for the rest of the bags.



There followed a 10 hour walk over 3 mountain ranges by foot up and down steep inclines; on, over and through rivers and streams before we reached our destination, the Jungle School of Medicine, after 2 days journey. The last 3 hours at night in pitch dark other than our head-lamps to light the way, with torrential rain to keep us company. The

single file path with thick jungle all around soon became a muddy stream that we sloshed through as the rain collected together and hurtled downhill, snaking its way to the river below, trying, but failing to take us with it.

The Jungle School of Medicine has been training Village Medics since 2010. The course takes young Karen boys and girls for 15 months, training them to become village medics who will then go and operate small clinics through the mountains of the Karen State in Burma. Made from Wood and Bamboo the hospital/clinic sits in the jungle on the side of a hill next to a river that supplies all their bathing, laundry and water needs. Hospital staff and students live in simple bamboo houses providing care for patients that

group of pastors. This will be another presentation about my trip to Niger with an emphasis on the role of pastors in the church, the outreach to Muslims in Niger; the importance of unity in the church, and the importance of pastors and physicians working together for the glory of God. There are some pastors in the area who tell their congregation not to seek medical help and to just pray and let God heal them. By the time that they reach the hospital they are on death's doorsteps and it is often too late. Please pray for this presentation.

I have also been asked to present my personal testimony at the Nazarene Church on Sunday evening. This is going to be a little more nerve racking. I was asked to do a presentation to the youth of the congregation which I thought was going to be during Sunday School so I said it was no problem but it turns out that the pastor of the church and Julio unbeknownst to me announced that I would be speaking to the congregation as a whole. This will be broadcasted live on the TV station and radio as well. I have appeared on television before discussing medical issues but I am not in the habit of giving my personal testimony on TV. Please pray that I will be able to get through the presentation without getting too nervous! Being willing to serve the Lord can often times be a stretching experience.

Well I have got to run and prepare my talk for Sunday. Thanks for your prayers and support. Vaya con Dios! Go with God!





have to walk for days to reach this simple center of medical training. Rice is cooked on the floor by simple wood fire, eaten with vegetables that are grown by the staff. A small bamboo covered area operates as the school for the staff children. A large number of Solar panels provided the hospital with electricity to run some medical equipment. Otherwise, there is no electricity.

I arrived to provide the very first surgery done at the hospital. Normally patients requiring surgery have to be taken/carried 1-2 days walk away before then getting further transport to a hospital that can provide surgery. Death often precedes their arrival at

that medical center. A small building whose walls were made from mud and dirt and then plastered with some cement was used for the Operating Room. Small window openings allowed some natural ventilation and light in. The openings were draped with some mosquito netting, attempting to hold back the insect life (that still managed to find their way onto our operating field). Outside, a bamboo fence kept the cows (kept for the occasional feast) from coming in! Some light bulbs (run off the solar power) hung from a 'bamboo chandelier' that functioned as an operating light. A wooden bench sufficed as the operating table. Into this crude scene we ran a small diathermy from the solar power system that we brought with us.

Our hotchpotch collection of second hand surgical instruments were sterilized in a pressure cooker heated from a wood fire. Drapes were made from some old cloth sheets, washed in the river between cases before being sterilized in the same pressure cooker. The diathermy handle was wiped down with alcohol between cases. Surgery was done under local or spinal anesthesia and some Ketamine for children. I taught both the spinal technique along with the surgery to the students who thronged the patient to see an operation for the very first time in their lives. Despite my concerns, there were no infections and the patients all made very good recoveries.



Having the ERBEVIO 50C diathermy available to help in an otherwise very stressful setup, made the surgery so much easier. Its light (4Kg) weight portability, yet superb cutting and coagulation allowed us to do all the major surgery that we would ever think of doing in this place. LCMM helped with financial support for sutures, drugs, sterile gloves and some of the costs of the diathermy. I was able to get Spinal Marcaine, Ephedrine, Local anesthetics and sutures in Chiang Mai without which we could not have succeeded. Living conditions were simple. I slept on the bamboo floor while my colleague preferred a hammock. No fans or air-conditioning of course. Meals of rice and



simple soup with some vegetables added were provided twice a day. We bathed and did our laundry in the river.

The 22 students attended In-patient rounds where we taught clinical skills on the wide variety of patients that had been admitted. These could take 2-3 hours depending on the cases that were admitted. Only a few lab tests were available. Hemoglobin, Blood Sugar, Malaria and Urine Dipstick tests. The rest relied on clinical skills. We also had available a portable Ultrasound machine and small X-Ray machine which was very helpful. Teaching on the outpatients followed the inpatient rounds. Most patients travelled by foot for many days. From time to time they would have to be "hammocked" in (by "Bambulance") if they could not walk. In the afternoons we did formal classroom teaching. Mainly theory, emphasizing topics or subjects that were relevant to patients that had been seen that day. We taught in English with it being translated into Karen by one of the hospital leaders whose English was very good.

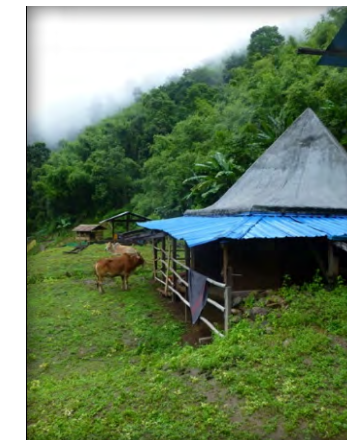


Very big thank you to LCMM for their on-going support for the work that Nok and I are doing in Thailand and especially this recent new venture – opening up surgery in the jungles of Burma.

緬甸叢林醫護學校

Dr. Scott Murray

Dr. Scott Murray 是北美路加支持的宣教士，長年在泰國和緬甸服事弱勢族群。以下是他其中一個事工的報告，簡單用中文摘要翻譯如下：



要到緬甸叢林裏我們服事的地方，需要先從泰國坐四輪傳動的小卡車，經過幾小時蜿蜒的山路，來到分隔泰國和緬甸的Salween河岸；再把所有的醫藥器材搬到一艘小船，繼續我們的行程。沿著河流向北划行約兩小時，就來到緬甸境內要下船的地方。因為這個地方河岸很陡，把東西從船上搬到岸邊是一大挑戰。然而更大的挑戰是接下來我們還要背著這些笨重的醫藥器材，穿山涉水，翻越坡度很高的山脊。有一段路還是在一片漆黑且下著傾盆大雨的情況下行走，一不小心就會被泥水沖走。我們在叢林裏一共走了約10個鐘頭，才到達我們的目的地— 緬甸叢林醫護學校 (Jungle School of Medicine Kawthoolei, JSMK)。

這個學校成立於2010年，主要是教導當地的年輕人一些基本的醫護知識和技能。經過15個月的訓練後，學員可以回到他們的村落服務，這是緬甸少數民族Karen族能得到的唯一醫療照護。學校的設備非常簡陋，是用竹子和木頭蓋的。學校旁的一條小河提供所需要的用水，也是員工，學生和病人家屬洗衣服和洗澡的地方。主要的食物是自己種的菜蔬，配米飯吃。學校安裝了幾片太陽能板，供應醫療儀器所需要有限的電源。我在這裡的時候，晚上睡在竹子拼成的地板上，我的同工則選擇睡吊床，當然沒有冷氣，也沒有電扇。我們一天吃兩餐，只有簡單的蔬菜湯和米飯。和其他人一樣，我也到河裡去洗澡和洗衣服。

學校目前有22位學生，我利用看診和巡診，每天花幾個小時來教他們。這裡可以做一些簡單的檢驗，也有一台超聲波和X光機可以幫助診斷和治療。除了臨床教學，我也選了一些對醫治當地的病人較有幫助的題目，給他們上一些課。我的教學都用英文，再由一位當地的員工翻成Karen族的話給學生們聽。

這裡的病人大多需要走一兩天的山路才能來到JSMK。我在這裡做了醫院設立以來的第一個手術。如果沒有人能開刀，病人必須再走一兩天的路，才能到最近可以開刀的地方。這裡的開刀房是用泥土混一點水泥蓋成的，開了幾個小窗戶可以透氣和引光進來，但必須用蚊帳蓋住以防止蚊蟲飛進來。手術台和上面的照明燈都是竹子做的，手術器具則用木柴起火加熱的壓力鍋來消毒。手術衣是用一些舊的被單改做的，用完後就拿到河裡洗一洗，再用壓力鍋消毒後留到下一次再用。

在這裏我只能用局部和腰椎麻醉來做手術，學生們也在一旁見習他們所見到的第一個手術，幸好病人手術後都沒有發生感染的問題，恢復也很順利。我們帶來的一個很輕巧，效能不錯的電熱止血器 (diathermy)，對在這種環境下開刀是不可缺的。謝謝北美路加醫療傳道會的資助，讓我們可以購買這個儀器和其他需要的藥物和材料，對我的教學和醫治病人有很大的幫助。

Proclaiming the Good News to the Poor Bangladesh Medical Mission Dr. Paul Cheng

This past June, LCMM was invited to participate in a mission to Bangladesh, organized by the American Chinese Evangelical Seminary. We brought a team of 12 people with various professions and backgrounds - physicians, dentists, nurses, medical students, pastors, professors, and seminary students coming from the US, China, Taiwan and South Africa. This was the first mission to Bangladesh for all of us. We served at two communities in Dhaka, the capital of Bangladesh, providing limited health care, health education, and a Sunday school program for the children. We also helped some of the local people with cleanup and painting of homes and school classrooms. We shared the Gospel and prayed for the patients when we had the opportunity to do so.

Over four days, we tended over 600 people with various medical problems, including respiratory issues, infections, and musculoskeletal pain. We had an ophthalmologist and dentist on the team to provide care within their specialty, including giving fluoride treatment to the school children. With a population of 160 million and annual per capita income of only about US\$1,700 (ranked 145th in the world), most Bangladesh people have no access or resources for decent medical care and education. Therefore, providing free education and health care was a welcome need in the area and opened a door to share the Gospel.

During our trip, we also met a Taiwanese Christian couple who used their business to spread the Gospel. Besides evangelizing to Chinese people there through a church they founded in Dhaka, they also have been reaching out to local Bangladesh people. They founded a school providing free education to the children in the community, from kindergarten to 2nd grade. They also support a Bangladesh Christian church financially and mentor the young pastor and church co-workers. Through this medical mission, they recognized the importance of the health for the community, especially the children, and immediately agreed to collaborate with us to develop a long-term care plan for them.

Together, we started a nursing station right at the school and hired a nurse who would visit there to check the students' health condition and follow their growth regularly. She will also teach classes on health education. The children will be given vitamins five times a week and antihelminthic medications every six months. We also plan to reach out to local doctors and hospitals as our backup when the children need

前進孟加拉—從訪宣到長宣 鄭博仁醫師

今年6月有機會參加美福神學院籌劃的孟加拉短宣，熊院長特別邀請北美路加參與提供醫療方面的服事。孟加拉是在南亞的一個貧窮的國家，人口一億六千多萬（全世界排名第8），人口密度極高，國民平均年收入每人約一千七百美金。教育和醫療的資源極其缺乏，文盲比例將近50%。大多數人（90%）信奉回教或印度教（9%），基督徒只有0.4%，但並沒有受到明顯的宗教壓迫或歧視。透過醫療、教育，或其他社區服務的方式把福音帶入這個地方，應該是一個很合理，且有果效的方式。

這次短宣隊是由來自美國、中國、台灣和南非的醫護人員、醫學院學生、神學院教授及學生、牧師、工程師等不同背景及專業的基督徒所組成。全隊12個人都是第一次來到孟加拉。我們主要的服事地區是位在首都達卡的兩個貧窮社區：Ashulia 和 Kamarpara。我們在Ashulia區裡的一個小學和Kamarpara區裏的一個孟加拉人的教會展開為期三天半的義診。診療項目包括一般科、眼科和牙科，我們服務了超過六百位的孟加拉人。另外也做了一些非醫療的服務，包括兒童衛教、油漆、清理垃圾等。每天看到無數的民眾，多半是婦女和兒童，排著長長的隊等待就醫，更能體會到福音書所記載主耶穌醫治的事工，他如何「走遍各城各鄉，又醫治各樣的病症，看見許多困苦流離的民眾，就憐憫他們。」（馬太福音9: 35-36a）

在靈性關懷和福音工作方面，我們常在病人等候領藥的時候向他們傳講福音，每天都安排有兒童主日學的節目，有很多人願意讓我們為他們禱告。我們也參加在Kamarpara教會的崇拜，有機會和孟加拉的基督徒一起唱詩、禱告、分享上帝在每個人身上的作為。我們30幾個來自世界不同角落，種族、語言、膚色、習俗都不一樣，卻能擠在牧師住的一個很舊很小的房子，同心敬拜讚美我們的真神，這是何等奇妙寶貴的經歷。

在會後的評估檢討中，聽到當地的同工說這次短宣帶給他們很大的激勵，社區的反應也非常好。我們期待可以繼續提供這樣的幫助。我們常覺得短宣最大的獲益者，其實就是短宣隊員自己，因為我們從中所得到的造就和激勵是極大的。在這次孟加拉訪宣期間，我們認識了一對基督徒台商，我們聽見他們如何在事業的起落中，不但認識神，也清楚神如何帶領他們藉著工作來傳福音並榮耀神。他們成立了孟加拉唯一的華人教會，每週五在公司的二樓聚會，他們同時也肩負

more advanced care. LCMM will stay in touch with the nurses and all co-workers involved for advice and consultation, and to share the cost of this program with them.

This is the first time that we are able to start a long-term service program right after a mission trip. We trust that it was the Holy Spirit working among us for His glory and His Kingdom. He has a special plan for the Bangladesh people and has called us to work with Him. We experienced what the Evangelists described in the Gospel about Jesus that "he went through all the cities and villages, healing every disease and affliction", and "when he saw the crowds, he had compassion for them, because they were harassed and helpless." (Matthew 9: 35, 36) May we all follow our Lord and respond to His calling to proclaim good news to the poor and needy using our talent, resources and the opportunities given to us.



短宣隊服侍的學生們



和當地同工一起配搭服侍

起牧養的工作。並在不同地區成立查經班，向華人員工及出入達卡的華人傳福音。他們也致力於向本地孟加拉人傳福音，全力支持一所孟加拉人的教會，平常有20幾個人固定參加聚會，他們多數是貧窮的當地人。幾年前，他們又在達卡Ashulia區設立一個小學，為社區貧困的孩子們提供免費的教育機會。這個孟加拉人的教會和學校所需的經費完全由這個當地的華人教會來承擔。他們對本地異文化弱勢族群靈魂得救的負擔和付出，是值得很多今天在海外的華人教會學習的。

今日教會在籌劃差派短宣隊到海外宣教時，應該同時要有長遠的考量和計劃。在孟加拉的事工上，美福神學院有一個四年的計劃。北美路加除了繼續參加以後的短宣隊以外，也在構想是否可以提供固定長期的醫療服務，以醫療來帶動或輔助當地福音的事工。通過和當地同工兩次的溝通及無數電郵的來往聯繫後，初步的計劃是在這個小學進行一個衛生保健的方案，每兩週一次會有護士去為孩子們體檢，處理簡單的問題，並提供衛教的課程。每個孩子會定期接受寄生蟲疾病的防治，每天來上課時都會給口服維他命。北美路加會定期以電郵或視訊來指導護士，提供必要的諮詢，並分擔藥物或其他所需物品的費用。如果這個方案能妥善執行，接下來也可以慢慢擴展到其他的社區，或進一步服務成年人或老年人。希望藉著提供固定的醫療服務能讓更多人把孩子送來學校、並進到教會聽到福音，認識並接受神的救恩。

很高興這個長期醫療照護的方案，在我們離開達卡後已經開始執行了。聖靈動工，讓我們在孟加拉第一次的訪宣後，得以馬上進入另一個的階段，有一個較長遠的宣教計劃，也能和當地華人和孟加拉人的弟兄姊妹配搭服事。神愛世人，必然也眷顧孟加拉人，深願能藉著我們的愛心和宣教的熱忱，把福音傳到這個貧窮的國家。神必要「在各樣善事上成全我們，要我們遵行他的旨意；又藉著耶穌基督在我們心裡行他所喜悅的事。願榮耀歸給他，直到永永遠遠。阿們！」（希伯來書13: 21）



一所地圖上找不到的小學

蕭吏瑩

達卡，孟加拉的首都，一個陌生的名字。

對於從小在台北長大的我，那是一個無法想像的地方。

也許你會問，全世界有這麼多的地方需要幫助，甚至連自己的國家都需要福音了，為什麼還要走出去？

我是一個20幾歲的年輕人，我認為我的行為能影響身旁同為年輕世代的彼此，在追逐事業成就、愛情婚姻的年紀裡，世俗的價值觀會讓我們忘了上帝，忘了誰才是一生服事的中心，而此時，耶穌的本質更需要被大大的彰顯！

上帝給了我一個機會，讓我有足夠的金錢與時間支持我走出台灣看見外面的需要。

對台灣而言，當年來台宣教的醫生們，那些不同膚色種族的外國宣教士，對本地人而言是一個特別的存在與影響，而我們的醫療團隊與社區服務的同工，就好比當年的他們。

一切的服事，一切的福音，從這所地圖上找不到的小學Ashulia elementary school開始。

從來沒有短宣隊來過這所小學，也因為這樣，更具有挑戰性與意義。

對宗教而言，孟加拉僅有0.4%的基督徒，但對我們而言，看到的是有99.6%迷失的羊。你也許會覺得，要說服那99.6%的人比摩西到迦南美地還艱難，但耶穌說：你餵養我的羊（約 21:17），讓我對這趟服事充滿信心，因我栽種了，亞波羅澆灌了，惟有神叫他生長(林前3:6)。

這是一所免費讓一、二年級孩童上學的基督小學，由當地的一位台商牧養。

在服事的每一刻，彷彿可以看見耶穌當年在傳福音時的景象，經文一句一句的實踐在你眼前。也許你會覺得短宣是我們去祝福別人，但常常被觸摸與感動的反而是我們自己。

服事的日子裡，等待就診的人龍一天比一天多，病患們一股腦兒的想往義診室裡面衝，但資源與

間的有限，我只能單單地注視著眼前的景象，思想著自己國家醫療資源的豐富，而他們，彷彿就像那患血漏的女子，充滿單純與信心，相信只要摸耶穌的衣裳，就必痊癒。

牙醫細心的教著每一位小朋友刷牙，他們不是不刷牙，而是沒有多餘的金錢能買牙刷、牙膏。

眼科醫師中午休息時，突然有病患急診，儘管拖著疲憊的身軀，也仍耐心、奮力的醫治。

初診與內科更是沒有一刻喘息，在服事的過程中，不斷檢討與調整流程，只希望能為當地帶來更好的醫療品質。

代禱區的同工們握著一雙雙無助的手禱告，就算喉嚨啞了，身子累了，仍繼續為他們禱告，而門有時必須關起來，因為對回教徒來說，接受基督徒禱告是非常敏感的事，但我們知道，我們不是為人做的，是為主做的(西 3:23)。

四天的看診，四位醫生醫治了670多位孟加拉居民。

我們為寡婦家、為校園漆油漆；我們為校園、為教會清掃垃圾。

翻新寡婦家，為她生命重新漆上新的色彩；整理後的基督校園，讓基督的光在街道巷弄的屋群中發光、發亮；教會前的街道清掃，讓每個經過的人知道基督徒的生命是潔淨、美好的。

這只是單單的粗活嗎？

當年門徒們踩在泥土上是不乾淨的，應由奴僕清洗，但耶穌卻跪了下來，一一為門徒洗腳(約 13:1-17)，為的就是要樹立榜樣，以愛、以行動來彼此提醒。

與校園的孩子們相處，雖然語言不通，但在簡單的肢體語言中，他們感受到我們對他們的用心與愛，當我們彎下身子撿垃圾，那年紀最小的孩子們全都圍過來幫忙，小手臂拖著一袋一袋的垃圾；當有孩子不小心受了傷，我們趕緊幫他上藥、包紮；我彈著琴、他們一起唱著歌，我們一起踢球、一起奔跑、一起玩耍，看著他們直接跳進河裡戲水，或是靜靜的看著同工畫畫、摺紙。許多的道理，他們不是不會，只是需要一個榜樣。

最後一天，我們參與當地教會的主日，也同時是當地牧師David的家，二十幾位的信徒席地而坐，滿了整個客廳，孩子們在隔壁房上著主日學。敬拜的過程，雖然是孟加拉語，但可以感受到每個音符是這麼用心在敬拜主。小小的家，卻充滿神滿滿的恩典。

短短五天的服事，只是一個撒種的開始。

不要憂慮吃甚麼？喝什麼？穿什麼？在孟加拉人單純的眼神與燦爛的微笑當中，你會體會到什麼才是真富足。

繼續努力為這世界最小的一個所做，就是為神所做(太 25:40)。

神使你享受許多的豐盛，是要讓你看到更多別人的需要。

哈利路亞！

(註：本文作者來自台灣台北，是這次孟加拉短宣隊最年輕的一員，原文刊登在美福通訊，經同意得以轉載)

Grace Upon Grace: MSCE/Taitung 2018

Shannon Tseng

It's just an overused and cliché phrase used by seasoned Christians for their godly Instagram captions. It doesn't mean much. Or so I thought.

The funny thing about clichés is that they only seem cliché until they happen to you. Through MSCE/Taitung 2018, a two-week missions trip in the island nation of Taiwan, God revealed to me grace upon grace. But what does this really mean? Well, it's simple. First, grace is the free and unmerited favor of God. We do not deserve grace, yet we are able to obtain it because of what God has done for us. Secondly, to have grace upon grace just means that there is an abundance of grace. In other words, I witnessed an abundance of God's grace during this missions trip in Taiwan. Particularly, I saw God's grace through MSCE, Christian fellowship, and the service learning trip in Taitung.

Saving Grace: MSCE

The Holy Spirit is real, and He was very clearly working in the hearts of the students at the annual Medical Student Cultural Exchange (MSCE). Although the organization which hosts this summer camp is Christian, MSCE is not advertised as a Christian camp. It's advertised as an English-learning camp. As such, I had my concerns about whether or not students would attend our optional daily Bible study at 7:45AM. I was also worried about how well I would get along with the students in my small group. I was also fearful that our presentations were not well-prepared.

I had all these doubts in my mind before the camp, but these doubts were immediately dispelled at the start of the camp. God was gracious in providing us with everything that we needed. He allowed for all the activities to go smoothly, and he blessed me with an amazing small group with students who were eager to learn. But most importantly, I witnessed God's grace through MSCE Bible study when He worked in my students' hearts.



On the very first day of the Bible study, my co-leader and I asked our students about their thoughts on Christianity. Two of them said they were Christian; another two hesitated to say that they were "kind of Christian"; the last said that she was not Christian. By God's grace, through the course of the week, our small group was able to learn of the truth of the Gospel. We covered dark topics like sin, but we also shared the good news of salvation from sin and eternal glory with Christ. Throughout the week, I wasn't entirely sure about what my students felt about the Bible study. They were quiet and reserved for the most part, and they nodded along when we asked them if what we were saying made sense. I was worried that our presentation of the Gospel message was inadequate.

But God reminded me again that salvation is not something accomplished by man. It isn't about my ability to explain the Gospel clearly. Rather, God is the only one who is able to save. On the last day of Bible study, we asked our group again about where they stood with Christ. And this time, all of them said that they were interested in seeking Christ further. Furthermore, those who were Christian to begin with said that their understanding of the Bible was strengthened.

I praise God for His saving grace. As Christians, we are never promised to see the people we love come to Christ. We aren't promised to see the fruit of our work, yet God was so gracious in allowing me to see Him save these students. Praise God for that!

The Global Church and the Joys of Christian Fellowship

One thing which I wasn't expecting to experience on this missions trip was the immense joy I would find in my fellow TAs. Our TA team had never met until the very first day of MSCE, and we come from different backgrounds. However, we had the most important thing in common, that is, Christ. That was all we needed. Throughout the course of the week, we went from complete strangers to family who pray, laugh, and serve together. I'm so thankful for their servant hearts, desire to seek Christ, and love for the Word. It is only through God's grace that I am able to call them my brothers and sisters in Christ. Even if we go our separate ways in this lifetime, I'm confident that we will see each other again in heaven, perfected, and home at last.



Giants of Faith: Taitung

When we hear the term "giants of faith," we often think about famous Bible characters like Abraham, David, or Elijah. But giants of faith don't only exist in the Bible; they can be seen in Taiwan too. For the second half of the mission, the team headed to Taitung to see the work that previous missionaries had accomplished. When we visited the Taitung Christian hospital, we learned of the many hardships that these missionaries had to overcome.

When resources were inadequate, the hospital staff would scour neighboring beaches for abandoned sandals in order to create makeshift casts for the patients. They worked long hours to rebuild the hospital after a devastating typhoon. One doctor in particular noticed that a crippled patient was the only source of income for his family. Rather than simply amputating his leg, the doctor performed a series of complex amputations to completely heal the broken bone. The dedication and care of these missionaries showed me just how much they loved God and the people of Taiwan.

These missionaries paved the road for others to continue the furtherance of God's kingdom. A small team of Christians with faith the size of a giant is able to make such a huge impact on an entire people group through Christ who strengthens. They were never promised to see the fruit of their work, but luckily we were able to. Building on their work, I hope to one day follow in their footsteps in sharing the good news with those who are lost.

Lastly, I hope to leave you all with my favorite quote by C.S. Lewis:

"There are no ordinary people. You have never talked to a mere mortal. Nations, cultures, arts, civilizations - these are mortal, and their life is to ours as the life of a gnat. But it is immortals whom we joke with, work with, marry, snub and exploit--immortal horrors or everlasting splendors."

This quote serves as a reminder to have an eternal perspective: there is an eternity waiting for us after this life. But there are only two options. People can spend an eternity in hell, suffering "immortal horrors" for the consequences of sin. Or, people can spend an eternity in heaven, sharing in the "everlasting splendors" promised to those who believe in Christ and His saving grace. Knowing this, how should we as Christians respond? I hope the answer is clear: go, and make disciples of all nations!

恩上加恩 Shannon Tseng



北美路加在台灣馬偕醫學院舉辦的台美醫護學生文化交流營，已經連續辦了八年，繼續得到學生們很好的回應，學校給予它的評價也很高，福音的果效也愈加顯著。今年從美國回去的學員 Shannon Tseng 寫了一篇文章，

陳述她很深的感受，請大家參考中文翻譯摘要如下：

參加這次為期兩週的台灣短宣，讓我見證到神所賜那無比豐盛的恩典，神讓我透過在馬偕醫學院的營會，基督徒的團契以及台東基督教醫院的見習，實實在在地經歷到祂的恩典。

雖然這個營會是以「學習英文，認識美國來的朋友」作為號召，但是聖靈做工，奇妙的撒下福音的種子。藉著每天早上的查經，讓我這一組的學生們對救恩有一些基本的認識，對福音產生興趣，而願意繼續追求。雖然不一定能親眼見到福音的果子，但我為神為他們所預備的救恩而感謝神。

神也讓我從這次的短宣經歷到基督徒弟兄姊妹相處的喜樂。我們來自美國的十幾位學員大多互不相識，我們在營會的第一天才第一次見面，但基督的愛把我們連結在一起，短短幾天裡，我們從完全陌生變成有如一家人那樣的親密，我們一起服事，一起禱告，一起歡笑。這也是上帝給信祂的人特有的恩典，可以因著共同的信，服事的心志，對神的渴望及祂的話語的追求，彼此成為最親密的家人。

每當我們聽到所謂「信心的偉人」時，我們常會想到聖經中的人物，像亞伯拉罕，大衛，以利亞等，但是我卻有機會在台灣短宣中認識幾位信心的偉人。結束馬偕醫學院的營會後，我們到台東參觀台東基督教醫院。從醫院的院史，我們聽到當年來自歐美的宣教士來台創立醫院的故事，他們必須克服許多的艱辛困難，靠著對神的信心以及對病人的愛心，一步一步走出來，造福無數，也彰顯神的愛和祂的榮耀。這些宣教士憑著無比的信心，為神國的擴張鋪路，讓後來的人接棒，結更多，更美的果實。我很期盼自己可以追隨他們佳美的腳蹤，向失落的人傳講上帝救世愛人的好消息。

2018 北美路加醫療傳道會事工回顧及計劃

- 01/20 [路加健康醫療講座] 講題—華人酒精不耐症及罹癌風險的預防和保健
講員—陳哲宏博士(Stanford)
地點—迦南台灣基督教會
- 02/13 [探訪退休宣道士] 鄭博仁醫師夫婦去 Arizona 探訪 Mrs. Ditmanson, 她和過世的先生 Dr. Ditmanson 在台 35 年，創辦嘉義基督教醫院
- 02/24 [路加健康醫療講座] 講題—飲食，營養與健康，及癌症的預防
講員— Dr. Jennifer Lee 李明瑛教授 (UCSF)
地點—基督之家第三家
- 03/10 [事工分享]- 禱告聯誼餐會
- 03/10 [路加健康醫療講座] - 北美路加協助柏克萊加州大學的學生的 KDSP 社區服務
講題—腎臟疾病的預防和篩檢
講員—蕭俐俐醫師(哈佛醫學院)
- 04/14 [事工分享]- 禱告聯誼餐會
- 04/21 [路加健康醫療講座] 講題—糖尿病的危險因素及預防
講員—Dr. Jennifer Lee
地點—聖荷西台美基督長老教會
- 05/11 [路加健康醫療講座] 講題—你知道癌症是可以預防的嗎?
講員—星吳芬芬教授(史丹福醫學院)
地點—Sinapi Seed Church, Palo Alto.
- 05/20 [路加健康醫療講座] 講題—青春期是危機還是契機?
講員—郭董明萱醫師
地點—基督之家第五家
- 06/23 [事工分享]- 禱告聯誼餐會
- 06/24 [關懷宣道士事工] 募款餐會
- 06/25-30 [孟加拉醫療短宣] - 與美福神學院合作
- 07/3-10 [MSCE] 第八屆馬偕醫學院台美醫學院文化交流研習營
- 07/11-16 [MSCE] 馬偕醫學院台美醫學院文化交流研習營到台東基督教醫院見習
- 08/11 同工聯誼禱告會
- 08/18 [路加健康醫療講座] 食品安全與健康飲食文化
講員—施麗媛醫師
地點—基督之家第三家
- 09/15 The Calling # 8 出刊
- 09/16 執行長訪問華府台灣基督教會，分享事工
- 09/22 English Ministry Fall Conference
Speakers: Dr. Dennis, Dr. Stafford
- 09/22 [杏林愛，故鄉情，愛的傳承分享見證會]
譚維義醫師 (Dr. Frank Dennis)
蘇輔道醫師 (Dr. Stafford) 分享
Ms. Sandra Shen 音樂見證
地點—曙光華人基督教會
- 10/12-21 執行長和譚維義醫師夫婦訪問西雅圖及溫哥華
- 10/27 [生命倫理研討會] 主題—重症末期的醫療決定與關懷
地點—基督之家第三家
- 11/17 [路加健康醫療講座] 主題—Health Fair, 腎臟疾病篩檢, 流感疫苗注射
地點—基督之家 第五家
- 12/1 - 9 [瓜地馬拉醫療短宣]
LCMM English Ministry 主辦
- 12/17-22 路加同工蕭俐俐醫師，陳哲宏，以及 Margaret Lee 在馬偕醫學院講授一個學分的密集課程。
主題為：Current Topics in Biomedicine。他們將駐校與學生有更多的互動
- 12/29 [English Ministry] - Winter Conference

北美路加事工簡介

社區健康醫療講座及生命倫理講座 (Community Health Talk and Medical Ethics Conference)

在灣區與各教會配搭，共同舉辦醫療講座和疾病篩檢活動，介紹重要的疾病新知。定期舉辦生命倫理研討會，結合基督徒醫護專業人員，牧師，神學及倫理學教授，生物科技專家，社工及法律等專業人士，帶領教會來探討並建立能配合時代，又不偏離聖經真理的立場。

關懷退休醫護宣教士事工 (Retired Medical Missionaries Connection, RMMC)

我們聯絡上了16位奉獻一生歲月給台灣，在美、加退休的醫護宣教士，希望透過這個事工築建一道傳承與關懷的橋樑。2017我們拓展事工，增加對三位在挪威退休的醫護宣教士的關懷，並支持三位現役醫療宣教士在緬甸，泰國，及瓜地馬拉的事工。

台美醫學生文化交流研習營 (Medical Students Cultural Exchange, MSCE)

每年我們從美國各院校甄選優秀的基督徒醫護學生，或醫學預科學生擔任助教，在馬偕醫學院舉辦「臺美醫護學生文化交流研習英文營」。透過交流，讓福音的信息融入。在營會結束後，我們安排學員在基督教醫院做為期一週的見習和服務。2017我們進一步在馬偕醫學院成立了「台美社」，每兩週聚會一次，參加的同學非常踴躍。

海外事工

與其他宣教機構及現役醫療宣教士合作，組短宣隊支援，親身經歷宣教工場的挑戰，進一步裝備自己為神所用。孟加拉、泰緬邊界的小桂河地區、瓜地馬拉，及台灣都是我們服事的工場。

部落星光事工

北美路加支持台東基督教醫院公益伙伴——「家立立基金會」之部落星光事工中的一號「部落星光據點」，入住部落、展開生命影響生命的幸福希望工程。

其他事工

- 和台灣的路加傳道會 (CCMM)、基督徒醫學會 (TCMA)、北美美福神學院及各基督教醫院配搭合作，推展醫療宣教
- 每兩年舉辦一次醫療宣教退休會，結合北美及其他地區的醫護人員，以及對醫療宣教有負擔的基督徒，一起分享事奉的心得和經驗，傳遞負擔並配搭服事。
- 出版 The Calling 刊物，傳揚醫療宣教的信息

Financial report (1/1/2018- 8/31/2018)

Donation income \$121,157.59

Interest income \$ 560.68

Expenses

Admin. and contractor	\$17,453.35
CPA, tax filing	\$1,960.00
Office rent	\$5,285.00
Supplies/printing/mailing	\$5,560.44
Local ministry	\$700.00
Missionary support	\$41,463.96
MSCE (students ministry)	\$16,829.50
Tai-tung tribal ministry	\$6,840.00

Total \$96,092.25

2018 Annual budget \$169,340.00

北美路加關懷的退休醫護宣教士



薄柔纒 醫師 Dr. Ronald Brown
老少兩代的薄醫師為了中國人付出了80年歲月，他們以生命和血淚服事著一代又一代的中國人。父親薄清潔牧師經歷了中國近代史上最慘痛最頻仍的40年，兒子薄柔纒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 醫師夫婦 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醫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，全靠美國教會奉獻所得微薄收入，過簡樸清貧的生活。



艾可諾 醫師 Dr. Carl Epp
1973年學案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，照顧畸形兒與早產兒，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。



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



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



羅瑟夫 醫師 Dr. Samuel Noordhoff
1959年，32歲的羅醫師蒙神呼召，舉家來台行醫宣教44年，自稱是「永遠的台灣人」。他創辦了台灣第一所小兒麻痺重建中心，第一間加護病房，第一個自殺防治中心生命線，以及第一個燙傷復健中心。他窮盡一生心力，巧手修補了無數唇顎裂及顛顏患者的缺陷，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. Joy Randall
1969年加拿大籍的藍瑪烈護理師，蒙神差派來到台灣彰化基督教醫院服務，從學閩南語開始，奉獻她30年的歲月給彰基。許許多多小兒麻痺或被寄生蟲感染的孩子們都得到她特別的照顧與疼惜。藍護理師同時引進國外先進臨床護理技術，建立護理管理，並協助彰基與國外各大醫院建立交流管道，提升台灣護理水準。



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. George 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。



譚凱莉 宣教士 Ms. Kari Jotan
譚教士在台灣服事32年，先後在埔基及屏基擔任助產士，接生無數的嬰兒，也擔任埔基護校的校長，培育許多護理人才，退休前又投入殘障的醫護和老人長照的事工。



畢嘉士 醫師 Dr. Olav Bjorgass
畢嘉士醫師在台30多年，在最炎熱最南端的屏東，讓許多絕望的痲瘋病患再次體察人間有愛，也讓深山的原住民知曉自己是上帝關愛的兒女，畢醫師引進首批小兒麻痺疫苗及脊椎矯正技術，幫助1萬多名病患重新站起來。於1997年榮獲第七屆醫療奉獻獎。



徐賓諾 護理師 Bjarne Gislefoss, R.N.
半生奉獻在山地醫療傳道上的埔里基督教醫院院長徐賓諾是埔里人最感念的阿公。獲頒「醫療奉獻獎」「紫色大綬景星勳章」「華夏一等獎章」，及祖國挪威頒發的「國家最高榮譽獎」。他說「挪威是我們的祖國，台灣是我們的家」企盼「台灣人也能疼惜台灣人」。



司榮實 護理師 Mrs. Joyce Ditmanson
她和過世的先生戴德森醫師Dr. Ditmanson於1957年受美國信義會差派到嘉義做醫療宣教，長達35年之久，創立嘉義基督教醫院。司榮實護理師是宣教士的兒女，在中國長大。在二次大戰期間和Dr. Ditmanson都被送到日本軍的集中營，在那邊一起被拘禁多年，也因此互相認識。



信蒂威廉 檢驗師 Mrs. 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。



聶梅珍 醫師 Dr. Mary Jean Buttrey
聶梅珍醫師出生於賓州匹茲堡，她由史坦佛大學畢業，於哥倫比亞大學完成醫學教育，後來又到富樂神學院進修，她與先生回應神的呼召，於1980由OMF差派來到台灣成為海外宣教師。她是內科專科醫師，一生在台灣馬偕醫院服務，於2014年退休，現居加州。

我們懷念的...



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



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

北美路加支持的現役醫護宣教士



Dr. Scott Murray

是蘇格蘭裔第四代的宣教士，在泰國出生長大，回蘇格蘭完成醫學教育和外科訓練，畢業後先去非洲，1991回到泰國偏鄉繼續醫療宣道至今。最近他開始到緬甸叢林一個簡陋的醫院，只能靠步行兩天才能到的地方，做醫治和教學的工作。



翁瑞亨醫師 Dr. David Weng

我要差你遠遠地往外邦人那裏去」因為聽到神在恆春海邊清楚的呼召，讓曾任嘉義基督教醫院與屏東基督教醫院院長及國民健康局長的翁瑞亨醫師，決定在人生的下半場，展旆「Longstay」的海外醫療宣教行。翁瑞亨長期在醫療宣教的默默奉獻，也讓他獲得第十六屆醫療奉獻獎的殊榮。



Dr. Barbara Okamoto

岡本醫師是一位退休的日裔美籍外科醫師，早期曾到台東基督教醫院幫忙。她在Ohio開業多年，後來決定提早退休，在亞洲，南美和非洲致力於醫療宣道的工作。

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