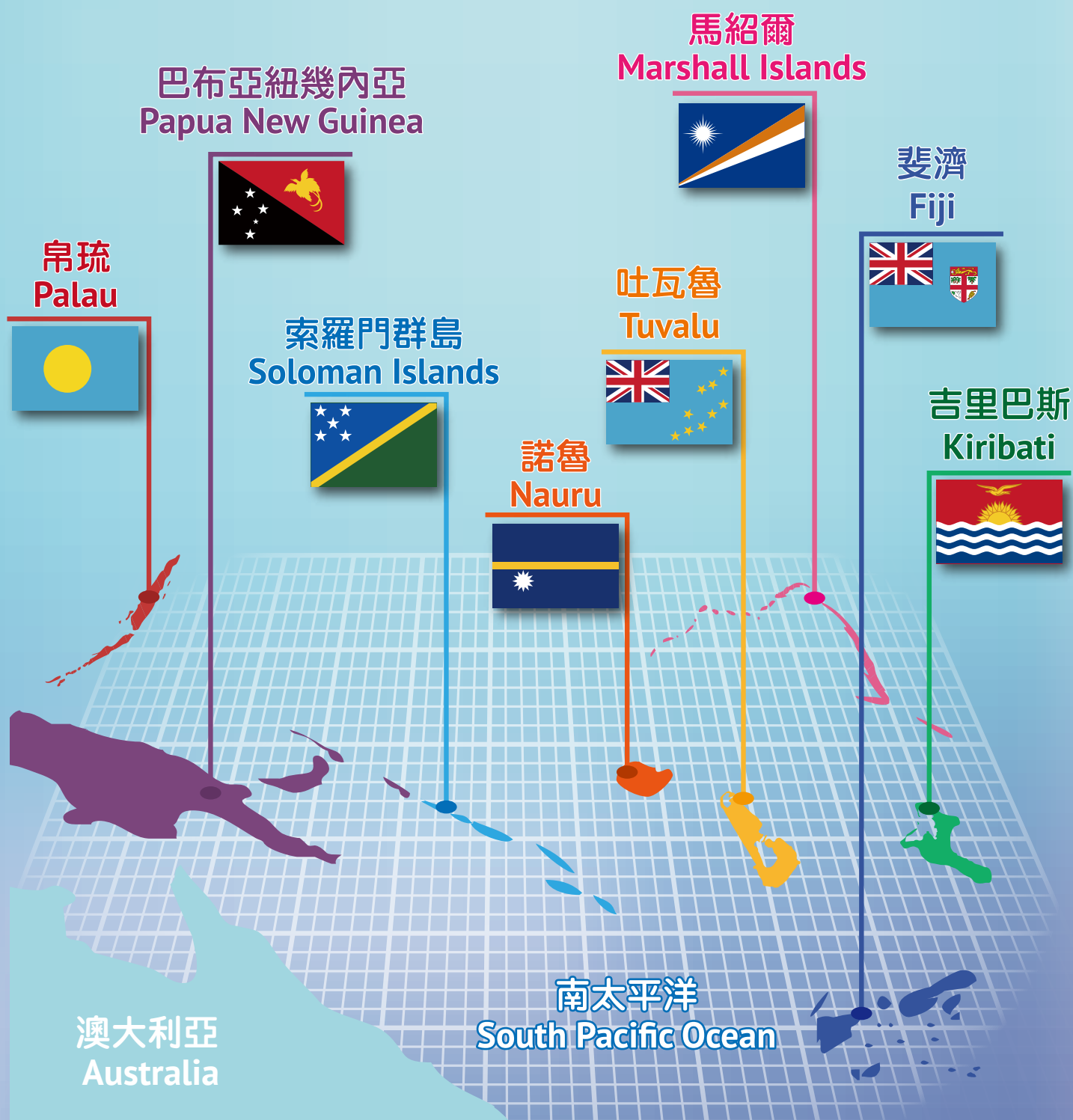


太平洋友邦及友我國家

Pacific Allies and Friends Countries



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部長序

外交部
林永樂 部長
David Y. L. Lin
Minister of Foreign Affairs
R.O.C.(Taiwan)

中華民國為善盡國際責任，回饋國際社會，發揮人道醫療救助精神，彰顯我為「國際人道援助提供者」之角色，爰善用備獲全球矚目與肯定之醫療照護能力，致力推動國際醫療合作，「太平洋六友邦及友好國家醫療合作計畫」便是其中成功之合作計畫，中華民國積極協助友邦及友好國家之醫療能力建構與發展，有效提升其人民福祉，

中華民國外交部及衛生福利部結合國內各醫療院所及民間團體力量，推動「太平洋六友邦及友好國家醫療合作計畫」，協助訓練及提升合作國家之醫療衛生人員素質、改善醫衛環境及品質，合作計畫內容主要包括：派遣行動醫療團、設立衛生中心、提供國際醫療培訓、轉診病患之醫療與照護、預防醫學、公共衛生教育、防治疫情及傳染病等。為整合我國醫療資源及力量，逐步建立醫衛合作資訊平台，發揮最大醫療援外效能，我們希望結合各界力量攜手合作，以期未來國內外有更多醫衛機構、人道組織與醫療機構加入我國醫療援外之行列。

令人高興看到的是，我國於 2013 年為友邦開辦「學士後國際醫學專班」卓然有成，今 (104) 年 7 月 28 日來自 12 國 32 位專班學生參加授袍典禮，正式進行臨床醫學之見習，這些友邦未來之醫師學成後返國，將貢獻所學投入醫療照護行列，奉獻心力與專業，照護自己的同胞，將可大幅提升我友邦人民之醫療照護水準，令人期待。中華民國在國際醫療合作領域與世界各國齊心努力，逐步展現豐碩成果，為我友邦及友好國家創造更健康美好之未來。

衛生福利部雙和醫院費心編纂「太平洋六友邦及友好國家醫療合作計畫」之專刊內容，除分享海外醫療合作之經驗與成果外，特別介紹我太平洋友邦及友好國家之風土民情，凸顯中華民國各主責醫院及醫療人員抱持「醫療無國界」之大愛奉獻，呈現與友邦及友好國家人民之互動與關懷，文字所述場景，真情流露，生動感人，更發人深省，相信可以激勵及鼓舞參與國際醫療合作之醫衛志士之使命感。

衛生福利部協同國內主責醫院醫護人員共同持續努力，使中華民國能對友邦、友好國家及全球各區域之醫療衛生領域作出宏大之貢獻，讓我國在國際舞台上發光、發亮，受到國際間之重視與肯定，在此除代表外交部表達敬意與謝意外，同時期待未來有更多國內外醫護界熱心的朋友們，大家攜手努力推動國際醫療合作計畫。

Minister's Preface

The Republic of China is a humanitarian aid provider that fulfills its international obligations and contributes to the global community by extending compassionate medical assistance to other countries. It has devoted its globally recognized healthcare capabilities to international medical cooperation. The Medical Cooperation Program in the Pacific Allies and Friendly Countries, which has enabled the ROC to enhance people's welfare in partner nations through assisting with medical capacity-building and development, is a remarkable example of successful collaboration in this field.

The program is a joint effort by the Ministry of Foreign Affairs, Ministry of Health and Welfare, hospitals, and nongovernmental organizations. It aims to train healthcare workers and improve healthcare quality and the overall medical environment in participating nations. The program covers mobile medical missions, the establishment of health centers, international medical training, and patient referrals. It stresses preventive care, offers public health education, and aims to help curb infectious disease and epidemics. Further, to buttress its international medical assistance efforts, the ROC is bringing together the strengths of various sectors to establish a healthcare cooperation information platform.

I am delighted that the School of Medicine for International Students, founded in 2013 for the benefit of our diplomatic partners, has been such a success. On July 28, 32 students from 12 countries participated in a White Coat ceremony, signaling the beginning of their clinical training under this program. When program associates return to their home countries, they will be empowered to direct their expertise toward the welfare of their people. We anticipate a resultant rise in healthcare standards in these countries. ROC medical cooperation with other countries is gradually bearing fruit and creating a way to a bright, healthy future for its diplomatic partners and other friendly nations.

This special report, published by Taipei Medical University's Shuang Ho Hospital, tells the experiences and accomplishments of the Medical Cooperation Program in the Pacific Allies and Friendly Countries. It also introduces the society and culture of participating nations, highlights the selfless contributions of participating ROC hospitals and medical practitioners, and shows ROC participants' concern for and interactions with the citizens of partner countries. The words contained within conjure up vivid images and scenes that reflect genuine emotions and, we hope, will strike a chord in your heart. I am certain that this will inspire a greater sense of mission among medical and health experts engaged in international medical cooperation.

The Ministry of Health and Welfare and medical staff at partner hospitals have made important contributions to ROC diplomatic partners, friendly nations, and countries around the world. Their steadfast commitment has brought the ROC into the international spotlight and garnered it worldwide recognition. On behalf of the Ministry of Foreign Affairs, I would like to express our admiration and appreciation to them. Moreover, we welcome broader participation in our efforts by medical practitioners, humanitarian organizations, and hospitals at home and abroad.

部長序



衛生福利部
蔣丙煌 部長
Been-Huang Chiang
Minister of Health and Welfare
R.O.C. (Taiwan)

中華民國多年來秉持著醫療無國界的思維，持續推廣醫衛人道援助行動，而衛生福利部自民國 93 年起，配合外交部之醫療外交政策，於太平洋地區執行雙邊醫療計畫，除協調國內主要公私立醫院，協助友邦國家提升醫衛品質外，也積極促使與友邦之醫療技術及學術資源交流與傳承，在這筆路藍縷的耕耘累積下，不僅為雙方奠定良好基礎，更幫助受援國提升民眾健康生活與創造良好衛生環境，增進國民福祉。

在國際醫療援助這條道路上，我們並不孤獨，有這麼多醫院與我們心手相繫，將所有的努力轉化成友邦人民的幸福微笑；在這本專刊中，看到醫護同仁們不畏辛苦的真誠付出，深為感動與欣慰。盼望這份勇敢無私的奉獻，能不斷地薪火相傳，讓我們以最好的資源，來協助友邦，共同建立健康的國際社會。



Minister's Preface

Taiwan has promoted medical care without borders for many years, and continues to undertake many medical and public health assistance operations. In compliance with the medical diplomacy policy of the Ministry of Foreign Affairs, the Ministry of Health and Welfare has implemented bilateral medical programs in Asia-Pacific areas since 2004. In addition to directing each designated hospital to assist our allies in improving their public health services and medical care quality, the Ministry of Health and Welfare also encourages medical technology and academic institutions to undertake exchanges with our allies. The cumulative hard work invested in these exchanges has laid excellent foundations for diplomacy; it has also improved health and environmental hygiene, adding considerably to the well-being of these countries' citizens.

We are not alone on this international medical aid road. There are many designated health professionals who share our aims and ideals, and their professional efforts are converted to smiles on the faces of our allies' citizens. So in this special report we can share our Ministry's deep sense of gratification at the hard work and efforts of Taiwan's medical staff working abroad. We hope that the torch of their courage and dedication will be passed on each year to the new staffs who undertake this difficult path. This will allow us to leverage our resources for the greatest good, and even for the greatest brotherhood: the community of nations that join forces for health.





索羅門群島衛生部 常任秘書長序

Permanent Secretary's Preface
Ministry of Health and Medical Service of Solomon Islands

Dr. Tenneth Dalipanda

臺灣衛生中心自從 2007 年便在中央醫院荷尼亞拉市索國群島運作，當時我正是中央醫院執行長。臺灣衛生中心是索羅門群島與中華民國臺灣在衛生合作各層面是重要的管道，涵蓋公共衛生、臨床服務、醫事人員能力建構、婦幼衛生、護理技術提升、糖尿病防治及寄生蟲防治等。

從我方的觀點，臺灣衛生中心對於我國助益良多。以人道救援任務為例，幾年前我國有一群重症患者亟需治療但無法搭機前往鄰近國家。我們決定向我們在高雄臺灣的友人們求救，他們立刻組成醫療團並飛來協助，這是非常動人的舉動。

除此之外，寄生蟲防治計畫在這裡是個十分重要的計畫。臺灣衛生中心注意到這個被忽略的熱帶疾病並沒有被其他在索國的衛生援助組織重視。從 2009 年開始他們開始進行田野調查如學童寄生蟲篩檢與治療。當他們發表寄生蟲感染盛行率時，這份資料讓我們都驚訝了。根據這份資料我們重新審視我國的衛生政策並組建被忽略的熱帶疾病工作小組。

不僅如此，臺灣政府更安排了行動醫療團巡診索國偏遠地區。我國是群島地形，百分之八十五的居民住在鄉間。不幸地我們並沒有足夠的人力去提供偏遠鄉間的居民醫療服務。我方衛生部與臺灣醫療團隊合作安排他們到這些地方去服務病人，對我們而言是莫大的協助。

最後，僅代表索羅門群島衛生部我在此向臺灣政府感謝這些友善的計畫與協助。

Taiwan Health Centre has been established in National Referral Hospital Honiara Solomon Islands since 2007, while I was the CEO of NRH. Taiwan Health Centre is the key channel in health field between Solomon Islands and R.O.C (Taiwan). It plays important role in many areas, including public health, clinical service, medical personnel capability building, maternal and child health, nursing skills training, diabetes mellitus training, parasite prevention and treatment.

From my perspective, it helps our country a lot and effective. Take humanitarian aid mission as example, several years ago our patients suffered from serious illness and they could not take flight to neighbor countries for treatment. We decided to call our friends in Kaohsiung Taiwan to seek any possible assistance; they assembled a medical team and came to Honiara in very short time. It is heartwarming action.

Apart from that, the parasite prevention and treatment project is an imperative work here. Taiwan Health Centre noticed that neglected tropical disease was not addressed by other health organizations in Solomon Islands. From 2009, they started to do field researches included parasites screening in school-aged children and treatment. While they released the prevalence rate of parasite infection, that was an amazed data. It made us to review our policy and set up a Solomon Islands Neglected Tropical Disease Task Force.

Furthermore, Taiwan government also arranged mobile medical team to visited rural areas in Solomon Islands. Our country is an archipelago, 85% citizens lived in remote areas. Unfortunately, we did not have enough man power to provide medical service to these lived far from cities. Taiwan medical team collaborates with MHMS to arrange medical tours to those villages to serve patients, which is a great assistance.

In conclusion, on behalf of Ministry of Health and Medical Service of Solomon Islands I would like to express our thanks to Taiwan government for such helpful assistance and kind arrangement.

吐瓦魯衛生部 部長序

Minister's Preface
Ministry of Health of Tuvalu

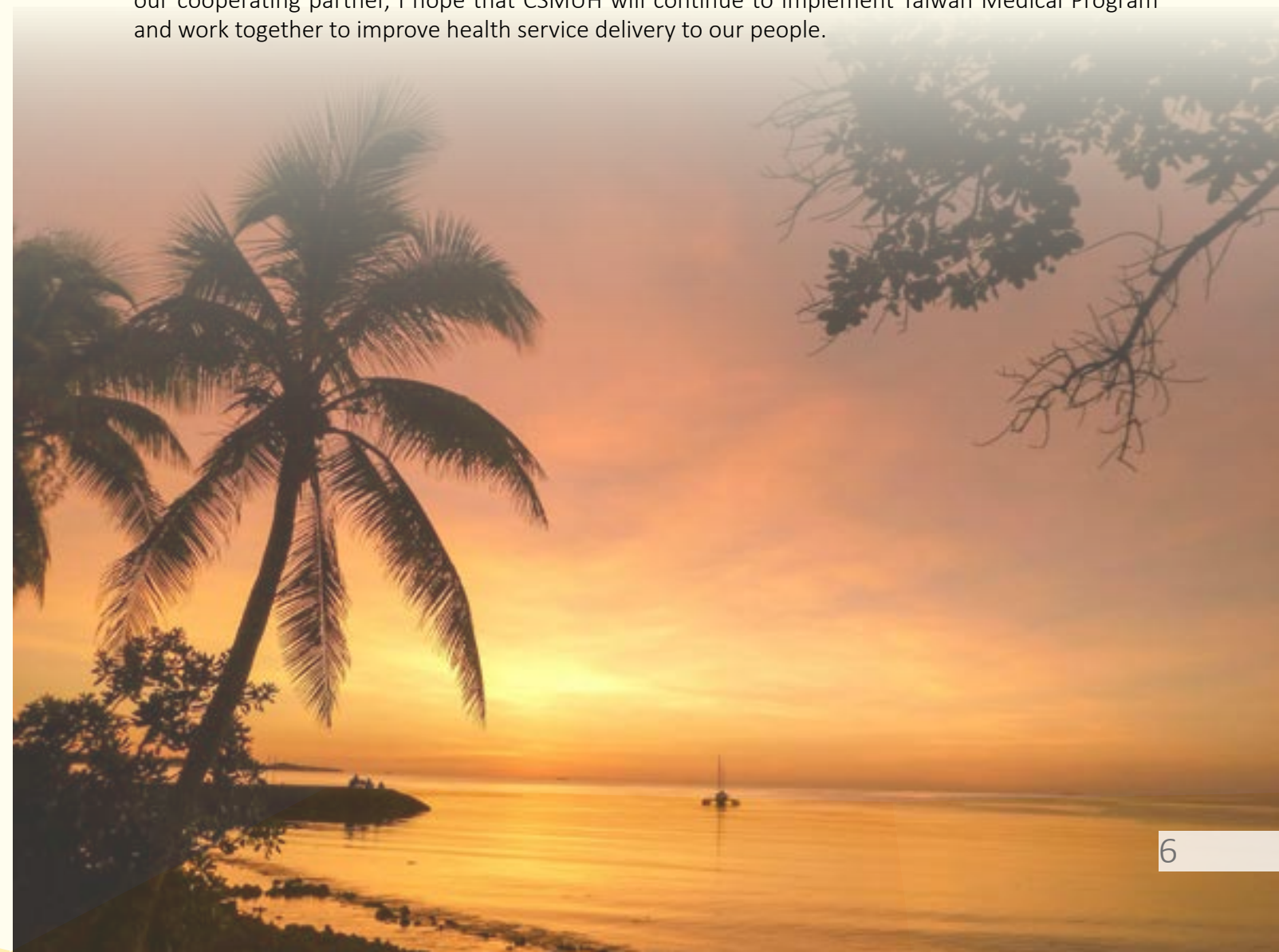
馬努業
Satini Tulaga Manuella

中山醫學大學附設醫院長期投入心力支持與提升吐瓦魯醫療品質及公衛教育，在此獻上我十二萬分的感激。

衛生部目前正推行改革計畫，目標專注於增強醫療服務品質以改善吐瓦魯人民的健康。中山附醫作為我方信任的合作夥伴，期許未來中山附醫能持續執行台灣醫療計畫，提供專業醫療服務，提升我國醫療照護品質，嘉惠本國人民。

I would like to express my deepest gratitude to Chung Shan Medical University Hospital (CSMUH) for your long term support of collaboration on improving the quality of medical and public health services in Tuvalu.

The Ministry of Health (MoH) has been implementing significant health sector reforms, aimed at strengthening health service delivery in order to improve the health status of Tuvalu. As our cooperating partner, I hope that CSMUH will continue to implement Taiwan Medical Program and work together to improve health service delivery to our people.



不只是合作夥伴，更是家人

Hon Gregorio Ngirmang, Minister of Health

帛琉是一位於西太平洋之島嶼國家，距離台灣只有四小時；帛琉也是少數幾個有台灣醫療計畫駐點的國家。身為衛生部部長，很開心能有這個機會與大家分享我對台灣醫療計畫經驗的感想。

台灣醫療計畫是由中華民國衛生福利部所發起；新光醫院執行。回溯至 2007 年，帛琉衛生部和新光醫院間即開始了一段長久且正向的關係，我們的醫療照護系統受其影響之大是無法計算的。新光醫院的幫助包括每年派遣行動醫療、短期駐診專科醫師、醫療相關器材捐贈及醫事人員交流訓練計畫。

不只如此，2014 年起，新光將健康照護服務由急性醫療拓展至預防照顧層面。新光醫院與帛琉衛生部攜手在帛琉國家醫院開啟了營養衛教中心。今年 (2015)，我們更將健康促進計畫帶入 Meyuns 小學，此計畫內容包括提供健康的營養午餐、針對防治慢性非傳染性疾病設計的健康促進課程，以鼓勵學生經由更好的飲食、運動習慣等，讓他們擁有更好的健康生活型態。新光對這些學童、家長、老師及整個社區帶來極大的影響。

此外，就與新光醫院合作的轉診計畫而言，我們的病人感受到視病如親的治療且對轉診計畫有很高的評價。有太多例子是病人處於相當挑戰性的醫療狀況、且差點要失去希望。但，感謝新光醫院，奇蹟真的發生了！我們的帛琉國人被治癒回國，過著開心且健康的生活。看到家人們結集在機場，等待他們的所愛在新光受到良好的治療後健康快樂的回家，身為衛生部長，沒有甚麼比這個還開心的。

總而言之，新光改變了很多人的生。無論是轉診病人被治癒返國、帛琉國家醫院裡的營養衛教、或是社區裡被鼓勵從小養成健康生活型態的學童們，台灣醫療計畫真的為了我們存在。這不僅僅是一個醫療交流計畫，我們更像是永遠的一家人。

Not Just partner, but Family

Hon Gregorio Ngirmang, Minister of Health

Palau is an island country located in the western Pacific Ocean, only four hours away from Taiwan. Palau also is the one of only few countries that has Taiwan Medical Program. As Minister of Health, I am pleased to share my feeling about our wonderful experience with Taiwan Medical Program.

Taiwan Medical Program, which is sponsored by Ministry of Health and Welfare, the government of Republic of China, is conducted by Shin Kong Hospital. Back to 2007, Ministry of Health and Shin Kong Hospital started a long and positive relationship, which whose impact on our healthcare system is immeasurable. Support from Shin Kong which included sending annual medical missions, short-term medical specialists, providing donations and training for our medical personnel.

Moreover, Shin Kong expanded their healthcare service from acute phase to preventive approach in 2014, when we opened the Nutrition Center in Belau National Hospital. This year, we also launched the Healthy Promotion program at Meyuns Elementary School (MES) that included providing a healthy lunch program, health promotion classes aimed at reducing Non-Communicable Diseases (NCDs) by encouraging the students to have a healthy lifestyle through better diet, exercise, and health education. Shin Kong has made a tremendous impact on lives of the children, their parents, teachers and their community.

In regards to our medical referral program with Shin Kong Hospital, many of our patients feel warmly treated and have high praise for the program. There have been many examples of patients who have had challenging medical conditions, and were beginning to lose hope. Yet, thanks to Shin Kong, miracles do happen, and as a result, many Palauans have been saved and are living happy and healthy lives. Nothing gives me more happiness as a Minister than to see Palauan families and relatives gather at airport waiting for their loved ones return home in good health and high spirits after receiving such good care at Shin Kong Hospital.

Simply put, Shin Kong has made a difference in so many lives. Whether it is a patient returning home safely to his family, nutritional counseling in our hospital, or encouraging healthy lifestyles in our children and their communities; the Taiwan Medical Program has been there for us. It's more than a medical exchange program, we are and will always be family.

半月彎的禮物

國際醫療中心 杜嘉瑩

馬紹爾群島共和國（後稱馬國）位於赤道以北，地理位置處在南太平洋上，介於關島與夏威夷之間，與台灣時差相差四小時，而其中最大的馬久羅島形狀就像個半月彎屹立其中；之所以命名為馬紹爾，是因為被一位名為馬紹爾的英國船長發現，而過往歷史中，曾依序被德國及日本殖民過，而這些統治史也發展出馬紹爾當地特有的文化，許多小細節更可看出日本對馬國的影響力；當地擁有非常豐富的海洋資源與一望無際的美景，是個十分怡人且迷人的群島國家，造訪過馬國的人無不對其景態讚嘆，卻因飛行交通費用昂貴與地主制度上的限制開發，導致當地的觀光無法蓬勃發展。

在這個四面環海的美麗島嶼上，無論是飛機場、民房等各式建築，皆比鄰海岸線而居，所有太平洋特有的氣息與文化，在這裡都可以體會的到，熱烈的艷陽高照、湛藍的晴空連結碧綠的海洋、搖曳的椰林風貌，之中最難忘的還是當地人那真誠善良又熱情的個性；這個國家與生俱來的自然資源與樂天的人民，就是一份造物者給世界最美好的禮物。

中華民國與馬紹爾正式於九零年代末期建交，積極在馬國推動各項建設以提升當地人民生活品質與福祉，除設立實驗農場，積極教導當地人關於蔬果植栽與進口冷凍豬精液提高豬隻生產率，也積極在當地出資建設，例如：國際會議中心兼總統辦公室，便是一項指標性的代表。除此，我國還有一項非常重要的介入性計畫，即為每年度「駐馬紹爾群島共和國台灣衛生中心計畫」，由外交部與衛福部策劃委託辦理，主旨在散播人道關懷使其醫療無國界，讓遠在異邦的當地居民與赴當地從商的台灣同胞能享有健康的生活環境和衛生的品質提升，真正落實一民主國家對社會及國家的回饋。

在此祝福馬紹爾群島的朋友們健康幸福。

KOMMOL TATA(萬分感謝)



Gift of Half Moon Bay

Jia-Ying Du
International Medical Services Center

The Republic of the Marshall Islands is located in the north of the equator near the Pacific Ocean. Situated between Hawaii and Guam, it has a four hour time difference from Taiwan. Majuro, the capital and the largest city of the country, is shaped like a half-moon. The Marshall Islands is named after the British explorer, John Marshall, who first visited the islands in 1788. The island's unique culture is heavily influenced by Japan, who colonized these islands after Germany. The charming archipelago nation has endless beautiful scenery that impresses its visitors, however the high air traffic cost and restrictions imposed by local habitants has limited its tourism business.

The unique atmosphere and culture can be experienced everywhere throughout the island, from large buildings like the airport to the residences of the Marshallese. Despite the warm sunshine, blue sky, swaying coconut trees, and dazzling glimmers of the turquoise ocean, the most memorable sight is the sincere, kind, and pleasant smiles of the local habitants.

In the late 90s, a formal diplomatic relationship was established between the Republic of China, Taiwan and the Marshall Islands. Taiwan actively promoted constructions on the islands to improve the people's quality of life and well-being. In addition to establishing an experimental farm, instructing the locals about farming techniques, and importing advanced breeding technologies, Taiwan also established symbolic structures such as the International conference Center and the Presidential Office. In addition, Taiwan has a very important interventional program, the annual Taiwan Health Center Project in the Marshall Islands, which is jointly commissioned by the Ministry of Foreign Affairs and the Ministry of Health and Welfare. The mission aims to provide borderless humanitarian and borderless care so the local habitants can enjoy a healthy and hygienic environment, thereby fulfilling Taiwan's social and national responsibility as a democratic state.

In conclusion, I wish all Marshallese health and happiness.

KOMMOL TATA



走入藍與白的交際線 - 美麗的馬紹爾群島

李飛鵬院長

雙和醫院自開辦以來，配合我國執行「國際衛生醫療援助」，從短期至泰北、海地、馬紹爾等國執行「行動醫療團」與「臨床醫療小組」活動，乃至 2013 年起承接衛福部之委託，於馬紹爾（後簡稱馬國）展開台灣衛生中心計畫，迄今已二年有餘，以穩健踏實的脚步逐步完成各項計畫，雖不敢說深耕馬國，但本院盡心於瞭解馬國政府與人民需求，深入調查馬國民眾飲食環境，致力推廣其衛教觀念，竭力於改善馬國人民之健康與生活。

耕耘兩年的台灣衛生中心計畫，本院除派遣一位常駐護理師於馬國服務，全院也積極調派辦理包括醫療人才培訓、健康營造、青少年保健、公共衛生講座、短期行動醫療團駐診、國際衛生交流合作等計畫；除了盡力提升人民的福祉，本院更不忘與馬國政府保持友好關係，不僅與馬國衛生部簽訂合作備忘錄，也與馬國最大之馬久羅醫院締交為姊妹院，加強兩國醫療體系間之學術與實務往來，保持臺、馬外交之良好互動。

本年度的計畫重點，將延續前兩年所建立之人脈與資源，確實整合計畫執行之經驗與成果，並規劃由本院全體量能與臺北醫學大學一校三院之協助，針對馬國主要醫療衛生議題，進行短期醫師駐診服務、行動醫療團、健康檢查篩檢與諮詢、衛生教育推廣、個案資訊管理平台建立、醫事人員培訓、協助病患轉診來台就醫等多項項目。此外，亦將配合政府政策與衛生福利部之調度，協助臺、馬雙方衛生合作事宜，持續多邊衛生合作計畫之聯繫、協調與整合工作，落實我國與馬國友邦間之關係，提升當地居民醫療服務品質為宗旨。

本院有幸承接第三年之台灣衛生中心計畫，除本持著醫療無國界之宏願積極參與馬國衛生醫療事務，更與當地多個非政府組織及國際衛生組織保持友好互動，以期整合多方資源，加快本院深入馬國基層，全方位顧及馬國人民生活與健康，提升其醫療環境與品質，真正的落實合作無國界・關懷全世界之長遠理想。



李院長等參訪馬久羅醫院 visitng majuro hospital

Accessing Blue and White Communication - the Beautiful Marshall Islands

Dr. Fei-Peng Lee

Superintendent of Shuang Ho Hospital



Since its establishment, Shuang Ho Hospital has collaborated with the Taiwan International Health Care Assistance Program. The hospital has sent short-term Touring Medical Teams and Clinical Medical Teams to countries such as northern Thailand, Haiti, and the Republic of the Marshall Islands. Since 2013, the hospital

has accepted the commission given by the Ministry of Health and Welfare to develop the Taiwan Health Center Project in the Marshall Islands. The project has been operating for more than 2 years and has steadily completed many of its goals. Although the project has yet to establish a strong influence in the Marshall Islands, Shuang Ho Hospital is dedicated to understand the needs of the government and its people by thoroughly studying local dietary environment and promoting public health education in order to improve the health and living conditions of local residents.

During the 2 years of developing the Taiwan Health Center Project, Shuang Ho Hospital has deployed a registered nurse and implemented programs for medical personnel training, health development, teenage health care, public health lectures, short-term medical missions, and collaborations in international hygiene. In addition to enhancing the welfare of the people, the hospital also maintains good relations with the local government and has signed a memorandum with the Ministry of Health. Furthermore, Shuang Ho Hospital has become a sister hospital of the Majuro Hospital, the largest hospital in the Marshall Islands. This strengthens academic and healthcare exchanges between the two countries' healthcare systems and establishes a positive diplomatic relation between the two nations.

In addition to undertaking the contracts and resources of the last 2 years, the project's focus for this year includes integrating the experience and implementation of the project. Moreover, with the support of Taipei Medical University's 3 affiliated hospitals (Taipei Medical University Hospital, Wan Fang Hospital and Shuang Ho Hospital), the project will address key medical and hygiene issues in the Marshall Islands and provide various services such as short term medical missions, touring medical teams, health screening and counseling, health education and promotion, establishing a platform for patient information management, medical personnel training, and transferring patients to Taiwan for medical treatment. In line with governmental policies and the Ministry of Health and Welfare assignments, the project will assist with bilateral hygiene cooperation and communication, coordination and integration for multilateral health cooperation in order to establish a solid alliance between Taiwan and the Marshall Islands to fulfill the mission of improving the quality of medical care for the local people.

Shuang Ho Hospital is honored to launch the third year of the Taiwan Health Center Project. The hospital will hold the ambition of medical care without borders and participate in the health care services of the Marshall Islands. In addition, the hospitals will maintain friendly interactions with local NGOs and the World Health Organization to join efforts and establish a solid foundation in the Marshall Islands to provide comprehensive living and health care, improve medical environment, and truly achieve the vision of cooperating without borders and global outreach.

以愛傳遞健康

Darlene K. Korok 馬久羅醫院代理院長
馬紹爾群島共和國衛生部

馬紹爾群島共和國 (以下簡稱「本國」) 衛生部於 2008 年設立「台灣衛生中心」，與中華民國展開合作關係。

台灣衛生中心提供多元協助，包括醫療服務與社區衛生預防計畫，是本國極為重要的醫療夥伴。台灣衛生中心之常駐本國人員、台灣調派人員、本國衛生部人員攜手合作，共同推動本國學

生之寄生蟲檢查、糖尿病篩檢、BMI 測量等工作。

台灣衛生中心開辦多項專業課程，諸如臨床護理、糖尿病預防、高血壓照護、心臟病照護、傷口護理、師資培訓等。台灣衛生中心的其他相關合作項目，包含派遣本國醫師、護理師、復健人員、醫療專家至雙和醫院接受專業醫療訓練，訓練完畢後返回本國，服務在地居民。

現今台灣衛生中心與本國衛生部之交流熱絡，關係極其密切。台灣衛生中心提供之醫療技能、技術協助、及專業技巧，堪稱衛生部的重要資產，衛生部人員相當感念台灣衛生中心之付出，而本國人民更是深蒙其利，心懷無限感激。

這些年來承蒙中華民國 (台灣) 駐馬紹爾共和國大使館以及台灣衛生中心對本國人民鼎力相助，衛生部在此謹致萬分謝意。我們期待未來能有更多合作機會，也再次感謝台灣衛生中心所帶來的高品質醫療護理與健康生活型態，以及為馬紹爾人民所貢獻之諸多醫療服務。

Kommol tata (萬分感謝)



With Love We Deliver Caring

Darlene K. Korok
Hospital Administrator
Ministry of Health

The Republic of the Marshall Islands Ministry of Health (MOH) and Taiwan Republic of China (ROC) Health Center established a relationship in 2008 when Taiwan Republic of China (ROC) Health Center became part of the Ministry of Health.

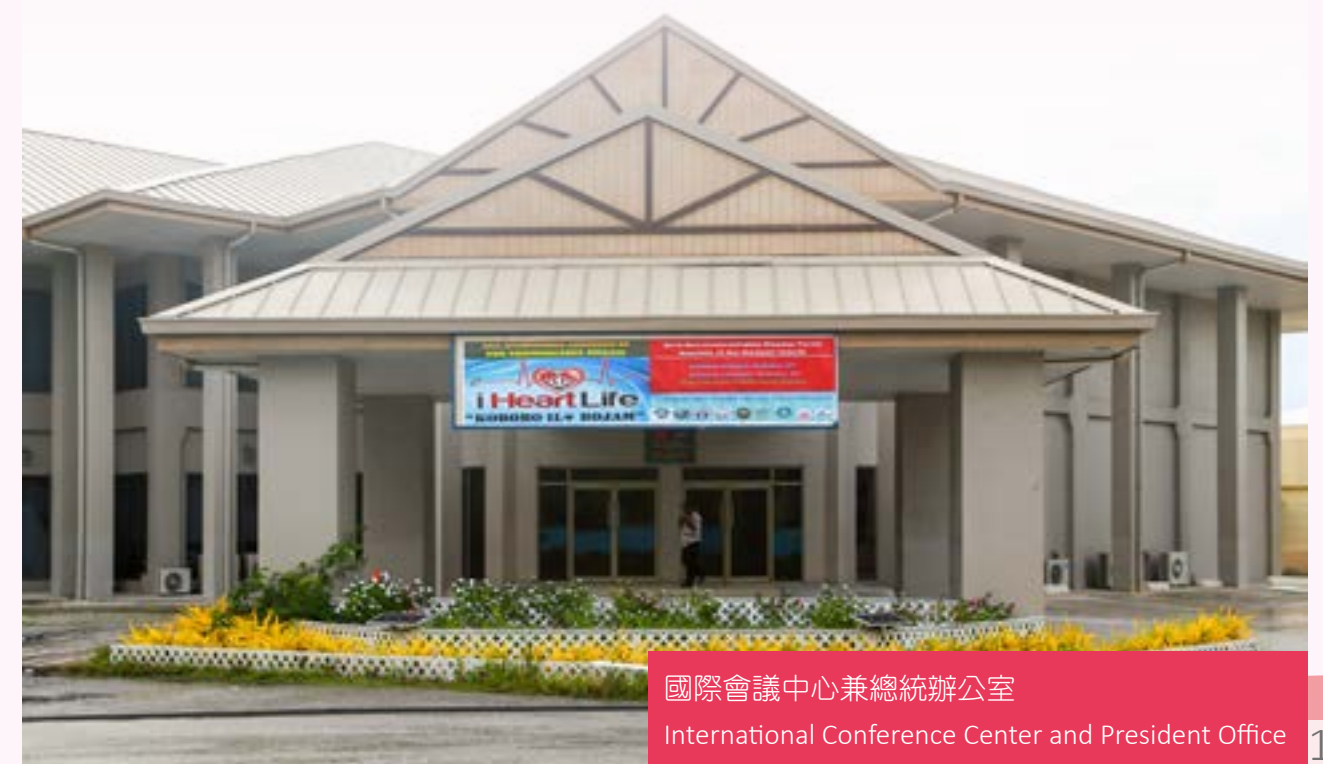
The Taiwan Health Center is an indispensable medical care partner that provides a wide range of assistance that includes medical service and community health prevention programs. The Taiwan Center and its staff on islands and also from Taiwan have collaborated with the MOH staff by working together on parasite screening, diabetes screening and BMI measurement for school students.

The Taiwan Health Center offers many professional courses such as clinical care, diabetes prevention, hypertension care, heart disease, wound care and teacher training as well. Other areas the Taiwan Health Center is involved in are; providing physicians, nurses, rehabilitation and medical specialist to the Taipei Shuang Ho hospitals for professional training. After completing the training they return with professional medical skills that they could provide to the people of the Marshall Islands.

The relationship between the Taiwan Health Center and the Marshall Islands Health Care has never been solidified than ever for many years now. The skills, technical assistances and technical expertise provided to the MOH staff is vital and very much appreciated not to the health care staff, but especially to the people of the Marshall Islands.

The Ministry of Health would like to thank the Embassy of the Republic of China (Taiwan), Taiwan Health Center for all the help you have bestowed upon the people of the Marshall Islands all these years. We look forward for many more opportunities in the future to work with you, and we are grateful for the good quality of medical care and healthy life style from the Taiwan Health Center and for providing many medical services to the Marshallese.

Kommol tata.



國際會議中心兼總統辦公室
International Conference Center and President Office

馬紹爾的風景

預防暨社區醫學部 陳美惠組長

馬紹爾群島是個有藍天、碧海美麗沙灘的島嶼，這裡的居民善良熱情，常常張著亮晶晶的大眼睛，帶著靦腆的微笑，友善的對我們伸出雙手，照拂著我們這群異國遊子，讓我們倍感溫馨。

此次透過外交部與衛福部的計畫案，有機會參與雙和醫院台灣衛生中心在馬紹爾群島進行的醫療服務計畫。

由於居住地形屬珊瑚礁群島，物產並不豐富，當地可以量產的食物無法足夠供給居民的需求，小島的生活物資幾乎都是仰賴進口，水資源也多採用續接雨水使用，生菌數值高無法飲用，居民均需購買飲用水或裝設濾水設備才可再煮沸後飲用，在醫療資源中也僅有一家較大型的醫院能提供醫療服務，目前以菲律賓籍醫師為多，近年來透過外交部積極協助與我國雙和醫院進行醫療行動團及醫療專業人員的培訓計畫，每年辦理國際研討會，邀請國際醫學、護理、營養、復健、資訊等專家分享新知，期待未來有更多馬紹爾當地的居民，加入醫療照護的專業，亦能在專業培訓中不斷增進專業能力，留在國內服務自己的同胞。

本地兒童人口數約佔總人口數五成左右，在經濟條件、水資源、與醫療資源並不寬裕情形下，兒童多有寄生蟲、生長發育遲緩、營養不均等健康議題。在成人健康議題與城市人健康議題相似，因飲食習慣喜愛油炸、糖類、高熱量的食物，使得心血管與新陳代謝疾病一直困擾著居民。

以預防糖尿病健康促進活動為例，在這個計畫前置期，我們努力結合了社區中正式與非正式組織，主動參與社區活動，設計健康篩檢遊戲模組，鼓勵居民參與活動，在活動中帶入糖尿病預防保健相關的介入措施，如：飲食與烹飪、活動與運動、感染控制與居家環境安全，進行持續的監測。

落實健康生活型態的建立，需要時間形成文化，非一蹴可及，對於馬紹爾群島這個友善的國家，熱情的居民，我們還有很多可以努力的地方，我非常謝謝醫院給我這樣的學習之旅，讓我能有機會與您們教學相長，還沒離開就已經開始想念這裡，這裡的風景真美。

參觀 ICDF 農技團

Visiting Technical Mission of The Republic of China (Taiwan).



Marshall Islands Scenery

Manager Mei-Hui Chen

Preventive Medicine & Community Medicine Department

The Marshall Islands is an island of blue sky, blue oceans and beautiful beaches. The people are kind and warm, often welcoming tourists with huge sparkling eyes and shy smiles.

Through the Ministry of Foreign Affairs and Ministry of Health and Welfare joint program, Taiwan Health Center in Shuang Ho Hospital had the opportunity to provide medical service in Marshall Islands.

Since the islands are composed by coral reefs, their inland natural resource is not rich and local food production can not adequately supply the needs of the residents. The islands import almost every living supplies, the primary source of water is rainwater, which is high in bacteria and not suitable for drinking. Hence residents are required to buy drinking water or install water filters, and boil the water before drinking. For medical resource, there is only one large hospital to provide medical services, and currently, it is mainly staffed by Filipino physicians. In recent years, through the efforts of the Ministry of Foreign Affairs and Taiwan's Shuang Ho Hospital touring medical team and training program of medical professionals, international medical, nursing, nutritional, rehabilitation, information and other experts are invited to share new knowledge in a yearly international symposium. It is expected that more locals from the Marshall Islands can join the medical care profession, enhance their professional competency through continual professional training, and remain in their country to serve their fellow citizens in the future.

Children account for about 5% of the total population. Given the inadequate economic condition, water resource and medical resource, the children are confronted with multiple health issues such as parasites, growth retardation and unbalanced nutrition. Adults are confronted with health issues similar to urban health problems, such as cardiovascular and metabolic diseases due to their habit of eating fried, sweet and high-calorie foods.

In planning our health promotion activities, such as the prevention of diabetes, we integrated with community official and non-official organizations, actively participated in community activities, designed health screening game modules, and encourage residents to participate in the activities. During the activities, we introduce ways to prevent diabetes, such as through nutrition and cooking, activities and exercise, infection control and environmental safety, and provide follow-up monitoring.

Establishing a healthy lifestyle does not happen instantaneously; it is a cultural formation that requires time. We still have much work to do for this friendly country of Marshall Islands and its enthusiastic people. I am grateful to the hospital for this educational trip where I have the opportunity to teach and learn with you. I have yet to leave, but already I am missing this beautiful place.



當地熱情的居民與護理師們 Outgoing Residents

改善馬國糖尿病的一小步

台灣衛生中心 短期駐診醫師 蔣得明

承蒙外交部駐馬紹爾大使館、衛福部國際合作組以及雙和醫院邀請，我來到了太平洋的島國馬紹爾群島進行短期駐診兩個月。期間除了在馬久羅醫院 (Majuro Hospital)，也去到醫療資源比較少的 Laura 看診，與當地護理師進行慢性病人的居家訪視，以及與常駐馬國的台灣衛生中心計畫經理徐韻婷進行各項公衛計畫。

馬國盛行的疾病是糖尿病，根據 IDF(International Diabetes Federation) 的統計，約有 1/4 以上的民眾是糖尿病患者；在我們小樣本的調查當中，發現民眾的平均 HbA1c 大於 8，其中更有 1/4 以上民眾的 HbA1c 大於 10，可知血糖控制得極為不好，馬國的中老年病人也因此常見截肢、洗腎、視力損傷等狀況。糖尿病也因此是馬國的衛生計畫的重點之一，各個國際組織以及當地組織也投入了眾多的人力、物力於此。

我們在馬國期間所執行的計畫中，有一項是糖尿病相關的種子教師培育訓練，針對的對象除了第一線的醫護人員外，也包含了衛生部官員、與當地國際 NGO 的領袖，以及重要工作人員們。我們相信外來的醫護人力可以協助一時，但真正能夠改變這個國家的是長期在這片土地的人們。因此希望藉由這個訓練能夠讓當地的領袖具備正確簡要的糖尿病預防、診斷以及治療的知識跟方法，來進一步教育當地民眾。

在預備課程的期間，我參考了當地門診經驗以及詢問馬久羅醫院藥劑部。我發現馬國的糖尿病患多半只使用 Metformin 以及一種 sulfonylurea 來控制血糖，若是使用兩種藥物後還是無法好好控制血糖，就只能使用民眾接受度不高的胰島素注射。

馬久羅醫院藥劑部主任 Ciara 告訴我，每年我國都有捐贈藥物，但有些藥物一直以來都比較少被使用。因此我在馬國期間也花了一點時間統整過去捐贈的藥物，發現其實有一些其他類型的降血糖藥，包括：TZD、acarbose、DPP4 inhibitor 以及 meglitinides 等四類的藥物。因此本次訓練除了分享臨床實務外，更重要的是跟這些第一線的醫護人員以及各領域的領袖分享如何妥善的運用他們已經有的藥物資源。此訓練也得到了參與者熱烈的迴響，馬久羅醫院也邀請我們進一步針對醫師們進行專題演講討論。

Canvasback Mission 的 Wellness center 是一個國際的 NGO，他們的目標是藉由均衡飲食以及運動來進行初級預防、促進健康以及減少糖尿病的發生。因此在糖尿病相關的計畫上，我們互相合作密切：我們邀請 wellness center 的人進行健康飲食的烹飪示範、在我們前往 Laura 駐診時也協助他們進入社區推動計畫。

由此經驗，我們在其他的衛生計畫包含肺結核、寄生蟲以及青少年衛生教育上也跟志同道合的夥伴合作，包含世界衛生組織 (WHO) 的不同計畫顧問、各國國際 NGO、當地的 NGO 和教會，以期達到事半功倍的效果。

在這兩個月中，我體會到國際醫療不僅僅是提供他國醫療相關的資源、技術以及人力，更重要的是要因地制宜，設計出一個對當地來說需要也可行的計畫，協助當地妥善管理運用各種資源。同時，在有多個組織同時致力於同一方向時，結合不同的資源、人力，來達到雙方甚至多方組織的目標。

Small step for Diabetes in Marshall Islands

Dr. Paul (Te-Ming) Chiang
Taiwan Health Center

Thanks for invitation from Taiwan Embassy in Republic of Marshall Islands, Ministry of Health and Welfare and Shuang Ho Hospital. I have the privileges to do medical services in Republic of Marshall Islands(RMI) for 2 months. During this period, I see outpatients in Majuro Hospital and Laura Health Center where there are lesser medical resources. Together with local nurses, we do home visit at different communities. Nicki Hsu, project manager in Taiwan Health Center and I also have different projects in public health.

According to statistics of IDF(International Diabetes Federation), the prevalence of diabetes are more than 25%, which means one in every 4 people suffered from this disease. In our survey, the average HbA1c of population was more than 8%. Besides, more than one-fourth people have poor sugar control with HbA1c more than 10%. Therefore, complications including diabetic foot with amputation, blindness and chronic kidney diseases are common. Diabetes is therefore one of the major focus of Non-Communicable disease (NCD) programs in RMI.

We held Diabetic Seed Teacher training program. The target groups were officers in Ministry of health (MOH), medical practitioners in Majuro hospital and leaders of NGOs. We hope that this training would equip them with concise knowledge and methods about prevention, diagnosis and treatment. We believe that it is the only way to truly change the destiny of RMI.

In the clinic, I noticed there are only two medication for sugar control, Metformin and Glipizide. If patients failed to control blood sugar with these two, the only solution would be insulin injection.

Ciara, director of Department of Pharmacy in Majuro Hospital, said that there are some medication donated from Taiwan rarely prescribed. Among them, there are other kind OAD(oral anti-diabetic agents), including TZD, acarbose, DPP4 inhibitor and meglitinides.

Therefore, sharing how to use those medication well became a key point in our training program. Participants gave us good feedbacks. We were also invited to give a lecture to doctors in Majuro Hospital.

There is an international NGO, Wellness Center of Canvasback Mission in RMI. Their vision is to promote health lifestyle and decrease incidence of diabetes through balanced diet and exercises. We have close cooperations in DM projects. We invited their staffs as speakers to demonstrate cooking healthy diet. With us, they then had chances to enter local communities.

As a result, we expanded partnerships in our public health projects with different organizations and institutions, including consultants in WHO, project managers of international and local NGOs and local churches. It then developed more possibilities and accumulated resources to achieve our goals in TB programs, parasite programs and teenager education.

To sum up, International Medical Service is not only to provide resources, techniques or personnel to recipient counties. More important is to design an applicable project that is suitable to this country. it is so important to connect with other organizations and to manage donated resources well. It is possible to achieve multiple goals together.



南太平洋珍寶-索羅門群島

索羅門群島為一群島國家亦是我國於南太平洋地區最大邦交國，全國總人口數約 561000 人，全國總面積約為 28400 平方公里，首都是荷尼亞拉市位於瓜達卡納爾島上。該國仍屬低度發展國家，約 85% 的居民仍分散居住於偏遠地區，都市化程度低落。這也造就了索羅門群島另類的魅力，多處未開發的雨林與未被破壞的海洋生態，不同於一般熱帶島嶼度假地區充滿商業化與過度美化，從山上到海邊每處都有許多美景這裡值得您的探索。

地理位置：位於巴布紐新幾內亞的東方、萬那杜之西北方；分布於南緯 5-13 度，東經 155 到 169 度，全國最寬處可達 1500 公里。

行政區域：全國劃分為九省一市分別為，中央省，喬伊索省，瓜達爾卡納爾省，伊莎貝爾省，馬奇拉省，馬來塔省，拉納爾和貝羅納省，泰莫圖省，西省，荷尼亞拉市。

氣候：地處熱帶地區，屬於海洋赤道氣候，終年潮濕悶熱，年均溫約攝氏 26.5 度。6-8 月為一年當中較為涼爽之季節，11-4 月較多降雨且偶有颶風侵襲，年降雨量可達 3050 毫米。

人口組成：主要為美尼尼西亞人，波羅尼西亞人，麥克尼西人，亦有其他澳洲、歐洲與華人等。

歷史簡介：索羅門群島數千年來已有人居住，但最早於 1568 年被西班牙航海家 Álvaro de Mendaña 發現，1893 年 6 月被英國納入殖民地。二戰時，瓜達卡納爾島為盟軍與日軍之重要戰場之一。於 1978 年索羅門群島獨立，但仍為大英國協會會員國以英女王為當然元首，採內閣制設有總督，實際行政首長為總理。

語文：官方語言為英語，通用語言為索羅門洋濱英文 (Pijin)。

經濟：人年均收入為 1830 美金，國家主要經濟來源為漁業與木材，各島嶼富含鉛，鋅，鎳和金等，金礦於 1998 於 Golden Ridge 開採。

戶外活動：爬山、衝浪、釣魚、潛水。索國為世界級潛點，當地有豐富的生態及珊瑚；更有許多二戰時沉沒的軍艦，索國有當地專營潛水之旅行社相當值得一探海底世界。

音樂：島嶼音樂、排笛音樂。

當地傳統房屋 Local traditional accommodation

Jewelry of south pacific ocean- Solomon Islands

Solomon Islands is Taiwanese biggest friend in the south pacific ocean. The country consists of six large islands and about nine hundred smaller islands scattered in the Oceania region, covering a land area of 28,400 square kilometers and a much bigger area of sea. The total population is 561,000. The country's capital, Honiara, is located on the island of Guadalcanal. This country is one of less developed countries in the world. Around 85% of the population lives in rural areas and has limited level of urbanization. It creates a different charm of this country and one of which is its people who are known for their always smiling faces. The country owns lots of undeveloped rain forest and un-spoilt marine ecosystems. It is not like other commercial holiday tropical islands, overly decorated. From mountains to beaches, there are lots of beautiful sceneries worth to be explored.

Geography: The country lies to the east of Papua New Guinea and northwest of Vanuatu, its two neighboring Melanesian countries. It lies between latitudes 5° and 13°S, and longitudes 155° and 169°E. The wide distance can be 1500 km. Administratively the country is divided into nine provinces and one city. The nine provinces are Central province, Choiseul province, Guadalcanal province, Isabel province, Makira-Ulawa province, Malaita province, Rennell and Bellona province, Temotu province, Western province, and Honiara City.

Climate: The islands' ocean-equatorial climate is extremely humid throughout the year, with a mean temperature of 26.5 °C (79.7 °F) and few extremes of temperature or weather. June through August is the cooler period. Though seasons are not pronounced, the northwesterly winds of November through April bring more frequent rainfall and occasional squalls or cyclones. The annual rainfall is about 3,050 millimeters.

Ethnic groups: The majority of Solomon Islanders are ethnically Melanesians with few Polynesians and Micronesians as the other two significant groups. There are few Australians, Europeans and Chinese.

History: Thousands of years ago, there were already human beings living on these islands. The first European to visit the islands was the Spanish navigator Álvaro de Mendaña de Neira. The Battle of Guadalcanal became an important and bloody campaign fought in Second World War as the Allies began to repulse Japanese expansion. Independence was gained in 1978 and it is a member state of the British Commonwealth. Solomon Islands has a unitary parliamentary and constitutional monarchy. Queen Elizabeth II is Solomon Islands' monarch and the governor-general is the head of state. However, the head of the political government is the Prime Minister.

Languages: While the official language is English, the lingua franca is Solomon Pijin and there are 87 different languages spoken by the various ethnic groups in the country.

Economy: GNI per capita is 1830 USD. Solomon Islands earn its income from forest industry and fishing industry. The islands are rich in undeveloped mineral resources such as lead, zinc, nickel, and gold. In 1998 gold mining began at Gold Ridge on Guadalcanal.

Outdoor activities: Various activities like mountain climbing, surfing, fishing, diving are popular. Solomon Islands is also one of the world's top diving destinations. There are variety of marine ecosystems and un-spoilt reefs; beside these you also have Second World War wreckages that are popular to dive. Solomon Islands has several diving agencies and one can book with them to dive the exciting spots. It is worth visiting for one to explore for themselves these underwater world sites.

Music: Island music, especially panpipe music is one of the popular music played and enjoyed by Solomon Islanders; however Western music is quickly influencing the traditional forms and types of music previously practiced.

臺灣衛生中心背景資料 (高醫醫學大學附設中和紀念醫院)

為配合政府醫療外交政策，衛生福利部根據 95 年我國與南太平洋友邦所簽署之「帛琉宣言」，於 96 年起委託辦理「駐索羅門群島臺灣衛生中心計畫」，派駐醫護人員前往索羅門群島，於當地成立臺灣衛生中心，希望藉由臺灣醫療衛生強項，深化我國與索國之良好互動及合作關係，進而以中長期衛生合作之醫療援外實效進入國際社會，彰顯臺灣在國際衛生援助之重要地位。本計畫案之重要性且執行依據主要係基於下列各項背景原因及其重要性，分述於下：

(一) 實踐衛生福利部與索羅門群島衛生部門協議事項

中華民國政府於 1985 年開始協助中央醫院 (National Referral Hospital, NRH) 興建計畫後，由索羅門群島政府於 1989 年 1 月正式開始興建，臺灣政府並於 1993 年 12 月開始正式運作當地醫療事務，除此在 1994~2007 年間持續進行了第一至三階段的計畫，包括了第三階段所完成的圖書館及會議室，直到 2007 年 8 月總施工花費高達 1,500 萬美金。

為落實臺灣與索羅門群島於 2004 年 12 月在台北簽署之雙邊衛生合作協議，提升衛生服務及訓練醫療人員，促進雙方學校及醫療服務和個人之交流。衛生福利部於 2005 年 01 月邀請臺灣五家公私立醫院決定參與交流計畫類似在 Palau, Kiribati, Tuvalu, Solomon Island 及 Marshall Islands 提供醫學研究、醫療技術及器材捐助等計畫。

除此，中華民國政府亦整合民間力量，組成志願醫療代表團，如中華民國牙醫師公會於民國 94 年 1 月派遣五位牙醫成員至中央醫院，捐贈牙科設備及牙材 (價值 SBD\$500,000.)。自民國 94 年起推動與南島國家衛生合作，並於民國 94 年促成高雄醫學大學附設中和紀念醫院與索羅門群島中央醫院締結為姐妹醫院。另，亦在民國 96 年 10 月於索羅門群島中央醫院設立「臺灣衛生中心」，該計畫在執行期間派遣常駐 1 位護理師，搭配 1~2 位短期替代役，來維持我國駐索羅門群島臺灣衛生中心之運作。

衛生福利部於 2005~2006 年間捐補助高醫，來執行與索羅門群島間締結姊妹醫院計畫。故高醫於 2005 年 08 月曾派遣四人代表團，至索國評估進行更多的醫療合作及技術協助之可能性。

高醫經民國 97 年 01 月至民國 104 年 7 月間已動員達 1044 人次參與索國衛生部及中央醫院 (NRH) 之交流合作事宜，包括了對於派遣醫療服務團隊、專科醫師人力協助、醫療技術與人員互訪交流等等。

來自高醫的糖尿病專家正在教導索國護理人員如何正確使用血糖機

The KMUH DM expert taught the SI nurse how to use the sugar check machine at NCD training workshop in 2009.



Brief Introduction of Taiwan Health Center in Solomon Islands

In 1985, Republic of China (Taiwan) and the Solomon Islands (SI) established diplomatic relations. Since then, Taiwan and Solomon Islands have collaborated in many important programs and activities those have contributed to their cordial and friendly relationship. Listed below is a summary of the many exchanged programs and projects collaborated over the years.

- (1) 1989-1993 National Referral Hospital Expanding Project (Phase I & II)
- (2) 1994-2004 National Referral Hospital renovations Project
- (3) 2005-2006 National Referral Hospital Expanding Project (Phase III)
- (4) 2006~National Referral Hospital and Kaohsiung Medical University Chung-Ho Memorial Hospital (KMUH) sisterhood relationship project
- (5) 2006~the Taiwan Mobile Medical Mission Service
- (6) 2007~the Medical Personnel's Capability Rebuilding Project
- (7) 2007~Taiwan Health Center in SI project
- (8) 2008~Taiwan Scholarship project on health field
- (9) 2013~Dengue Outbreak Response Program and NRH Priority Projects

In order to enhance and improve the public health challenges faced by Solomon Islands, a Memorandum of Understanding (MOU) was signed by Minister Johnson Koli, Ministry of Health and Medical Services of Solomon Islands and former Minister Sheng-Mou Hou, Ministry of Health and Welfare of ROC (Taiwan) in April, 2008. The MOU was intended to share and implement Taiwan's valuable and successful experiences in Solomon Islands, assist in enhancing local public health, improve the standard of local health, eliminate the threat of disease, and further achieve the Goal of WHO- Health for all.

The Taiwan Health Center (THC) is sponsored by the Ministry of Health and Welfare, and supported by the Ministry of Health and Medical Service of Solomon Islands, National Referral Hospital, and Taiwan Embassy and executed by Taiwan Kaohsiung Medical University Hospital. By giving a lot of valuable efforts and assistances, the THC has successfully implemented various programs and trainings that benefited the people in Solomon Islands.

The concept and healthcare system of Taiwan public health was brought in to this county in the 2nd half of 2008, as shown in Figure 1. Based on the public health plan, Taiwan Health Center provides an excellent medical service, education and training to all of the communities. Over these years, THC has been collaborating with Ministry of Health and Medical Services of Solomon Islands, World Health Organization, Australian Government, Japan, UNICEF, UNFPA, SPC, World Bank and other NGOs to help solving the health and development needs of Solomon Islanders.

婦產新生兒照護能力建構計畫工作坊

The Capability Promotion Camp of maternal women and infant care project in 2010



(二) 落實民國 95 年「第一屆臺灣與太平洋友邦元首高峰會」發表的帛琉宣言

為了落實民國 95 年「第一屆臺灣與太平洋友邦元首高峰會」所發表的帛琉宣言中，有關衛生醫療領域之倡議，衛生福利部於民國 96 年 4 月，委託所屬署立新竹醫院展開第一階段「駐索羅門群島臺灣衛生中心計畫」，派遣醫護人員前往索國成立臺灣衛生中心，針對索國盛行的慢性疾病－糖尿病，與當地醫療機構共同執行公共衛生合作計畫。民國 98 年續由高雄醫學大學附設中和紀念醫院接手進行駐索羅門群島臺灣衛生中心計畫案至今。

(三) 駐索羅門群島臺灣衛生中心計畫重點

配合索國國家衛生計畫規劃以下重點政策：醫療服務、被忽略的熱帶疾病、非傳染性疾病、健康促進、國際志工、婦幼衛生等。醫療服務：與索國衛生部與中央醫院合作搭配國際合作發展基金會行動醫療團計畫、當地衛生部及教會之合作已於民國 103 年至索國 9 省 1 市提供醫療服務。被忽略的熱帶疾病：本計畫至民國 98 年開始進行腸道寄生蟲篩檢其成效獲得索國衛生部及當地衛生援助組織重視，於民國 102 年成立索國被忽略的熱帶疾病工作小組，著重於腸道寄生蟲的篩檢與治療。非傳染性疾病：民國 98 年起本計畫即透過醫療服務篩檢發現當地居民體重過重、血糖與血壓異常患者人數偏多，便開始著重於糖尿病與高血壓的訓練，此一議題隨後更被世界衛生組織提出為索羅門群島人民健康一大威脅。健康促進：索國 85% 的人口居住在偏遠地區且其教育水平不一，為能增進當地民眾之健康意識並預防疾病之發生；臺灣衛生中心每年皆利用醫療服務時至偏鄉進行衛生教育希望能收預防之效。國際志工：結合高雄醫學大學暑期志工活動至合作學校及社區辦理衛生教育，一來可深入民間、二來可讓學生對於國際醫療有初步認識培養未來國際醫療人才。婦幼衛生：自民國 99 年開始辦理，透過培養種子教師、田野調查及改善當地生產器械消毒等，在民國 102 年該國統計數值中可見有明顯改善。



2013 中央醫院登革熱實驗室動土典禮 由左而右中央醫院前院長 George Manimu，高醫大校長劉景寬教授，衛生部前常任次長 Lester Ross，大使館邱玉汕參事，中央醫院醫療總監 Rooney Jagilly
Groundbreaking ceremony of Dengue fever laboratory held in National Referral Hospital in 2013. From left to right, former CEO of NRH George Manimu, President of KMH professor Liu, Ching-Kuan, former Permanent Secretary of MHMS Lester Ross, Counselor of Taiwan Embassy Chiu Richard, medical superintendent Rooney Jagilly.

In 2009, a seven-year program of treatment and prevention of diabetes (type II), hypertension and gout was successfully accomplished. There were more than 150 seed-teachers who underwent appropriate training and successfully passed their exams, including doctors, nurses, and other paramedical personnel.

Non-Communicable Disease prevention program is another significant THC project launched in 2007. The project combined the forces from Taiwan International Health Action (IHA), Taiwan International Cooperation and Development Fund (ICDF), and KMHU volunteers. It benefits over a thousand of Solomon Islanders and assists them in regaining a better and healthier life.

Swine flu education training is one of the other THC project. There were two seminars held in 2009 with a total of 125 health care workers participated.



寄生蟲投藥計畫及義診 Kulu 社區學校
November 2010 We organized parasite prevention program and medical service in Kulu community school Guadalcanal province

Table 1 Project Objectives

Fields	Activities
Neglect Tropical Disease (NTD) project	I. Parasite Screening, Treatment & Prevention, and Training Program II. The Seed Teacher Training program on Parasite Prevention III. Training Program of Parasite Examination to SI Paramedical personnel
Non-Communicable Disease (NCD) project	I. Seed Teacher Training Program of Diabetes, Hypertension, & Gout Education II. e-DM Case Management Informatics System (DMcmis)
Maternal and Child Health (MCH) program	I. The Capability Promotion Camp of maternal women and infant care project II. The renew delivery (resterilizabale) set at rural health center project III. Neonate & Infant Nursing Care Training project
Medical Service at Urban and Rural Village	I. Rural Community Medical/Clinics Supporting Program II. Good Samaritan Hospital Outpatient Service Program III. Taiwan Mobile Medical Mission Service Program
Health Education Program	I. SIG Parliament House Members & Officials II. Rural Health and Public Health Cultivation

Taiwan medical personnel visited many provinces (approximate 900 smaller islands) in this country since the Taiwan Health Center established at the end of 2007. This included Santa Cruz Island, in the far southeast province of Temotu, spreading the love from Taiwan all over the Solomon Islands.

In the future we will continue the collaboration, not only because of the agreement, but also for the love of the people of Solomon Islands. It is our aspiration to let Solomon Islanders stay healthy and achieve the Goal of WHO- Health for all.

感謝臺灣對索羅門群島及中央醫院的協助



2015 台灣國會議員及衛生福利部代表團訪問中央醫院 (左起為賴文德教授, 譚開元教授, 陳建志董事, 趙天麟立委, 醫療總監 Dr. Rooney Jagilly, 于德勝大使, 盧柏樑醫秘)

Taiwan Member of Parliament and delegation of ministry of health and welfare visited National Referral Hospital. (From left, Professor Lai, Wen-Ter, Professor Tan, Kai-Yuan, member of board of trustees Eric Chen, Hon. MP Chao, Tien-Lin, Dr Rooney Jagilly, Ambassador Yu Victor, Dr. Lu, Po-Liang)

駐索羅門群島臺灣衛生中心從 2007 開始於索國提供服務。臺灣衛生中心正位於中央醫院亦是首都赫尼亞拉市中心。從臺灣衛生中心開始運作以來並一直與中央醫院決策核心小組於許多層面密切合作。中華民國臺灣是索羅門群島衛生部不可或缺的重要援助國，而臺灣衛生中心正是扮演著重要的角色聯結著中央醫院、衛生部及駐索羅門中華民國大使館與許多提供索國援助的臺灣機構。

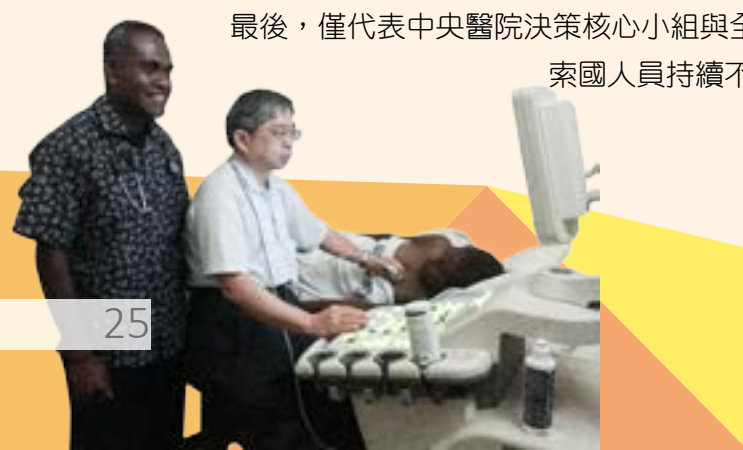
臺灣衛生中心提供在衛生領域的廣泛協助包括公共衛生和臨床服務。以公共衛生方面來說，它專注於寄生蟲防治與衛教。在臨床方面提供許多專業的能力建構課程如：婦幼衛生、臨床醫療、糖尿病、感染管制與護理技術提升等等。這些教材皆根據當地需求而製作，衛教資料更進一步採用我國的通用方言洋涇濱英文以便當地患者及護理人員使用。營養建議的食物更以當地食物製作模型及份量以便教學。

除了能力建構與臨床服務，臺灣更在中央醫院提供基礎建設。臺灣於 1993 至 2007 致力於翻新有三百張病床的中央醫院。當 2013 年登革熱大流行，臺灣更無私並首先派遣專家與提供急需的醫療設備來協助處理遠超過我方能力所能處理之疫情。在寫這封信的當下臺灣正在為我國訓練醫檢師以便未來操作實驗設備。

臺灣贊助超過 30 位醫護專業人員至臺灣受訓包括醫師、醫檢師、牙醫、護理師、醫學工程師、行政管理人員。這些合作的成果提昇許多臨床與專業領域。最為人所知的是臺灣派遣兩次骨科醫療團至中央醫院完成 5 例全膝關節置換術與 1 例全髖關節置換術，這徹底改善患者的生活品質。他們可能從未想到能有機會接受可以如此改善生活品質的手術。這在我國是前所未有的手術但臺灣衛生中心團隊證明這是可行的。

除此之外臺灣衛生中心派遣了許多行動醫療團至我國的偏遠鄉區提供醫療服務。因為我國沒有足夠的醫師與牙醫，許多社區聚落很難有醫師或牙醫前往巡診。而我國有百分之 85 的人口居住在鄉間，臺灣衛生中心的行動醫療團在過去幾年中足跡已經踏遍 9 個省份。

最後，僅代表中央醫院決策核心小組與全體職員，誠摯地感謝臺灣政府與人民對於中央醫院與索國人員持續不斷的協助。我們期待未來持續的合作與堅定的友誼。



Rooney Jagilly 醫師
衛生部 中央醫院 醫療總監

TAIWANESE ASSISTANCE TO THE NATIONAL REFERRAL HOSPITAL AND SOLOMON ISLANDS



SOLOMON ISLANDS GOVERNMENT NATIONAL REFERRAL HOSPITAL
P.O. BOX 349, Honiara, Solomon Islands

Dr Rooney Jagilly
Medical Superintendent
National Referral Hospital
Ministry of Health and Medical services

The Taiwan Health Centre (THC) in Solomon Islands has been operating since 2007. It is conveniently located within the National Referral Hospital (NRH) in the Centre of Honiara City. Since its opening the THC has been working closely with the National Referral Hospital Executive in many areas. The Republic of China - Taiwan is an important donor to the Solomon Islands Ministry of Health, as such the THC serves as an important linkage between the Ministry of Health, the National Referral Hospital and the Taiwanese Embassy, and Taiwanese institutions that provide personal that come to provide service to the NRH and Solomon islands.

THC provides broad assistance to health care in Solomon Islands that includes public health and clinical services. In the area of public health it works on parasite infection prevention and treatment as well as public awareness.

Specific training has been provided to many staff for capacity building in maternal and child health, clinical services, diabetes mellitus, infection control and skills update for nurses. The topics taught and material used are custom-made to suit local situations. Materials for staff and patients have been translated to the widely used local dialect, Pidgin English and when nutritional advises are given, local food is used for demonstrations.

Apart from training and providing health services, Taiwan has also been providing infrastructure development especially at the NRH. Taiwan funded major refurbishment of the three hundred bed National Referral hospital from 1993 to 2007. When we had a major dengue outbreak in 2013, the first of its kind in Solomon Islands, Taiwan promptly sent in relevant specialists and much needed equipment to help dealing with the situation that was beyond our capacity. This then led to the construction of a high quality laboratory with equipment provided that will be of great use in dealing with dengue and other emerging diseases. Currently there are laboratory staff who are trained to handle the donated equipment.

Taiwan has sponsored more than thirty specialist medical, laboratory, dental, nursing, biomedical engineers and administrators to Taiwan to do training. These collaborations lead to exchanges in various specialist clinical areas. Most noted is the two visits by a Taiwanese Orthopaedic team that who did five total knee and one hip replacement that change these patients lively hood. They would have otherwise never have dreamt of such lifestyle changing surgery. This kind of surgery in Solomon Islands is unprecedented but proves the point that it is possible.

Through the THC many teams have been sent to the most remote parts of the country providing medical services. Many of these communities hardly get a visit from doctors and dentists because of the shortage of doctors. It is in these rural communities that 85% of the Solomon Islands population live and the THC organized teams have been to all the nine provinces over the last few years.

Finally on behalf of the National Referral Hospital Executive and staff I would like to sincerely thank the Taiwanese government and its people for their continued assistance to the NRH and the people of Solomon Islands. We look forward to have continued collaboration and friendship in to the future.

在上帝的國度分享愛

駐索羅門群島臺灣衛生中心 團長 王喻萱

2015.08.05

索羅門群島～一個散落在南太平洋上的，由星羅棋布的島嶼組成的國家，是台灣二十二個邦交國之一。有美麗的海洋、豐富的漁業、林業及礦產資源，但卻是全世界少數未開發的國家，由於地處南緯五到十二度的熱帶地區，加上基礎建設並不完善衛生條件不佳、醫療資源缺乏的情況之下，仍舊飽受許多熱帶疾病和傳染病，如：瘧疾、登革熱、寄生蟲、嚴重的黴菌感染和許多其他病媒蚊蠅傳播的疾病，另外糖尿病、高血壓和肺結核等慢性疾病也在索國非常盛行，所以索國有許多的衛生議題都需要被協助解決。

決定要來索國服務的契機，是長久以來對於國際醫療的嚮往，就像大部份的人一樣有滿腔的熱血，想要到醫療資源匱乏的國家去奉獻己力。而高醫在索羅門群島提供醫療協助至今剛好是十週年了，這十年的深耕不僅和索國的中央醫院 (National Referral Hospital) 締結了姐妹醫院、高醫大和國立索羅門群島大學締結姐妹校、協助執行臺灣政府在索羅門群島的臺灣衛生中心計劃、在這期間更是有許多的醫療合作、完成了許多艱難的醫療任務。在經歷了首任臺灣衛生中心侯淑英團長的開創和第二任林裕超團長努力紮實的經營及高醫蕭世槐主任的大力協助之下，很幸運的徵選上了第三任的衛生中心團長。自 2014 年起開始來索預計提供兩年的服務。雖然，不能說在索國的工作和當初理想中的一樣，只有單純的接觸醫療，更多的是繁瑣的雜務文書工作和外交責任，有幸的是在索國雖然臺灣人不多，但有大使館、農業技術團和在索臺商的互相支持和支援之下一步步地學習和完成許多的任務，當然也要感謝許多的索國當地好朋友們，在國外的援助工作單靠一己之力是沒辦法完成的，更重要的是了解和尊重當地的文化，和當地的政府、組織和民眾互相合作才能達到最大的效益。

在索期間，借著深入民間的偏鄉行動醫療和到鄉村醫療院所的服務，我深深地體會到醫療資源匱乏所帶來的生命威脅，即便在索國最大的首都中央醫院依舊面臨許多的醫療窘境，初來乍到的醫療人員通常會為匱乏的程度感到震驚，在臺灣的一家地區醫院所能提供的資源或許比整個索國都要來得多，但這就是索國民眾必須面對的醫療現況，之所以是上帝的國度，是因為只要是患了急病，



在索國小學執行學童口腔篩檢及塗氟保健計劃

We perform oral screening and caring in primary school

Share our love in the Lord's territory

Sophine Y.H Wang

Leader, Nurse Practitioner

Taiwan Health Center in Solomon Islands



在索羅門群島偏遠村落及診所提供醫療服務
Medical Services in rural area in Solomon Islands.

Solomon Islands consist of a large number of islands in the region of South Pacific Ocean. She is one of twenty-two diplomatic countries of R.O.C (Taiwan). This country owns the rich marine, forests and minerals resources, but presents as an undeveloped country. Due to insufficient infrastructure, poor sanitary conditions, poor medical facilities and personnel, and it locates five to twelve degrees south latitude in tropic areas; it suffers from tropical infectious diseases, including Malaria, Dengue fever, parasites infections, fungal

infections and wide spread of vector mosquito and flies. In addition, non-communicable diseases such as Diabetes, Hypertension as well as Tuberculosis are increasing in Solomon Islands. Up to date, some health problems appear to be presented as a major public health issues and are in the great need of assistance.

The reason I come to serve here is to dedicate myself to international health filed. I am as same as others who are full of enthusiasm to assist these countries with very limited medical resources.

Kaohsiung Medical University Hospital has provided assistance in medical services in Solomon Islands for ten years. During this period, Kaohsiung Medical University (KMU) and Kaohsiung Medical University Hospital (KMUH), Solomon Islands National University and National Referral Hospital have developed a steady and cooperative friendship with each other. KMU and KMUH also facilitate to establish numerous medical cooperative relations and missions between Solomon Islands and our government. The first term of leader from KMUH was (Grace) Shu-Ying Hou who made the foundation and second term of leader was (Eddy) Yu-Chau Lin who worked hard to solid the office and (Martin) Shih-Huai Hsiao offers lots of assistances to Taiwan Health Center. I am so honor and luck to be the third term of leader of this office. Sincere 2014 I expected to provide service here for two year. Although it was exactly as my ideal imagination only sticks with clinical medicine filed, there are documental works and diplomatic responsibility. Although, there are not many Taiwanese in Solomon Islands, I am fortunate to have their kind assistances. Meanwhile, R.O.C (Taiwan) Embassy, Taiwan Technical Mission, Ministry of Health and Medical Services and National Referral Hospital in Solomon Islands have offered all continuous assistance and support. I am thankful to their kind help, without them I cannot learn and finish my duties step by step. The health missions cannot be done by myself only, the imperative thing is to understand what do they really need and respect their culture; collaborate with local authorities, organizations and citizens to reach maximum profit.

While I stay here, I work with mobile medical team to rural area and health center; I deeply experienced the threats of lives due to poor medical resources. Even in National Referral Hospital which is the largest hospital in capital city we still engaged many difficult circumstances. Any fresh medical staff from Taiwan to be here will be shocked by how poor of their condition, because any regional hospital in Taiwan owns more resources than the entire country; that what Solomon Islands residents face to. Why some people call her as the Lord's territory, they said if anyone gets serious illness here will go to heaven soon because of lacking appropriate medical equipment. The same reason, I had to use suction tube instead of Foley tube to execute clean intermittent catheterization



在醫療資源缺乏下沒辦法接受更進一步的檢查和治療，很快就會蒙主寵召。因為匱乏的物資，也曾經在鄉下醫院用抽痰管幫病患導尿解決急性尿滯留的問題、通常都是在沒有麻醉藥的情況下縫合傷口、沒有電力提供的村落協助醫師用手電筒照光拔牙、手套用完的情況下反覆洗著來用、紗布越剪越小、只能用有點生鏽沒有消毒過的清潔牙科器械拔牙，和許多意想不到的各式情況都需要努力去克服，為的只是讓這些交通不便、划獨木舟來的、游泳來的、走了好幾個小時才到醫療站的索國民眾能夠得到最基本的醫療需求。

另外，衛生中心在索的重要工作之一便是整年度的公衛服務，教育是一切進步的基礎，尤其是落後國家的衛生教育尤其是重要，讓民眾防患於未然所花費的成本遠比患了疾病後治療要來的少，只有從教育民眾從基礎的日常生活中去改善衛生習慣、飲食習慣和對疾病的認識才能達到預防疾病的最大效益。所以我們每年會在學校、醫院、村落來進行各種健康衛教，也藉著和索國民眾最直接的互動來讓他們感受臺灣人民所帶來的友誼和協助。

醫療的援助是需要建立在了解與尊重之下，我們常常想到的是我們要做什麼？而比較少去考慮到受援國的現況需要什麼？常常興致盎然的情況下去提供物資或資源但最後往往是無疾而終、發揮不了太大的效益甚至造成困擾。能夠事前的溝通、評估和協調，尊重當地的文化考慮當地的困境，用有限的資源協助其解決問題，更重要的是同時協助其能力的建構，才能真正有所改善。

中央醫院 View of National Referral Hospital



for a patient suffered from acute urine retention. We are forced to suture patients' wounds without sedation procedure and remove teeth with torches, repeated used gloves, tiny gauzes, rusted unsterilized instruments. We tried to overcome any unpredicted situations for these patients who paddled with their canoes or swam even walked for several hours to reach medical station to seek basic medical service.

In addition, one of Taiwan Health Center important missions is public health awareness. Education is fundamental of improvement, especially in low-developed countries. Prevention costs far less than treatment, we educate citizens to improve their daily sanity habits, food consumption and recognition of diseases to prevent illness. So we hold various health awarenesses in schools, hospitals and communities annually and interact with local residents to understand Taiwanese friendship and assistance.

The health missions are based on understanding and respect; we are considering what we are going to do than what do they really need now? Some donors provide materials and resource by their imagination but ends in nothing or without function even cause disturbance. The assessments, discussion, negotiations in advance, respect local culture and consider local condition; we can use limited resources to solve problems, the most important issue is to conduct capability building.



中央醫院急診指示牌及台索兩國國旗

Sing board of A&E department and national flags of Solomon Islands and ROC Taiwan

H4H, Island friends 十年了，仍是希望健康，我的朋友！



高雄醫學大學附設中和紀念醫院
鍾欽文院長（左 2）頒發訓練證書
給索國醫檢師（蕭世槐高專，右 1）

Kaohsiung Medical University
Chung-Ho Memorial Hospital
superintendent Chong, Inn-Wen (left
two) issued training certificates to
Solomon Islands medical technicians,
(right one Martin Hsiao senior
specialist)

Martin Hsiao
Co-Investigator,

Taiwan Health Center in Solomon Islands Program

“Hope for Health (H4H), my friends!” 自從 2005 年 08 月第一次造訪這個南緯九度的國家後，這是一直放在我心中的話。

高雄醫學大學所屬機構一中和紀念醫院（以下統稱高醫）於 2006 年 1 月 4 日與索羅門群島中央醫院 (National Referral Hospital, NRH) 正式締結姊妹醫院後，在學校和附屬四家醫院後的通力合作之下，逐年推動醫療合作交流計畫；復於 2009 年 03 月起承辦行政院衛生福利部之「駐索羅門群島臺灣衛生中心」計畫，結合教育部教學卓越計畫、學海築夢計畫、外交部國際青年大使計畫、財團法人國際合作發展基金會代訓友邦醫事人員計畫等資源，以「維護及促進人類健康福祉」為主軸，由婦幼衛生、社群健康促進、生活型態疾病預防與管理及新興傳染疾病等面向來推動計畫，內容包括常駐人員、離島醫療、行動醫療團、專科醫療小組、人才能力建構計畫、婦幼衛生計畫、糖尿病防治暨學

童營養評估計畫、寄生蟲防治及篩檢計畫、護理研究計畫、登革熱防治計畫、護理重症照護及感染管制計畫、常駐醫師計畫等等，並與世界衛生組織 (WHO)、UNICEF、SPC、SDA、AusAID、JICA 等國際組織合作。

2013 年高醫大與索國國立大學 (Solomon Islands National University) 締結為姊妹校，提供全額獎學金，讓該校教師來臺進修博碩士學位。至今高醫體系協助索羅門群島至今已派遣 226 人次前往索國，索國前來參訪人次 120 人次，至本院受訓 28 人次，獎學金 3 人次，學會發表論文 13 篇，SCI/SSCI 期刊論文 4 篇，國際媒體專題報導數次。2013 年協助索國對抗登革熱，修建索國中央醫院產房與產前病房，及興建登革熱實驗室。

高醫在索羅門群島的耕耘獲得肯定，於 2014 以「人道援外醫療團的典範 - 索羅門群島臺灣衛生中心」為題，獲得國家生技醫療品質獎 (SNQ) 銀獎（亞洲第一）。本校董事會陳田植董事長、及附設醫院許前院長勝雄教授更先後獲得索羅門群島總督頒授索羅門十字勳章 (Solomon Cross Medal)，更分別獲得行政院衛生福利部頒贈衛生獎章。

一轉眼已經是第 11 個年頭了，往返台灣與索羅門群島間已超過三十次，看著我的朋友們陸續學成歸國、或被擢升衛生界要職，這個島國居民也愈來愈重視自己和社群的健康議題，心中仍是那句話：“希望您健康” (Hope for Health)!

高雄醫學大學公共衛生學系海外實習計畫左四陳宜民
副校長，左五蕭世槐高專



Kaohsiung Medical University Department of Public Health,
middle right Vice president, Yi-Ming (Arthur) Chen, middle
left Martin Hsiao Senior Specialist.

H4H, Island friends Ten years, I still hope all you are healthy my friends!

Martin Hsiao
Co-Investigator,

Taiwan Health Center in Solomon Islands Program

“Hope for Health (H4H), my friends!” It stays in my mind since I visited this nine degrees south latitude country.

Kaohsiung Medical University and its affiliated institution Chun-Ho Memorial Hospital (KMUH) officially signed the sisterhood relationship with National Referral Hospital (NRH) Solomon Islands. Through KMU and its four hospitals' efforts, we collaborated with Solomon Islands Government in medical and health fields step by step. Since March 2009 we undertake Taiwan Health Center in Solomon Islands project from Ministry of Health and Welfare R.O.C, we combine it with Teaching Excellence Project, Pilot Overseas Internships Ministry of Education; Youth Ambassadors Ministry of Foreign Affairs; Healthcare Personnel Training Program International Cooperation and Development Fund. The main theme is [Maintain and Improve Human Beings Health and Welfare], it includes Maternal and Child Health, Community Health Promotion, Life Style Disease Prevention and Management, and Emerging Infectious Diseases. Taiwan Health Center in Solomon Islands has implemented various programs such as: an expatriate staff, remote areas medical services, mobile medical team, specialist medical team, capability building program, maternal and child health program, diabetic prevention and school-aged children nutrition evaluation program, nursing research program, dengue fever prevention program, critical nursing care and infection control programs, medical officers deployed program. In addition, we work with other international organizations such as WHO, UNICEF, SPC, SDA, Ausaid, JICA and so on.

Kaohsiung Medical University signed the sisterhood university with Solomon Islands National University (SINU) on 2013 and provides full scholarships to SINU's faculties to study their master or PHD degree. Until now KMU has deployed 226 person-times to server Solomon Islands, also there are 120 person-times visiting to KMU and KMUH, 28 medical related staffs received training here, three faculties took full scholarships, 13 related published articles including four SCI/SSCI journal articles and several international media reports. We assist Solomon Islands to fight dengue fever hand by hand and renovate labor ward, antenatal ward and build the dengue fever laboratory on 2013.

KMU was awarded 2014 symbol of national quality-safety and quality [A Paradigm of International Humanitarian Aid Medical Mission Taiwan Health Center in Solomon Islands Program]. James D. Chen our chairman of board of trustees and Sheng-Hsiung Sheu professor, former superintendent were awarded Solomon Cross Medal from Solomon Islands Government and Health Medal from Ministry of Health and Welfare R.O.C.

It turned into the eleventh year soon; I had traveled to Solomon Islands more than 30 times. My Solomon friends one by one completed their overseas studying and returned to homeland or got promoted to important job in health field. Apart from that, Solomon citizens are more aware of personal and community health issues. It still stays in my mind, Hope for Health!



帛琉，彩虹的盡頭

新光醫院駐帛琉醫療工作小組

帛琉（Republic of Palau，當地語言稱為 Belau）位於西太平洋，地理上屬於密克羅尼西亞群島，是個由超過 340 個島嶼所構成的國家。帛琉是個小巧的國家，卻擁有豐富的海洋生態資源，而在人文歷史方面，帛琉也保存著她悠長的數千年傳統。

為了維護自然環境，多年以來帛琉人一直遵循著傳統的依時禁捕規範（稱為 bul）來保護繁殖期的魚群與海龜，傳統的禁捕令由部落酋長發佈，而現在的帛琉則把這個傳統推向前所未有的規模。2005 年，時任帛琉總統的 Tommy E. Remengesau Jr. 著手推動「密克羅尼西亞挑戰」，與關島、密克羅尼西亞聯邦、以及馬紹爾群島合作希望在 2020 年時能將 30% 的海洋與 20% 的森林納入保護區，於 2009 與 2010 年，帛琉更將全經濟海域劃定為鯊魚生態保護區與海棲哺乳類保護區，因此現在帛琉週邊約有一個法國（六十萬平方公里）大的海面已經全面禁止獵捕鯊魚。

由中華民國出資蓋的小白宮
The Capitol of Palau is sponsored
by Republic of China

在歷史文化方面，帛琉擁有具數千年歷史的母系部落體系，直至今日雖然影響力漸漸衰弱，但傳統的部落體系在政治仍扮演重要角色。帛琉的部落主要分為南北兩大部，北大酋的統領主要為大島各州；南大酋則是科羅周邊、安加爾及貝里琉，過去在每個部落都建有傳統的集會場地：「男人會館（Bai）」，它是由當地木料與簡單的工具搭建而成，在四壁與支柱上都描繪著當地神話與傳說的獨特建築，現在舊有的男人會館在帛琉僅存三所，但新的建築等也多少化用了男人會館的建築與雕飾風格。

除了建築外，帛琉人也創作木雕，題材同樣以神話與當地的重要事件為主，在日本統治期間（1914-1944）日籍雕刻家土方久功來到帛琉，並建議當地人將傳統木雕刻在小木片上並做為紀念品販售，自此開始了帛琉的故事板雕刻文化。隨著時間流逝，故事板的創作風格漸漸轉變而與傳統建築的雕飾有所差異。傳統建築的雕飾通常較淺而且有上色，而故事板雕刻在 1980 年代後漸漸由明亮色系的淺雕轉向類似峇里島風格的不上色深雕。今天我們在帛琉見到的故事板大多不上色，只上一層鞋油拋光防腐，故事板的樣子則多彩多姿：方形、男人會館造形、海底生物（如蘇美魚或海豚等）的造型也相當流行。

今天，帛琉的經濟來源主要來自觀光、自給農業以及捕魚，這裡是世界最棒的深潛與浮潛地之一，在深邃澄澈的海平面下有著多彩的珊瑚、夢幻般的藍洞、二次大戰留下的沉船與戰機、神秘的海底洞穴與隧道以及令人嘆為觀止的魚群。近年來，帛琉透過發展生態觀光，試圖在發展與環境的拉扯間求取一個具永續性的平衡點。



初生禮：剛生寶寶的媽媽接受大家的祝福
Baby Shower :People give bless to the mom who first time give birth.

Palau, Where the Rainbow Ends

Shin Kong Hospital Medical Assistance Program to Palau

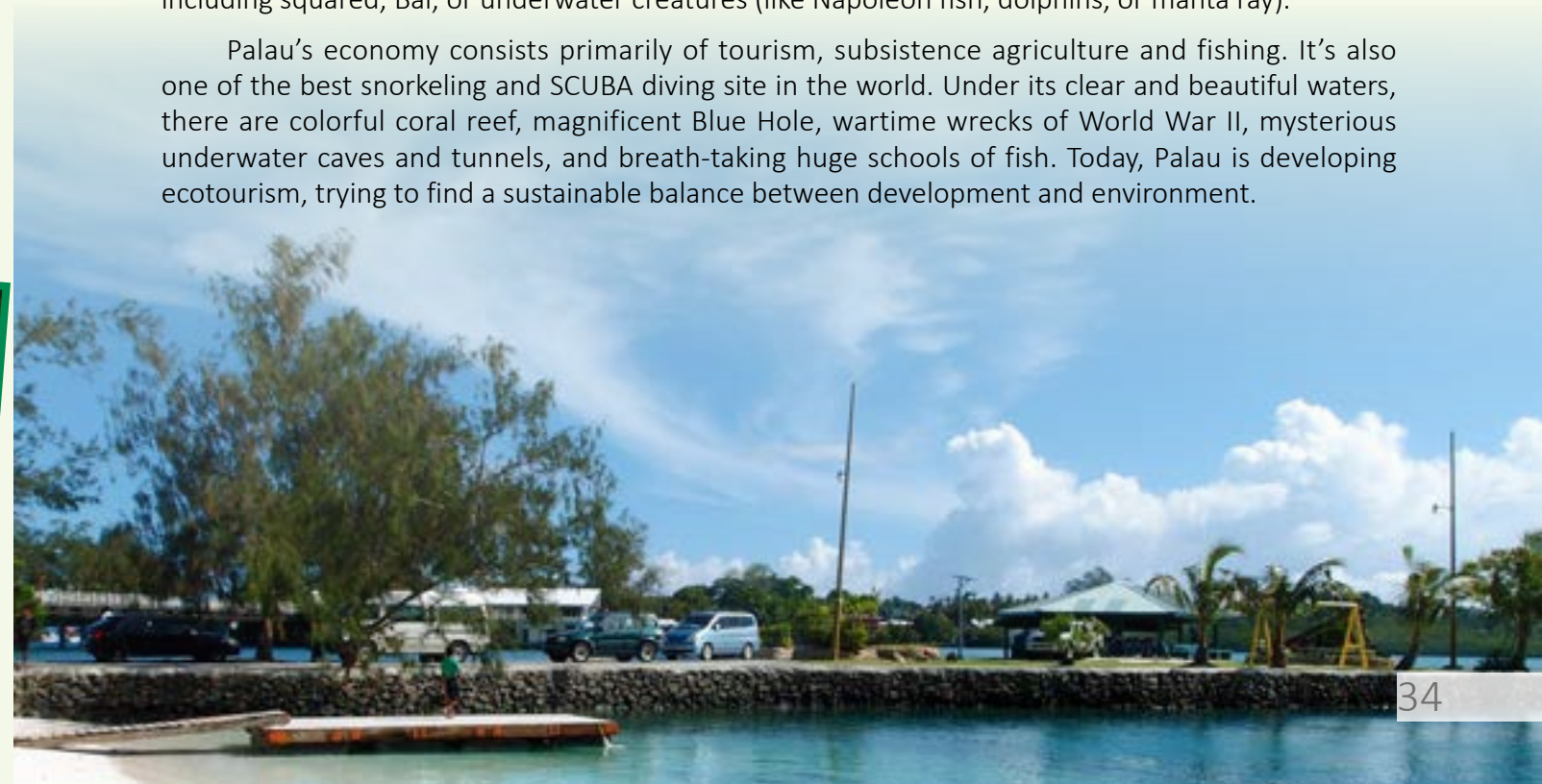
Palau (Belau) is an island country located in western Pacific Ocean, and is a part of Micronesia. Palau Archipelago consists of more than 340 islands, most of which are not uninhabited. A tiny country as Palau is, it boasts one of the most astonishing and abundant ocean ecological resources in the world, and it also preserves it's long-held and unique tradition and history.

To prevent natural resources from depletion, for centuries Palauans have abided by their traditional fishing ban, called a bul, to protect busy fishing spots or endangered sea turtles. Traditionally, a local chief declares a bul, but now Palau is pushing this tradition to a new level. In 2005, President Tommy E. Remengesau Jr. took the lead on a regional environmental initiative, the Micronesian Challenge, which is joined by Guam, Federated States of Micronesia, and Marshall Islands. Micronesian Challenge aims to conserve 30% of costal waters and 20% of forest land by 2020. In 2009 and 2010, Palau declared Palau a shark sanctuary and a marine mammal sanctuary, banning all commercial shark fishing within its EEZ waters. As a result, a ocean sanctuary with a similar size to France (approximately 600,000 square kilometers) is now around Palau.

In terms of Palauan history and culture, Palauan society follows a matrilineal system, which still strongly influences local politics today. Palau becomes divided into northern and southern federation. The Northern Federation rules the states of Babeldaob, and the Southern Federation rules Koror, Peleliu, and Angaur. In the past, every tribe has its own clubhouses, called Bai, which is built by local boys by simple tools and local wood. Colored carvings are all around the Bai, depicting legends, stories, and important events. Today, there are only 3 traditional Bais left, but many now buildings integrated the style and carvings of Bai into their design.

Besides architecture, Palauans are also carving artists. They tell the stories of legends and important local events. During Japanese occupation (1914-1944), artist and teacher Hsakatsu Hijikata came to Palau, and taught Palauans to carve their stories on small boards as souvenir for tourists, thereby starting the tradition of storyboard making. Over time, the style of storyboard slowly changes from a simple outlined Bai stories to today's Bali-style deep carvings. Today, the storyboards are usually uncolored and finished with simple shoe polish, and there are numerous shapes, including squared, Bai, or underwater creatures (like Napoleon fish, dolphins, or manta ray).

Palau's economy consists primarily of tourism, subsistence agriculture and fishing. It's also one of the best snorkeling and SCUBA diving site in the world. Under its clear and beautiful waters, there are colorful coral reef, magnificent Blue Hole, wartime wrecks of World War II, mysterious underwater caves and tunnels, and breath-taking huge schools of fish. Today, Palau is developing ecotourism, trying to find a sustainable balance between development and environment.



104 年度台灣醫療計畫 - 帛琉

新光醫院駐帛琉醫療工作小組

新光醫院目前承辦中華民國衛生福利部 104 年度太平洋友邦醫療合作計畫，新光醫院致力於改善帛琉人民的健康。台灣醫療計畫於帛琉的執行可分為三部分：公共衛生計畫、臨床醫療計畫及雙方合作計畫。詳述如下：



104 年度臨床醫療小組合影 Group photo of Taiwan Medical Mission 2015.

公共衛生計畫

新光營養衛教室

帛琉正經歷慢性非傳染性疾病人口的增加。營養衛教室的成立目標為經由給予病人正確的飲食、生活習慣來防治慢性非傳染性疾病。這個營養衛教室是免費的，並開放給所有需要的民眾。所有傳授的營養資訊皆以慢性非傳染性疾病單位針對太平洋島國居民所設計之「健康島國人計畫」為基礎。中華民國衛生福利部之兩名醫療替代役男亦派駐在此重建此營養衛教室，一名護理人員也被送到台灣接受相關訓練。營養衛教室現被列於慢性非傳染性疾病門診流程中，所有糖尿病及高血壓門診的病人皆經須接受營養諮詢。自 104 年六月迄今，已衛教超過一百名病人。

校園計畫

利用直接介入、知識教授、家庭及社區結合及認知行為改變等方法，於 Meyuns 小學執行校園計畫。直接介入措施包含蔬果供應於營養午餐、給予跳繩及指導扯鈴技巧以增加運動量。於健康教育課教授營養課程以增加學生的知識。並舉辦特別家長會使社區一同參與此計畫。

臨床計畫

轉診系統

為了提供病人足夠的健康照護，新光醫院提供帛琉病人海外轉診服務。經由轉診委員會，病人可以在台灣接受治療。自 102 年至今已逾 400 名病人轉診至新光醫院。

於健康課教授營養知識

Nutrition lectures at health program.



Taiwan Medical Program 2015 in Palau

Shin Kong Hospital Medical Assistance Program to Palau

Shin Kong Wu Ho-Su Memorial Hospital (SKH) is conducting Taiwan Medical Program in Palau which is sponsored by Ministry of Health and Welfare of the Republic of China. SKH dedicated to build capacity and improve health outcomes for the people of Palau. The implementation of the Shin Kong Hospital Medical Assistance Program to Palau (SKMP) can be divided into three (3) parts: Public Health Program, Clinical Service Program and Mutual Cooperative Program, each described as the following:

Public Health Program:

SKMP Nutrition Center and Clinic

The people of Palau have been experiencing the rise of Non-Communicable Diseases (NCDs) in its population. The purpose of the Nutrition Center and Clinic is to combat NCDs via giving advice to patients on proper diet, lifestyle change, and to promote healthy living. The center is free of charge and open to the public and community. All the nutrition information given is base on Healthy Islanders' Program, which is a comprehensive life style guideline, designed for Pacific islanders by NCD Unit. Two (2) young doctors draftee to rebuild the Nutrition Center and Clinic in 2015, also a nurse has been sent to Shin Kong for nutrition training. Now, the Nutrition Center and Clinic is part of NCD outpatient flow, every patient who comes to Diabetes Mellitus and/or Hypertension clinic will receive nutrition consultation. More than 100 patients have been seen since June 2015.

Healthy School Program

In Meyuns Elementary School where the School Program operates, we implement a combination of the following health promotion methods: direct intervention, knowledge reinforcement, family and community participation and cognitive-behavioral intervention. Direct intervention includes vegetable and fruit supply in school lunch and increasing physical activity by giving jumping ropes and instruct Diabolo. Moreover, we conduct nutrition lectures in health classes to reinforce students' knowledge. Meeting with Special Parents and Teacher Association (PTA) involve the community into program as well.

Clinical Services:

Medical Referral System

In order to provide sustainable health solutions, Shin Kong Hospital provide off-island medical referral service to the patients in Palau. Through Medical Referral Committee, patients can receive treatment in Taiwan. There are more than 400 patients have been referral to Shin Kong Hospital since 2013.



蔬果供應於營養午餐

Vegetable and fruit supply in school lunch.

行動醫療團

為提升帛由醫療品質，本院每年派遣行動醫療團赴帛服務。根據帛琉衛生部需求及轉診統計統計，104 年度醫療團共計派遣一名心臟內科醫師及一名皮膚科醫師；隨團並派任一名營養師評估營養衛教室及校園計畫。本年度醫療團總計看診 280 人次，159 名皮膚科病人及 121 名心臟科病人。

短期駐診醫師

為了克服專業醫護人員之不足，新光醫院依據帛琉衛生部的要求派遣短期駐診醫師。104 年度依帛琉衛生部要求於八月份派遣骨科醫師駐診兩周，預計於十一至十二月再派任骨科醫師駐診。

雙方合作計畫

醫事人員代訓

為提升當地醫療照護，新光醫院提供帛琉醫事人員各式訓練計畫。自 96 年至今，總計已完成 35 名醫事人員代訓。104 年度已完成一名醫師兩周之腎臟科及血液透析訓練及一名護理人員四周之營養照護訓練。

協助發展策略評估

由於專業人力不足，新光醫院依帛琉衛生部需求派遣各專家訪查及評估。兩名資深放射科人員於 104 年一月訪帛，實地勘查後，為帛琉國家醫院放射科擬定發展計畫書。

曾大使頒獎予扯鈴比賽得獎學童

Winner of diobolo competition received prize from His Excellency Ambassador Tseng .



Taiwan Medical Mission Services

To assist and enhance the quality of care in Palau, we dispatch medical personnel as medical mission every year. According to the request from Ministry of Health and the statistics of off-island referral patients, the Taiwan Medical Mission 2015 includes cardiologist and dermatologist. There is also a nutritionist coming for evaluate and support nutrition center and school program. There were 280 visits during the two-week service of Taiwan Medical Mission, 159 for dermatology and 121 for cardiology.

Short-term assistance specialty

In addition to conquer the lack of healthcare professionals, Shin Kong Hospital sends short-term medical supports upon request of Ministry of Health. In 2015, orthopedic surgeons are draftee in August and will be sent in November and December.

Mutual cooperative program:

Medical Exchange Program

To empower local to facilitate medical care, Shin Kong Hospital provides a variety of training courses for Palauan staff. Since 2007 total 35 healthcare staff received training in Shin Kong Hospital. This year, one (1) physician was trained on Nephrology and Hemodialysis treatment for two (2) weeks. Another nurse also got intensive training on nutrition in Shin Kong for four (4) weeks and now works in the SKMP Nutrition Center and Clinic as a Nutrition Educator.

Strategies Plan

Given the shortage of professional personals, Shin Kong sends specialties to evaluate and make plans for Ministry of Health upon request. Two (2) radiology technical experts were dispatched in January to assess Radiology Department, and a development plan has been given.



許多病人慕名而來看台灣醫師
A lot of patients await to see doctors from Taiwan.



反邦的誠摯感謝



行動醫療團與帛琉衛生部合影

Group photo of Taiwan Medical Mission and Ministry of Health

Dr. Debbie Ngemaes, MMed,
Director of Hospital and Clinical Services

很榮幸可以有這個機會發表我對台灣醫療計畫的感想。新光醫院執行之台灣醫療計畫包含多種面向，我自 2013 年起擔任帛琉衛生部臨床醫療局局長一職，這兩年多來，帛琉國家醫院臨床醫療與新光醫院合作無間，受到許多支持與幫助，讓我覺得十分幸運也很感激。

帛琉國家醫院為帛琉唯一的醫院，礙於軟硬體設施不足，較複雜和精細的醫療處置如心導管、化學治療等尚無法在帛琉執行。過去，這些病人多轉介至菲律賓治療，自 2013 年起，由帛琉轉診委員會建立之妥善海外轉診系統，使許多帛琉病人能到台灣接受治療。自從和新光達成夥伴關係、與醫療轉診計畫後，許多帛琉病人在台灣接受到高品質且收費合理之醫療服務。相較於轉診至菲律賓的病人，衛生部省下近 55% 的醫療支出。

新光於 2014 年成為帛琉海外轉診之首選醫院，超過兩百名病人在新光接受治療後康復返帛。常常聽到許多病人與我分享在新光接受治療的經驗，可以感受新光醫院對我們的病人如家人一般。聽到這些溫馨的回饋真的讓我很感動，可以感受到我們和新光之間堅強而溫暖的合作。除了將病人送到台灣治療，新光的醫師每年也以行動醫療團、短期駐診的身分訪帛。

另外，我想要特別提出營養衛教室建立之重要性。根據世界衛生組織 2015 年的統計，在帛琉有逾 80% 的人口為肥胖或過重。帛琉深受慢性非傳染性疾病之影響，而慢性非傳染性疾病也是轉診病人的首要原因。新光醫院於 2014 年於帛琉國家醫院門診區建立營養衛教室，除捐贈食物模型、營養相關書籍及所有硬體設備外，更無償的提供營養衛教人員代訓。由於人事問題，衛教室的運作未如預期。新光醫院於 2015 年再派遣兩位醫師協助重建此營養衛教室，建立更完善的衛教模式和協助建構本地營養衛教人員的專業知識。從看診紀錄可以發現帛琉民眾對自身飲食其實有很多不了解，對健康飲食的概念也普遍不足，尤其是長期大量食用罐頭和喝含糖飲料的習慣是迫切需要被教育及修正的。衛教室開張至此，病人反應十分熱烈，希望我們能在新光如此大力的協助下在防治慢性非傳染性疾病上有所進展。

台灣頂尖醫療品質及與帛琉之間誠摯的友誼透過台灣醫療計畫展現無遺，我在此表達我最深的感謝及由衷希望這份特別的情誼能永久發展下去。

短期駐診醫師舉辦醫護研討會

Continued Medical Education lecture conducted by short-term assistance physician



Sincere Appreciation from a Friend

Dr. Debbie Ngemaes, MMed,
Director of Hospital and Clinical Services

I am really honored to have this chance to express my feedback of the Taiwan Medical Program. The program which is coordinated by Shin Kong Hospital is comprehensive. Since I became the Director of Bureau of Hospital & Clinical Service in 2013, I have seen this special relationship between Belau National Hospital and Shin Kong Hospital grow stronger and better and I feel grateful and fortunate that we have received such great support and benefit from Taiwan Medical Program.

The Belau National Hospital is the only hospital in Palau and it is very limited in terms of the medical procedures it can provide to the public. Some complicated and difficult medical procedures such as cardio-angiography and chemo-therapy were not possible before, and the patients needed to be referred to hospitals in Philippine. However, since the establishment of the Taiwan Medical Referral Program in partnership with Shin Kong Hospital many Palauan patients have received quality of medical care in Taiwan at very reasonable prices. In comparison to hospitals in the Philippines, the Ministry saves over 55% in terms of medical costs for our patients.

In 2014, Shin Kong Hospital became the first choice for referral patients where over two hundred patients have received care and return health and happy home to Palau. Many patients tell me wonderful things about their experience at Shin Kong and how they take care of our people like their family.

Hearing such warm comments by our patients really touches my heart, and further strengthens the warm bond we share with Shin Kong. Besides sending patients to Taiwan, the doctors from Shin Kong also come to us through annual Medical Missions and short-term medical consultant every year. Such a wonderful medical program ensures regardless of where patients are they can receive quality, sustainable and affordable care both here at home and in Taiwan.

As Director of Bureau of Hospital & Clinical Service, I would like to bring up the establishment of nutrition center especially. According to the statistics from World Health Organization (WHO) 2015, there are over 80% of population are obese or overweight. Palau has been experiencing the burden of non-communicable diseases (NCDs) and the majority reason of off-island referral is NCDs. The Nutrition Center and Clinic at the Belau National Hospital established by Ministry of Health in partnership with the Shin Kong Hospital in 2014, provided counseling on nutrition, lifestyle change, food models, educational materials and training of a local Palauan nutrition educator. Now, nutritional counseling is a standard part of the medical treatment for all NCD clinics the hospital runs. Since the opening of the Nutrition Center and Clinic the response from the public has been overwhelming positive and we are confident with its success, the Ministry can make tremendous strides in reducing NCDs of the Palau people.

The Taiwan Medical Program is the finest example of how a partnership between Shin Kong and the people of Palau can make the difference in the lives of our patients. And I would like to express my deepest gratitude to the Government and the People of Republic of China for their kind support of this program.



在帛琉的特別經驗

林青樺

說到帛琉，大家想到的一般是湛藍的海水、繽紛的珊瑚礁和美麗的海底世界。居住在這個渡假勝地的帛琉人其實正面臨人口外移、專業人員不足、慢性非傳染性疾病的迫害。在這樣的環境下，帛琉醫療倚賴其他國家的幫助，離帛琉只要四小時距離的台灣成為重要的支援角色。

這是我第二次常駐帛琉。第一次是由國際合作發展基金會派遣，當時在血液透析室擔任一年期的護理志工。那一年讓我認識當地文化和熟悉醫療環境，也知道台灣醫療計畫在帛琉推行的狀況。新光醫院在帛琉同等於台灣醫院的代表，當我初赴帛琉時，大家聽到我是從台灣來，反應都是他或是他們的家人曾經去過新光醫院，普遍的程度令我驚訝。這次有機會可以再回來擔任計畫協調人一職，再度加深我對帛琉的了解，也著實感受到台灣醫療計畫對帛琉影響之深遠。

帛琉人生性樂天，及時行樂。周末常有家族聚會、也常出海釣魚烤肉，在這些活動中，「吃」是生活中很重要的一環。西化的飲食使罐頭食物及加工食品充斥市場，高鹽高糖產品隨處可見。加上嚼食檳榔及菸草的高盛行率，使帛琉的慢性非傳染性疾病猖獗，成為死亡原因及轉診原因之首位。

透過轉診系統、醫療團派遣及短期駐診醫師支援，帛琉病人可接受到台灣醫師的診治、營養衛教室和校園計畫的推行，使健康促進延伸至初級預防、更經由密切的交換計畫，達成醫事人員能力建構及建立帛琉醫療發展策略。獨身一人常駐於此，要完成上述計畫細節的規畫及統籌，使計畫可以如期完成，中間的協調過程是非常繁複的，尤其在文化民情下，要完全了解狀況並做全盤的考量其實是很具有挑戰性。所幸在前人努力耕耘下，帛琉各公部門及民眾對台灣已了解，使新光在推行各計畫時較為順利。期許能透過台灣醫療計畫，使帛琉的醫療水平提升、帛琉人民更健康外，更彰顯台灣高品質醫療於世界舞台。

校園計畫提供蔬果於營養午餐

Providing vegetable and fruit in school lunch.



校園計畫分享

Sharing school program to all the principles in Palau

Special Working Experiences in Palau

Ms. Ching-Hwa Lin, Program Coordinator

When it comes to Palau, people always think of azure blue sea water, colorful coral reefs and amazing underwater world. In fact, the Palauan live in this vacation paradise are facing the threat of high rate of outward migration, lack of professional personal and non-communicable disease. Under this condition, Palau relies on assistance of other countries. Taiwan, which is only four hours away from Palau, plays an important aid role.

This is my second time being dispatched to Palau. My first experience was sent as nursing volunteer to hemodialysis unit by International Cooperation and Development Fund (ICDF) for one year. I learned the culture difference and got a chance to understand medical system here. Meanwhile, I also noticed the progress of Taiwan Medical Program. Shin Kong Hospital is the like a symbol of all Taiwan Hospitals. When I first arrived in Palau, a lot of people share their experience of been to Shin Kong Hospital themselves when they know I am from Taiwan. How big the population is really impressed me. I came back as Taiwan Medical Program coordinator this time not only enhance my understanding of Palau, but also experienced the great effect of Taiwan Medical Program.

Palauans are happy-go-lucky, they enjoy the moment. During the weekend, Palauan family gathering, or they go fishing and barbeque in rock island. "Eat" is the major matter in Palauans' daily life. Western eating habit as can food consumption, high sodium and sweeten food is everywhere. Moreover, high prevalence of betel nuts and tobacco chewing worsen the condition of non-communicable disease in Palau. NCD become the first cause of death and off-island referral.

Through referral system, medical mission and short-term assistance doctor dispatch, Palauan patients can receive care from doctors from Taiwan; establishment of nutrition center and implantation of school program extend our health care to primary prevention; via close exchange program, we reach the goal of building capacity of local staff and also aid on medical development strategy building. To achieve above goal and plan by myself here in Palau is not an easy thing. It is really challenging to evaluate all the circumstances and make plan which meet the needs, especially in the country with different culture, coordination between each groups is delicate and complicated. Fortunately, Shin Kong has been working with Palau for a long time. The government and most of the palauans already are familiar with Taiwan. It really helps during the every sub programs implement. I hope we can not only elevate the medical level in Palau and makes Palauan people healthier, but also manifest the high quality of medical care in Taiwan to world through Taiwan Medical Program.



帛琉國家醫院服務心得

廖振焜醫師

這是第三次來帛琉醫療服務了，明天就要回台灣了。

第一次來帛琉，是兩年前，醫院要派一位骨科醫師，一併耳鼻喉科醫師，和一位營養師來帛琉服務兩週，在台灣瀕臨崩潰 (Burn out)，就參加了。

我到帛琉是擔任骨科醫師的工作，帛琉人口約有兩萬人，有一位骨科醫師，比起台灣二千三百萬人，一千多位骨科醫師，比例差不多。只是開刀房，無菌作業比較不好，器材也不足，因此骨科醫師在帛琉本地能做的不多，稍微困難的就轉診，之前都是到菲律賓或是美國，新光醫院在當地建立轉診制度後，頗受好評，目前是他們的首選 (至少他們是這麼對我說的)。

依帛琉國家醫院規定，應每日查房

According to Belau National Hospital, doctor should do the round for patients every day.



替術後病人換藥

Changing dressing of the wound for post operation patient.

來帛琉三次，開了不少刀，印象深刻的有三個手術個案，第一個手術個案是一位帛琉小男孩，股骨生長板骨折 (slipped capital femoral epiphysis)，想到如果轉診，曠日費時，屆時骨折已經癒合不良 (malunion)，再開刀可能影響生長板，於是決定在當地手術。手術前一天，我在開刀房一再確認所需的器材，如：骨折床，活動 X 光機...等。開刀當天，費了很大的勁才把骨折床裝好，導引針一次就中，只是在要把專用鏢絲鎖入時，發現沒有合適之工具，只好用了許多替代方法，才順利完成手術。第二個個案是一位跟腱斷裂的病人，我現場製作特殊工具，方能順利完成手術。第三個個案是一位補皮手術，病人傷口已經兩年了，每天都要換藥，我給他施行全層補皮手術 (full-thickness skin graft)，今天早上打開傷口了，補皮 100% 成功，從此病人可以不用再每天換藥，可以再快樂的游泳。

明天就要回台灣了，回到現實去，希望這種醫療服務可一直繼續下去，我們可以一直幫助帛琉人民。

追蹤曾來過新光醫院的帛琉病友

Follow-up for patient who has been referral to Shin Kong Hospital



My Service Experience in Belau National Hospital

Dr. Chen-Kun Liaw, Orthopedic Surgeon

This is my third visit to Palau for medical service. I am going back to Taiwan tomorrow.

My first visit to Palau for medical service was two years ago. Shin Kong Hospital dispatched a medical mission, which consisted of an orthopedic surgeon, otorhinolaryngologists, and nutritionist, for two-week services in Palau.

My medical service in Palau is as orthopedic surgeon. There are about 20 thousands people in Palau with one (1) orthopedic surgeon only, comparing with Taiwan 23 million people with 1.5 thousands orthopedic surgeon, roughly the same. In terms of the insufficient equipment and sterilization technique, the orthopedic surgeon may be able to do limited surgeries in Palau. If the surgery cannot be done, then the patient will be transferred to other countries for an off- island referral. Shin Kong builds a well running system, and a lot of Palauan people prefer our service.

In these three medical service trips, I did many operations. Three of them are impressed. The first one is a young boy with slipped capital femoral epiphysis. I decided to do the surgery because transfer off island is not good because malunion may occur because of the long administrative working days. And reduction on malunited epiphysis may injure growth plate. One day before surgery, I went to the operation room for checking the equipment. Make sure that the fracture table and fluoroscopy really work well. However, during the operation, somethings happened. I painfully assemble the fracture table. Then I did the surgery, guide pin is easily inserted. The following screw is in trouble because of no screw driver. Without it, I used alternative method and fixed the fracture. The second case is Achilles tendon rupture, and I used my home-made (made in Palau) instrument and finished the surgery. The third one is a young man with chronic wound, about 15*15cm², for two years. He cannot take shower, or swimming. I performed full-thickness skin graft. Today we checked the wound and the graft take 100% is noted. After we remove stitches, he can take shower and swimming again.

We are going back to Taiwan tomorrow, going back to reality. I hoped this medical service can continue and we can serve the people in Palau forever.



帛琉副總統也來看診

Vice President of Palau came to see doctors from Shin Kong.



在有限的開刀房內與當地醫護人員動手術
Operating in limited OR with local staffs.

用一根手指推動國際醫療

馬偕國際醫療中心 蔡慧芳計畫經理

位於世界盡頭的吉里巴斯人民生活一切簡單、步調緩慢。醫療院所也不例外，門診外總是人滿為患，卻沒有著台灣醫療院所講求高效率。在過去，佔全國總人口十萬人一半約五萬人的首都南塔拉瓦內 13 個醫療診所的病歷資料都是手寫，繁複的紙筆作業和病歷資料調度和整理，大大壓縮了醫療人員服務患者的時間。雖然患者們總是沒有抱怨的等待看診，但好不容易等到看診時，卻找不到病歷資料，只能在重複製作病歷後依照著本次症狀給藥，除了無法真正了解患者病程進展再給予治療和追蹤外，再加上吉里巴斯沒有患者識別證，人民可自行更換姓名都無法讓醫療人員確認病歷和患者是否同一人，正確辨識資料也成一大難題，種種因素都讓我們對資訊電子化整合串連感到迫切。

2014 年 9 月起馬偕紀念醫院建置健康互聯系統，在南塔拉瓦 13 個醫療站中陸續串連 8 個醫療站的醫療資訊系統，並且將患者指紋資料庫及 PEN protocol

(Package of Essential Non-Communicable disease intervention protocol) 應用於系統中，建立完善病人辨識及非傳染性疾病 (Non-Communicable disease) 防治的功能。積極地教導診所護理人員使用電腦、介紹系統，以人力取代網路逐一收集整合診所資料回放，持續改善、更新系統增加紙本病歷列印，不讓護理人員把時間用在重複抄寫資料，而有更多的時間與患者對談給予衛教。

但國情不同，意想不到的事情接踵而來，2015 年初各診所護理人員合約結束立即調換單位外，再加上護理人員交替單位實習流動率高，而人員與人員之間是沒有任何交接制度，新進人員對於診所業務還在摸索階段，更無法專心學習使用系統。收集個案量由 2014 年 10 月的月收案人數 287 人到 2015 年 1 月則下降至 13 人。為了有效的教導更多人並且提供在診所自我學習機會，開始製作教學影片。並且舉辦收案競賽，激發診所人員榮譽心，提升整體系統使用積極度。系統總收案量 587 人經過為期 8 周的競賽時間後上升至 1637 人，人員對系統使用熟悉度和操作能力也相對提昇。

小小的收案比賽同時也給了當地人一些啟發，他們發現這也許是好方法，自動自發的開始舉辦自己的活動與推廣健康的理念。爾後競賽冠、亞軍 Bairiki、Takoronga 診所也舉辦了減重比賽邀請區域內的民眾參加，將當初收案競賽得來的獎金一毛不花地再當作減重比賽獎金。這其實是我們最樂見的事，有一天我們都終將離開，而國際醫療援助最重要的是作為一個觸媒，改變他們的觀念，了解健康是自己的，自己國民的健康要靠自己人來守護。目前減重比賽仍在持續中，這次我們與診所合作外，也和駐地台灣技術團內營養技師、JICA (Japan International cooperation Agency) 日本醫療志工一同協助舉辦系列減重課程，教導民眾聰明減重、健康瘦。期待參賽者們都有迎回健康的好成績外，也希望持續地推動每個計畫進行都能更接近那個健康美好的世界。

我們與診所合作外，也和駐地台灣技術團內營養技師、JICA (Japan International cooperation Agency) 日本醫療志工一同協助舉辦系列減重課程，教導民眾聰明減重、健康瘦。期待參賽者們都有迎回健康的好成績外，也希望持續地推動每個計畫進行都能更接近那個健康美好的世界。

HIS 系統收案競賽頒獎典禮 - 公衛司長頒發關軍獎盃

HIS system case competition awards ceremony-Director of public health service award the trophy



One finger to promote international medical care

Mackay Memorial Hospital International Medical Service Center
Project Manager Hui-Fang Tsai

The life in Kiribati is simple and the pace is slow, even in the hospital. Not like the high efficient system in Taiwan's medical service, there is always a long line waiting outside the clinic.

There are 13 clinics in Tarawa--capital of Kiribati. They take care of approximately half of the population's health, 50000 people, in Kiribati. The health information record was paper-based in the past. However, they do not have well library system to store the medical records and manage them. It's very common that the medical assistant can not find patient's medical record and have to make a new one every time. It not only wastes time and shortens the time to see patients but also loses continuous follow-up in each patient's condition. Frequent changing their name in their culture is one of the reason that increase the difficulty to set up their medical record system.

In order to resolve this problem and cooperate with Package of Essential Non-Communicable disease intervention protocol (PEN protocol), Taiwan medical program organized by MacKay Memorial Hospital started to design a fingerprint-based health information system which can be used in clinic to calculate cardiovascular risk (CVR). After one and half year developing, the system started to be used since Sep. 2014 in 6 PEN clinic. We teach the medical assistants in clinic how to use computers, introduce our system, collect patient's information and calculate the CVR. Under this system, medical assistants can save their time from recurrent paper work and have more time to see patients and educate them.

However, we still encountered some difficulty. First, 90% medical assistants rotate to our department in the beginning of 2015. They don't have well hand-over system that means we have to teach new staffs how to use the system again. Besides, the new staffs were still not familiar to their work and don't have enough time to use our system. The collection cases in our HIS declined from 281 cases in Oct/2014 to 13 cases in Jan/2015.

To address this problems, we first made a teaching video instead of launching workshop to make every new coming staff can learn by himself. Second, we held a HIS use competition to motivate them using our system. After 8-week-duration of competition, the collected cases in our system increased from 587 cases to 1637 cases. Along with this process, they also got more familiar to our system.

This competition also inspired them. They found that it may be a good way to encourage local people to do something. Two of the winner started to hold their own weight loss competition in Bairiki and Takoronga clinic.

We won't stay here forever and one day we will leave. I think the most important thing in international medical support is to teach local people to know the importance of health. Only when they appreciate the importance of health, they try to make some difference spontaneously.

The weight loss competition is continuing. This time, we also cooperate with nutritionist from Taiwan technical mission and volunteers from Japan International cooperation Agency (JICA) to design some weight loss lecture to teach them. We hope all the effort can help prevent non-communicable disease, encourage healthier social habit and move the society to a healthier one.



向吉國醫師介紹 HIS 系統

Introduce HIS system to the Kiribati Doctor

吃出來的病 海的子民 椰林風情 "話" 糖尿

王碧玲護理師

馬偕醫院國際醫療中心 常駐吉國 計畫經理



與 ICDF 營養技師陳翔齊合作到護校授課：營養課程

Nutrition program at Kiribati Nursing School, cooperated with ICDF dietitian Mr. Chen, Hsiang- Chi

位處南太平洋碧海藍天艷陽高照，擁有得天獨厚環礁地形與豐富海洋資源的吉里巴斯，愛吃魚的民族，十個居民八個過重，成人肥胖率更是高達五成；話說：小時候瘦，還真不是瘦，在育齡期的婦女，體重節節攀升，根據訪談經驗，婦女懷孕後體重增加 20-30 公斤非難事，生產後為了哺乳仍大量進食碳水化合物、糖水，若未執行家庭計畫的家庭會接續懷孕，於是乎 " 我就這樣胖了一生 "，如此戲碼天天上演。

追根究底其肥胖

可能原因不外乎是飲食

西化、貧窮、食物選擇性低、少食蔬果與低活動量，如 7-11 一樣便利的傳統小舖，賣的多數是食品非食物；俗話說貧窮夫妻百事哀，花錢得斤斤計較；一袋二十公斤重進口白米售 20-25 澳幣，一公斤二級砂糖只要 1.5 元澳幣；相較於紐澳進口蘋果、西洋梨、柳橙 一公斤售價約 11 元澳幣，在養活一大家人的盤算下，扛回一袋讓全家得以溫飽的白米，再買些罐頭，拌著米飯吃，愈鹹愈下飯，一盤飯兩盤飯接著吃，再配著糖水喝是比買吃不飽的蔬果來得划算；所以在食物選擇性低與進口物價高的國度，如此的決定是合乎常理。根據統計吉國有五成以上成人的運動量低於每星期 150 分鐘，其氣候只有乾、濕兩季，全年如夏，艷陽天下運動意願低落，道路品質不佳，土地面積小，無適合的運動場所等，也是推廣持續運動的阻力。

然而隨著公共衛生的進步，抗生素的發明，致命的傳染性疾病早被非傳染性疾病 NCDs (如癌症、心臟病、呼吸道疾患與糖尿病) 取代，成為健康的殺手，困擾全球已開發國家的糖尿病也在吉國蔓延中；該國糖尿病發生率在南太平洋國家是排行第四位；根據吉國中央醫院手術室 2015 年 1-7 月的糖尿病足各式截肢手術 (如全腳趾、部份腳趾、膝上或膝下) 統計資料顯示：總截肢病人有 57 名；截肢的年齡層偏低，三十多歲到四十多歲截肢的病人比比皆是，這群屬於青壯年的病人是家中經濟支柱，因此後續家中經濟或是個人因活動困難等造成的後續問題如血糖控制、照顧者負荷等問題不容小覷。

基於上述的理由，目前公衛計畫主要針對兩大方向：一是持續的衛生教育，日前已完成非傳染病手冊之編輯準備列印發行中，此外亦結合國際合作發展基金會 (ICDF) 營養技師與役男的協助，講授營養、飲食與運動課程於護理學校教育中，期許提升護生對防治 NCDs 的知能，進而能帶給病人與民眾更佳的照護品質與知識；二是降低或是延緩糖尿病的發生率，預防重於治療是不爭的事實，與其得糖尿病後，再不斷的飲食、運動衛教，不如找出前糖尿病期高危險群 (Prediabetes)，介入營養、體重管理與運動措施，藉由提升人民自身對健康的覺醒而降低或延緩糖尿病發生率以及其所帶來的合併症來得有效。這是一件需長期抗戰的事，畢竟要改變 " 吃很飽的文化 " 非一蹴可及。

貧窮、肥胖、病、早逝，難道是開發中國家人民應該承受的宿命!? 追根究底本是科學研究的精神，但 " 追窮 "，盤根錯節，抽絲剝繭下，又是一道難解的題。貧窮能獲得解決是否很多事能迎刃而解?!

是海平面上升帶來的健康問題先擊倒吉國，還是非傳染性疾病已經捷足先登!?

Is "Full" always good?! Sugar Disaster – The People of the Ocean

Piling Wang, R.N., Project Manager

International Medical Service Center, Mackay Memorial Hospital, Taipei, Taiwan

Kiribati located in the South Pacific Ocean, with a unique topography and abundant marine resources atoll. Blue sky and shining sun all the time. People addicted to eat fish, before adolescent stage they are skinny, but the body weight sharp increase 20-30 Kg once they pregnant. For baby growth, they eat plenty of rice and sugar water, then maintain this kind of eating habit and obese through entire life.

According to WHO, the prevalence rate of adult obesity in Kiribati is 46 %. Obesity usually accompanied by other health problems, such as hypertension, CVDs, and Diabetes Mellitus (D.M.). The ranking of DM is the fourth place in the country of the South Pacific Ocean.

Exploring reasons of obesity, there were westernized diet, poverty, few food selective, less fruits and vegetables consumption and low physical activity. Many local shops in Tarawa (the main island of Kiribati) as like as 7-11 convenience store in Taiwan, selling "processed food products" instead of "real food". Also compare the price of import fruits and vegetables to a pack of sugar and rice, islanders prefer the cheapest rice and sugar for satisfying their big family. It's a very reasonable decision as a duty of a parent. Ordinary the tight budget did not allow to spend on unaffordable fruits and vegetables. More than that it's an automation of the life in Kiribati where they prefer taking a bus than going for a walk. Statistic showed, the low physical activity rate is 50 % for adult, another word is their exercise time less than 150 minutes per week.

On a basis of operation theater statistics to diabetes foot amputation in the central hospital of Tarawa, the number of patient is 57 from January to July, 2015. As we know neuropathy of foot is one of the main complications of D.M. Many issues will accompany after amputation as immobile, the issue of blood sugar control, and caretaker's burden, also the family income.

Base on those reasons, the two main programs intervened are to editing NCDs handbook for continuing education to people, student nurses and medical staffs.

The contents of this handbook included what is healthy eating, the concept of weight management and how to do moderate intensity exercise, as well as the care knowledge of NCDs diseases. The other part is to find out high risk people in prediabetes for preventing high incidence rate of diabetes mellitus within 5-10 years.

Climate change and high incidence rate of D.M., which issue will destroy Kiribati people health first, the answer appeared obviously!



無力的紳士

馬偕紀念醫院神經外科 林新耀醫師

這是一個哀傷的故事。

星期一，一個豔陽高照的大晴天。典型的吉里巴斯氣候。如往常一樣，一早來到中央醫院開始一天的工作。

“林醫師，我們有一位病人需要會診。” 臉上總是帶著笑容，稍有點胖胖的實習醫師瑪莉來找我，這次她臉上的表情難得的比較嚴肅了些。

" 他是上週末來的病人，四肢沒有力氣，住在單人病房第八床，想請你來看一下。"

" 沒問題，我拿個檢查包就過去。"

位在首都塔拉瓦的中央醫院是吉里巴斯最大的醫院，但說是最大，但其實也就是內外婦兒科各約 20 床，再加上肺結核病房以及單人病房總共約一百床的醫院。有一個藥局，X 光室，簡單的實驗室，和一間開刀房。而這樣的設備已經是吉國的後送中心，醫療的最後一道防線了。因此在這邊行醫，手頭上能用的武器能做的檢查，與在台灣那種現代化的醫療只能說是天壤之別。作為一個神經外科醫師，在這裡我更像是個神經科醫師，從頭痛腰痛腳痛，到臉麻痺手腳沒力都會會診我。

這是一位 45 歲的男性，我見到他時正半坐臥在床上。即使在住院當中，他仍穿著白襯衫和長褲。(這裏沒有病人服，大家都是穿著自己的衣服住院的)，整齊的髮型，正統英國腔調的英文，對答時彬彬有禮。可以看得出來他是在英國殖民時期受過良好教育的吉國人。原來他是高中的老師。

簡單的自我介紹之後，我開始詢問病史與理學檢查。

症狀開始有快一個星期了，一開始是下肢有點沒力，但都還可以走路；但到了上週五開始不太能走才到醫院來。今天開始連上肢也變得沒有力氣。下肢有一點麻麻的但不會痛。深部肌腱反射減低。無任何上運動神經元徵象 *。再仔細詢問，在更之前的兩週有一些感冒的症狀。

" 我的情況嚴重嗎？因為我覺得很像愈來愈沒力了" 深邃的眼神裡透露著不安。

" 我知道，我們這的醫療設備不好，我會好起來嗎？" 這位紳士擔心的詢問著。

這裏所謂的單人房其實也就一個房間一張床，再無其他設備，只不過對比起一般病房，是所有入所有床排兩排在一間大川堂裡這裏稍稍多了點隱私罷了。家人們都圍在床邊，我試著跟他與他的太太解釋情況。

根據他的病徵，最有可能的診斷是格林 - 巴利症候群 (Guillain-Barre syndrome)，這是一種急性多發性神經炎。打比方來說，神經就像是家裡的電線，發炎時就像電線外面的塑膠被老鼠咬破很多個洞，那麼電線自然就短路了。在人體就是神經的傳導出了問題，於是會表現無力等症狀。大多數的病人在渡過急性期後，會自己慢慢恢復。然而部分病人在急性期會進展到連控制呼吸的橫隔膜肌肉都產生無力的情況。這時就有可能會需要呼吸器來維持呼吸，幫助病人度過這個階段。當然，在台灣我們還有血漿置換，免疫球蛋白等等的武器可以考慮使用。

Weakness Gentleman

MacKay Memorial Hospital, Neurosurgical department, Hsin-Yao Lin, M.D.

It's a sad story.

Monday, a sunny day, just like everyday in Kiribati. As usual, I came to hospital early to start my work.

"Dr. Lin, we have a patient need your consultation." Maria said. She is an intern with round face and always laugh on it. However, this time her face is more serious.

"He is the patient room 8 of private ward. He presented with weakness. "

"No problem, I will go soon"

Tungaru Central hospital is the biggest hospital in Kiribati. Although it is the biggest, it just includes about 100 beds, 20 beds in each medical, surgical pediatric and O&G ward, and a pharmacy, a X-ray room, a laboratory room and an operating theatre. And here is already the last line of Kiribati medical service. There is much difference here and modern medical service in Taiwan. As a neurosurgeon, I work here more like and neurologist. All the patients complained of any neurologic deficit will consult me.

This is a 45-year-old male who was in semi-sitting position on the bed when I saw him. He wore a clean white shirt and long pants with neat hair-cut. (They don't have hospital gown and patients admitted with their own clothes.) He talked to me with British accent and was sophisticated. I could tell that he received well education during United Kingdom colony period. Actually, he is a high school teacher.

I started to take history and physical examination following short introduction.

The symptoms started one week ago. In the beginning, he felt a little weakness in the lower limbs but still could walk. However, the weakness progressed ascendingly. He came to hospital because he could barely walk on last Saturday. He started to feel weak in both upper limbs since this morning. He complained of a little numbness over lower limbs but not painful sensation. Deep tendon reflex decreased. No any upper motor neuron signs were noted. He also mentioned that he had some upper respiratory tract infection two weeks before these symptoms developed.

"Is my condition serious? I feel more and more weakness....I know we don't have so much medicine and equipment here. May I recover....." said by this gentleman worried.

Private ward is not a fancy place. There are just separated rooms with a bed inside. His family are all around him and I tried to explain to him and his family.

According to his symptoms and signs, the most possible diagnosis is Guillain-Barre syndrome. It's an acute demyelinated polyneuropathy. The actual cause is still unknown but is thought to be related to our autoimmune system. It mostly happened after having an upper respiratory infection. The myelin of our nerves is affected and the "de-myelination" cause nerve conduction dysfunction. The result is weakness. This disease is a self-limited disease and most of the patients will gradually recover spontaneously 4~6 weeks later. However, some of them will progress to respiratory muscle weakness. If it happened, mechanical ventilator will be needed to help the patient get through the period. Sometimes, we can use IVIG and plasmapheresis to shorten the clinical course.

然而，在這裡，我們什麼都沒有。

“..... 大多數的人，如果度過這個階段，會慢慢好起來，但在這裡（吉國）沒有呼吸器，所以如果進展到呼吸衰竭還是會有生命危險的 ”我詳細的解釋完，握住這位紳士厚實的手掌。“我每天都會過來看你，追蹤你的情況，剩下來的就只能交給上帝了！”

“謝謝”即便在病痛當中，他還是回報我一個吉國人招牌的微笑。

之後，每天我都到單人病房看他。每天，我都會跟他與他的太太解釋病情。每天，他的床邊都會站滿穿著制服的高中生，唱聖歌幫他禱告。

只是，上帝這次做出了祂的選擇。

他的無力一天比一天嚴重，漸漸的四肢都完全沒有力氣。臉部喉頭的肌肉也被影響到，漸漸的，他連話也講不清楚了。沒幾天，呼吸也漸漸的淺快了起來。他已不太能夠表達，但他哀傷的眼神裡告訴我，其實他也很清楚自己的情況。

我和他的太太坐在病房外的長凳上，告訴她，也許這一兩天就是關鍵了。她的臉上並沒有顯出太大哀戚的表情或是哭天喊地。只是靜靜地點頭紅著眼眶。

隔天，依然是艷陽高照的好天氣。

“林醫師你來看誰啊？”一位年輕的護士問著。“第八床的病人 換人了 是換房間了嗎？”儘管我已大概知道答案，還是想確認清楚。

“我找找喔”年輕護士埋頭在成堆的紙本病歷裡。

護理長剛好從治療站走出來。”林醫師，你來看第八床嗎？他昨晚喘不過氣，走了”

“恩。”儘管不是太意外，心裡還是有點難受。

“對了，他家屬請我一定要跟你說，他們真的很感謝你。”

“為什麼？我什麼也沒做啊，何況病人還是走了 ”

“他說很謝謝你解釋的這麼清楚啊，讓他們有心理準備，可以好好的陪他走過最後這段路 ”

在台灣，我們總是用盡所有槍砲彈藥戰到最後一刻，不甘心不放手。

在無數的深夜裡，開著一台接著一台驚心動魄的急診刀，用最先進的儀器救最嚴重的病人。

家屬，未必懷抱感激。

在這裡，我只有我的一雙手，除了握著病人鼓勵他，其實我什麼也沒法做。

病人走了，卻得到由衷的感謝。

先進的醫療，帶走的也許不只是病痛，它也帶走了人們對疾病與命運的敬畏。

使人們忘記了，拯救生命也許從來不是一件容易的事。

在這裡，我學到了珍惜。

* 運動系統的毛病可以大略分成上運動神經元的問題或是下運動神經元的問題。藉由神經學的檢查，我們可以大致區分病人是哪一類。當然，各自又有一大堆的可能診斷。

However, none of above equipment or medication we have in Kiribati.

“Most patients will recover gradually but since we don’t have ventilator, sometimes it is still lethal.” I explained to the gentleman in detail and then I held his hands.

“I will come everyday to follow up your condition”

“Thanks” even in discomfort, he still replied me a classical smile in Kiribati.

I came to private ward everyday, explained to him and his wife. Everyday, his bed was fully surround by his students. They prayed for him.

God made his choice this time.

His weakness progressed. His four limbs became total paralysis. Bulbar palsy was also noted and he could not speak well gradually. Finally, diaphragm was also affected. He breath fast and shallow. He could not talk to anyone anymore but I could only see the sadness from his eyes.

I sit on the bench in the private ward with his wife and told to her that it may be the recent days. She didn’t present with crying or yelling. She just stayed quite with her red eyes.

The other day is still a sunny day.

“Who you are going to see, Dr. Lin?” asked by a young nurse.

“The patient in the room 8 is changed.....” Although I already knew the answer, I have to make sure.

“ok, I check the medical record....”The nurse buried her inside the mess of medical reports.

The principle nurse officer walked out and said. “Dr. Lin, you come for room 8? He was gone last night because of unable to breath...”

“Ah...” I still felt sad despite I know this is his faith.

“But his wife asked me to say thank you to you”

“Why? I did nothing and patient is still gone”

“But you explained a lot to them. Let them can prepare for his leaving. Let them can accompany him in the last distance of his life”

In Taiwan, we have so many weapons to against the disease. We fight until every opportunity we have tried.

However, family may not be grateful.

Here, I only have my hands. Except holding him and encouraging him, I could not do anything else. But I got a sincerely appreciation.

The modern medicine sometimes not only get rid of disease, it also takes the fear to disease away from people. People forget that it’s never easy to save life.

I learned to appreciate here in Kiribati.

* Motor system disease can be simply divided into upper and lower motor neuron diseases. According to history taking and physical examination, we can know what kind of disease the patient has.



聖誕島上有聖誕老公公嗎？

國際醫療中心 徐宛蒂副主任

那裏有聖誕老公公嗎？

第一次聽到朱大使建議我們醫療團隊一起去聖誕島時，心中第一時間有這樣的疑問，好奇特的一個地方，它屬於吉里巴斯的，因為美國已經送給他們，卻又離吉國本島 4000 海哩之遠，坐飛機還要 3-4 個小時，吉國也因為近年來全球氣候變遷，地平線下沉，島上擁擠，已經不適合人民居住，政府打算舉國往聖誕島遷移，在那裏有比較好的氣候，比較少的污染，所以也希望我們馬偕醫療團隊可以前往探勘，除了提供立即的醫療看診服務外，更希望能協助他們建構當地各項醫療設施及醫院。

於是我們由醫管小巨人張副院長領軍，一行 7 人，飛越千里，風塵僕僕，經由夏威夷轉機，來到可能有聖誕老公公的地方。飛機要降落時，往下看是一幅顏色碧綠的美麗海島，但是好像都只看到椰子樹，沒有什麼建築物，機場一樣又是只有一條短短跑道，及一間簡陋的候機室，比本島好的些的地方是，至少路是平的，不是坑坑洞洞的像坐碰碰車，還有值得一提的是，路邊看不到什麼垃圾，一問之下原來是，純樸的島民，為了讓第一次到訪的大使醫療團隊，留下美好的印象，全島大掃除



Is Santa Claus in the Christmas Is ?

International Medical Service Center Vice Director Hsu,Wan-Ti

Is there Santa Claus?

The first time we heard Ambassador Chu suggested our medical team to Christmas Island, the very first question came up in our mind was: What is this special place? Christmas Island in the Kiribati language is also called "Kiritimati". The United States ceded Christmas Island to the Republic of Kiribati in 1983, but the island is still 4000 miles away from Kiribati and need to take 3~4 hours flight. As Kiribati is too crowded and no longer suitable for people to live because of global climate change, the government plans to relocate the capital to the Christmas Island for better climate and less pollution. In Kiribati, Mackey Memorial Hospital Mobile Medical Team can provide not only instant medical examination, but also to support constructing local medical facilities and hospitals.

Our vice president Dr. Chang led total 7 people, flew over thousands of miles and transit via Hawaii. They were travel-worn but overcame the weariness to arrive at a place where Santa Claus might be. When the flight was about to land, you can see a beautiful green island if you looked down. It seems there were only coconut trees in this green island, not many buildings. We can see the airport was so simple, only with a short runway and a tiny, shabby waiting room. What was better than the main land of Kiribati? At least the road was flat, not potholes like riding bumper cars. Moreover, it is worth mentioning that we barely saw garbage on the streets. To satisfy our curiosity, we kept asking and finally found that the islanders spent one week to clean up the whole island just for our medical team and the ambassador to leave a good impression. This was just lovely.



一星期，這真的是太可愛了。

全島 5541 個人民，只有 2 位外來醫師，一個牙醫，一個婦產科，再加上一位麻醉醫師，醫療資源真的是極度不足了，所以我們看診的第一天，透過社區電台收音機的廣告，病人早就大排長龍了，居民都希望獲得我們的幫助，這次我們派出心臟科、胸腔科、神經科的專科醫師來看診，希望可以讓多數病人獲得幫助。

我們在來程的路上，在夏威夷碰到來自美國的慈善家，他退休後結束自己的報社，成立基金會募款，請來外科醫師及其他水資源過濾專家，定期來聖誕島提供各種協助，我們停留的這星期，與美國團隊有很好的互動與交流溝通，希望我們未來也可以共同合作，這也是另一種國際醫療合作，對於這個待援助，待開發的小島，大家不遺餘力，世界各地都有像這樣願意付出大愛精神的人，願意在此奉獻，而我們馬偕醫院，也是用一個反哺的心來做這些事工，當初台灣筆路檻樓，要不是有來自加拿大的馬偕博士，開創了台灣醫療史的先例，我們今天才有這些成果，而今當我們有能力時，我們也願意走出去、給出去。

不論走到世界各國那一個國家，小孩子永遠是最天真無邪的，看著他們全部從學校教室跑出來，興奮的追逐我們醫療團的車隊，排列在馬路旁一直揮舞著雙手，看著那一張張開心的臉龐，那一刻，我忽然頓悟一件事情，原來我們來到這個既遙遠又極度匱乏貧窮的國家，提供他們醫療援助及未來的建設，在他們心中，我們就是給人希望帶來喜樂的那個聖誕老公公！

完成任務後我們醫療團回到台灣的前二天，因為時差關係半夜無法入眠，每當閉上眼睛，就彷彿聽到海浪拍打的聲音，清澈的海水、蔚藍的天空、成千上萬的海鳥、一望無際的南太平洋、以我為名的海灘（crystal beach、crystal salt.....）這個讓我印象深刻，又留下美好回憶的小島～



The population is around 5,441; however there are only 2 foreign doctors supporting in this place. One is a dentist and another is gynecologist, plus an anesthesiologist. The whole island is under grossly inadequate medical resources. Therefore, when the first day we started medical examination, long queues of patients were desperately waiting to get our help. This time, we sent cardiologists, pulmonologists and neurologists to support having health and medical check and hope to fulfill our patients.

During our way to Kiribati, we met a US philanthropist in Hawaii. He ended his newspaper office before his retirement, and set up a foundation to raise money to invite the surgeons and water purification experts to provide all kinds of assistance to Christmas Island regularly. We had good interaction and communication with the US medical team during our stay in Kiribati for a week. In the future, we wish to work together again as another kind of international medical cooperation. The people spared no effort to assist in the development and aid the Christmas Island. There are people all over the world who are willing to carry forward and to dedicate the great love spirit. For Mackey memorial hospital, we also participate in this project with a heart of immense gratitude. Looking back to the year 1880s, Dr. Mackey not only came a long way from Canada to Taiwan, but also overcame great hardships in pioneer work, and opened a brand new page in Taiwan medical history. Therefore, nowadays we are able to have great achievement in medicine. To follow Dr. Mackey's steps, we are also willing to help people improve their health as now we have the ability to do it.

Regardless of countries around the world, children are always the most innocent and purest. In Kiribati, watching all of the kids ran out of the classroom, chasing our trucks and waving their hands with smiling faces. At this moment, I finally realized. We are the Santa Claus. We came to this distant country which is extremely lack of medical care, and provide medical assistance and construction to local people. To them, we are their Santa Claus bringing joy and love.

Our medical team went back to Taiwan after mission was completed. In the first 2 days back in Taiwan, it was hard for us to fall asleep due to jetlag. When lying on bed, whenever close your eyes, as if you can hear the sound of the water lapping against the shore. The images of the crystal clear

seawater, the blue sky, thousands of seabirds, the vast expanse of the South Pacific Ocean, and the beach named of crystal and crystal salt will come clearly into view. All of these are my precious and impressive memories of the Christmas Island.



南太平洋上的國度 - 諾魯

臺中榮民總醫院 國際醫療中心

諾魯是中華民國南太平洋六個邦交國之一，座落於南太平洋密克羅尼西亞群島中。距離諾魯最近的國家是位於巴納巴島的吉里巴斯，在諾魯以東約 300 公里。全國只有一個橢圓形珊瑚島的諾魯，面積二十一平方公里（大約是台北市的十三分之一），是世界上第三小的國家，人口約一萬人左右，為世界倒數第二。因為到訪不易，諾魯也是全世界最少被造訪的國家。

諾魯跟許多島嶼一樣曾經是強國的殖民地，最早在 1888 年，諾魯成為德國屬地，之後一戰時期被澳洲佔領，二戰時期日本掀起太平洋戰爭再次易幟，二戰結束後由聯合國交由英國、澳洲、紐西蘭託管，1968 年才正式獨立。此島由海底珊瑚礁岩及微生物沉積而成，因而富含豐富的磷礦，磷礦長期以來便是肥料及化妝品的重要原料。

即使面積小，靠輸出這種高經濟價值的礦物曾為諾魯帶來巨大的財富，在 1970 年代，當時人口僅八千多的諾魯，每年平均國民所得曾經高達兩萬多美元，居世界前茅及第三世界之冠，全國人民享有免費水電、教育、醫療及出國深造機會。可惜好景不常，1990 年代起磷礦需求漸減，加上管理不善，其海外資產紛紛遭拍賣、凍結。數年間諾魯急速由富轉貧，進入 21 世紀後仍在適應「由奢入儉」的窘境。目前主要以澳大利亞、紐西蘭為其援助國。

因為島上多礁岩，諾魯的自然環境跟其他印象中島國不同，島邊僅少部分有沙灘。也因靠近赤道，氣候上屬於熱帶島嶼型氣候，僅分乾季和雨季，氣溫長年約三十度。即便靠海，島上漁業或水上休閒活動卻不發達。也因面積實在太小，除了上述一些歷史遺跡外沒甚麼特別的觀光景點。全島有唯一一條環島道路，但是其他交通建設並不完善，觀光發展受限。

僅在重大節慶才能看到的諾魯的傳統舞蹈。
Nauru's traditional dance is only performed during important festivals.



Anibare 港口的魚市場開幕。A fish market in Anibare.



A General Introduction of Nauru

International Medical Service Center, Taichung Veterans General Hospital

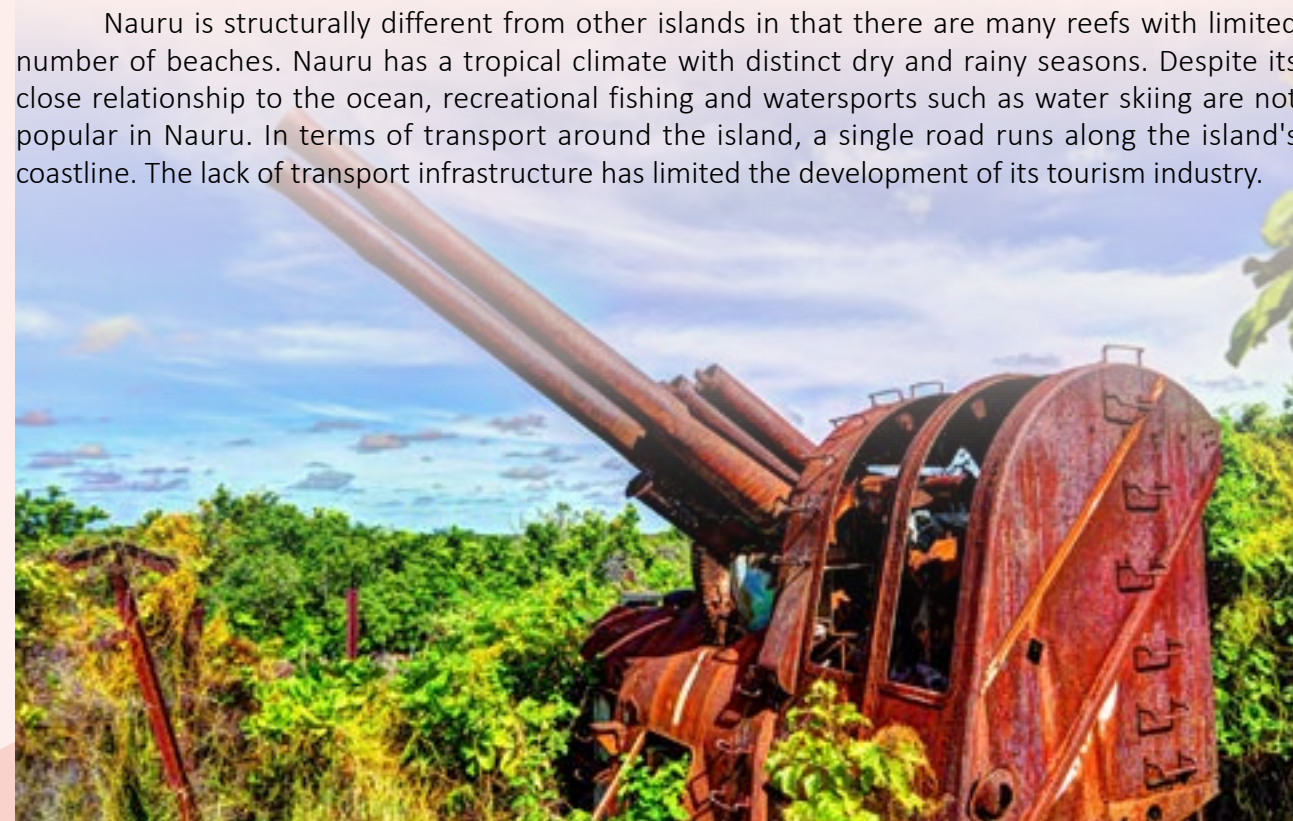
Nauru is a small island in Micronesia in the South Pacific Ocean. The nearest neighboring country is Kiribati, which lies 300 kilometers east of Nauru. Nauru is a potato-shaped island about 21 square kilometers in size (one-thirteenth the size of Taipei City). Nauru is the 3rd smallest country in the world with a population of about 10,000. Due to the difficulty of traveling to Nauru, it is the least visited country in the world.

The island is surrounded by coral reefs and was once rich in phosphate, an important component of fertilizer and cosmetics. Phosphate is the nation's major source of revenue.

As with other island nations, Nauru has been colonized a number of times during its history. In 1888, Nauru became a German colony, phosphate mining began in the early 20th century under a German-British consortium. During World War I, the island was occupied by Australian forces and became a part of Australian territory. During the Second World War it was occupied by Japan. Nauru became a United Nations Trust Territory administered by Australia after World War II, and achieved independence in 1968.

Despite its small size, Nauru acquired considerable wealth by mining and exporting phosphate. In the 1970s, thanks to booming phosphate exports, the average annual income of Nauruans was approximately \$20,000 USD, which was the highest among all developing countries. Nauruans had free access to public utilities, education, medical services, and opportunities for overseas study. However, in the 1990s, decreased demand for phosphate and poor management led to an economic collapse. By 2005, in an abrupt reversal of fortune, Nauru had almost become a failed state with an uncertain future. It now depends on other countries such as New Zealand and Australia to support its financial needs.

Nauru is structurally different from other islands in that there are many reefs with limited number of beaches. Nauru has a tropical climate with distinct dry and rainy seasons. Despite its close relationship to the ocean, recreational fishing and watersports such as water skiing are not popular in Nauru. In terms of transport around the island, a single road runs along the island's coastline. The lack of transport infrastructure has limited the development of its tourism industry.



醫療無國界 - 臺中榮總送愛心到諾魯

臺中榮民總醫院 國際醫療中心

諾魯是南太平洋中最小的島國，根據世界衛生組織的資料顯示諾魯非傳染性疾病已成為諾魯發病率及致死率的主要原因。諾魯當地並沒有醫學院，島上大部分的全科醫師 (General Physician) 主要來自其他國家及仰賴他國的專科醫師不定時的支援。臺中榮民總醫院為善盡世界公民責任及推展人道服務，派遣醫療團隊到諾魯支援，更藉此鞏固我國與諾魯共和國的雙方關係。

為響應國家醫療外交政策，臺中榮民總醫院於 2008 年起派遣醫療團隊至諾魯進行巡迴醫療並提供專業醫療教學。為瞭解諾魯醫療情形，進一步規劃在諾魯長期設置常駐醫師，擴大雙方醫療合作基礎，本院於 2011 年與諾魯共和國衛生部簽訂臺灣醫療計畫備忘錄，並與國際合作發展基金會合作，執行臺灣醫療計畫。自 2014 年起，本院承作衛生福利部亞太洋友邦醫療合作計畫，不僅與諾魯衛生部簽訂轉診備忘錄，並與台北和高雄榮民總醫院聯盟，共同持續推展諾魯的醫療照護計畫。

為改善諾魯的非傳染性疾病，臺中榮民總醫院依據需求適時派遣新陳代謝科、腎臟科、心血管內科之專科醫師前往支援，每位常駐醫師派駐 3 個月在當地協助診療、居家訪視等醫療工作，並依專長在諾魯醫院開設特別門診，如風濕性心臟病專門門診，讓曾經接受瓣膜置換、或是風濕熱的病人都可以回到這個門診進行諮詢。醫師們同時也扮演著教育者的角色，辦理專業人員衛教講座及分享醫療與管理經驗。例如腎臟科醫師教導公衛中心護理人員如何判讀檢查報告，將這兩年公衛中心的舊病歷資料進行分析，找出約 70 位有蛋白尿的病患，並通知病患回診追蹤。此外參與「移動門診」，將公衛中心的服務搬移到島嶼上的每一個角落，增加諾魯民眾接受健康促進活動的意願。協助諾魯舉辦之各項 WHO 活動、工作坊及宣傳，如 No Alcohol Day、No Tobacco Day、Blood Donor Day、World Diabetes Day，協助諾魯醫療教育及政策的改善及推動。

本院依照諾魯提出醫療科別需求，配合諾魯醫院期程規劃，籌組行動醫療團，自備藥品、衛材及器材前往諾魯援助當地病患。2015 年派遣二次醫療團包括耳鼻喉科、心血管外科、婦產科、腎臟科、眼科、腸胃科，各支援兩週，主要任務包括門診、手術醫療服務、辦理專題講座。2015 年 6 月，第二度支援諾魯耳鼻喉科的林玟君醫師為幫助神經性聽力障礙或重聽之患者，建議本院捐贈 10 組助聽器，並攜帶聽力檢查儀器到諾魯進行治療，讓病患重新獲得聽到「聲音」的快樂。心血管外科醫師亦參與醫療團，協助多例腎臟病患者進行血液透析瘻管手術，建立新的透析路徑，為走到絕境的病患帶來新的希望。為擴大服務項目，照顧不同之醫療需求，腸胃科醫師於第二梯次醫療團出訪時提供當地所缺乏的專科服務，同時為確保醫療品質，本院持續派遣腎臟科及眼科醫師，對過去接受治療的病患進行複診及追蹤新病患的治療契機。行動醫療團提供給諾魯不只是醫療上的幫助，並藉由與當地醫護人員臨床技術交流討論，將醫學新知帶給當地的醫事人員，提升當地醫療人員素質。

臺中榮民總醫院多年來派遣醫療團隊支援諾魯，不只是提供好品質的醫療服務，實踐本院的核心價值，顯示對諾魯的友誼，更藉此鞏固我國與諾魯共和國的雙方關係。

行動醫療團眼科馮士釗醫師為病人進行雷射治療
Dr. Shih-Chao Feng conducted laser treatment for the patient.



Medical Services in Nauru

International Medical Service Center, Taichung Veterans General Hospital

Nauru is the smallest island in South Pacific Ocean. According to the World Health Organization, non-communicable diseases have become the leading causes of morbidity and mortality in Nauru. There are no medical centers in Nauru and most of the doctors on the island are general physicians. Therefore, Nauru is dependent on the support of other countries for specialist medical treatment. Taichung Veterans General Hospital (TCVGH) has sent medical teams to Nauru since 2008 to provide humanitarian services and to consolidate the relationship between Nauru and Taiwan.

In order to better understand Nauru's medical circumstances, further planning was implemented to set up long-term medical services and to extend the cooperation between TCVGH and Nauru. In 2014, TCVGH implemented a medical cooperation plan sponsored by Taiwan's Ministry of Health and Welfare. TCVGH signed a referral memorandum with Nauru, and invited Taipei Veterans General Hospital and Kaohsiung Veterans General Hospital to join this project. The three hospitals coordinated their efforts on this project to promote Nauru's medical healthcare.

In order to combat non-communicable diseases in Nauru, TCVGH sent long-term stationing doctors, including diabetologists, nephrologists, and cardiologists to Nauru. Each doctor spends 3 months at the Naoero Public Health Centre, the only hospital in Nauru, and provides outpatient service, home visits and other medical services. They have also set up special clinics according to their area of expertise. For instance, during a recent visit, the Rheumatology and Heart Diseases specialist outpatient clinic, which was previously not available in Nauru, provided medical service for valve replacement and rheumatic fever patients. Furthermore, doctors shared their knowledge and experience by giving lectures and instructing local medical staff. For example, over the past two years, a nephrologist taught nurses how to interpret lab data and review old medical records. Subsequently, 70 patients were found to have proteinuria and follow-up was recommended. In addition, the doctors set up a mobile clinic to provide public health services around the island and to promote health education. Furthermore, our team assisted with WHO-related health activities, such as No Alcohol Day, No Tobacco Day, World Diabetes Day, etc., to promote health policies and education.

TCVGH sent mobile medical teams to help local medical staff prepare medicine, medical material and equipment. In 2015, two mobile medical missions have been scheduled. Each team provides service for two weeks. The main missions include outpatient services, operations, professional lectures, and health education workshops for sharing medical and management experience. In June 2015, Doctor Wen-Chun Lin, who has visited Nauru twice, donated ten sets of hearing aids to Nauru patients with a hearing disorder on behalf of TCVGH. Cardiovascular surgeon carried out A-V fistula and graft surgery for desperate kidney disease patients and brought hope to many patients by establishing new paths for hemodialysis. To expand the current services and meet various additional medical needs, the second medical mission was dispatched in October 2015. The mobile medical team not only provides effective health care, but also increases bilateral interaction through our medical contributions.

TCVGH has sent more than 10 medical teams within the past several years to Nauru to provide residents with free medical services. These missions fulfill our hospital's core value of compassion and it is hoped that the bond of friendship between TCVGH and the Republic of Nauru can be further strengthened.



正視諾魯的腎臟病問題 - 來自台灣的呼籲

臺中榮民總醫院 腎臟科 鍾牧圻醫師

諾魯是一個南太平洋的島國，位於密克羅埃西亞島群內。這個國家缺乏自己的腎臟科醫師，需要外界來照顧他們的健康衛生需求，特別是在洗腎方面，只有洗腎護士照料著全島二十多人的洗腎患者。

諾魯洗腎的發生率，盛行率之高，均接近世界最高的幾個國家之一。開始洗腎的平均年齡也很年輕，對於國家的勞動力來說是很大的問題。以我在那裡三個月的經驗觀察，腎臟病高的原因在於：1. 沒有腎臟科專科醫師；2. 缺乏糖尿病會造成慢性腎臟病的概念；3. 沒有慢性腎臟病追蹤照顧體系；4. 濫用止痛藥的狀況嚴重。洗腎後的死亡率非常高，也充分說明對於洗腎病患的照顧品質不佳。

2014 年 10 月，行動醫療團徐國雄主任攜帶了隨身型超音波，替所有諾魯洗腎病患做超音波的腎臟檢查。我來到諾魯後利用三個月的時間，將洗腎室的病患資料總整理，改善透析處方，解決急性慢性併發症，並且從教育著手，藉由和公衛中心的護理人員和洗腎室的護理人員上課，教導他們糖尿病腎病變的概念，教導他們洗腎應該注意的事項。

諾魯人友善且聰明，缺乏的是適當的訓練與指導。令我印象深刻的，公衛中心一直以來都有測量尿蛋白，但卻不知道如何正確的判讀！經過我的解釋後，他們開心的恍然大悟，原來以為正常的其實都是異常的，我協助他們從過去一年內的資料，找出約七十位尿蛋白異常偏高的病患，安排回診，並製作尿蛋白衛教單張。

洗腎室的病患與護理人員看到我去都非常的高興，病患高興的是問題終於有人可以解決，而護理人員是鬆了一口氣，因為大部分時間他們也不知道該怎麼做。

Roxen 是一位 57 歲的男性，半年前安裝左手洗腎瘻管後便開始洗腎。由於瘻管血流太強，產生所謂的“steal phenomenon”，導致左手手指每當洗腎時便劇烈的缺血疼痛。他遭受極大的痛苦，而且沒有醫師願意幫助他。我到了之後，立即使用 morphine 幫他止痛，迅速完成轉介單，向 RON Hospital 的院長報告這是緊急的病例。Roxen 非常開心的到了澳洲，將血管結紮，並且開始使用右頸的洗腎導管洗腎，他再也沒有經歷這樣子的疼痛。當地僅有三位資深的護理人員之一 Kelly 告訴我，在過去多年來，至少發生過兩個類似病例，而這兩位病患都是在極端的痛苦中，肢端缺血壞死而死亡。我非常高興因為我的幫忙解決 Roxen 的問題。

一個合格的腎臟科醫師可以做什麼事？我到的前一個月和後一個月，洗腎患者的平均洗腎尿素清除率從 51% (2014 年 12 月) 上升到 67.8% (2015 年 1 月，標準 65%)。我亦幫助其他病患解決他們的問題，舉凡腸胃出血，感染性腹瀉，腹水，膿胸等等。我讓洗腎時極端高血壓和低血壓休克的病患獲得改善，進而能順利並且安全的洗腎。我的貢獻不只是提供好的醫療服務，更在於展示臺中榮總的核心價值以及對於諾魯的友誼。



諾魯的洗腎中心。A patient receives treatment at the dialysis center in Nauru.

Kidney Diseases in Nauru

Dr. Chung, Mu-Chi, Department of Nephrology, Taichung Veterans General Hospital

As an island country in Micronesia with limited medical resources, the Republic of Nauru depends on assistance from other countries to provide adequate medical care, especially for dialysis patients due to the lack of nephrologists. There are only a few dialysis nurses on the island and they are responsible for the care of all dialysis patients (about 20-30 patients) in Nauru.

Nauru has one of the highest incidence rates (new cases in a year) and prevalence rates of dialysis in the world. Patients start dialysis at very young age, and this has a devastating impact on the nation's labor force. The causes of kidney disease in Nauru include 1. a lack of nephrologists; 2. the concept that diabetes can lead to kidney disease is not widely known; 3. a lack of a good chronic kidney disease (CKD) care program; 4. overuse of painkillers, which is very common. At the same time, the high death rate of dialysis patients indicates that the quality of hemodialysis care is very poor.

In October 2014, a member of the mobile medical team, Prof. Kuo-Hsiung Shu, brought a portable sonograph to check the kidneys of all dialysis patients. As a doctor stationed here for 3 months, I reviewed all dialysis patient documents and finished the summary in three months. I adjusted their dialysis regimen to treat the chronic and acute complications of dialysis. I also gave a lecture to instruct nurses on public health and dialysis, which included teaching them how to look after patients with diabetic nephropathy and dialysis.

Nauruan people are smart and friendly. I realized that what the Nauruan medical staff need was good training and instruction. The public health nurses did not know how to interpret accurately the result of proteinuria, although they had checked proteinuria routinely for diabetes patients for many years! After I had explained the correct method of interpretation, they suddenly realized that some of the results they considered to be normal were actually abnormal. I helped them identify the patients with abnormally high proteinuria using the medical records. There were about seventy people with abnormal results in previous years. We phoned these patients and arranged a follow-up visit to the clinic. I also made a handout explaining how to diagnose and control proteinuria.

Both patients and nurses in the dialysis room were very happy to learn this valuable method. Patients were pleased because finally somebody could solve their problems, and nurses were relieved because most of the time they said they did not know how to provide adequate treatment.

Roxen, a 57-year-old gentleman, started hemodialysis half a year ago. His arteriovenous fistula was performed on the left forearm in Australia. However, the blood flow through the arteriovenous fistula was so strong that the fingers in his left hand lacked sufficient blood perfusion during dialysis, which is known as the “steal phenomenon”. He suffered from great pain but received no medical help. When I arrived, I used morphine for pain control. I completed a referral sheet promptly and reported to the director of RON Hospital that he was an emergency case. Fortunately, Roxen was referred to Australia and his AVF was ligated smoothly. He resumed hemodialysis using a permanent Hickmann catheter which alleviated the pain. Kelly, one of the most experienced dialysis nurses in Nauru, told me that in the past few years, there had been at least two similar cases, who developed extremely painful gangrene necrosis of their limbs and eventually died.

What can be achieved by a qualified nephrologist? We can use certain indicators, like urea reduction ratio (URR), which tells us how much toxicity has been removed from the kidneys during dialysis. After our team arrived, the mean URR increased from 51% to 67.8% within one month (December 2014 to January 2015), which was a remarkable result (the standard URR should be more than 65%)! However, a nephrologist needs to be versatile here. I needed to cope with many problems, such as gastrointestinal bleeding, infection diarrhea, and empyema. I improved the extreme hypertension and hypotension in some patients, so they could receive dialysis safely. Our team provided not only good quality and effective health care, but also compassion, the core value of VGHTC, as well as friendship to the people of Nauru.

聽見聲音的幸福

臺中榮民總醫院 耳鼻喉頭頸部科 林玟君醫師

諾魯，是位於南太平洋密克羅尼西亞群島的一個島國。當我向同事或朋友們第一次提到這個國家時，有九成九以上的人會以為是秘魯。

2014 年底，有幸成為臺中榮總諾魯行動醫療團的一員，第一次深刻地體會到南太民族的樂天與熱情，並且見識到在離開台灣，來到醫療匱乏的諾國，當地的人民若生了病要看醫生、接受完善治療是多麼困難的一件事。今年，很榮幸再度加入了敝院諾魯行動醫療團的義診行列。



病患戴上助聽器再次聽到聲音的幸福笑容。
The patient was very happy with her new hearing aid.

由於前一次前往諾國時，發現當地有許多飽受聽力障礙所苦的中老年人，但當地並沒有耳鼻喉專科醫師，所以一些基本的耳鼻喉科檢查儀器及手術器械也是相當欠缺，要幫助當地的病患總有“巧婦難為無米之炊”之感。於是，本次出發前情商醫院採購十支耳掛式助聽器，並攜帶簡易型聽力簡查儀及耳鏡，替當地患者施行純音聽力檢查，由於儀器和檢查場地相當地克難，可能沒辦法解決每一位來求診病患的需求，但我們仍認真聆聽他們的對“聲音”的需求，在悶熱狹小的空間裡替他們檢查聽力，並且詳細地解說如何使用助聽器，很快地，十支耳掛式助聽器順利地幫助十位患者，重啟與外界的交流，看著他們重新聽見“幸福”的神情，甚至真誠地握著我的手，抱以感謝地直說“You save my life!”，雖然覺得有點浮誇，但卻讓此行更有意義，也讓更多的患者受惠。

另外，遇見半年前接受雙側扁桃腺切除的小男孩 Nixon 來回診，傷口復原良好，術前的一些症狀如：喉嚨異物感及打呼睡不好，也改善許多，他的母親相當滿意手術的成果，也感謝行動醫療團的為當地帶來的醫療協助。

行動醫療團耳鼻喉科林玟君醫師自備醫療器材為兒童看診。

Dr. Wen-Chun Lin, an otorhinolaryngologist, brought much-needed medical equipment to Nauru to provide outpatient services.



林玟君醫師攜帶簡易型聽力簡查儀為病患進行聽力檢查。
Dr. Wen-Chun Lin performed a hearing test using a handheld simple pure tone audiometer.

Hearing Loss in Nauru

Dr. Wen-Chun Lin, Department of Otolaryngology, Taichung Veterans General Hospital

Nauru is one of the island nations of Micronesia in the South Pacific Ocean. When I first mentioned Nauru to my colleagues or friends, most of them thought that I was talking about Peru.

At the end of 2014, I joined the Taichung Veterans General Hospital mobile medical team and visited Nauru. It was the first time I had experienced the optimistic nature and friendliness of the South Pacific people. I also discovered how difficult it was to find a doctor there and how the Nauru people are desperately in need of specialist medical treatment. This year, I had the chance once again to join the mobile medical team of our hospital and travel to Nauru.

In the previous year I had noticed that many elderly Nauruan suffered from hearing loss but there was no ENT specialists on the island who could help them. I was more than glad to help them but there was no equipment to perform

even basic ENT examinations. Thus, I always had the feeling that, as the old saying goes, "Even the cleverest housewife cannot cook without rice!"

This time, I brought ten behind-the-ear hearing aids which had been purchased by our hospital. Moreover, I had borrowed one handheld simple pure tone audiometer and otoscope to evaluate the hearing ability of local patients. Due to the simple equipment and basic medical environment, our service may not have been able to meet every patient's demand for treatment. However, we still tried our best to listen carefully to their requests for hearing-related treatment. We performed a hearing test in a small and stuffy space provided for the patient and explained in detail how to use the hearing aid. Ten behind-the-ear hearing aids were all successfully given to the patients. The devices helped patients communicate once again with the outside world. They expressed great happiness being able to hear sounds again, and many held my hand and said with great sincerity: "You saved my life!" I felt touched by their kind words and was happy to have benefited the people of Nauru.

Furthermore, I met a boy named Nixon who had received bilateral tonsillectomy surgery that I performed six months ago. He came back to the clinics for a checkup and the wound had healed very well. The symptoms bothered him before the surgery, as he had a foreign body sensation in the throat and suffered from snoring during sleep, but the surgery had improved the symptoms a lot. His mother was quite satisfied with the results of the surgery and was thankful to the mobile medical team who had provided aid to many local people.

During the two-week medical mission to Nauru I saw a lot of outpatients in my clinic. When I revisited this island once again six months after my first visit, I saw people there who were trying their best to improve the medical environment. It is still far from perfect, and that is why Taiwan's mobile medical team is needed. I hope that our mobile medical team can help more people in Nauru and write a whole new page in Taiwan's medical diplomacy efforts.



臺中榮民總醫院捐贈 10 組助聽器
Taichung Veterans General Hospital donated 10 sets of hearing aids to Nauru.



南太平洋的珍珠 - 吐瓦魯

中山醫學大學附設醫院吐瓦魯常駐人員 游欣頤

吐瓦魯是南太平洋島國，全球人口第二少，面積第四小的國家。整個國家由九個環狀珊瑚島嶼組成，遠眺如同散落在海面上的珍珠般格外迷人。吐國地勢平坦，沒有山丘河流，陸地最高不超過海平面四公尺，溫室效應造成海平面上升，對吐瓦魯構成非常嚴重的威脅，因此往往成為全球暖化議題的焦點。

吐國是大英國協成員國，總督由英國女王任命。全國人民約一萬多人，屬於波里尼西亞人。英文為官方語言，但當地民眾除了北方 Nui 島使用吉里巴斯語外，多以吐瓦魯語為主要溝通語言。因為天然資源匱乏，除了零散的服務業外，多需仰賴外援，目前藉由出售捕魚許可證及簽發漁業協定、出口椰子製品和出售郵票與網址來增加收入。

吐瓦魯的內外交通都相當不便，每週僅有兩個斐濟航空的航班，每個月也只剩一到兩班輪船往返斐濟，且常因天候因素延遲或取消。本島（首都所在地）只有兩艘貨輪負責外島的貨運補給與人員運送，到最近的外島需要六個小時的航程，而最遠的則需一天。此外，外島沒有碼頭設備，其貨物及人員上下皆需藉由小船接駁。

由於當地工作機會不多，家族中具工作能力者在家族的地位較高，必須負擔家計；其他沒有收入的成員則分擔家務。同理，擁有房子的人收容沒有住所的親人，一個小小的房舍擠滿十幾個人是常態，因為在這個經濟貧瘠的島國，唯有分享，才能讓大家都生存下去。

吐瓦魯人相當尊重長老，長老的地位及影響力甚至遠超過政府所制定的法律，因此舉辦活動時，長老會被安排在中心位置，發言也以長老優先。島上的各種活動，小至運動比賽，大至教堂建置，皆需在長老的指示下共同參與；一旦違反島上的規範，長老有權懲處，甚至將之驅逐。

吐瓦魯的婚禮是由新郎的姊妹到新娘家迎接新娘，進行簡單的傳統儀式後，再換上吐瓦魯傳統服飾到教堂接受牧師的祝福。之後，新婚夫妻坐車環繞全島，晚上則由雙方親友準備食物及餘興節目，並贈予新人澳幣做成的皇冠項鍊與禮物，有些島嶼則會將新娘抬起，環繞會所表示祝福。

吐瓦魯四季如夏，氣候舒爽風景如畫，擁有最美麗的黃昏，居民生活悠閒。平日男人出海捕魚、販售魚貨、餵食豬隻、攀爬椰子樹收取椰花蜜汁；女人編織草蓆扇子、接送孩子上下學、料理家務。傍晚，男女老少，映著夕陽，或在吐國境內僅有的機場跑道上打球、運動，或在海中嬉戲，享受這

天然寧靜的時刻。夜晚，全家人圍在一起聊天、彈吉他，唱民謠；有些則三五成群躺在機場跑道，欣賞南半球的銀河星空；有些則騎乘摩托車享受南太平洋的海風吹拂，過著有如天堂般的悠閒生活。



新人穿著傳統服飾，身上掛著糖果零食。
Newly-weds wear traditional outfit with some sweet hanging over their neck.

A Pearl in South Pacific - Tuvalu

Hsin-Yi, Yu, Coordinator, Chung Shan Medical University Hospital

Tuvalu is a South Pacific island, the second lowest population and the fourth smallest country in the world. The entire country is composed of nine atolls islands overlooking the sea as scattered pearl which makes it particularly charming. Tuvalu is flat and has no hills or rivers; territory does not exceed the maximum four meters of sea level, so the greenhouse effect caused by rising sea levels is a very serious threat. Therefore Tuvalu has become the focus of global warming issues.

Tuvalu is one of The British Commonwealth member governed by appointed the Queen of England. Population is about ten thousand people originated from Polynesia. English is the official language, but local people speak Tuvaluan Language as the main communication language except Kiribati language used in Nui, the North Island. Because the lack of natural resources, in addition to loose services industry, Tuvalu needs to rely on foreign aids. Currently Tuvalu issued the sale of fishing licenses and fisheries agreements, exports of coconut products, the sale of postage stamps and the website to increase revenue.

Tuvalu's internal and external traffic are quite inconvenient, only two Fiji Airways flights per week, per month and only one to two vessels commute between Fiji. Often the schedule delayed or canceled due to weather factors. The island (where the capital located) is responsible for only two cargo freight transport supplies and personnel outside of the island. It requires six hours of flight to the nearest outer islands, and the longest trip to remote islands will spend one entire day traveling. In addition, the outer islands do not have dock equipment, its cargo and personnel, that only connected by small boat.

Because few local jobs, higher family status with ability to work in the family must be the breadwinner; members without income are sharing housework. Similarly, people have no shelter house accommodating relatives; small houses crowded dozens of people is not surprising. In this low-economy island, by only sharing is a way to survive.

Tuvalu people relatively respect the elders. The status and influence of the elders are far away beyond the law enacted by the government, so whenever holding the events, the elders will be arranged in the center and giving some words first. Various activities on the island, from sports match to church building project should be participated in and directed by the elder; once violating the norms in the island, the elders have the right to punish and even to expel the regulation breakers.

Tuvalu's wedding ritual is that the groom's sister meets the bride in the bride's house and processes a simple traditional ceremony, then put on Tuvalu traditional dress and go to church for the priest's blessing. Thereafter, the newly married couples take a tour around the island by car. Family friends from both sides will prepare food and cabaret in the evening, and grant a crown necklace made with Australian dollar and gifts; some islands will lift the bride and go around the guild hall to express wishes.

Tuvalu has summerlike seasons, comfortable climate and picturesque view; with the most beautiful evening, residents have such relaxing way of living. During weekdays, men go fishing, selling fish products, feeding pigs and climbing coconut trees to collect coconut flower honey as daily work; women weave mats and fans, pickup and drop-off children to school and doing housework. In the evening, people of all ages and both sexes under sunset gather in the country's only airport runway to do sports or play in the sea and enjoy the quiet moment. At night, the whole family sit together chatting, playing guitar and singing folk songs; some are lying on the airport runway in small groups, enjoy southern Galaxy Star; some are riding a motorcycle to enjoy the South Pacific sea breeze and live like a heavenly leisure life.

回首十年情誼～攜手邁向未來



中山醫學大學附設醫院國際醫療中心

一個遠在南太平洋上的島國，人民有著純樸的天性，在這個美麗的島嶼上，有我們筆路藍縷的足跡。十年前撒下的計畫種子，每年辛勤的灌溉，我們在吐瓦魯執行的醫療計畫成果，正如兩國堅固的情誼一般，已逐漸成長茁壯。

中山醫學大學附設醫院（中山附醫）自 2005 年起積極參與國際醫療援外任務，協助友邦國家提昇醫療品質，提供專科診療服務與公共衛生教育，期能對國際人道援助盡一份心力。2006 年我們的醫療團第一次踏上南太平洋這塊人間淨土—吐瓦魯，中山附醫隨即與吐國的中央醫院—瑪格麗特公主醫院（Princess Margaret Hospital-PMH）締結為姊妹醫院，每年除了派遣行動醫療團提供醫療援助，並開始代訓吐國醫、護與醫事人員，我們的努力與付出贏得當地政府及民眾的一致好評與友誼。因此，2011 年 10 月吐瓦魯衛生部與我們簽署五年「醫療合作工作層級備忘錄」（MOU），目標為幫助吐瓦魯進行長、短期之公衛及醫療合作，並協助 PMH 建置醫院資訊系統（HIS），期能與世界接軌，以提升吐國醫院的管理與效能。

今年度計畫執行目標為建立住院資訊系統及公衛活動教育之延續：

醫院資訊系統：在 HIS 方面，除了已上線的門診、掛號、藥局、檢驗檢查報告等系統，今年度增建住院系統，包含住院醫囑、住出院病歷、修改病歷及查詢功能。透過住院病歷電子化，醫護人員可以更有效率管理相關醫囑、回診時可查詢住院期間的病歷，不會因紙本遺失而延誤治療。此外，配合吐國新成立的微生物實驗室，建置微生物系統，使檢驗檢查系統更為完善。

衛教：吐瓦魯因為飲食習慣和文化的影響，慢性病與糖尿病的比例甚高，因此改變飲食習慣和提升民眾對於疾病的瞭解與防治的知識極其重要。我們辦理一系列的民眾與學生健康研習及工作坊，藉由衛教活動推廣慢性病防治、營養飲食與慢性病飲食，舉行午餐約會，準備蔬菜和水果，讓吐國民眾在享受美食的同時亦能增進健康。上半年度已進行 36 場衛教，參與的人數達 1297 人，活動後的問卷調查顯示，透過衛教，大眾對於慢性病的了解大幅提升，同時也證明衛教活動的舉辦使吐國民眾更重視健康。

除了辦理衛教活動外，也將去年為他們編印的慢性病手冊發放慢性病門診病人和小學教師當教材，同時提供給學童當課外讀物。此外，印製 200 份孕婦手冊供吐國孕婦使用，並以吐瓦魯語為主製作營養手冊。除了手冊的編製外，還設計 13 種衛教單張。藉由手冊、衛教單張與衛教講座的推廣及教學，協助民眾增進對於疾病和健康飲食的認識與了解。在吐瓦魯推行的衛教活動就像酒一樣越



專為吐瓦魯國量身定做吐瓦魯語的營養手冊

Well-designed Tuvalu food bases dietary guideline written in the Tuvalu language.

Past Ten Years of Friendship, Family Forever From Now

Chung Shan Medical University Hospital International Medical Service Center

In Tuvalu, an island in the far South Pacific Ocean, people have pure and simple character. In this beautiful island, it is easy to see the arduous pioneer work of our early Taiwan Medical Program. Ten years ago, we lovingly sowed our seed of Taiwan Medical Program and every year we took great care of this seed. After working for years, the outcome of our Taiwan Medical Program, which was practiced in Tuvalu, has finally grown. As time goes by, it grows, as does the unbreakable bond between Taiwan and Tuvalu.

Chung Shan Medical University Hospital (CSMUH) has been actively participating in international medical aid since 2005. We have contributed our medical knowledge, including professional specialist diagnosis and public health, to assist in promoting our allies' medical quality in the hope of making effort to international medical aid in the world. In 2006, when our medical team first stepped on Tuvalu, a secular paradise in the South Pacific Ocean, CSMUH and Princess Margaret Hospital (PMH), a Tuvaluan central hospital, soon became sister hospitals. After that, in addition to offering medical aid by dispatching mobile medical team, CSMUH also helped train PMH medical staff on medical matters every year. Our effort has won the heart and the friendship of Tuvalu government and Tuvaluan people. Therefore, the Ministry of Health of Tuvalu and CSMUH signed a five-year MOU in October 2011 with the goal to help Tuvalu promote both short-term and long-term public health and medicine. This MOU was also designed to assist PMH in promoting the health care administration by building up a Hospital Information System (HIS). With this MOU, we believe that we can help PMH connect with the world.

Goals of this year will be continuing to build up Inpatient Information System and promote public health education in Tuvalu:

HIS: HIS now contains outpatient services, appointment services, pharmacy services, and inspection report searching services. This year, CSMUH has helped establish Inpatient Information System, including inpatient doctor's advice searching services, and inpatient medical record searching and revising services. Through online Inpatient Information System, PMH medical staff can manage inpatient doctor's advice more effectively and immediately check the inpatient medical record when patients come back for follow up at PMH. Online inpatient medical record can also help PMH medical staff avoid postponing patients' treatments in the reason of the loss of hard copies of the inpatient medical record. Besides, in order to update the software at newly built microorganism laboratory in Tuvalu, CSMUH will establish laboratory report in the target of helping microorganism laboratory operate regularly this year.

Health care education: Because of diet habit and cultural influence, a high percent of Tuvaluans suffer from chronic diseases and diabetes. Thus, it is important to change the Tuvaluan's diet habit and teach them the correct knowledge of chronic diseases and diabetes and how to prevent these diseases. We have already conducted a series of health care workshops for Tuvaluan people and students. In the workshops, we held healthy lunch feasts, providing vegetables and fruit. We expect that, through these health care education activities, Tuvaluan people can better understand the prevention of chronic diseases and diabetes, the friendly diet habit, and the way to stay healthy while they enjoy their meals. We have already hosted 36 health care workshops with 1297 participants in the first half of this year. A satisfaction survey of health care workshops showed that, through the workshops, Tuvaluan's knowledge towards chronic diseases has dramatically improved. It was also proved that holding health workshops could help Tuvalu people value the importance of health.

釀越香，民眾的接受度越來越高，反應也越來越好。

派遣專科醫師：為了解決吐國專科醫師缺乏的困境，中山附醫今年特別派遣心臟內科醫師及婦產科醫師常駐，除了診療病患，並舉辦講座提供吐國醫院專業人員繼續教育的機會，從講座內容中增強醫護人員的專業技能與知識。除了在醫院內舉行的專業講座外，我們的醫師也特別上吐瓦魯的全國性廣播電台做專題衛教推廣。

除了常駐醫師，中山附醫也依吐國的需求，另外派遣短期行動醫療團協助治療吐國醫院無法診治、慢性病以及需要外科手術的病患。今年派遣包含泌尿科、皮膚科、骨科、耳鼻喉科、牙科和麻醉科等專科醫師，充分補足吐瓦魯醫院缺乏專科醫師的難題。

新的足跡：鑑於吐國缺乏專科醫師及醫療資源不足，我們今年邁出新的步伐。1月27日和吐國衛生部簽訂《國際病人轉診協議》，開始執行國際轉診，把吐國需要後送的病人轉診至中山附醫就醫。需轉診後送的病例經醫療團隊評估後，與吐國達成轉診之共識，協助吐國病患後送至中山附醫治療，使吐國的民眾有機會享有台灣高品質的醫療服務。第一梯次兩名吐瓦魯的轉診病人於2015年7月23日抵達台灣，進行膝關節置換術(TKR)，手術極為成功，後續已返吐國療養。

除了實務工作的執行，我們也致力於學術的耕耘。醫療團自2009年至2012年連續到吐瓦魯進行皮膚科研究，這是第一份有關吐瓦魯皮膚科流行病學的研究報告，並發表於“Molecular Medicine Reports”，此將有助於其他學者對於吐國的皮膚科流行病有更進一步的瞭解。

十年的情誼，默默的辛勤耕耘，拉近了中山附醫與吐瓦魯之間的距離，就像蝴蝶結的兩個圈圈一樣，雖然分隔兩側，但卻相繫在一起密不可分。我們持續不斷的努力與付出，只為造福更多的吐國民眾，守護更多人民的健康。期許這粒在十年前播下的種子能隨著我們計畫的拓展，歷經發芽成長茁壯，變成一棵枝繁葉茂的大樹，在造福友邦民眾的同時，吐瓦魯也永遠成為我們國家最堅定的友邦國之一。

衛教師教導常見慢性病的種類及糖尿病的相關知識

The Health Care Educator taught the common types of chronic diseases and the knowledge of diabetes.



吐瓦魯轉診病人後送至中山附醫，圖為接機畫面。

In addition to conducting health care education activities, CSMUH also provided Tuvalu health handbook (non-communicable diseases, NCDs) for chronic diseases outpatient department and teachers in schools as teaching materials. Tuvalu health handbooks (non-communicable diseases, NCDs) were designed and published last year by CSMUH. At the same time, Tuvalu health handbooks (non-communicable diseases, NCDs) were also provided for students and children as extracurricular reading materials. Besides, CSMUH also designed and published 200 pieces of Tuvalu maternal health handbook for Tuvalu pregnant women. Meanwhile, CSMUH will launch Tuvalu food bases dietary guideline which was written in Tuvalu language this year. In addition to issuing brochures, CSMUH also designed 13 types of health care flyers. These handbooks, health care flyers, and health care education activities can help Tuvalu people improve their understandings of diseases and healthy diet habits. Our health care education activities in Tuvalu possess similarity to wine that with time its fragrance flows. More and more Tuvalu people have accepted our health care education activities, and Tuvaluans' responses to our health care education promotion have been getting better and better during these years.

Dispatching specialists: In order to resolve the dilemma of the lack of specialists, CSMUH particularly dispatched a cardiologist and an obstetrician and gynecologist to assist Tuvalu for several months this year. Besides diagnosing patients, specialists also provided PMH medical staff with medicine workshops. These workshops focused on strengthening PMH medical staff's medical skills and knowledge. In addition to hosting professional workshops at PMH, our physicians also conducted designated health care education on national Tuvalu broadcast.

Besides dispatching long-stay specialists, this year, CSMUH will also send short-stay mobile medical team to assist PMH in treating patients with incurable medical problems, chronic diseases, or surgery-needed problems based on Tuvalu government's request. This year, CSMUH will dispatch several short-stay specialists in the mobile medical team, including an urologist, a dermatologist, an orthopedist, an ENT, a dentist, and an anesthetist. Short-stay specialists dispatched from CSMUH will resolve the difficulty of the lack of specialist at PMH.

New steps: Seeing that there is a serious lack of specialists and medical resources in Tuvalu, we have decided to further deepen our medical work in Tuvalu this year. On January 27th, 2015, the Ministry of Health of Tuvalu and CSMUH signed an Agreement on International Patient Referral. Then we started operating international patient referrals by accepting Tuvaluan patients transferred to CSMUH. After our medical team examined the Tuvaluan referral patient's medical record and reached a consensus with Tuvalu, we assisted in transferring Tuvaluan patients to receive medical treatment at CSMUH. By doing this, Tuvaluan people now have a chance to obtain high quality Taiwanese medical service. The first two Tuvaluan referral patients arrived in Taiwan on July 23rd, 2015. They accepted Total Knee Replacement surgery treatment, and the surgery was extremely successful. After treatment, the two referral Tuvaluan patients have already returned home to convalesce.

Besides practicing our medical missions, we have also dedicated our medical knowledge to the academic medicine field. Our medical team has conducted a dermatology research in Tuvalu between 2009 to 2012. This is the first academic research of epidemiology of dermatology in relation to Tuvalu. This dermatology research was published in Molecular Medicine Reports, and will be beneficial for other scholars to receive a better understanding of the epidemiology of dermatology in Tuvalu.

The past ten years of friendship between CSMUH and Tuvalu resembles two circles in a ribbon, held tight together even though separated on two sides. Our hard-work has shortened the distance between CSMUH and Tuvalu. We will unceasingly dedicate our medical assistance to the people of Tuvalu in the hope of offering more medical benefits to them and lovingly undertaking the responsibility of taking care of their health. We look forward to the day that this seed we have sown ten years ago flourishes like a big evergreen tree with our progression of Taiwan Medical Program. Because of the love and support we have shown these people, Tuvalu has become one of our nation's strongest allies.

台灣醫療計畫簡介

吐瓦魯衛生次長伊薩亞達佩

首先，在發表有關台灣醫療計畫提供吐瓦魯政府及民眾協助與支援的評論前，我要向台灣政府及人民表達我誠摯的感激。我自 2013 年接任吐瓦魯衛生部次長以來，中山醫學大學附設醫院（中山附醫）每年皆派遣行動醫療團至吐瓦魯提供醫療服務。



資訊人員與吐方討論需求，為吐國客製化的醫院資訊系統

CSMUH IT staff and Tuvaluan were discussing suitable online HIS for Tuvalu.

我十分了解中山附醫與吐瓦魯衛生部簽署的醫療合作工作層級備忘錄 (MOU)，其目的在於提供吐瓦魯首都富那富提的瑪格麗特公主醫院更專業的醫療照護與提升臨床醫療服務品質。由於南太平洋地區專科醫師短缺，可提供吐國人民專業醫療的專科醫師人力不足一直是吐瓦魯最大的隱憂。2014 年後半年度，吐瓦魯約聘五種科別的專科醫師（麻醉科、內科、小兒科、婦科及產科）到瑪格麗特公主醫院工作。截至今年六月，衛生部只收到三位來自菲律賓且具有南太地區工作經驗的專科醫師表達意願。這三位外國專科醫師將分別於今年後半年度加入吐瓦魯醫療團隊。今年七月，衛生部非常幸運能與來自巴布亞新幾內亞的麻醉科醫師簽約半年，此位醫師曾於 2014 年底在瑪格麗特公主醫院短期駐診，有相當經驗。

今年年初，吐瓦魯衛生部已從台灣衛生福利部透過中山附醫獲得許多直接及間接的醫療服務與援助。下述包含已完成或即將於年底完成的項目：

1. 派遣專科醫師短期駐診。
2. 派遣資訊人員維護瑪格麗特公主醫院的醫療資訊系統。
3. 派遣醫學實驗室志工。
4. 派遣協調人作為中山附醫與吐國衛生部間的溝通者。
5. 提供藥品衛材。
6. 提供瑪格麗特公主醫院醫護人員到中山附醫進行訓練與交流。
7. 提供骨科病人於中山附醫接受高規格的轉診照護。
8. 協助捐贈二手病床給瑪格麗特公主醫院及外島診所

中山附醫提供的一長串醫療服務與技術支援，對吐瓦魯政府與人民很多已產生巨大效益。基於上述列表，吐國衛生部認為短期專科醫師駐診是首要的，因此我謙虛的請求台灣衛生福利部能夠派遣更多的短期駐診醫師或是增加到一年三次。更多的專科醫師支援吐瓦魯能明顯地降低吐國轉診到海外的病人數量，以節省財政資源，用於發展外島的醫療品質。

最後，再次感謝台灣衛生福利部及中山附醫持續對台灣醫療計畫的支持與協助，嘉惠吐國人民。我也很珍惜中山附醫這些具有豐富知識與智慧的管理團隊專家及在吐瓦魯執行計畫的專業人員，珍視他們在吐瓦魯執行計畫的傑出表現及優秀成果。這個世界沒有什麼比我們的上帝更愛我們，我誠摯祈禱上帝給予我們兩國愛與指導，祝福大家。

吐瓦魯派遣護理師到中山附醫的 PICU 病房學習如何照護重症兒童

Registered Nurses from Tuvalu were sent to PICU ward at CSMUH to learn how to take care of acute and critical care children.



Brief Note about Taiwan Mobile Medical Scheme

Isaia V TAAPE, Permanent Secretary for Health

Before I make my brief remarks regarding the various bilateral assistances and technical support provided by Taiwan Mobile Medical Scheme to the People and the Government of Tuvalu, I would like first of all wish to extend my sincere gratitude and appreciations to the People and the Government of Republic of China on Taiwan, for allowing a wonderful mobile medical team from Chung Shan Medical University Hospital to execute secondary and tertiary treatments in Tuvalu on regular occasions in the last two years ago since I first joined the Tuvalu Ministry of Health in 2013.

I know that the Taiwan mobile medical scheme between Chung Shan Medical University Hospital and the Tuvalu Ministry of Health (TMOH) was purposely established due to the need and demand to provide better health care and clinical services at Princess Margaret Hospital (PMH) on Funafuti. The lack of medical specialists to perform secondary and tertiary treatments in Tuvalu is going to be a continued problem due to the lack of medical specialists in the Pacific Region. During the last quarter of 2014, the Ministry of Health started a recruitment of five medical specialists (i.e. anaesthetists, internal medicine, paediatrics, obstetrics and gynaecology) from abroad to work on contract basis at Princess Margaret Hospital. Until last June this year, the Ministry of Health received only three interested applicants from the region and all the candidates are Philippine nationals who also employed in the Pacific region. The three medical specialists from abroad will be joining the Tuvalu health workforce in different times of the 3rd and 4th quarters this year. Since July this year, the Ministry was very fortunate to issue a six months work contract to an anaesthetist from Papua New Guinea to serve at PMH. He was the same anaesthetist who also served as a locum at PMH in late 2014.

At the beginning of this year, the Tuvalu Ministry of Health had already benefited from many bilateral and technical assistance and supports provided directly and also indirectly by Ministry of Health and Welfare, Taiwan (R.O.C.) (MoHW) via the health service provider, the Chung Shan Medical University Hospital (CSMUH). The list below consists of the following technical assistance and supports which already provided while some of those listed activities will be provided at the end of this year:

1. Provide Visiting Medical Specialists (VMS) from CSMUH to Tuvalu on different times of the year.
2. Provide IT specialists to maintain PMH database and intranet.
3. Provide a volunteer to work at the Laboratory.
4. Provide the Coordinator to work as a mediator between TMOH and CSMUH.
5. Supplying of medicines and consumables to support VMS when they visit Tuvalu.
6. Provide medical training to PMH medical officers and nurses at CSMUH.
7. Provide tertiary treatment to orthopaedics patients in Taichung.
8. Charity donation of hospital beds to PMH and outer islands' clinics.

This is actually a long list of bilateral assistance and technical supports that directly provide numerous benefits to the people and the Government of Tuvalu. Many of these technical supports had already produced major significant and positive impacts on thousands of lives of the Tuvaluans. Based on the above list, the TMOH considers VMS as the most priority aspect and therefore I wish to make a humble request to MoHW, if the number of visits of VMS to Tuvalu be more frequent or make it three visits a year. Even the frequent visits of medical specialists on short-term basis to Tuvalu, is definitely reducing the number of referrals to overseas hospitals and hence, saves substantial financial resources for other national health developments in the outer islands.

I wish to end my conclusion with words of thankfulness particularly to the tremendous good works of the Ministry of Health and Welfare, Taiwan (R.O.C.) for the continued support of medical programs that run by CSMUH for the benefit and betterment of the people and the Government of Tuvalu. I also wish to cherish the expertise, knowledge and wisdom of the management team and its technical staff at CHMUH for delivering very outstanding and excellent outcomes in all the programs they run in Tuvalu. Nothing much I can do from this part of the world but with the love of our heavenly God, I pray with my sincere heart for His guidance and lovingness to be bestowed upon us. May God Bless You all.

台灣到吐瓦魯～搭建友誼與健康的橋樑

中山醫學大學附設醫院 吐瓦魯常駐人員游欣頤

每當有人問我在哪裡工作時，我總是笑著說，我在全世界最美麗的天堂工作！每天生活在湛藍的海洋、細白的沙灘與到處林立的棕櫚樹交織而成的美景，工作之餘，除了看海，還是看海，看得賞心悅目，心曠神怡。這不是我第一次來到吐瓦魯，兩年前曾經在此地擔任國合會志工，當時便喜歡上這個純樸、熱情又隨性的民族。再次回到這裡，就像是回到熟悉的家鄉，一個微笑地招呼，便是每一天快樂的開始。

不同於台灣緊湊的步調，吐瓦魯的做事方式就像他們的人民緩慢而悠閒。文獻上指出，南太平洋的民族因為長年在刻苦的環境下求生存，演化成容易吸收的體質。過去勞動的生活方式以及傳統的飲食習慣，維持了他們多年的健康。近年來因為飲食西化，進口食物增多，他們減少了蔬果類的攝取，選擇了方便的加工食品來取代傳統的麵包果、芋頭等天然食物，又因勞動量減少，吐瓦魯人民出現體重過重，三十多歲已有慢性病的病徵，加上對相關知識不夠了解，又沒有適當控制飲食，導致四十多歲發生併發症的比例偏高。我們今年度的醫療計畫主要項目之一是推廣慢性病衛教，讓民眾、學生了解吐瓦魯這幾年所面臨的慢性病之挑戰。兒童是未來的希望，我們除了對病友與成年人做衛教，也針對小學生設計課程，讓小朋友接受一系列的衛生教育，從基本慢性病知識到認識食物分類與均衡飲食的重要。

吐國缺乏海報紙張，一切需從無到有，只能以白布當畫布，水彩直接作畫筆，克難的做出一張張的衛教海報。另外，製作食物卡讓小朋友們從遊戲中認識食物分類和均衡飲食的觀念。不同教材的準備工作常讓我奮鬥到深更半夜，而隔天短短的三十分鐘讓小朋友從遊戲中學習健康知識的活動裡，我居然成了慢性病的代名詞！小朋友每次看到我，便叫著那些慢性病的名稱而不是我的名字，讓我覺得開心又欣慰，因為他們的確聽進去了。也許這只是一個小小的開端，卻可以引發他們以後隨時關心自身的健康，我本著這樣的理念，分別在首都兩所小學認真的進行衛教。猶記有次我搭乘九個小時的船到外島推廣衛教，離開前一位糖尿病婆婆用簡單英文混著吐瓦魯話跟我說感謝。她表示從來沒有人來這邊教導居民如何控制飲食以及適當的運動，大家受益良多，覺得很開心。他們一群人合送我一份小小的禮物以表達感謝之意。那個時候，心中油然而升起一股暖意與莫名的感動，沒想到我們一點點的分享，竟在他們心中激起大大的漣漪。



掛滿慢性病的樹，是我一筆一劃用心描繪的海報。

Poster that I endeavoring drew myself has the tree hanging chronic illness.

Taiwan and Tuvalu ~ Building Bridge of Friendship and Health

Hsin-yi Yu, Coordinator, Chung Shan Medical University Hospital

Whenever someone asks me where I work, I always smiled and said I am working in the most beautiful paradise in the world!-- Living every day next to the azure blue ocean, white sandy beach lined with palm trees everywhere interwoven into beautiful scenery. During spare time, appreciating sea watching will be only thing to do, which is refreshing and relaxing. This is not my first visit to Tuvalu, two years ago here as CCICED volunteers, then fell in love with this simple, warm and casual people. Being back here again, it feels like returning to the familiar home. Greeting with a smile will be the start of a happy day.

Unlike rushing pace in Taiwan, Tuvalu way of doing things as they are slow and laid-back people. The references indicate that the South Pacific nation spends many years seeking to survive in a harsh environment, so the evolution of physique has achieved into easily absorb ingredients. In the past, labor lifestyle and traditional eating habits maintain their health for many years. In recent years, because of westernized diet and increasing food imports, their intake of fruits and vegetables reduces and tend to choose convenience of processed foods to replace the traditional bread, fruit, taro and other natural foods. In addition, because of reduced labor work, Tuvalu people appear overweight--Thirty-year-old has chronic symptoms. Also lack of relevant knowledge and improper diet has lead high proportion of the forties to complications. One of our medical plans this year is to promote the health education of chronic diseases, so that public and students understand the challenges of chronic diseases of Tuvalu faced in recent years. Children are the hope for the future; we not only give health education to the patients and the adults, but also design courses for students. Children receive a series of health education, from basic chronic diseases knowledge to recognize food categories and balanced diet.

Tuvalu lacks of poster paper, so everything needed from scratch. Only using white cloth as canvas, watercolor as brushes, we made posters of health education under such tough scenario. In addition, we prepared food cards for children to apprehend the concept of a balanced diet and food category from the game. Preparation of different materials often makes me strive to middle of the night and the next day by just three minutes, the children learn that knowledge of the health through games and saw me as synonymous of chronic diseases! Every time I see my children, shouted the name of those chronic diseases rather than my name, which makes me feel happy and pleased, because they really were listening. Maybe this is just a small beginning, but it may trigger them caring their own health care. I am in this concept; two primary schools in the capital were carried out health education seriously. I recalled that there are times I traveled nine hours of boat to the outer islands to promote health education, before leaving a diabetic granny said thank you to me in simple English words mixed Tuvalu. She said no one has come here to teach residents how to control diet and to have appropriate exercise, so we gained a lot and felt very happy. They sent a small gift to me to express their gratitude. At that time, I felt a spell of warmth and sense of touch. To my surprise, I did not expect us to share a little bit but arouse big effect.



健康可口的蔬菜水果，編織成美麗的午餐約會。
Healthy and delicious vegetable and fruit makes
beautiful lunch date.



帶動門診病患做健康操，理解運動是健康的不二法門。
Bring patients to dynamic exercise and comprehend exercising will be the only method to stay healthy.

衛教的推廣也有遇到瓶頸的時候，有時必須挑戰當地的價值觀與生活習慣。「豐腴」在當地是財富和美的象徵，又因飲食西化的結果，民眾早已摒棄很多傳統植物蔬果的食用方法，尤喜飲用甜品與高熱量的加工食品。我們在推廣慢性病預防和分享均衡飲食的同時，也教導他們認識斐濟及南太平洋可食用的傳統水果以及如何烹煮植物葉子，如 ofenga、南瓜嫩芽和麵包果的嫩葉等。此外，吐國人民對慢性病有一些有趣的迷思，譬如糖尿病一旦吃藥就會愈吃愈嚴重，失明是藥物引起的副作用等。我們往往要花很大的

力氣來導正他們的觀念，並且讓他們瞭解併發症的可怕，從朋友的角度關心他們，希望可以減少併發症的發生且常保身體健康。

有一位三十多歲罹患糖尿病的患者，因家人不了解此病症而對他不理不睬，自己也自暴自棄，住院一個月就不幸離世了。一個年輕的生命因為眾人對這個疾病的不了解而選擇放棄，讓我覺得非常可惜，也讓我有所體悟，不論大家有多少的誤解，我背負這個使命一定要讓民眾瞭解如何防治、如何與疾病共存，並過著有品質的生活！我深信「教育」是最好的健康推廣途徑，透過衛教讓更多人了解「健康」是可以從「被動的看病」變成「主動照顧自己」而得。我衷心希望我們醫療團隊在吐國的努力與付出，可以守護吐國人民的健康，讓吐瓦魯成為名副其實的快樂天堂。

因為有困難、有挫折，所以有所成長。中山附醫在吐瓦魯執行三年的國際醫療計畫已紮根並站穩腳步，我們積極配合當地的活動，成為吐國人民的健康好夥伴。在吐瓦魯深耕將近一年的我，深信「提供良好的醫療服務與彼此文化的交流」正是我國國際醫療計畫的最大精神。



The promotion of health education has encountered bottlenecks, and sometimes it may challenge local values and habits. Being "Plump" symbolizes wealth and beauty in local culture. Due to the westernized diet, residences have already abandoned traditional methods of plant fruits and vegetables; particularly are fond of drinking high-calorie desserts and processed foods. Meanwhile, we not only promote chronic disease prevention and share a balanced diet but also teach them how to recognize the traditional Fiji and the South Pacific edible fruit and how to cook the leaves of plants, such as Ofenga, pumpkin bread and young leaves of fruit buds...etc. In addition, people with chronic disease have some interesting myth, such as diabetes will be more serious after taking pills and blindness will be its side effects. We tend to spend a lot of effort to lead them into right concept, and implant terrible complications into their mind. Being thoughtful for them as a friend, I hope to reduce the incidence of complications and keep them healthy.

A thirty-year-old diabetes has given up on himself and unfortunately passed away a month in hospital since the family did not understand and ignore the disease. I feel great pity for a young life chose to give up because people do not have the knowledge of the disease, which makes me realized that no matter how much we have misunderstood the disease, I carry this mission to educate people how to prevent, coexist and live in a quality life! I am convinced that "education" is the best way to promote health. Through health education, more people understand "health" is from "passively seeing doctor" to "initiatively taking care of themselves." I sincerely hope that our medical team's efforts and striving in Tuvalu may guard the health of its people and make them living in happy paradise.

Because of difficulties and setbacks, we may grow. Chung Shan Medical University Hospital has been directing and stably rooting the international health care plan for three years and we actively cooperate with the local activities and become health consultants and friends in Tuvalu. Being in Tuvalu local for almost a year, I am confident that "provide good medical services and cultural exchanges with each other" is the greatest essence of our international medical plan.

蛻變中的吐瓦魯 - 從無到有的醫院資訊化

中山醫學大學附設醫院資訊室主任 林政宏

中山醫學大學附設醫院於 2011 年與吐瓦魯衛生部簽訂五年醫療合作計畫，其中一項重大工程是為吐瓦魯建置醫院資訊系統 (Hospital Information System, HIS)，希望透過醫療資訊系統的導入，讓吐國醫師可以快速讀取具規劃性的醫療資訊，使整個醫療流程更加順暢，而患者也可以因此獲得更好的醫療照護。在這個五年計畫裡，我們規劃了包含門診、藥局、檢驗檢查報告、住院、微生物、護理及慢性病個案管理等系統，期待透過這個統合的醫院資訊系統上線後，能充分協助吐國的醫療群，使病患可以獲得更好的醫療照護與服務。因此，在 2013 年的夏天，我首度踏上前往吐瓦魯的旅程，從北半球跨越赤道飛抵南半球，漫漫數千公里，輾轉搭了四班飛機終於抵達目的地。初次飛往吐瓦魯的經歷仍記憶猶新，沒想到往後的兩年，因為身負重任，年年重回這個南太平洋美麗的國度。

在我首次出發的前一年，醫院即先派遣一名資訊同仁到吐瓦魯收集當地資訊化程度的相關資訊，發現物質匱乏的 Princess Margaret Hospital (PMH) 幾乎所有的醫療流程都還處於紙本與人工作業，唯一稱得上資訊化的部份是藥局中一套國外捐贈的簡單藥品庫存管理系統；因此，在病患的病情追蹤上顯得相當不便，甚至常因紙本病歷遺失而無從了解病患的過往病史。而日常報表或是需交付給 WHO (World Health Organization) 的相關資料，更需仰賴統計室人員針對每本病歷進行判讀及統計，不僅耗時費力，更讓部分統計數據顯得不夠精準。

計畫的第一年，我們在當地建置醫療資訊系統的環境，包含主機設定及全院網路與無線環境建置。為了讓系統可以順利在吐瓦魯上線，我們以中山附醫 HIS 為基礎進行系統簡化，省略部分複雜的操作，並配合當地的需求進行客製化，使醫護人員了解系統的設計及規劃是為了減少工作負擔，而非製造更多的麻煩，同時可以讓醫師獲得更完整的病歷資料，以提供患者更好的照護。在資料統計方面，於醫師看診的過程中隨時將必要的數據鍵入系統中，利用我們建置的報表系統，PMH 的管理人員可立即透過報表取得所需資料，不必再像過去，翻遍病歷只是為了收集一個數值。

由於 PMH 並沒有自己的資訊人員，而且吐瓦魯的網路品質不甚理想、網路價格也十分昂貴，所以我們無法在台灣透過遠端進行維護或故障排除，只能透過派駐當地之資訊替代役男的協助，得以使系統持續穩定的運作。從一開始 PMH 醫師因為習慣手寫病歷而排斥使用，到現在因為 HIS 帶來的便利性與可靠性，大部分的醫師已經離不開這個系統了。透過 HIS 可以快速查詢過往病歷紀錄，也可以查看病患的檢驗、檢查報告，這些電子就醫資料有助於醫師進行病情追蹤及後續治療。當醫護人員再也不用擔心紙本病歷找不到的窘境時，病患也就可以獲得更好的治療照護；就連其他國家到吐國的醫療團也不吝惜對我們建置的 HIS 系統給予讚美，甚至來自斐濟的醫療團還詢問有無機會可以將這套系統導入他們國家的醫院。建置 HIS，在吐國發揮實質的效用以及來自多方的讚美與諮詢，對我們而言，都是莫大的肯定和鼓勵！

良好的資訊系統的確可以協助醫護人員更快、更有效率的完成醫護相關工作，但是後續仍需專業資訊人才進行維護才能確保系統的運作。在這項五年醫療合作計畫結束之後，如何確保 PMH 仍有能力自行維護這套系統，是接下來的考驗！

輔導門診醫囑系統上線，吐國醫師們聚精會神學習。
Guidance for the treatment record system for doctors in Tuvalu, they paying attention and staying focused on it.

Tuvalu in Transition - the Informatization of Hospital from Nothing to Something

Cheng-Hung, Lin, Director, Department of Information Center, CSMUH

Chung Shan Medical University Hospital (CSMUH) signed a 5-year medical cooperative agreement with Tuvalu Ministry of Health in 2011; one of the key projects is to set up Hospital Information System (HIS) for Tuvalu, helping doctors to read organized medical information quickly and improve the fluency of medical process through the system, and for the reason patients getting better medical care. In this 5-year program, we've organized systems of outpatient clinic, pharmacy, examination report, admission, microbial, nursing and chronic disease management, and look forward to assisting with medical corps in Tuvalu to provide better medical care and services for patient. In the summer of 2013, this is the first time I went to Tuvalu. It was a long way from northern hemisphere cross equatorial to Southern hemisphere, through thousands of kilometers and four times flights arrived in the destination. The first experience to Tuvalu remained fresh in my memory; I didn't expect that the following two years need to go back to this beautiful South Pacific with important duty.

One year before my first departure to Tuvalu, the hospital sent an IT technician to Tuvalu to collect the degree of Informatization and found out that except a set of donated Implementation of Drug inventory Management System, the rest medical process still stayed in paper work and manual operation in Princess Margaret Hospital (PMH). Because of missing paper medical records, it was hard to track patients' medical history, and the relevant daily reports or information list to be delivered to World Health Organization (WHO) all depended on statistician to analyze each medical record, it was time-consuming but resulted in inaccurate data.

The first year, we built up HIS including setting up the host machine and wireless network in the local hospital. For the system can be officially online swimmingly, we simplified the basic HIS of CSMUH, left out complicated operation and customized the system to meet the acquirement in order to make medical staffs realizing this system really can ease the work loading rather than making trouble. In the meanwhile, doctors could provide better health care by obtaining integrated medical records. On the statistics side, doctors would key in all the essential information into the system while they were being on call. The manager of PMH acquired the record immediately through our system, no more situation likes searching for all medical records just for a statistical data.

Due to the lack of IT technician, the high price of Internet Service and bad quality of Internet, we couldn't remote for maintenance and trouble shooting from Taiwan, the only way to keep the system stabling and operating was to ask for the overseas alternative military's assistance. At the beginning, the doctors in PMH preferred to write the medical records by hand rather than use this system; however, after they got used to using it and enjoyed for the convenience, they couldn't provide the outpatient clinic without it.

We can search for all the medical histories, checking the examination and the medical reports through HIS, this electronic data facilitates to tracking and illness care for doctors. No worries about missing paper medical records and the patients obtain better medical care. International Medical Corps in Tuvalu gave praise to our system; even an International Medical Corp from Fiji asked us if there was a chance to implement the system into local hospital in their countries. It was really an encouragement and affirmation for us that the HIS which accomplished the task and effectiveness in Tuvalu, we consulted with multi-side about this system and got lots of praise from them.

A good information system really assists medical staffs to accomplish medical and nursing work efficiently, but the follow-on work needs professional IT technician to maintain the system. All in all, how to assure that PMH has the ability to maintain this system after this 5-year medical cooperative agreement is the following task!

斐濟民情介紹

斐濟共和國是一個由如同珍珠般散布於南太平洋的島嶼所組成的國家，位於萬那杜 (Republic of Vanuatu) 以東、東加 (Tonga) 以西、吐瓦魯 (Tuvalu) 以南，地跨東西兩半球，擁有 330 個島嶼，但半數為無人島，主要的兩大島嶼－維提島 (Viti Levu) 和瓦努阿島 (Vanua Levu) 的人口就佔了全國的 87%。

受到地理位置的影響，該國的文化也展現其多元的特色，例如當地土著文化、印度文化、中國文化、以及歐洲殖民文化皆在此匯聚，也因此在其建築、語言及生活習慣上展現了多元又獨特的風情。其中的部落文化，更是當地自古以來以部落為主體形成的獨特文化，每個部落或小區會有屬於自己的首領或酋長，不論事情的大小都是由首領或酋長公開聚會並進行裁決。

卡瓦儀式 The Kava Ceremony

卡瓦儀式是斐濟人最重要的待客禮儀，大都在歡迎遠道而來的貴賓以及歡慶宗教節日時舉行。卡瓦原是生長在南太平洋島嶼的一種胡椒屬植物，其根莖搗碎後加水可製成飲料「陽高那 (Yaqona)」，再以半個椰子殼盛裝，以招待客人。陽高那本身為濁色，不含酒精但帶有鎮定及麻醉的效果，在飲用後會有放鬆、減壓、緩和神經的作用。它的拉丁文名字本身即是「令人陶醉的胡椒」之意，也有人稱之為「斐濟可樂」。

蘇祿裙 Solo / Sulu

斐濟人喜愛穿著較為保守的傳統服飾，男性穿蘇祿裙 (Sulu)，女性則穿著 Sulu 和 Hamba。它是一片圍繞於腰間的布，看似一條裙子或大披肩，但卻是當地人最莊嚴正式的穿著，當地人通常會穿著 Sulu 去教堂或上班。而 Sulu 的穿著方式多樣，通常旅館都會教導觀光客如何穿著。

斐濟 Meke 舞

斐濟傳統的舞蹈 Meke 舞充滿著當地的特色，搭配斐濟的鼓聲或是其他傳統樂器演奏，是村人宴請賓客或是節慶之時都會有的舞蹈表演。通常人們期待男生跳起來強而有力，因此通常是跳著氣勢雄壯的戰士舞、茅劍舞，而女生跳起來則應優雅柔美，因此女人大都是跳著柔媚的扇子舞或坐姿舞。

戴花

斐濟的花很多，男男女女均都有戴著鮮花的習慣，尤其是紅色的扶桑花。據說，通常把花戴在左邊耳後是表示未婚，而把花戴在兩邊耳後則表示已婚。

風俗與禁忌

斐濟人無論認識或不認識的人都會用 “BULA” 一詞來打招呼，回應對方時，也應面帶微笑地說聲 “BULA”。進入部落禁忌較多，不可戴帽子或者太陽眼鏡，與人講話要輕聲細語，千萬不可在部落參觀時大聲喧嘩，女性不可穿著露肩的無袖上衣或者長度不及膝蓋的短裙。除此之外，也不可觸摸斐濟人的頭部，包括小孩，因為斐濟人認為頭部是人最神聖的部位，是最高精神之所在。

About Fiji

Republic of Fiji is an island country which is composed of 300 islands. It is located in the South Pacific Ocean neighboring Vanuatu to the west, Tonga to the east, and Tuvalu to the north. Fiji is also one of the few countries in the world that is situated within both the Eastern and Western hemispheres. The two major islands, Viti Levu and Vanua Levu, account for 87% of the population.

Due to its special geographic location, Fiji is a multicultural country. For example, its culture is composed of indigenous Fijian, Indo-Fijian, Asian, and European traditions. Such a unique cultural identity is also reflected on its buildings, languages, and unique customs and habits.

Fiji's tribe tradition is developed from its indigenous Fijian tradition. Each tribe (or community) has its own chief (or tribe leader). The chief (or tribe leader) will assemble its clansman when necessary and has the authority to make decisions.

Kava Ceremony

The Kava Ceremony is the most important religious and cultural tradition in Fiji. This ceremony is usually held on special holidays or when there are important visitors. Kava is a crop of the western Pacific. The roots of the plant are used to produce the drink “Yaqona” which is usually served in the coconut shell. Yaqona is an alcohol-free drink but with sedative and anesthetic properties. Its name in Latin means “intoxicating pepper.” Some people call it “the coke of Fiji.”

Sulu

Fijians prefer more conservative dresses. Males usually wear “Sulu” while females wear “Sulu” and “Hamba.” Sulu is a rectangle cloth tying at the waist. It looks like a skirt or a cape, but it is regarded as Fiji's formal and dignified dress. Fijians usually wear it to the church or to work. Sulu can be worn in different ways. Usually, hotels in Fiji are able to teach tourists how to wear Sulu.

Meke Dance

The most popular traditional Fijian dance is the Meke, which is a combination of dance and storytelling song. Mekes are performed at special events and holidays. Both men and women can perform in the Meke. Men are expected to demonstrate strong and virile movements, while women are expected to be graceful and feminine.

Flowers

There are many kinds of flowers in Fiji. Both men and women wear flowers, and they particularly prefer red Hibiscus rosa-sinensis, known as the Chinese hibiscus. If you wear the flowers behind your left ear, it means that you are single. If you wear the flowers behind both ears, it means that you are married.

Taboos

Fijians always say hello to others using “BULA”, whether familiar with others or not. When visiting the tribes, you may not wear hats or sun glasses. And you should always keep your voices down. Females should always wear skirt that is longer than their knees and shirt that covers their shoulders. Please do not touch a Fijian's head, including the children's, for the head is regarded as the most sacred part of the body.

受贈當地傳統服飾 sulu，上面的圖案是代表 sigatoka 城市的馬

Receiving sulu from Sigatoka Hospital



國泰醫院斐濟醫療行動醫療團服務心得

國泰綜合醫院 顧問醫師 洪焜隆

國泰醫院醫療團承辦衛福部之「太平洋友邦及友我國家醫療合作計畫」，組成行動醫療團前往斐濟共和國進行醫療義診，自民國 103 年起一年兩次，至 104 年 7 月已連續完成三個梯次，包括感染科、心臟內科、皮膚科、牙科、小兒科、骨科、內分泌科及耳鼻喉科等科醫師參與醫療交流，服務範圍包括斐濟主要島嶼 Viti Levu 之西區 Lautoka、Ba、Rakiraki、Sigatoka 及離島 Kadavu 等處，累計受惠民眾達 2006 人，成果豐碩，受到斐濟代表處及斐國民眾高度肯定。綜合三次醫療義診服務型態可歸納如下：

(1) 外島服務：行動醫療團第一梯在 Kadavu 島上四天提供 448 人次的醫療服務，為全方位、本土化的服務，因當地醫療資源缺乏，故需求極大。各種皮膚病、關節炎、中耳炎、高血壓、糖尿病及代謝症候群等均極普遍，在此提供田野式的服務受到高度肯定。

(2) 地區醫院駐點服務：103 年度兩梯次及 104 年第一梯次的行動醫療團主要服務於本島西區的區域級醫院（Divisional hospital），如 Lautoka 醫院，地區醫院如 Rakiraki、Ba 及 Sigatoka 等醫院，由於這些中型醫院本身已有常駐醫師，故專科、次專科醫師進駐皆以轉診、照會等方式為之，提供專科化服務。同時也與當地醫護人員舉行多場次病房迴診、專題講座與病例討論等，可提升當地醫護人員醫療水準。另外也對當地醫學生提供病例討論與教學迴診的機會，形成另一特色。

(3) 同區多點行動義診：104 年度第一團採取同地區多點服務，在 Sigatoka 一個地區的各個衛生站（Korolevu、Lomowai 及 Cuvu Health centers）巡迴服務，方便各駐站民眾就醫，減少長途跋涉之舟車勞頓，擴大服務層面，極受病人歡迎。

(4) 健康篩檢：104 年度第一團在代表處協調下進入當地華語學校進行耳鼻喉及心臟超音波之健康篩檢，藉由篩檢可在疾病早期發現問題，及早介入。

(5) 新式儀器提供優質服務：103 年第二團及 104 年第一團皆備有攜帶式儀器如超音波、內視鏡、耳壓機等。可提供更方便的服務，三梯次總計施行心臟超音波 250 例、手術 28 例、石膏固定術 10 例等。

經由幾次行動醫療團的醫療服務，對當地醫療狀況逐漸深入了解，也更有信心將來為斐濟提供更優質的服務。未來的發展方向除了延續行動醫療服務外，著重於人才的培訓，為斐濟提供在職教育的機會，提升當地醫療水準及強化醫學新知，也計畫安排適當的醫護人員前來台灣進行短期進修與學術交流。

Taiwan Mobile Medical Service in Fiji

Kun-Long Hung, Senior Consultant, Cathay General Hospital

Since 2014 till now, Cathay General Hospital has provided 3 teams of mobile medical services to Fiji. All the team members included physicians of infection, cardiology, dermatology, pediatrics, orthopedics, endocrinology, otolaryngology and dentistry. We provided mobile medical service to Kadavu Island for about 500 outpatients including internal, dermatological and dental medical service. We also provided medical services, lectures, discussions and consultations to the sub-divisional hospitals in western regions of Viti Levu, such as Lautoka, Sigatoka, Rakiraki and Ba Hospitals. In some hospitals, we also provided lectures and discussions for medical staffs and nurses. In addition, we also gave health screening for local elementary students. In the latest two teams, portable medical equipment were carried to give the service of sonographic and endoscopic intervention. Totally 2006 patients' service, 250 sonograms, 28 operations and 10 plastic castings were provided.

Through providing assistance in various area of health care, we hope to play a role in promoting good health and healthy life style as well as strengthening the friendship between Taiwan and Fiji. Further cooperation and mutual communication including staff exchange program between both sides are also planned.



斐濟“心、聆”療癒希望之旅-耳鼻喉科經驗

國泰綜合醫院耳鼻喉科主治醫師 方德詠

國際醫療是醫院的重要服務，也是我嚮往參與的活動之一，因此當聽說斐濟非常多中耳炎病患而本院第一梯次的義診需要耳鼻喉科支援時，當然就毫不考慮地答應了。

由於中耳炎的治療有部分是需手術，從半小時的局部麻醉到四小時的全身麻醉手術都有可能，然而本科還未有人到過斐濟，無法得知當地的疾病型態與嚴重度、醫院規模、手術室設備等，因此在籌備時，我們必須以自給自足的方式來準備器械與設備，帶了耳壓計輔助聽力檢查、內視鏡與影像設備取代顯微鏡、抽吸系統、麻藥、器械消毒液……等，這些器材每天帶進帶出雖然增加了不少負擔，事後也慶幸還好有萬全的準備，讓我們在斐濟當地真的什麼都沒有的狀況下還能順利地做耳朵手術。

在斐濟 6 天看了近千人後，發現當地真的非常多鼻竇炎與中耳炎，這是兩個相通的疾病，在醫療資源豐富與已開發國家才會較獲得重視，由於斐濟無耳鼻喉科醫師，很多人也就無可奈何地把不舒服放著，久了就變成嚴重地長滿鼻息肉、慢性化膿性中耳炎與永久性聽力受損。我們盡可能在能力所及的範圍幫忙改善他們的症狀，當然也看到不少需要長期治療與追蹤的病患，而我們短短一週的義診，真的是心有餘而力不足。

這次做了 18 個手術，許多在耳內視鏡輔助下完成，也是斐濟首次有耳內視鏡手術。其中不少是兒童的中耳積水，這疾病看似簡單，但不處理會演變成慢性中耳炎與聽力障礙，進而影響語言、心情、脾氣、認知與學習能力，裝置通氣管是可以立即改善的治療。在這不禁要讚嘆斐濟小朋友的勇敢，幾乎可以在局部麻醉下完成中耳通氣管置放手術。斐濟 Singatoka Hospital 算是那個城市最大的醫院，卻只有內科醫師，因此我們也幫忙做了幾個小腫瘤切除。

這次斐濟義診，雖然疲累，但是個愉快與難忘的經驗，團員們互相幫忙與同甘共苦，建立了深厚的友情；而我們也稍微了解到當地的風土民情，見識到度假勝地美麗的海洋，斐濟人純樸、善良、與熱情，一見面就大聲喊“Bula! Bula!”（你好）雖然不富有但生活很快樂，這是我們各方面都不缺卻不見得快樂的都市人值得學習與思考的。

王拔群教授與方德詠醫師在 Korolevu health center 的看診情形

Pr. Pa-Chun Wang and Dr. Te-Yung Fang were seeing patients in Korolevu health center, Singatoka, Fiji.



Cathay Healing and Hope Medical Mission to Fiji - ENT experiences

Dr. Te-Yung Fang, ENT surgeon, Cathay General Hospital

Otitis media is always an important health issue in developing countries, and of course, including Fiji. The doctors who had been to Fiji and seen patients last year said a lot of Fijians had ear drainage and infections and were in need of ENT doctors. Therefore, we were recruited this time.

We had no idea about the exact severity of ear diseases and also did not know the facilities in the hospital before we went there. Hence, we prepared many instruments and equipment which are used in our usual clinic and during surgeries, including a tympanogram for assisting hearing test, two endoscopes and the portable monitor system instead of the microscope for ear surgeries, a suction system, anesthesia medicine...etc.

We had seen almost 1000 patients in 6 days and found that there were not only otitis media, but also many paranasal sinusitis and nasal polyposis. These two diseases are not lethal, however, they influence people's quality of life a lot. Untreated otitis media will lead to permanent hearing loss as well, and then causes a series of problems, such as speech delay, poor attention, emotional distress, poor academic and work performance. We tried our best to solve the patients' discomfort this time, and had done 18 surgeries, most of which were endoscopic ear surgeries for otitis media. Nevertheless, many patients still need long term treatments and follow. We were willing, yet unable.

This medical mission to Fiji, even though we had tight schedule and did not have time to enjoy the "Fiji time", was a great and unforgettable experience. The team members helped each other, shared pleasures and pains together, and established deep friendship. We saw beautiful ocean and friendly people. Fijians have simple life, not wealthy but happy, this attitude is what we should learn from them.



方德詠醫師為病患做斐濟首例中耳內視鏡手術

Dr. Te-Yung Fang did the first endoscopic ear surgery for the patient in Fiji.



我們自備抽吸系統為耳鼻喉科病患做局部治療

We prepared a suction system to local treat the patients with ear and nose diseases.

南十字星的星空下 - 斐濟行動醫療團

國泰綜合醫院心臟內科主治醫師 張嘉修

Bula, Fiji!

拋下平常繁忙的醫院事務，經過了漫長的飛行時間，我們來到的赤道的另一端，這裡是南半球的渡假勝地，這裡是旅遊書上必提的天堂，這裡是 - 斐濟。

踏出機門後，迎面而來的是駐斐濟代表處的胡秘書，一邊開心地對著我們說斐濟的打招呼用語“Bula!”，一手拿著斐濟當地的報紙給我們，”Taiwan medical team, ready to go!”，在報紙第二版的角落印著這樣的標題，內文不僅寫出此次有心臟內科及耳鼻喉科專科醫師參與，更標出接下來這幾天的服務地點，看到這樣的報導不僅開心，肩膀上的責任也更重了些。這天，在有限匆促的時間內，我們很快地將藥物整理好，準備迎接接下來五天的挑戰。當晚在高大使的引見下，我們幫斐濟的總理和第一夫人做了檢查，並在歡迎會上，了解台灣的外交現況以及在此行醫療外交所扮演的亮點。

南十字星的星空下

斐濟，這個南太平洋的島國，雖擁有得天獨厚的自然景觀，但醫療資源卻相對匱乏，就以心臟科而言，全國僅有少數幾具心臟超音波機器，大部分病患皆由一般科醫師在當地的衛生中心診治。在斐濟這幾天，一路從首都逸仙學校的篩檢到衛生所看診，我們總在清澈的藍天下架設醫療站，忙到中午忘了吃飯，到日落天黑才拖著疲憊的身心回到旅館，簡單地用完晚餐，在南十字星的星空下，清藥數藥，也簡單檢討今天看診的流程，也細數許多難忘的第一次。第一次，在一天內幫三百位斐濟的學齡兒童篩檢；第一次，以長桌為床、以衛生紙為枕，在教具室內做起心臟超音波；第一次，在衛生所用簡單的醫材，幫老太太引流胸水；第一次，帶著斐濟的當地醫師，討論心臟超音波的病理變化。而這麼多的第一次，總是有些回憶是另人難以忘懷的！這次在超音波檢查中發現，風濕性心臟病在斐濟的學齡兒童相當常見，和台灣的流行病學有相當的不同，當地亦相當重視使用Benzylpenicillin 這類的抗生素注射來預防感染，卻鮮少注意心衰竭或心律不整這類風濕性心臟病可能產生的併發症，我們花了一些時間，與當地醫師共同討論了有關風濕性心臟病等相關心血管疾病的治療目標與併發症，相信透過這次的經驗，可以為之後兩國的醫療交流奠下基礎。

Vinaka, Fiji!

在碧海和藍天交界的斐濟，這裡沒有太多的醫療資源，但在這天堂國度的人民總是以爽朗的笑容來掩蓋身體的病痛，診治過後的病人也總是親切地說出當地的道謝語 - Vinaka。短短十天，此次行動醫療團對斐濟的醫療事業有如蜻蜓點水，卻扮演著承先啟後的角色。相信有天，我們會再回來的！Vinaka, Fiji!

斐濟行動醫療團於逸仙學校篩檢前的小組會議

Group meeting of Fiji mobile medical team before screen in Yat-sen school.



Under the Stars of Southern Cross Fiji Mobile Medical Mission

Dr. Chia-Hsiu Chang, Cardiologist, Cathay General Hospital

Bula, Fiji!

Temporarily putting away the busy work of hospital service, we arrived at the other side of the equator after a long flight. Our destination is the resort of the Southern Hemisphere. It is Fiji, where the heaven is mentioned on the travel book.

Mr. Hu, the secretary of Trade Mission of Taiwan in the Republic of Fiji, greeted us with “Bula!” which means hello in Fiji language. On the other hand, he showed us the headline of “Taiwan medical team, ready to go!” on the second page of the local newspaper on that day. The participation of cardiologist and ENT specialist was highlighted in the report and it also pointed out the service locations in the following days.

On the same day, we listed the medication systemically in a rush time to meet the challenges of the following five days. Under the introduction of ambassador, we had a consulting section with Fiji Prime Minister and First Lady. In the welcome party, we figured out the current diplomatic status of Taiwan and how does the medical mission pave the way for diplomatic breakthrough.

Under the Stars of Southern Cross

Fiji, the islands in the South Pacific, though blessed with the natural landscape, but the medical resource is relative deficient. With regard to cardiology services, there are only a few cardiovascular ultrasound machines in the entire country. Most patients with cardiovascular disease were treated by the general physicians in local health center. In the following days, from screening in Yat-sen school of Suva to medical consultation at local health center, we set up the medial station under the big blue sky, kept working overtime to sunset without lunch and then dragged our exhausted body to the hotel in the evening. After dinner, we debriefed the medical consultation process and rechecked the total amount of medicine. Under the stars of Southern Cross, we also have many memorable first. The first time, I screened three hundred school children in Fiji; The first time, I performed echocardiography examination in the classroom with long table as the bed and tissue paper as a pillow; The first time, I drained the pleural effusion with simple medical material in health center; The first time, we discussed about the pathological change under the echocardiography with local general physician in Fiji. These first experiences have made beautiful memories left in our mind.

This is also our first time to bring ultrasound machine to Fiji. Under the ultrasound examination, school-age children with rheumatic heart disease are quite common in Fiji, which is quite different in Taiwan epidemiological distribution. Antibiotics, such like benzylpenicillin, are common used in Fiji to prevent rheumatic heart disease. However, the local general physicians rarely pay attention to the complication of rheumatic heart disease, like heart failure or cardiac arrhythmia. We have great discussion with local doctors about the related issues of cardiovascular diseases, such as the treatment goal and complications of rheumatic heart disease. It is believed that this experience serves as the cornerstone for the future medical cooperation between the two countries.

Vinaka, Fiji!

Unlike boundless sea and the skyline, there was only limited medical resource in Fiji. The people lived in this happy heaven always have a cheerful smile to relieve the suffering. The patients who received treatment are always cordial to say “Vinaka!” which means great thanks in Fiji language. Just ten days, the actions of Fiji mobile medical mission seem superficial, but play the important role of in the future. I believe that someday, we will come back! Vinaka, Fiji!

巴布亞紐幾內亞簡介

巴布亞紐幾內亞位於南太平洋地區，擁有該地區最大土地面積，約為 46.284 萬平方公里，大約是台灣的 12 倍。根據 World Bank 統計，截至 2014 年為止，人口約有 7,476,000 人，男性平均壽命約 64.7 歲，女性約為 69.2 歲。聯合國人類發展報告的 177 個國家中，巴紐的發展情況排名 145，儘管已經獨立四十年，仍屬於較低度的開發國家。

巴布亞紐幾內亞分為二十二個區，分別為首都區、自治區，以及另二十個省份。而因地理條件與社會結構等因素，各地形成許多獨立的部落，全國約有八百二十多種部落方言，官方語言則以英文、Tok Pisin 和 Hiri Motu 為主。巴國主要屬於熱帶型氣候，分為乾季和雨季。而巴紐人民的主要信仰為基督教和天主教。

巴布亞紐幾內亞因為氣候與地形的關係，擁有獨特的生物多樣性及豐富的自然資源，如木材、咖啡、橡膠及海產等；其中最吸引人的是羽毛色彩鮮豔的天堂鳥，被稱為巴紐的國鳥，因此巴紐是許多鳥類愛好者最嚮往參訪的地方。

巴國的疾病比例與國人的飲食和生活習慣息息相關，因飲食以澱粉和肉類為主，蔬菜攝取量普遍不足，造成飲食不均衡、兒童體重過輕、營養性貧血及碘缺乏等現象。另外，巴國近年癌症病患人數逐漸上升，以子宮頸癌、頭頸癌、乳癌為主要三大癌症。根據觀察，嚼食檳榔在巴國極為普遍，因此口腔癌也是巴國最常見的癌症之一。

根據 WHO 評估，巴紐醫療體系面臨到的主要困境為：病患照護的標準低落、缺乏健康的醫療工作環境、醫療器材設備老舊與不足、醫療人力分派不適當、醫事人員教育訓練無法切合醫療體系需求。彰基發現單純義診形式無法協助解決問題，需藉由長期合作與溝通、瞭解當地需求、執行醫療服務外，也進行臨床教學與技術轉移，並配合代訓計畫與軟硬體能力建構，才能確實回應巴國的醫療困境，使該國人民可以享受良好的醫療照護。



Brief Introduction on Papua New Guinea

Papua New Guinea (PNG) locates in the South Pacific region, having the largest landscape which is approximately 46.284 square kilometers, twelve the size of Taiwan. According to the statistics of the World Bank on 2014, the population of PNG is about 7,476,000. The life expectancy of male is 64.7, and female is 69.2. In 177 countries of the UN Human Development Report, PNG lies in 145. Even though PNG has become independent for 40 years, it is still a low-developing country.

The administrative district of PNG divides in 22 parts, including the National Capital District (NCD) and two autonomous communities. PNG has various tribes and more than 820 languages due to the geographic and social condition. The official language is English, Tok Pisin and Hiri Motu. Papua New Guinea is mostly covered with tropical climate with dry and rainy season. And the national religion is Christianity and Catholic Church.

Due to the climate and geographic features, PNG possessed distinct biodiversity and abundant natural resources, such as woods, coffee beans, rubber trees and marine products. Among of all, the glamorous paradise bird, recognized as the PNG national bird, is the most eye-catching species. Groups of bird-watchers gather to PNG just to peek at this marvelous creature.

The major disease of PNG relates to the life style and diet of the PNG people. The people diet mainly on starchy staples and meats, whereas they consume insufficient vegetables, which led to unbalanced diet, underweight children, etc. And also, the population suffers from cancers has been increasing. The top three cancers are cervical cancer, head-and-neck cancer and breast cancer. It is known that the habit of chewing betel nut can be often seen in PNG, causing the oral cancer become one of the most commonly seen cancer in PNG.

According to the WHO report, the main defects of the healthcare system of PNG include: low standards of patient care, unhealthy workplace practices, run-down and inadequate facilities and equipment, inappropriate distribution of healthcare staff, and education and training which do not always meet the health care system needs. Knowing that short-term medical service will not solve the problem and it requires long-term cooperation and communication to have the full-view of the local needs. Therefore, CCH started to dispatch the medical team with the mission of transferring the technique and to train their medical personnel, along with building the capacity of their hospital, in order to help them have a better quality of medical service.



台灣-巴布亞紐幾內亞 醫療合作計畫 (彰化基督教醫院)

巴布亞紐幾內亞是台灣在南太平洋地區重要的友好國家，2006 年起台灣即在巴紐推展醫療合作計畫，彰基是巴紐醫療合作的主責醫院，在配合醫療外交下，展開各項醫療合作，從義診、眼科專科至癌症專科醫療團。

本年度仍延續巴紐提出之需求，續派遣癌症專科團隊前往，加上巴紐其他慢性病，如糖尿病、高血壓以及呼吸道疾病等盛行率逐年上升，因此本年度亦邀請新陳代謝與胸腔科相關專業醫護人員共同前往，期望透過醫療服務、臨床教學、專業演講及衛教活動，不但提升專業醫護人員新知，也讓一般民眾瞭解疾病預防之重要性。

彰基派遣之耳鼻喉暨頭頸科、腫瘤專科及胸腔內科等醫師與當地醫師一同查房、會診討論，並提出適當的治療建議。此外也透過小型專題演講分享治療癌症之最新科技與知識。其他如放射技術師、腸造口護理師以及糖尿病個案管理師等亦隨團前往巴紐，指導安高醫院 CT 操作技術、教導病患人工造口護理，以及指導糖尿病患者均衡飲食與糖尿病併發症照護等。

然而提升疾病防治與健康促進觀念，必須從公共衛生教育做起。彰基因此規劃不同主題與深淺之衛教內容，前往小學、中學、大學及醫院等總共進行 10 場以上衛教宣導，包括糖尿病防治、均衡飲食、口腔癌防治、腸造口照護等。合作單位涵蓋醫院、學校、當地癌症防治基金會、造口協會等。衛教對象，從專業醫護人員、病人、到中小學的師生們。除給予正確觀念外，搭配前後測驗以及有獎問答，聽眾反應熱烈，獲益良多，紛紛期望未來能有更多的衛教在巴紐推動。巴紐大學醫學院護理系副主任 Mr. Thompson 甚至表示希望與彰基長期合作，邀請專業人員共同在大學開課，培育該校學生。

為提升合作醫院之軟硬體功能，除了醫療團派遣外，彰基亦捐贈醫療器材並辦理醫事人員培訓計畫，本 (104) 年度共遴選 5 位醫事人員學員來台研習，學員分別來自安高醫院、莫士比港綜合醫院以及巴紐大學醫學院。彰基為學員量身訂製專業課程，以符合其需求，並於培訓期間密切了解學習狀況，以期能真正提升學員能力，返國後成為醫療種子人員，傳播新知並造福巴國人民。

彰基醫療團於巴紐近十年之服務已漸見成果，從 2005 年的醫療宣教，到 2010 年的眼科專科及 2014 年至今的癌症專科團隊，醫療志工都是帶著無私奉獻、謙卑服務的精神，並懷抱著當年蘭大衛醫師帶來台灣彰基的愛，走出醫院、走出台灣。未來，彰基仍會致力於提升巴國人民的健康，並將愛散佈至全世界。

彰基急診護理師向莫士比港綜合醫院護理師說明護理管理系統

The nurse from the CCH emergency nursing unit showed the nurse from the POM General Hospital about the nursing management system at CCH.

Medical Program: Taiwan and Papua New Guinea (Changhua Christian Hospital)

Papua New Guinea locates in the south pacific region and is an important friendly nation of Taiwan. Starting from 2006, Taiwan carried out medical cooperation programs in PNG. Changhua Christian Hospital became the one that was mainly responsible for this program in PNG. Under the support of MOFA and MOHW, CCH carried out the various medical cooperation programs, such as free clinic, ophthalmology service, and cancer specialist team.

This year, CCH still continues to dispatch the cancer specialists to PNG to response the needs of the PNG government. And since the chronic diseases in PNG, such as diabetes, high blood pressure and respiratory diseases, has been affecting PNG people's life drastically, CCH invites specialists from the division of endocrinology and metabolism and department of chest medicine to join the team to share the latest knowledge with the PNG medical personnel and guide the PNG people about the importance of the prevention of the diseases through medical service, clinical teaching, professional lectures and health educational activities.

Also, the CCH doctors from the department of otorhinolaryngology- head & neck surgery, division of oncology, and department of chest medicine went to ward rounds and clinic consultation with local doctors, and provided appropriate treatment suggestions. Professional lectures were also arranged to share the latest technology and skills of treating cancers. Other specialists, such as radiation technician, stoma specialist nurse and diabetes case manager also joined the team to PNG to instruct the CT technician from Angau Memorial General Hospital, showed the patients the correct ways of stoma care, and taught the diabetes patients about the balanced diet and care for the diabetes complications.

However, it is known that the concept of disease prevention and health promotion should to be promoted through public health educations. Therefore, CCH medical team arranged more than 10 health education activities focusing on diabetes prevention, balanced diet, oral cancer prevention and stoma care in primary, secondary schools, colleges and hospitals by cooperating with hospitals, schools, PNG Cancer Foundation and PNG Stoma Association. These activities benefitted to medical professionals, patients, teachers and students from all levels of schools. Except teaching them the concept, CCH also used questionnaires and quizzes to deepen the impression to those concepts. Mr. Thompson, the vice director of the department of nursing of the University of PNG, also noted that he's interesting in working on a long-term program with CCH to invite the professionals giving lectures in the university and educate the students.

In order to promote the PNG hospitals' capacity, except from dispatching medical teams, CCH also donated medical equipment and arranged training program for medical personnel. This year, five medical personnel from Angau Memorial Hospital, POM General Hospital and University of PNG were invited to Taiwan to learn from the professionals and observe the Taiwanese medical system. CCH provided well-designed courses, according to the trainees' background and learning expectations, hoping that these courses will improve their skills and knowledge, so that when they're back to PNG, they will be capable to care more people.

The ten years of CCH medical mission team's work is now starting to bear fruits. CCH went all the way from the medical missions in 2005, the ophthalmology specialist team from 2010 to 2013, and the cancer specialist team from 2014 to 2015. The medical volunteers possessed the attitude of selfless dedication and humble service to help the people in need across the seas. CCH will still share the love from Jesus through continuous overseas medical services.

糖尿病個案管理師於安高醫院進行門診衛教

The diabetes case manager conducted the DM clinical education in the Angau Hospital

「愛」使我浴火重生

重生-綻放 造口病患化溫情為動力，返國散佈希望散佈愛

巴紐造口協會創辦人 / 臨時理事長 Janet Pawena Yaki

巴紐造口協會 (PNG Stoma Association) 創辦人 Janet Yaki 女士為巴國前外交部長夫人，2009 年時因罹患大腸癌，轉至彰化基督教醫院進行手術並接受完善的術後照護。返國後，Yaki 女士深知巴國缺乏正確的造口照護知識，於是她將於彰基接受之溫暖與關懷，轉化為動力，成立巴紐造口協會，致力提升巴國造口照護健康意識，並多次與彰基醫療團合作舉辦講座，為當地醫護人員講解正確造口照護方法。Yaki 女士表示，巴紐造口協會之標誌為一朵玫瑰，為人造口的意像，並代表著造口病患重新綻放的生命。Yaki 女士為感念彰基友誼，將她心中的感謝以文字紀錄下來。

The founder of the PNG Stoma Association, Mrs. Janet Yaki is the spouse of the former Minister of the Ministry of Foreign Affairs, PNG. In 2009, she had her surgery in Changhua Christian Hospital (CCH) to cure her colorectal cancer and had received a sound care while recovering in CCH. After returning to her country, Mrs. Yaki knew that PNG lacked the awareness of the proper stoma care. So, she turned the love and care received from CCH as a driving force to found the PNG Stoma Association, dedicating to educate the people of PNG the right concept about stoma care. The association also worked with the CCH medical team several times by holding the stoma care educational activities, passing the concept on to the students, nurses, faculties of the medical colleges and nursing schools. The logo of the association resembles the image of a rose, representing the stoma and the rebirth of the stoma patients. And to memorize the friendship between CCH and the PNG Stoma Association, Mrs. Yaki wrote her gratitude into words.



如果不是因為彰化基督教醫院，我會是一位已逝人。很感謝彰化基督教醫院郭守仁院長及董事會，願意支付我來台手術及住院的所有費用。我還要向在院期間所有幫助我的人表達謝意，因為受到如此完善的照護，使我能夠快速復元及恢復健康！

真摯感謝海外醫療中心持續提供我個人以及巴紐造口協會相當缺乏的造口物資。此外，彰基海外醫療中心做了美好的事工，帶領專業醫護人員至萊城安高醫院服務弱勢的族群。你們的付出讓我們的生活變得更好！

在 2014 年和 2015 年間，彰基派遣醫療團的造口護理師在巴紐的 Pacific Adventist University、巴布亞紐幾內亞大學和莫士比港綜合醫院舉辦數場造口衛教，分享造口照護相關知識。所有參與者都覺得受益良多，因為巴紐在這方面的知識相當缺乏。

造口協會介入諮詢及照護的造口患者有 112 位。在這 112 位當中，有 63 位是孩童。還有其他更多的患者受困於偏遠鄉村，無法接受適當的照護。因為彰化基督教醫院給了我重生的機會，所以我承諾奉獻自己，幫助這些造口患者。

謝謝你，彰化基督教醫院，因著上帝的恩典，你們是我存活至今的原因。

願神祝福你們。



Dead Woman Walking

Janet Pawena Yaki, Founder / Interim President of PNG Stoma Association

I am a dead woman walking if it wasn't for Changhua Christian Hospital. I am so grateful to Dr. Shou-Jen Kuo, the Superintendent and the Board who made a decision to meet all the expenses for my surgery and the recovery period at the hospital. I would also like to extend my gratitude to all the staff who was all involved in my care. During my stay I received outmost care and attention which immensely helped me in my quick recovery.

Your continuous support to me personally and the ostomates of Papua New Guinea Stoma Association in supplying us with much needed ostomy supplies is truly appreciated. You are making a difference in our lives. The CCH Overseas Medical Mission is also doing a wonderful service bringing in specialists and treating the less fortunate at Angau Hospital in Lae, Morobe Province, Papua New Guinea.

In 2014 and 2015, stoma care knowledge has been shared by the stoma therapy nurses who were in the team. They presented one hour sessions at Pacific Adventist University, University Of Papua New Guinea and the Port Moresby General Hospital Training Division. It was beneficial to all who participated because we lack so much in all the hospitals in PNG.

I have 112 ostomates who I am assisting in counseling and caring. Out of these 112, 63 of them are children and more of them are suffering in rural areas with no proper care given. My commitment to help these ostomates is from my heart because CCH had given me my life back.

Thank you, Changhua Christian Hospital! You are the reason I am alive today with God's grace. God Bless You All.



莫士比港綜合醫院護理部人員於造口講座中收穫良多

The nurses from the nursing department in POM General Hospital gains a lot from the stoma care workshop.

傾心竭力服務病患

雲林基督教醫院 急診醫學部 唐家沅醫師

2015 年 10 月中，彰基第十一次派出醫療團隊前往巴布亞紐幾內亞進行醫療服務。自 2009 年以來，安高醫院已成為彰基主要的合作單位。延續 2014 年的服務項目：癌症防治與診療，本梯次除派遣癌症相關專科醫護人員，亦派遣具豐富經驗的急診科醫師，至安高醫院急診部服務，期待在經驗交流的過程中，雙方皆擁有珍貴的回憶和不凡的收穫。

唐醫師與安高醫院急診醫事人員合影

Dr. Pablo Tang and the medical staffs from Department of ER in Angau Hospital.

非常高興能夠加入以萊城 (Lae) 為服務據點的巴布亞紐幾內亞醫療團，萊城是巴紐的第二大城，規模僅次於首都莫士比港 (Port Moresby)。

當被邀請加入團隊時，我十分好奇這個國家位於何處。與我兒子一起在世界地圖上探索後，我們發現巴紐就座落在澳洲附近。巴紐被稱作是一個非常美麗的國家，擁有獨特的動植物生態，例如：天堂鳥「Kumul」(也是國家的象徵)、斑袋貂 (Cuscus) 和食火雞 (Emu) 等。這個國家有著被稱為高地 (Highlands) 的中央山脈，綿延直至海岸，和台灣的地理型態有幾分神似。巴紐擁有超過 800 種不易理解的語言，但主要官方語言為以下三種：英語、Pidgin 和 Hiri Motu。

醫療團一行人在 10 月 17 日從台中清泉崗登機，經由香港轉機抵達莫士比港。飛行的途中氣候不甚穩定，多數的團員紛紛暈機。抵達莫士比港後，駐巴紐代表處的邱代表及潘秘書親自迎接我們。邱代表向我們說明巴紐現況時，提醒我們千萬不要獨自行動，並隨時注意周遭動靜。代表的提醒讓我們稍微提高了警覺性。最終我們抵達了下榻的旅館，十分舒適的住宿環境和非常美味餐點提振了心情許多。

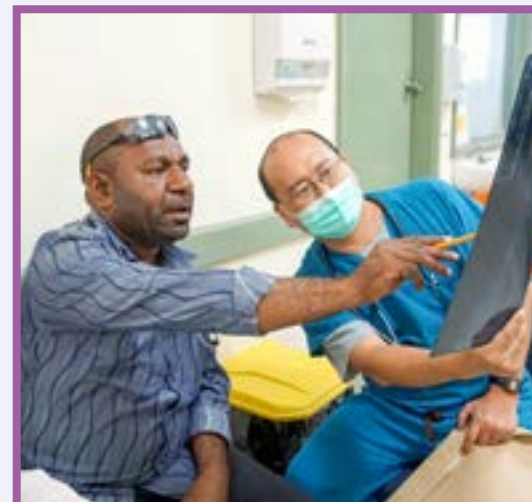
隔日，抵達醫院後，我們各自加入不同的專科單位。才剛抵達急診部門，我們就隨即發現那些提醒和警告不是隨意嚇人的。工作的一週中，我們經手了槍傷、刀傷 (彎刀)、家暴造成的骨折和通常是酒駕造成的車禍傷患。這些症狀嚴重的程度令我這個急診醫師感到驚訝。在看完全部的病人後，隔天巡視時發現有些病患已不在急診室，我問了急診部的住院醫師，是否這些病患已經被轉到了病房，但他的回應總是：「很抱歉，那位病患已在今早離開了人世。」

看見生命在沒有診斷和治療的情況下離開這個世界，並不是因為我們能力不夠或診斷錯誤，只是資源和設備的不足 (例如：缺乏電腦斷層掃描和超音波) 使得醫事人員無法做出適切的診斷並進行治療。我為每天在這樣情形之下工作的醫護人員感到一股深沉的無力和沮喪感。我的醫師朋友 Dr. Alex 總是這樣告訴我：「我知道我們的資源有限，我們只能隨機應變並傾心竭力地為病患服務。」終於，我了解到巴紐人的精神：即便處在湍流和暴風雨中，他們仍努力執著地將船隻穩固地航向安全港灣中。



Mipela sa wok hat tru long ol sikman We do our best for our patients.

Dr. Pablo Tang, Specialist Doctor of the Department of Emergency Medicine



On October, 2015, CCH dispatched the 11th medical team to Papua New Guinea to conduct medical service. Since 2009, Angau Memorial General Hospital has become the major organization we collaborate with. To continue the 2014 mission: Cancer treatment and prevention, we did not only send cancer related specialists, but also experienced ER doctor to assist the work in the ER Department of Angau Hospital. Hoping that during the courses of exchanging experience, both sides can obtain precious memory and extraordinary experience.

急診醫師討論 X 光影像

Dr. Pablo Tang discussed the patient image report with local doctor.

I am happy to join our mobile medical mission this time to Papua New Guinea (PNG), specifically to Lae City which is the second large city after Port Moresby (capital of the nation).

When I was invited to this team, I wondered where this country is located. After investigating with my son on a world map, we found it near Australia. I learned it is a very beautiful country with its unique flora and fauna like "Kumul" paradise bird (nation symbol), Cuscus, Emu etc. It has a mountainous central back bone called "highlands" descending sharply to the coastal area just like our place Taiwan. This country has more than 800 dialect mutually incomprehensible but the official languages are three: English, Pidgin and Hiri Motu.

We departed from Taichung International Airport on 17th of October via Hong Kong to Port Moresby. During our trip the weather was unstable, most of our team members suffered from motion sickness. After arriving at Port Moresby, our Ambassador Chiu and his secretary Mr. Pan kindly went to airport to receive us. Ambassador Chiu briefed us the situation of PNG. He alerted us not to move alone and beware of our surrounds which scared us a little bit. We arrived to the hotel which is very comfort and provide delicious meal which encouraged our morale.

Next day we incorporated to our respective department for the mission. Immediately, we confirmed our suspicion just arrive to emergency department (ER). We encountered with gunshot, machete cutting wounds, bone fracture caused by domestic violence, major trauma due to motor vehicle accident mostly alcohol related. Those dimension of severity impressed me as ER physician. We passed our general round and next day the patient is not there anymore. I asked our resident is the patient went to ward. His respond was always: "I am sorry, the patient passed away this early morning".

We saw life vanished without any diagnosis and treatment, not because our abilities were not good enough to help them or we made any mistakes, simply lack of resources such as instrument (CT, ultrasounds) to make correct diagnosis then proceed to treat them. The impotence and frustration I felt is so much worse for our medical staff who is working there everyday. My "wantok" (friend in Pidgin) Dr. Alex always told me "I know our resource is limited, we improvised but "mipela sa wok hat tru long ol sikman" (we do our best for our patients). Finally, I realized that is the spirit of Papua New Guinean, even there is tempest and raining in torrents outside, but they struggle and do their best to divert the boat to the harbor safely.

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