

成功的故事

Success Stories

10



編號#60625 配合獎助金計劃  
matching grant #60625  
義肢計畫 Limb project

# DVD 說明

台北松山扶輪社前社長 高永吉 PP Spencer 譯

開始：三秒鐘的黑色螢幕—栩栩如生旋轉的扶輪的輪子，之後論題的介紹，接著是快速但小小的團員的照片但沒有陳述任何介紹。

陳述開始 —

我們到印度德里的第一站是一個痲瘋病患的聚居區，當外面的人群聚集在一起，一警外國人攜帶大型行李箱及大型衣袋，一個警衛手持木頭杖，站立著阻止即將入侵者進入圍場。位在這痲瘋病聚居區的人們也就是我們參觀的圍地在許多地方是較為幸運的，比起位在圍區以外的人好多了。在圍區內的 96 個家庭有較乾淨，健康及快樂的環境，在那裡他們可以養育其子女，在那裡他們的飲食，衣物，醫療受到很好的照顧，其子女也較多機會接受教育。

參訪過該痲瘋病聚居區的團體諸如扶輪社，幫忙提供衣服及醫藥。我們將我們帶去的東西，打開包裝及分類並且將從美加地區帶來的衣服分給每一個居民一件衣服作為紀念品，剩下的東西在我們離開之後，當地的牧師負責分配給這些家庭成員。在圍區內小孩都收到針織球，聽說該針織球頗受他們歡迎及喜愛。

痲瘋病是由結核分歧桿菌所感染，一種纖細的，桿狀桿菌，是在 1873 年由亞伯·漢森所發現。

這種病主要感染皮膚及周邊的神經，及上層呼吸系統地方，眼睛及內臟等器官，包含骨骼被感染的病人在身體某些部位會沒有知覺因此有些皮膚會發疹或有顏色。

因為桿菌影響神經因此在手脚及眼睛失去知覺。這些病情常導致致臉變形，因為它並不會痛會忽略而造成傷口的擴大。

在印度痲瘋病的藥是免費的且可治療，但不幸的是，這些藥品常有許多不明原因而無法即時獲得，包括缺少有效的溝通或資訊特別是在鄉下農村地區。事實是政治腐敗而導致基金被某階層人員壟斷而無法即時採購藥品。

OPENING 3 second of black screen - The animated spinning Rotary Wheel followed by the text introduction and rapid small photos of the team members with no narration.

NARRATION BEGINS -

Our first stop in Delhi, India, was a Leper Colony. As people outside gathered for a glimpse of the foreigners carrying large suitcases and huge bags of clothing, a guard with a wooden cane stands ready and keeps the would-be intruders from entering the compound. The people living in this Leprosy Colony that we visited are in many ways more fortunate and in comparison to people living outside these gates, are much better off. The 96 families inside have a cleaner, healthier, happier environment in which to raise their children. They are well taken care of with food, clothing, and medication and have an opportunity to receive better education.

Visits to Leprosy colony from groups such as Rotary assist in providing them with clothing and medication. We unpacked and organized all of the items that we brought with us and presented each of the residents at this colony one article of clothing as a token from Canada and United States. Following our departure it will be the responsibility of the residing priest to distribute the remaining articles to the families. The children in the compound all received knitted balls, which we learned from our last visit were very popular and where well received. Leprosy is caused by Mycobacterium leprae, a slender rod-shaped bacillus discovered by Albert Hansen in 1873.

The disease mainly affects the skin, peripheral nerves, and mucosa of upper respiratory tract, eyes, and also some internal organs including bones. Affected patients feel a loss of sensation on parts of their body that have some skin eruptions or pigmentation.

As the bacillus affects the nerves, patients lose sensation in their hands, feet and eyes. This often ends up in disfigurement as sores caused by injuries get ignored, as it does not hurt.

Leprosy is curable and free medication is available in India. Unfortunately, this medication is not being received for a variety of reasons including lack of communications in rural areas and the fact that there is corruption at levels blocking funds that are available to purchase these medications.



6380 第區助理總監 Ruth Howell 夫人政分發午餐盒給等待接受照顧的人們  
Ruth Howell wife of District 6380 AG Max Howell as she distributes lunches for those waiting to be looked after.



正在等待輪到他們 Awaiting their Turn



被截肢者 Amputees

癩瘋病剛開始的症狀是呈現斑點，那很容易和其他種皮膚病搞混因此很容易忽略而診斷錯誤。

在我們將見面禮的衣服分配完之後，我們巡視居民居住的地方，看見他們忙於製作他們的手工藝品以賺錢貼補家用。他們告訴我們說，根據傳統孩子們都跟隨著他們的父母學習同樣的技藝而通常不會改變這些傳統。舉例而言，如你的家庭是從事於編織那麼他們的孩子也將學習同樣的工藝。如果父母是泥水匠那麼子女也是要跟隨他們的腳步去作泥水匠。隨著教育水平的提高，這些孩子們或許有希望稍微改變他們生活的方式，則他們將來命運將會變得較好些。

我們的導遊，皮優士，是 3010 地區德里扶輪社員，他們認養了這個特殊的圍區並很確定的是將會有適當的藥品送達此地區。

談話部份係我們導遊皮優士說明，

我們的下一站是在德里的特雷莎修女的孤兒院；我們將我們巴士停在大馬路旁，將我們慈善衣服放在黃包車上同時走了一段很長且滿佈塵埃的土路，來到孤兒院的大門，在印度有許多特雷莎修女的孤兒院，他們募到的捐款及收集的衣服將互相分享。我們等候修女們的帶領才能進去因此我們將衣服等放置在大廳，許多的團體都有捐款。

在這個孤兒院中最年幼的是 2 歲最大的則是 24 歲為了保有他們的隱私因此不准許拍照。甚至連修女都不讓我們拍照。我們團體中有些人在今年 1 月來過印度並到過這孤兒院查看孤兒院的後牆建設，此次再度造訪，很驚訝的發現，改善許多。只有 10 個月的時間有一個 2~3 公尺深的坑放垃圾及人們住在茅屋上但現在變得很乾淨事實上沒有垃圾。

山脈城扶輪社在印度贊助 4 個義肢營區。其它贊助的還有 5 個美國密西根州的肯特市的 5 個扶輪社—察當，察當日昇，鐵布利，伯林漢及唐斯威扶輪社，還有 14 位來自台灣的扶輪社員，及 6380 地區，英國的加普義肢計劃基金會及國際扶輪基金會。瑪利及特利帶領這些團體參觀每個計劃區是希望參訪的扶輪社員能更加了解扶輪活動情形。

這次的參訪係 2006 年第二次，我們團員中有些去過巴雷利義肢營區或診所，該診所是提供給有需要的人用品及協助，我們看到最近的診所較諸於以前的診所在包裝線上有大的

Leprosy initially presents with spots which can be confused with as many as 30 other skin ailments and can be easily misdiagnosed.

After the token distribution of clothing was completed we toured the residents living area where some of the residents were busy at their crafts, which they sell to earn money contributing to the family income. It was explained to us that according to tradition the children followed their parent's learning their job skills and most often do not vary from that tradition. For example; if your family did weaving, it was expected that the children would carry on with that art, if the parent was a mason, the son would follow in his footsteps. With higher education available to these children it is hoped that the traditions can be somewhat altered and a better way of life can be realized for future generations.

Our tour guide, Piyush, is a member of the Rotary Club of Delhi Megapolis, District 3010. They have adopted this particular Colony and make certain that proper medication reaches these people.

-----AUDIO SPOKEN HERE SPOKEN BY OUR GUIDE, PIYUSH-----

Our next stop was the Mother Teresa orphanage in Delhi; we parked our bus near the main road loaded our charitable clothing on rickshaws and walked a long dusty road to the main gate of the orphanage. There are several Mother Teresa Orphanages throughout India and the cash donations and clothing collected will be shared with others.

We waited for the sister to allow us entry to the facility where we left the clothing inside the lobby. Many of the group also made cash donations.

In this orphanage, the youngest resident is 2 years and the eldest was 24 years of age. To afford the residents privacy, photography was not allowed. Even the sister was reluctant to have her photograph taken. Some of us who had visited India in January looked over the back fence of the orphanage and were surprised to see that a tremendous transition had taken place. Only ten months ago, what was one two to three meters of deep with garbage with people living in shacks on top was now relatively clean and virtually habitat free.

The Rotary Club of Ridgeway has sponsored four limb camps in India. They have had help financing these limb projects by five other Kent County the Rotary Clubs – Chatham, Chatham Sunrise, Tilbury, Blenheim and Thamesville clubs by other Rotary Clubs in Michigan, by **Fourteen Rotarians in Taiwan**, by Rotary district 6380, by the Jaipur limb project foundation in the UK and by The Rotary Foundation. Mary and Terry Youlton have lead groups to each of these projects with the hope that attending Rotarians will become more involved with other rotary activities.

This visit was the second time, in 2006, for several of our team to the Bareilly Limb Camp or clinic, which is designed to provide appliances for everyone in need of assistance. We saw a significant improvement in the assembly line style layout in this clinic over the previous clinic, more room, more user friendly,



BMVSS 正在調整鞋子 BMVSS modifying shoes



卡鉗裝置 Assembly of Callipers



正在裝上加普義肢 Attaching Jaipur



改善。更多的空間，使用者更友善，雖然移動得較順利。

小兒麻痺症的線上包含 5 個地區：

提供金屬腳架或矯正器給那些因小兒麻痺症受害的人，讓受害者測量，加工及使他們適應支架不論他們一條腿或二條腿但要確定他們戴得舒服。

提供經適當量過及測試過的拐杖

提供一雙新鞋子，如有必要加以修改時修改

修繕以前義肢營受益者之用具

在這次 11 月的營區，扶輪社提供 598 個測量器，206 個加普義肢，324 雙的拐杖，38 雙改良過的鞋子，總共有 1066 個器具。

因為小兒麻痺症的關係，並非所有收受者都在場，因為意外事故而截肢很多人來試裝義肢，感染及生病(糖尿病)...

當到達肢體營或診所，那些需要幫忙的人要先登記然後等候他的號碼然後才和醫生見面。

醫生先作診斷然後再決定用那種最合適的方法為特定的患者調整，有些用義肢，有些用拐杖，其他有的要用很多種器具，有些要被告知要進行矯正的外科手術，但仍然有些病患不能得到該營區之協助。有些生下來就有嚴重的缺陷，有些智商問題，有些小兒麻痺病患肢體嚴重的扭曲歪斜，因此無法改善，後面的這些案件的確會讓你的心絞痛直到你的眼淚掉下來。雖然你很希望都可以幫他們的忙，但那是不可能的事。

技術人員量這些鬆弛的肢體以作矯正器，在現場裝配矯正器，用新器具來使肢體配合，然後要訓練病患如何使用新器具，當你看到一個人幾乎是匍匐地走進診所而僅經過 1 天的時間矯正而能走出去時那是多麼令人高興的事情。這些器材也許很好它可以改變一個收受者一生的命運，同樣的如果沒有扶輪的協助，那也是不可能實現的。

因為等待的時間可能會很長，因此扶輪也為病患及其家人供應午餐。他們接受這群來自半個地球遠的扶輪社員的免費午餐，應該會覺得很光榮。

自 24 位扶輪社員及朋友他們到印度去審查最近的計劃，他們自費去了解更多有關這些扶輪捐款如何用在這些需要幫助的人身上。印度是目前全世界 4 個仍然有小兒麻痺症特有的國家之一。其他 3 個國家分別為索馬尼亞，巴基斯坦和阿富汗。今年我們

and it appeared to move smoother.

The function of the polio line covers five main areas:

Providing calipers or braces (as we commonly refer to them) for those afflicted with polio, measuring, fabricating and fitting the victim with calipers whether it be for one leg or two and making sure they are comfortable.

Providing properly measured and fitted crutches

Providing a new pair of shoes and modifying them if necessary.

Repairing appliances for beneficiaries from previous limb camps.

At this November camp Rotary provided 598 calipers, 206 Prosthesis with the Jaipur foot, 324 pairs of crutches, 38 pairs of modified shoes for a total of one thousand and sixty six appliances.

Not all of the recipients were there as a result of polio; many came to be fitted with prosthesis due to amputations from accidents, infections and diseases (ie diabetes)...

Upon arriving at the limb camp or clinic, those seeking assistance first register then wait their turn to be assessed by a doctor.

The doctor does a diagnosis and decides the route best suited for that individual patient to follow and writes out a prescription for the technicians to fill. Some patients will be fitted with braces, some with prosthesis, some with crutches, others will have multiple appliances, others will be advised to proceed to corrective surgery and still there are some others that cannot be helped by the camp. Some come in with very severe birth defects, some with cerebral problems and some polio victims limbs are so badly twisted that nothing can be done to correct them. These later cases are the ones that really twist your heart until your tears come. You want to be able to help them all but it is impossible.

The technicians measure the flaccid limbs for braces, fabricate the calipers on location, fit the limb with the new appliance, the patient is trained on how to use their new appliance. It gives a person great joy to see someone that has literally crawled into the clinic being able to walk out all in just one day. These appliances may very well be the positive change to the recipient's entire life and it would not be possible without the assistance of Rotary.

Since the day can be long for those waiting, Rotary also provides free lunches to the patients and families. They are honoured to receive the lunches from Rotarians who have traveled from half a world away to help them at this camp.

24 Rotarians and friends went to India to view and be a part of the latest project, paying their own way in learning more about how rotary money is spent to help the needy. India is currently one of four still "polio endemic" countries of the world along with Nigeria, Pakistan and Afghanistan. This year we are seeing a resurgence of polio cases in these endemic countries and expect 1800 - 2000 cases this



被截肢的孩童 Child Amputee



孩童卡鉗與拐杖 Child Callipers & Crutches

又看到在這些特定的國家再有小兒麻痺症後發的病例，可能會有1,800~2,000病例。扶輪一直努力在工作 and 世界衛生組織，聯合國國際兒童基金會，疾病防制局，其他世界各國政府及許多民間基金會和個別團體來根除這個疾病。

這是魏斯努他和他媽媽姊妹一早遠從巴雷利旅行 15 公里到這義肢營。守護神在他 13 歲半時從火車上掉下，因此失去一支腿，他們家庭從村長那裡知道義肢營的事情，起初村長是一份傳單得知，而該傳單係由巴雷利扶輪社所提供的，魏斯努現年 15 歲，經過他評估他希望能得到義肢。

很高興他的請求被核准了，魏斯努加入了其他等候裝配義肢的行列，與小兒麻痺症的器材一樣的，技術人員採用必要的測量的程序及裝配新的義肢。這些過程從開始到結束大概需要 6 小時，這些動作將會改變每一個人的生命，魏斯努真的感恩扶輪社對他所作的一切，因為他及他的家人都知道如果沒有扶輪毫無疑問的，他不敢相信他會有這樣的能力可以不用拐杖而可以走路。

我們被邀請參觀一家私人醫院，它從事於修正的外科手術當我們參訪時有一位從埔傑來的正在施行免費的外科矯正手術。他們讓我們及一些病患看他們正在進行手術。我們待了一段時間與以前的病人在恢復室聊天。他一共完成了超過 31,000 名這方面的手術，獲得意想不到且成功的結果。

他和他的贊助團隊呆(待)在手術室一整天作些登記前病患及一般病患，這些患者由肢體營被送到這裡來，因為有個別患者到達肢體診所，因為他們的腿嚴重的受感染而無法配戴矯正器，為了能幫助他們，他們的大腿必需先弄直才能配戴矯正器，這些步驟要交給矯正的外科手術，因此牽涉到很長一段被折磨的肌腱或正常的肌腱用外科手術分隔，然後用石膏以固定，通常固定而不能行動要持續 45 天之久，其間是用二套石膏固定，然後取掉最後石膏模再於肢體營配戴矯正器，病患屆時可以挺直走路。

在這擁擠的恢復室，我們數過有 36 行軍床很緊密的塞滿在一起，通常有一位父或母坐在同一張行軍床上安慰病人，在那麼多門診病人的情況下顯得醫護人員並不多。在那裡大部份病人似乎很少抱怨，不知道是因為醫

year. Rotary is working hard, along with the World Health Organization, UNICEF, CDC, governments of the world and many private foundations and individuals to eradicate this disease.

This is Vishnu. He arrived at the limb camp early in the morning with his mother and sister traveling from their village which is located approximately 15 km from the Bareilly. Vishnu lost his leg as the result of falling from a train at the age of 13 and a half. The family learned of the limb camp through the village chief, who initially received a flyer which had been circulated by the Bareilly Rotary club. Vishnu is now 15 years of age and is hoping to receive a prosthesis following his assessment.

---VIDEO ASSESMENT WITH NATURAL AUDIO HERE---

Pleased that he has been approved, Vishnu joins many others as they wait to be fitted with their new prosthesis. Similar to the polio appliances the technicians take the necessary measurements and fabricate the new prosthesis from scratch. This process from beginning to end took approximately 6 hours and once again will be life altering to this individual. Vishnu was truly grateful for what Rotary has done for him as he and his family knew, without Rotary no doubt he never would have realized the benefit of having the ability to walk without the use of a stick.

We were offered the opportunity to visit a privately owned hospital that was conducting corrective surgeries. A specialist from Punjab was doing the surgeries free of charge during our visit allowed to visit with some patients about to undergo surgery and to spend some time with the post-op patients in the recovery room. He has completed over 31,000 of these operations obtaining incredibly successful results.

He and his support team work throughout the day in this Operating Theater, doing pre-registered patients as well as patients that were being sent over from the limb camp as certain individuals arriving at the limb clinic could not be fitted with braces due to the severity of the affected limb. In order for them to be helped, they must first have the leg straightened so that a brace can be applied. This process is referred to as corrective surgery and involves lengthening of the afflicted tendon or tendons by surgical separation, followed with the application of a plaster cast to hold the leg in the proper position. Normally the immobilization requires about 45 days and two plaster casts during that time. Following the removal of the final cast, braces are fitted at the limb camp and the patient is then able to walk upright.

In the crowded recovery room we counted 36 cots crammed tightly together. Usually a parent is sitting on the same cot comforting the patient. There was limited medical staff present considering the large number of new post-op patients. There seemed to be very little pain expressed by most of the patients whether



此人為拉黃包車於元月六日接受了他的義肢。由於工作與維持家庭生計他於十一月來替換穿壞的義肢。陪同他的是位由美國來的扶輪青年服務團團員 Jamie Walsh。

This man is a rickshaw driver and received his limbs in January 06. He returned in November to have both artificial limbs replaced as he wore them out doing his job and providing for his family. With him is Rotoractor Jamie Walsh from Michigan, USA.



這位人士負責整個活動 The man that makes the whole operation work



Vishnu 獲得新義肢 Vishnu get new limb

治而減少痛苦或習慣如此，我揣測應該是後者。我們給他們徽章，糖果，貼紙及其他較珍貴禮品，他們似乎都很高興的收下。

為巴德利義肢營所募得的錢包含在巴德利當地募到由特利優頓及山脈扶輪社和國際扶輪配合獎助金計劃所提供。捐款來自許多地方，他們有在旅途中聽到的，這都是為這個肢體營所需的錢而捐獻。

有一件事沒有包括在這捐款中的是三輪車是要捐給我們所謂的“匍匐的人”，這些人是因為受小兒麻痺症所折磨的人，他們無法使用雙腿，他們必需匍匐前進或則是用雙手在地上拖至一輩子必需靠行乞不過只求生存。

當這件事在查當日昇扶輪社例會中被提起後，大家希望該社能募到足夠的錢以便購買 10 部三輪車，大概每部約美金 65 元。其中三部三輪車是由此次到印度造訪的團體購買因此剩下的大概是要美金 500 元，另外還有配合獎助金，因此該社通過該方案，在例會完回家後，我接到很多來自個人的電話表明要捐款來買這些三輪車。有位團員告訴他家人說你要買給我的聖誕禮物的錢，我決定要買三輪車送給因小兒麻痺症所折磨的人。該家庭募得足夠的錢來買 6 部三輪車，在聽到一位於 2006 年 1 月造訪印度的團員簡報後一位“紅帽婦女”RED HAT LADY 捐款一筆大善款，在其他簡報之後又收到很多捐款。在 2006 年 11 月再度造訪印度時募到的捐款已足夠買 54 部三輪車。該義肢營的負責人被這些反應所淹沒，因此即刻訂購更多的三輪車以便在我們下次造訪作簡報時三輪車能及時製造完成。

我們扶輪社員的確應該感謝每一個人，因為他們的幫忙這項創舉這些三輪車對收受者是件救命的大事，上帝保佑那些捐獻的人。

扶輪基金會有一關鍵字，用來形容一項扶輪的計劃叫“永續性”也就是說當扶輪離開那場地後，能讓該計劃繼續運作而且可以繼續成長。當你的計劃提供殘障者肢體補助器，“永續性”意謂著這些器材要經常保持良好的狀況，直到有必要再更換時，這些器具在世界的其他地方並不易看到，在那裡要不是非有必要或則在救護車上才可看到小兒麻痺症病人和車禍受傷者不能用正常的義肢時才看得到。事實上，每一處肢體營應包含一永遠肢體設施但因為設立它們太貴且維護不易，那需要有受過訓且有技藝的技術人員才能為截肢或因小兒

reduced by medication or by custom, I suspect the latter. We handed out pins, candies, stickers and other treasures which everyone seemed quite happy to receive.

The money raised to do the Bareilly Limb Camp included money raised in Bareilly, by Terry Youlton and the Ridgetown Rotary Club and Rotary International's Matching Grant program. Donations came in from a number of locations on hearing of the trip and the need for money to do the camp.

One thing not included in the funding was for tricycles to be donated to what we call “crawlers”. These are the people so afflicted by Polio, that they have no use of their lower limbs. This means, they walk on all fours, or drag themselves along the ground with their hands. They cannot go to school, they cannot work and probably must beg for a mere existence.

When this matter was raised at a Chatham Sunrise Rotary Club meeting, it was hoped that the club could come up with enough money to purchase 10 tricycles as a cost of \$65.00us each. Three of these tric's were to be purchased by people making the trip to India so the request was for about \$500. in addition to what was given to the matching grant project. The club approved the request. On returning home from the meeting, calls were received donating more money toward these tricycles from individual members. One member told his family, the money you were going to spend to buy my Christmas gift is going to be donated to the purchase of tricycles for those afflicted by Polio. The family raised enough for 6 tricycles. A large donation came from a Red Hat Lady after hearing a presentation from the team members who went to India on the Jan. 2006 trip. More money from other presentations was sub sequentially given. By the time the trip was made to India in November. there was money for 54 tricycles. The organizers of the limb camp were overwhelmed at the response and the order for more tric's was made immediately in order to have them built in time for presentation during our trip.

We Rotarians are indeed Thankful to everyone who assisted with this initiative. These tricycles are truly a life saving event for the recipients. God bless those who contributed in any way.

One of the keywords of the rotary foundation, used in describing a rotary project is sustainability, keeping a project working and viable after rotary has left the scene. When your project is providing free limb appliances to handicapped people, sustainability means keeping those appliances in good working condition and replacing them when needed. This type of facility is not very often found in areas of the world where the appliances are needed most, or polio has always been found in abundance and were accident victims can't afford a normal prosthesis. Really, every limb camp should include a permanent limb facility but they are expensive to set up and difficult to maintain. It takes trained, skilled technicians to be able to fit and fabricate prosthesis to replace an amputated limb or braces for a leg



裝備的總類 Types of Appliances  
左起為助理總監 Max Howell, 前總監 Terry Youlton, 社員 Barry Fraser 以及 6380 地區下屆總監 Audrey Chevalier  
From left AG 6380 Max Howell, PDG Terry Youlton, Rtn. Barry Fraser and Incoming DG 6380 Audrey Chevalier.



Chatham 晨安團三位團員，扶輪社員 Steve Sadler、總監提名人 Audrey Chevalier、助理總監 Max Howell，在他的父親見證之下，贈送一輛三輪車給一位年少的受贈者。Max 和 Steve 藉著架起他們私人的飛機為小兒麻痺來募款並捐獻該計畫百分之百的資金。  
Three members of the Chatham Sunrise team present a tricycle to a young recipient as his father looks on. Rtn Steve Sadler, DGN Audrey Chevalier, AG Max Howell. Max and Steve raise money for polio by flying their personal airplane and contribute 100% of the funds to the program.



助理總監 Max Howell 與載運來的三輪車  
AG Max Howell and another load of Tricycles

癱瘓症而殘障的人裝配及加工義肢。還有就是設備本身又是要花費一筆錢供給品，材料樣樣都需要錢，有持續的人工費。

我們一直都認為這些設施是必要的，但常常推掉它，而專注於提供他們器材，這只有有當你成立了些這種營區之後，你才會覺得必要有人在那兒在你走後照顧，修繕一些不太適用的設備，更換舊有的或重新蓋新的。

這次我們決定由無作起並要計劃蓋一新的設施，我們幾乎必需要用祈求的方式向我們夥伴 **BMVSS** 它是世界最大義肢團體，同意我們將這設施含蓋肢體營計劃中，它們希望它們的品質最最好的。我們讓 **BMVSS** 供應所有必要的設備，所有用具之材料，幫我們訓練技術人員並且監督設施之建立。

我們同時成立了一個基金會以支付初期必要的用品及技術人員的薪水，如果我們這個設施無法維持的話，那麼包含 **PDG 特利·優頓**及 **PDG 馬武·山威**，他們兩位都是來自 **6380** 地區的基金董事會提出建議如何進行募款以使這設施仍保有活力而不致於更換人員。巴德里南區扶輪社提供免費的設施同時執行管理等工作，這設施之總共費用為美金 **10,000**，它是巴德里義肢營預算美金 **56,000** 之一部份。

如果你不清楚這個奧布雷恩從何而來；他是我們 **6380** 地區一位傑出的社員捐了一大筆款項給這項永久設施。

在 **2006** 年 **1** 月的旅程中，我們參觀了一所學校，我們知道他們可能需要幫助，因此我們再度地走過那凹凸不平滿佈灰塵的鄉間道路通過許多小村落一直到我們預定目的地。這幕場景將給你些許概念這些當地居民是如何在這種地方居住。

森芝博士是位靠近巴德里的鄉村地區回教學校的一位董事，他陪伴著我們，他的夫人是印度的立法委員，是位自由鬥士，他是創校的孫女，他帶我們參觀矗立於學校前之紀念創校者之頌辭。

我們在學校的大門接受校長的致敬與歡迎，他致贈我們花環及一標記在我們前額，那是代表一種榮譽及尊敬來歡迎我們來拜訪回教學校。

這個學校是一個二層樓的建築物，分隔成頗嚴酷的教室供中學生年紀的孩子上課，因為時值乾旱季節，所以它的庭院及運動場是很髒，缺乏樹及綠色植物。

它空曠的校地掃得很乾淨沒有任何垃圾，看來似乎水電不足，只有一間

crippled by polio. Then there is the cost of the facility itself, the cost of the equipment, the cost of materials involved to build the appliance and the continuing cost of labor.

We have always recognized the need for such a facility but always pushed it away, concentrating on the providing of the appliances. It is only after you have done a few of these camps that you see the need of someone to be there to pick up the pieces after you have left, to repair the things that were not quite right to start with or to repair, replace and build new.

This time, we planned for a permanent facility from the start. We had to almost beg our partners **BMVSS** the world's largest limb fitting society to let us include this facility as part of the limb camp project. They do not want the quality of their product to be anything but the best. We let the **BMVSS** supply us with all the necessary equipment, all the appliance building materials, train our technicians, and oversee the setup of the facility.

We also set up a foundation to pay for the initial necessary supplies and wages for the technicians, if our facility could not sustain itself, a foundation board which includes **PDG Terry Youlton** and **PDG Mav Sanghvi** both from district **6380** and have made suggestions on how to go about raising funds to keep this facility viable without having to charge people who can't afford our services. The **Rotary Club of Bareilly South** are providing the facilities free of cost and are doing all the necessary administration work. The cost of equipping this facility was **\$10,000 U.S.** and was part of the **\$56,000** cost for the **Bareilly Limb Camp** project.

If you are wondering where the **O'Brien** in the name came from; it came from a wonderful Rotarian in our district who made a large donation to the permanent facility.

On the **January 2006** trip we visited a school that we new could use some assistance, so once again we navigated our way down the rough and dusty rural roads through several tiny villages until we came to our intended location. This scenery will give you some idea just how the local people in the area live.

**Dr. Singh**, who accompanied us, is one of the directors of the **Muslim School** in the rural area near **Bareilly**. His wife a former member of the **Indian Legislator** is a great grand daughter of the **Freedom Fighter** who started the school. We are shown the tribute made in his honour erected in front of the school.

We were greeted at the entrance by the principal of the school, presented with a floral lei and given a mark on our forehead which is a symbol of honour and respect, to welcome us to the **Muslim School**.

The school is a basic two storey structure divided into quite stark classrooms for middle school aged children. Because it was the dry season the enclosed court yard and school yard was compact dirt, devoid of any green vegetation or trees.

The bare ground was swept clean with no sign of garbage. There appeared to be a limited



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西式挖洞的廁所提供該校 700 學生使用。每個學生必需走到或騎車到學校，在校門圍牆外自行車架上停放著幾百輛自行車。

當我們走進每一間教室時這些很有禮貌的學生站立在那兒招呼我們，他們都很活潑同時穿著乾淨的制服。

女學生及男學生在同一間教室但女生坐一邊而男生坐另一邊，剩下的教室除了粉筆，黑板及幾本共用的書外沒有其他什麼用品，透過窗戶係採用天然光線，窗戶則是完全開放的天然環境。教室內學生坐在桌子旁，教室放滿了桌子，但有一班是室外教學，學生們在地上盤腿而坐。

熱心的老師有男有女兩性都有，他們每天從附近城市騎機車到學校教書，因我們聽不懂他們的語言因此我們失去了解他們很多在校每天活動的細節，但他們因教師工作而引以為豪並且很熱心地儘可能與學生分享他們最好的想法。似乎他們有一套教學課程去遵循，該課程包括所有的課題，而大部份是用背誦的方式教導。經一再的觀察及校長，教師及當地農村社區領導人及當地扶輪社解說，或許我們的扶輪社可以和這個學校可合夥來幫助該校計劃以迎合他們的需求。

一項較為緊急令人關心的事情是加壓的自來水系統提供自來水給事實上並不存在的洗手間。一部現代化的發電機可產生起碼可供應電力給教室內事實上沒有的電燈和將來電腦使用以幫助日後的教育技巧。

由於當地指導，他們可提供長期的需求計劃並列明一張希望的優先次序。

他們可能包含百葉窗式的窗簾防止學生在季風時期易被風日曬，學校用品，樹林。

supply of electricity and water and only one eastern styled pit toilet for the 700 some students. Each student must have walked or rode to school on one of the hundreds of bikes lined up in bike racks just outside the school fence.

The well-mannered students stood to greet us when we entered the individual classrooms. They were all very alert and well dressed in clean uniforms.

The girls and boys were in the same room but the girls were seated on one side and the boys on the other side of the room. The sparse classrooms had few visible supplies except chalk, a blackboard and a few shared texts. Natural light was provided through the windows which were completely open to the elements. Inside the students sat in desks which filled the room but one class was held outside where the students sat crossed-legged on the ground.

The keen teachers were both male and female. They came by scooter each day from the nearby city. Because we didn't have a command of their language we missed the opportunity to gain many details of the daily operation of the school. But they were proud of their work and eager to share their thoughts as best they could. It seemed they had a curriculum to follow that included all subjects and much was taught by the rote method.

With further investigation and with the advice of the principal, teachers, local rural community leaders and local Rotary Clubs, perhaps our clubs could partner with this school project to meet some of their needs.

An immediate concern is a pressurized water system to provide water to virtually non-existent restrooms. A modern generator to produce badly need electrical current for non-existent lighting in the classrooms and in the future computers to help further their education skills.

With their local guidance, they could provide a long range plan of needs with a priority list of wishes.

They might include shutter-type window coverings to protect the children from the elements during the monsoons, school supplies, trees for protection and shade, etc.



雙卡鉗 Double Calliper



PDG Terry Youlton 為 1997-98 年度 D6380 加拿大前總監，擔任過 2004 年立法會議代表。



※感謝：捐贈保羅·哈理斯之友並指定編號#60625 配合獎助金計劃的社員名單

NO	社名	職務	姓名	Nickname	NO	社名	職務	姓名	Nickname
1	圓山	社長	蕭永崑	P Cary	8	中正	社長	許添誠	Steven
2	圓山	社友	邱瑞祥	Pedro	9	中正	社友	林運倫	Allan
3	圓山	扶輪基金主委	潘宏智	PP Surgeon	10	清溪	社長	余鴻賓	Ben
4	雙溪	社長	柯宏宗	P Designer	11	明水	副社長	蔡守正	VP Peri
5	雙溪	服務計劃主委	李蜀濤	Steve	12	松江	秘書	張識寬	Filling
6	劍潭	秘書	柯英高	Water	13	松江	社員發展主委	陳進旺	Tom
7	劍潭	財務	陳瑞富	Paper					

## 蒙古正要去檢驗 Mongolia Just testing

Vukoni Lupa-Lasaga 撰文  
英文扶輪月刊  
Elkie Hon 提供照片  
2007年1月

By Vukoni Lupa-Lasaga  
*The Rotarian*  
Photo courtesy Elkie Hon  
January 2007



〈扶輪社社員巴雅兒沙克汗(右側)將子宮頸細胞塗抹於載玻片之上以進行一次乳頭淋瘤病毒檢驗。

*Conducting a Pap smear, Rotarian Bayarsaikhan (right) swabs cervical cells onto a slide for examination.*

自從2005年以來，蒙古有4千位以上的居民業已由東亞扶輪社所贊助之牙科檢驗與子宮頸癌篩檢兩項醫療計畫那兒獲益。

該子宮頸癌篩檢醫療計畫叫做「為生命檢驗」，是在7月及8月在蒙古4個省各地來進行。7位扶輪社員，以及13位非扶輪社員的醫護人員跨越大約1400英里世上最崎嶇難行的小徑上而抵達貧困的社區。

贊助單位包括香港、韓國天安(Cheonan-Dosol)、蒙古庫里(Khuree)以及台灣的台北吉林與台北錫口等扶輪社。扶輪基金會則捐出23,000美元的配合獎助金，來贊助本計畫。

據醫生巴雅兒沙克汗·陸福山朵里(Bayarsaikhan Luvsandorj)，也是庫里扶輪社的社員，他表示子宮頸癌是蒙古婦女最常見的癌症，他正是本次篩檢活動的幕後推手。

他提到將近40%的蒙古婦女感染了人類乳頭淋瘤病毒(HPV)，這是引起子宮頸癌的主要原因。蒙古婦女得到子宮頸癌的機率預計將會提高，但是有95%的婦女從未接受過子宮頸癌的篩檢。

巴雅兒沙克汗講解談道，子宮頸癌所帶來的威脅日趨嚴重，越來越多人因此而死亡或受苦，這激發了他成立這項「為生命檢驗」的計畫。

巴雅兒沙克汗說道：「我的祖母以及許多病患，都死於子宮頸癌末期。好多時候我都在想，病患要是能夠早幾年來找我，我就能夠救回她的生命了。」

「為生命檢驗」是一項開創性的計畫。該計畫於2005年開始進行，協助了1千名婦女，這是蒙古鄉區前所未有的癌症篩檢活動。該活動完全是由蒙古當地的庫里(Khuree)、尼斯里(Niislel)、土拉(Tuul)、烏蘭巴托(Ulaanbaatar)與宗莫德(Zuunmod)扶輪社所贊助的。

香港扶輪社的國際服務理事韓青玲(Elkie Hon)，在此項活動獲得外界協助中功不可沒。當她在五月時參加了一個由國際扶輪前副社長黃其光(Gary C.K. Huang)所帶領的牙醫服務團首度抵達蒙古時得知了「為生命檢驗」。

韓青玲於是立刻為子宮頸癌篩檢活動來進行募款並召集義工。她表示：「對我來說，沒有什麼比拯救生命更重要的事了，尤其是當我們明確了解到只要需10美元非常合理的費用就能夠拯救一條生命時。」

韓青玲為了盡快獲得支持，於是仿效牙醫服務團計畫辦理，其成員來自中國大陸、香港、澳門與台灣等地14個扶輪社，並為超過800名孩童進行治療。

Since 2005, more than 4,000 people in Mongolia have benefited from dental examinations and cervical cancer screenings sponsored by Rotary clubs in East Asia.

The cancer screening project, called Test for Life, took place across four provinces in July and August. Seven Rotarians and 13 non-Rotarian medical professionals traversed about 1,400 miles along some of the world's roughest paths to reach impoverished communities.

Sponsors included the Rotary clubs of Hong Kong; Cheonan-Dosol, Korea; Khuree, Mongolia; and Taipei Genius and Taipei Tin Harbour, both in Taiwan. The Rotary Foundation contributed a US\$23,000 Matching Grant.

Cervical cancer is the most prevalent cancer in Mongolian women, according to Bayarsaikhan Luvsandorj, a doctor and a member of the Khuree club, who was the driving force behind the screening initiative.

He notes that up to 40 percent of women in Mongolia are infected with human papillomavirus, a major cause of cervical cancer. The incidence of the disease is expected to rise among these women, 95 percent of whom have never been screened for it.

Bayarsaikhan explains that this growing threat, plus the deaths and misery that come with cervical cancer, motivated him to help establish Test for Life.

"I lost my grandma and many patients due to late cervical cancer," Bayarsaikhan says. "And for so many times, I was thinking that if a patient [had visited] me a few years earlier, I could have saved her life."

Test for Life is a groundbreaking project. The inaugural 2005 initiative, which benefited 1,000 women, was the first cervical cancer screening program in rural Mongolia. This initial effort was sponsored entirely by the local Rotary clubs of Khuree, Niislel, Tuul, Ulaanbaatar, and Zuunmod.

Elkie Hon, the Rotary Club of Hong Kong's international service director, galvanized support for the 2006 effort. She heard about Test of Life when she traveled to Mongolia in May on a dental mission led by Past RI Vice President Gary C.K. Huang.

Hon got to work soliciting funds and volunteers for the cervical cancer screening initiative. "To me, there is nothing more important than saving a life," she says, "especially when it is almost so certain that we know how we can save a human life at a very reasonable cost [of \$10 per person]."

To quickly assemble support, Hon took a leaf from the book of the dental mission, which involved 14 Rotary clubs from mainland China, Hong Kong, Macau, and Taiwan and treated more than 800 children.

# 「為生命而檢驗」(TFL)健診團 TEST FOR LIFE 2006

<蒙古子宮頸癌巡迴篩檢服務>

< A mobile cervical cancer screening service in Mongolia >

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2006年7月17日在蒙古的烏蘭巴托，一個由扶輪社員及非扶輪社員組成的「2006年為生命而檢驗」Test for Life(TFL) 2006 義工團開始3週的醫療之旅，到蒙古4個省份為游牧婦女巡迴子宮頸癌篩檢。12名義工乘坐他們自己的3輛吉普車，載滿醫療設備及儀器、帳棚、食物、水及衣服，旅行超過2,200公里，造訪了鄂爾渾省的鄂爾德尼特 (Erdenet)、布拉干省的布拉干 (Bulgan)、庫蘇古勒省的木倫 (Murun)、及後杭愛省的車車爾勒格 (Resettlement)。

在途中，他們曾爬上超過海拔3,500公尺的地方；越過山脈、草原、山谷、大川、小溪及火山地帶，沿途都是非常顛簸、泥濘的道路。好幾次無盡的草原或泥巴中根本沒有路。他們睡在帳棚、蒙古包、及原始的汽車旅店；經常沒有水及電可用。他們有時候連續三天沒沖澡。這趟任務的每一天，他們經歷四季不同的天氣，忽雨忽晴。

每一年，蒙古有數以千計的病患死於晚期子宮頸癌，她們有些人甚至不曉得自己的死因。超過90%的病例都是在末期才發現，因為蒙古政府並沒有提供篩檢以提早發現子宮頸癌的服務。諷刺的是，在開發中及已開發國家，子宮頸癌已不是絕症。早期的子宮頸癌可以很容易檢測，也可以獲得成功的治療。根據調查，95%的蒙古婦女仍然沒做過篩檢。

「Test for Life」健診團提供子宮頸癌篩檢服務，每個婦女的篩檢成本是10美元。如果一個女人得了子宮頸癌，但在早期發現，予以適當治療之後，她的生命就能得救！在2005年的第一趟巡迴篩檢之旅，「Test for Life」健診團篩檢了1,000個婦女，總計發現77位得了癌前病變。所有病患都得到適當治療，而且痊癒了！2006年總共篩檢了2,350個婦女。檢驗的結果目前還在實驗室化驗中。

這個動人而且有意義的計畫是3450地區

On 17 July 2006 at Ulaanbaatar, Mongolia, a team of volunteers of "Test for Life 2006", both Rotarians and non-Rotarians, began their 3-week tour to provide mobile cervical cancer screening service to Nomadic women in 4 rural provinces. There were twelve volunteers in 3 jeeps of their own, fully loaded with lots of medical equipment and instruments, tents, food, water and clothes. They traveled over 2,200 km and visited Erdenet town of Orhon province, Bulgan town of Bulgan province, Murun town of Hubsugul province and Tsetserleg town of Arhangai province.

During the tour, they climbed as high as to over 3,500 meter above sea level; crossed mountains, meadows, valleys, rivers, streams and volcanic area on very rough and muddy roads. A lot of times, there was no road at all but endless grass or mud. They slept in tents, Mongolian gers and primitive motels; very often there was no water and electricity supply. There were times that they had no shower for three consecutive days. They experienced four seasons' weather, both rainy and sunny, within a day for every day throughout the mission...

Every year, there are thousands of patients die from advanced cervical cancers in Mongolia, some of them even had no idea about the cause of their death. More than 90% of cases were detected at late stage. It was because there is no screening and early detection service provided by the government. Ironically, in developing and developed countries, cervical cancer is no longer a terminal disease. It can be easily detected at very early stage and could be treated successfully. According to survey, 95% of female population in Mongolia is still unscreened.

"Test for Life" provides cervical cancer screening to a woman at the cost of USD10. If a woman has cervical cancer and is detected at early stage, with proper treatment, her life is saved! At the first tour, took place in 2005, "Test for Life" screened 1,000 women and detected 77 cases of pre-cancer. All patients were properly treated and recovered! In 2006, a total of 2,350 women were screened. Laboratory results are under progress.

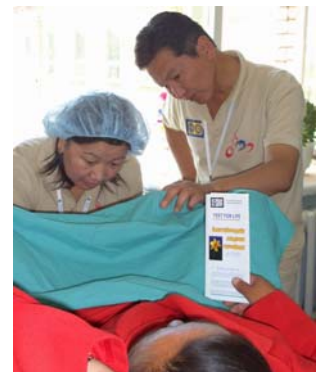
This touching and meaningful project was originated and has been hosted by Khuree



Banner TFL06



Press conference before tour



IPP Dr. Bayar and his nurse



Medical team and their jeeps that travelled 2,200 km



Caring Doctor

庫烈扶輪社在2005年發起及主辦。在2006年的計畫，國際贊助單位為：韓國3620地區Cheonan Dosol扶輪社及3620地區捐獻了59384號配合獎助金；除了3450地區香港扶輪社的捐獻之外，3480地區的台北錫口扶輪社及台北吉林扶輪社也有捐獻。到最前線去執行計畫的有3450地區的庫烈扶輪社、3620地區的Cheonan Dosol扶輪社、及3450地區的香港扶輪社。

「Test for Life」吸引了蒙古許多主要的全國電視台、廣播電台、及主要報紙在全國報導這趟任務，包括行前以及任務結束之後的報導。社會大眾紛紛撥電話來感謝扶輪提供他們社區這麼有意義及重要的服務。有些人甚至問，他們如何能成為扶輪社員以幫助窮人。扶輪精神再一次生動地展現在這個計畫，我們也感動了人心。在烏蘭巴托的一個扶輪慈善舞會，那些曾接受「2005年 Test for Life」健診團的治療並痊癒的游牧病人出人意料地出現了。他們個個充滿感恩，喜極而泣，手裡拿著花束向救了他們一命的「Test for Life」計畫及扶輪表達最大的感激。

我們希望看見這項計畫能繼續更廣泛地服務蒙古的窮人。沒有任何事比拯救人命更重要、更急迫！

RC/D3450 since 2005. In the 2006 project, international sponsors were: Cheonan Dosol RC/D3620 and District 3620 Korea contributed to Matching Grant #59384; in addition to contributions from Hong Kong RC/D3450, Taipei Tin Harbour RC/D3480, and Taipei Genius RC/D3480. On implementation front, participants were Khuree RC/D3450, Cheonan Dosol RC/D3620 and Hong Kong RC/D3450.

“Test for Life” attracted many major national TVs, radio stations and leading newspapers in Mongolia to broadcast the mission nationwide, both before and after tour. There were phone calls from general public thanking Rotary for giving such a meaningful and critical service to the community. Some callers even asked how they could become a Rotarian in order to help the needy. Once again, Rotary spirit is vividly demonstrated in this project and we are touching people’s hearts.

At a Rotary charity ball in Ulaanbaatar, treated and recovered Nomadic patients from “Test for Life 2005” unexpectedly appeared. All of them were in tears of happiness and appreciation, holding bunches of flower in their hands, and they expressed their utmost gratitude, to “Test for Life” project and to Rotary for saving their lives.

We hope to see this project continues to serve the needy in Mongolia in a more comprehensive way. There is nothing more important and imminent than saving human lives!



IPP Dr. Bayar conducting Pap Smear Test



Funding from Mongolia, Korea, Taiwan and HKG



Giving updated knowledge to local medical service provider



IPP Dr. Bayar and his nurse



Happy Doctor Who Saves Lives!



IPP Dr. Bayar analysing cell sample

