

BORDERLINE 无疆

02 2014

战争的祸延：

活在叙利亚冲突下的一天

THE REACH OF WAR:

A DAY IN THE LIFE OF
THE SYRIAN CONFLICT



Iraq © Yuri Kozyrev/Noor

埃博拉疫情以外 THE EBOLA OUTBREAK AND BEYOND

无国界医生 (香港) 总干事 卡磊明
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动笔之时，无国界医生正在西非全力应对埃博拉爆发。这次疫情无论是确诊个案数目还是死亡人数，都是有史以来最严重的一次。作为医疗人道救援组织，无国界医生目前有超过2,000名员工，在前线的5间治疗中心医治埃博拉病人。

但我们的工作不止于此。自疫情爆发以来，无国界医生已一直响起警号，并动员各国领袖和联合国加入救援行列。当部分国家现在愿意率先回应，加入抗疫工作，其他国家亦应该跟随。我们过去一段时间在这场战役上已经节节败退，在未来数月，我们必须扭转败局。

虽然埃博拉疫情获得传媒广泛报道，但我们亦不应忽视全球其他地方正爆发的人道危机，尤其是在无国界医生正奋力提供急需援助的冲突地区。

在局势动荡的叙利亚和邻近国家，叙利亚人民正饱受持续战争带来的肉体和精神上的痛苦。今期《无疆》"封面故事" 将透过记述前线救援人员在黎巴嫩、伊拉克和约旦一天的工作，把这场残酷冲突对个人造成的伤害呈现于大家眼前。无国界医生正在这3个国家，为叙利亚难民提供医疗护理。

在另一边，虽然加沙停火协议已在2014年8月生效，但暴力冲突对西岸地区的居民留下了严重的心理影响。"图片特写" 将揭示当地的医疗需要，以及无国界医生应对这些需要的工作。

目前，无国界医生队伍正在应对于中非共和国和南苏丹发生的多个人道危机，还有乌克兰、叙利亚和埃博拉疫情的紧急情况，已经不胜负荷。我们能够继续工作，全赖救援人员和像你一样的支持者所作出的努力。2014年是无国界医生在香港成立20周年，在这个特别的日子，我们借此机会再次向所有支持者表示谢意。多谢！

At the time of writing this article, MSF is deploying its full capacity in responding to the Ebola outbreak in West Africa, which is the most severe Ebola epidemic ever in terms of the number of confirmed cases and deaths. As a medical humanitarian organisation, MSF has now more than 2,000 staff on the ground, treating Ebola patients in five treatment centres.

But we do more than that. MSF has been ringing the alarm bells and mobilising state leaders and the United Nations to be part of the response since the onset of the outbreak. While some states are willing to lead by example and join the battle, others should follow suit. We have been losing the battle for too long and we must reverse the tide in the coming months.

Although the Ebola outbreak gets most of the headlines, it should not overshadow humanitarian crises unfolding in other parts of the world, especially in conflict areas where MSF is struggling to provide much needed assistance.

In troubled Syria and its neighbouring countries, the Syrian people are suffering from the terrible physical and mental consequences of the ongoing war. To bring the personal toll of this brutal conflict into the spotlight, the Cover Story of this issue of Borderline features a day in the life of our field workers in Lebanon, Iraq and Jordan, where MSF is providing medical care to Syrian refugees.

Meanwhile, despite the Gaza ceasefire announced in August 2014, exposure to violence has serious psychological impacts on the populations in the West Bank. The Photo Feature uncovers the medical needs there and MSF's work to respond to them.

Today, MSF teams are overwhelmed in dealing with the large volume of crises in Central African Republic and South Sudan, as well as emergencies in Ukraine, Syria and the Ebola outbreak. We are only sustaining our efforts with the enormous commitment from our field workers and supporters like you. This is a special moment of celebration for MSF's 20 year presence in Hong Kong and we want to express gratitude to our supporters. THANK YOU HONG KONG!

战争的祸延： 活在叙利亚冲突下的一天

THE REACH OF WAR: A DAY IN THE LIFE OF THE SYRIAN CONFLICT



叙利亚战事踏入第4个年头，至今已有超过15万人死亡，650万人在叙利亚境内流离失所，另有超过280万人成为难民。

这场战事的影响就像疾病一样，从叙利亚的感染源头一直向外蔓延。来自不同背景 of 无国界医生救援人员，分别在约旦、伊拉克和黎巴嫩，度过了这场残酷冲突下的一天。

Into its fourth year, the war in Syria has killed more than 150,000 people. More than 6.5 million are displaced inside its borders, and more than 2.8 million have fled the country.

Like a disease that spreads far beyond the initial point of infection, the reach of Syria's war is visible in many places at once. MSF humanitarian workers of different backgrounds experience "a day in the life" of this brutal, relentless conflict in Jordan, Lebanon and Iraq.

Iraq   Yuri Kozyrev/Noor



阿勒瓦什医生（左二）正在约旦的蓝幕沙医院巡房，该院治疗不少来自叙利亚的冲突伤者。

Dr. Alwash (2nd from left) is doing ward round in Ramtha hospital, Jordan, where war wounded patients from Syria are being treated. © Ton Koene

阿勒瓦什医生来自伊拉克。早上八时半，他回到约旦东北部蓝幕沙的医院上班，照顾爆炸和中枪的伤者。他说：“我们所有病人都是在近期冲突中受伤的。我们做的手术主要是为他们保命或保住四肢。”

阿勒瓦什来到14岁女孩鲁卡尔的床前，她被炮弹击中，在医院醒过来时，才知道自己失去双腿，母亲更已过世。这女孩先后接受7次手术，明天她会接受另一次手术，以预备装上义肢。但鲁卡尔和医生交谈时，始终面带微笑，坚信自己有一天重拾快乐。这笑容让医生在面对源源不绝的伤者时，仍能振作起来。

同一时间在安曼，无国界医生的口腔颌面外科专家布斯塔尼正要进入手术室，为一名面部严重受伤的病人进行手术。他说：“大部分伤者都要接受多次整形外科手术。很多时候我们都不能一次做完所有疗程，有时数星期或一个月也未能完成。”

他说的不只是外科护理，也包括病人的物理和康复治疗。他们要重新学习使用受过伤的手脚或者假肢，康复道路注定漫长，而耐性、坚持和痛楚的纾缓都是康复的关键。布斯塔尼医生说：“这里的个案都充满

挑战性。除了为病人提供治疗外，我们也希望减少他们的痛苦，为他们带来希望。”

黎巴嫩：寻觅栖身处

同一个早上，在黎巴嫩的贝卡谷地，不少人已在无国界医生的4间诊所外轮候。不过，这些诊所项目只是组织在黎巴嫩工作的一部分。

由于欠缺有组织的难民营，逃到黎巴嫩的叙利亚人都要自己寻找栖身处，例如空置校舍或监狱等。当地的医疗服务有限，没有向联合国注册的难民境况就更堪虞。更糟的是，当地不时会受到轰炸。

很多时候，难民都不知道可以在哪里获得医疗服务，医疗人员不能只等候病人前来诊所求医。无国界医生的社区健康推广人员拉希尔，驾车到一个又一个难民住处，寻找有医疗需要的人。今天的第一站是阿布伊斯梅尔，拉希尔要为那里一位孩子诞下不久就夭折的妇女检查。

贝卡谷地的道路沿著山峦起伏，但无论无国界医生去到哪里，都会发现有人需要协助。



一名来自叙利亚的难民带着孩子来到黎巴嫩，住在帐篷里。她和丈夫在逃难的途中失散。

A Syrian refugee arrived in Lebanon with her children and settled in a tent. She lost her husband on the way.

© Alla Karpenko/MSF

JORDAN: A LONG ROAD OF REHABILITATION AHEAD

As the day begins, surgeons in two different places in Jordan have started their work.

Dr. Haydar Alwash, a surgeon originally from Iraq, works in Ramtha Hospital in northeastern Jordan. He starts his rounds around 8:30 this morning, dealing with the consequences of bombs or gunshot. “All our patients are newly injured in this conflict,” he says. “Our work mainly concentrates first on surgical procedures that can save lives or save limbs.”

Dr. Alwash reaches the bedside of a girl named Rukaya, 14, who was hit by a shell. She did not realise that she had lost both legs and her mother was dead until she woke up in the hospital. Seven operations followed, and another tomorrow

to prepare her for the prosthetics. Rukaya smiles when she talks to Dr. Alwash, asserting her determination to be happy again one day. Her smile helps the doctor to cope with seeing the maimed arrive one after another.

At the same time in Amman, Dr. Ashraf Bustanji, an MSF maxillofacial specialist, is stepping into the operating theatre to perform surgery on a Syrian man who has suffered extensive facial injuries. “Most of the cases here undergo multiple reconstructive surgeries,” he says. “Most of the time the treatment cannot be completed in a single stage, or within a couple of weeks, or one month.”

It’s not just the surgery. There is also the physiotherapy and rehabilitation. They have to re-learn how to use damaged limbs or the prosthetics. Patience, perseverance, and pain management are crucial, because the road back to health from injuries like these is guaranteed to be a long one. “The cases here are challenging, but along with the medical treatment, the project is giving hope to these patients, by trying to alleviate their pain, their suffering,” says Dr. Bustanji.

LEBANON: THE SEARCH FOR SHELTER

On the same morning, people are already assembled outside four different MSF clinics in Lebanon’s Bekaa Valley. These projects in clinics are only one facet of MSF’s work in the area.

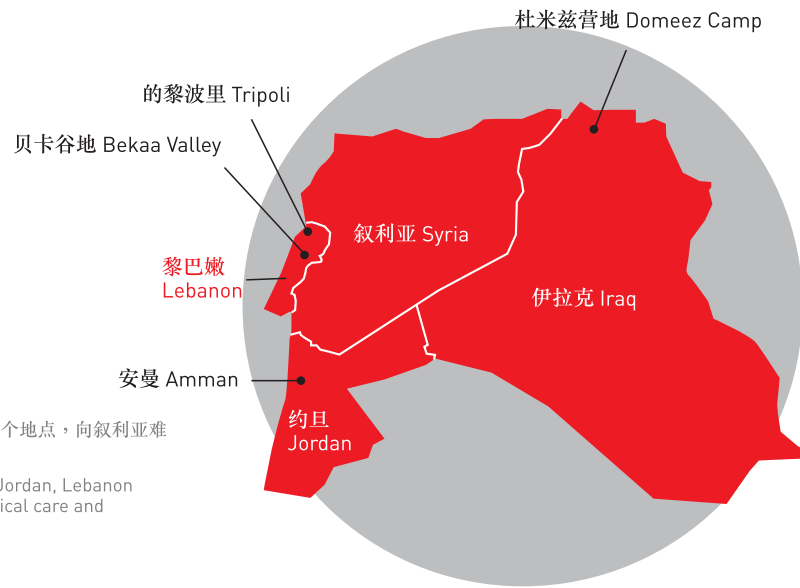
As there are no organized camps for refugees, Syrians fleeing to Lebanon have to find their own shelter, for example in empty schoolhouses or an abandoned prison. Local medical services are limited, particularly for refugees not registered with the UN. To make matters worse, the area occasionally gets hit by shellfire.

Too often, people do not know where they can access medical attention. So it is not enough to wait for people to come to the clinics. Hanane Lahjiri, an MSF community health worker, has to seek them out, driving from one refugee settlement to the next. The first stop on this day is the Abu Ismael settlement, where Lahjiri wants to check in on a woman whose baby died shortly after being born.

The roads in the Bekaa wind through valleys and hills, but wherever MSF staff travel, they find people seeking assistance.

约旦：漫长的康复道路

一天开始，两位在约旦两个不同地点的外科医生正要展开工作。



无国界医生队伍于约旦、伊拉克及黎巴嫩的多个地点，向叙利亚难民提供医疗护理和人道援助。

MSF teams are working in multiple areas in Jordan, Lebanon and Iraq to provide Syrian refugees with medical care and humanitarian assistance.

伊拉克：炼狱的边缘

在这个早上同样忙碌的，是在伊拉克北部杜米兹难民营的急诊科医生哈利勒。他一踏入病房，就看到两个男童，一个耳道和呼吸道受感染，另一个因打翻水煲而被烫伤。病房里还有一个患上尿道炎的婴儿，和一个手指被割伤、伤口需要缝针的女孩。哈利勒说：“这里每个早上都是这样忙碌。”

此外，心理健康队伍每天会在杜米兹进行7至9节的辅导。这里的成年人有抑郁和焦虑等问题，而不少儿童都会发噩梦、睡眠质量欠佳或尿床。无国界医生心理专家塞尔曼说：“这些人在叙利亚受尽苦头，不少家庭破碎。”有很多人受伤或是失去至亲和家园，他们不知道要逃难多久，也不知道当战事结束后，他们可以往哪里去。

IRAQ: A PAINFUL LIMBO

It is also a busy morning for Dr. Mustapha Khalil, a specialist in emergency medicine in the Domeez refugee camp in northern Iraq. Soon after entering the ward he sees two boys, one with ear and respiratory infections, another scalded by boiling water when a pot toppled over. There are also a baby with urinary tract infection and a girl who needs stitches for a large cut on her finger. “Every morning is like this,” he says.

MSF’s mental health teams in Domeez also conduct seven to nine sessions per day. They hear of depression and anxiety from adults, and nightmares, problems sleeping, and bedwetting among children. “People have suffered a lot in Syria. A lot of families were torn apart,” says Henrike Zellmann, an MSF psychologist who worked in the camp. Many people were injured, lost loved ones or their homes. They don’t know how long they will be in exile or if there will be anything to return to should the war ever end.

夜幕低垂，在叙利亚境内外的无国界医生救援项目，数以百计的病人正接受治疗，数台手术亦在晚上进行，人们仍然要面对持续的暴力事件。无国界医生继续尽力应对因战事而引发的医疗需要，并期望有一天，受战火影响的叙利亚人的生活会变得不一样。

By nightfall, hundreds of patients were seen and treated in MSF’s projects. Several surgeries were performed as well, while people still have to be in the face of ongoing violence. MSF will continue doing what it can in the hope that at some point in the future, a day in the life of the people affected by the war in Syria will look very different.

浏览“战争的祸延”网站，阅读更多故事：
Visit Reach of War website for more stories:
<http://reachofwar.msf.org/>

为洪都拉斯性暴力幸存者提供护理

CARE FOR SEXUAL VIOLENCE SURVIVORS IN HONDURAS



© Ilse Casteels/MSF

无国界医生致力为性暴力幸存者提供免费且保密的一站式医疗及心理护理。在2013年1月至2014年6月期间，无国界医生为1,008名性暴力幸存者提供治疗，并进行了1,230次心理健康辅导。

This service aims to provide sexual violence survivors with the medical and psychological care they need in one location, in the course of one visit, for free, and with confidentiality guaranteed. Between January 2013 and June 2014, MSF provided treatment for 1,008 survivors of sexual violence and 1,230 mental health consultations.

伊拉克新一轮流离失所者危机

A NEW DISPLACEMENT CRISIS IN IRAQ

伊拉克北部近期的暴力冲突造成逾25万人流离失所。无国界医生在当地开设流动诊所，提供基层医疗护理服务，主要治疗患上传染病的儿童及慢性疾病的成年人。

The recent conflict in the north of Iraq has led to the displacement of over 250,000 people. MSF runs mobile clinics in the region to provide primary healthcare services, mainly for communicable diseases in children and for chronic diseases in adults.

于南苏丹治疗营养不良

TREATING MALNUTRITION IN SOUTH SUDAN



© Nick Owen/MSF

2014年7月，莱尔录得惊人的营养不良比率，当地居民因逃避冲突而躲进丛林，只能就地以树根等作为食物。无国界医生接收了超过1,800名儿童到流动营养治疗中心接受治疗。

In July 2014, alarming malnutrition rates are recorded in Leer, as the conflict forced people into the bush without anything to eat other than wild roots or whatever else could be gathered from the land. MSF admitted over 1,800 children into the ambulatory therapeutic feeding centre.

支援乌克兰医疗系统

SUPPORTING THE HEALTH SYSTEM IN UKRAINE

无国界医生自2014年5月中以来，向顿涅茨克及卢汉斯克地区的医院提供医疗物资，以治疗超过6,200名冲突伤者。

MSF provided medical materials for treating more than 6,200 war-wounded to hospitals in the Donetsk and Luhansk regions since mid-May 2014.



打破埃博拉迷思 BUSTING THE MYTHS ABOUT EBOLA

塞拉利昂的埃博拉治疗中心内，身处低风险区的工作人员派发饭菜到高风险区的工作人员，再派给病人。

Meals are distributed over the fence from low-risk area to high-risk area in an Ebola treatment centre in Sierra Leone.

© Sylvain Cherkauiti/Cosmo

前线医讯
Medical Info



史上最严重的埃博拉病毒已夺去超过2,600人性命，其死亡率之高，令出现爆发的西非，以至其他地区均出现恐慌。虽然埃博拉是一种危险的疾病，但并非所有恐慌都符合医学证据。

1. 埃博拉是否透过空气传播？

不是。埃博拉并非经空气传播，其传播途径包括：

- 接触病毒天然宿主或感染了病毒的动物；
- 直接接触感染者的体液，例如血液、汗液、排泄物、呕吐物、唾液、精液和母乳；
- 接触感染者（人或动物）尸体，因尸体上有大量病毒。

为确保工作人员安全，无国界医生在埃博拉治疗中心内严格执行预防感染管理措施，例如必须穿上个人防护衣物，以及在治疗中心内划分高风险和低风险区域。

2. 是否所有埃博拉病人都有出血病征？

不是。由于埃博拉的初期征状并无任何独特性，故难以诊断。常见征状包括突然发烧、感到虚弱、肌肉痛、头痛、喉咙痛和吞咽困难。其后会出现呕吐、腹泻、皮疹、肾或肝功能受损。只有不足一半的病人会出现出血病征，如流鼻血、呕吐或腹泻物带血、内出血或结膜炎。

3. 感染者在潜伏期内是否具传染性？

埃博拉的潜伏期，即由病原体进入身体至出现病征的时间，是2至21日。在此期间，病人即使感染了病毒，但只要没有任何病征，便不带传染性，可过正常生活。不过一旦出现病征，他便应立即到医院求医。

4. 埃博拉是不治之症？

虽然至截稿时，仍未有经验证在人体有效、并已注册可用于病人的特定治疗或疫苗，但透过支援疗程，例如补充病人流失的体液、控制病人含氧状态和血压、提供高质量的营养饮食，和处方抗生素治疗任何并发感染，均有助延长病人生命，令病人的免疫系统有更多时间去对抗病毒。



The biggest Ebola outbreak in history has already claimed more than 2,600 lives. The high fatality rate has created a lot of fear not just in the affected parts of West Africa, but also outside the region. It is a very dangerous disease, but not all of the fears are medically justified.

1. IS IT TRANSMITTED THROUGH AIR?

No. Ebola is not an airborne disease. It is transmitted through:

- contact with infected animals;
- direct contact with infected body fluids of an infected patient, such as blood, sweat, excreta, vomit, saliva, sperm and mother's milk;
- contact with infected corpses (human or animal) which have high levels of virus.

For the safety of our staff, MSF implements strict infection control measures inside our medical facilities, such as the personal protective equipment and clear separation of low-risk and high-risk areas inside the treatment centres.

2. DO ALL INFECTED PATIENTS HAVE HAEMORRHAGIC SYMPTOMS?

No. Early on, symptoms are non-specific, making it difficult to diagnose. The disease is often characterised by the sudden onset of fever, feeling weak, muscle pain, headaches, painful throat and difficulty in swallowing. This can be followed by vomiting, diarrhoea, rash, impaired kidney and liver function. Haemorrhagic symptoms like nosebleeds, bloody vomit, bloody diarrhoea, internal bleeding and conjunctivitis are seen in less than 50 percent of cases.

3. IS THE PERSON INFECTED WITH EBOLA CONTAGIOUS DURING THE INCUBATION PERIOD?

The incubation period for Ebola from the time the pathogen enters the body until signs or symptoms first appear, is 2 to 21 days.

During this period even the patient is infected with the virus, he is not contagious as long as he does not have any symptoms and hence can lead a normal life. But once he develops any symptoms, he should immediately go to a hospital.

4. IS EBOLA UNTREATABLE?

At the time of writing, there is no specific treatment or vaccine available that has proven efficacy in humans and is registered for use in patients. Supportive treatment, such as hydrating the patient, maintaining their oxygen status and blood pressure, providing high quality nutrition and treating them with antibiotics for any complicating infections, can help the patient survive longer. And the extra time may be just what the patient's own immune system needs to start fighting the virus.

70岁的阿美、雅图和两岁大的女儿罗莎琳都是塞拉利昂的埃博拉康复者，他们高兴地展示出院证书。无国界医生的健康宣传人员会陪同每一位康复者返家，向其家人和村民解释他们已完全康复，不带埃博拉病毒，不会对社群构成危险，可过正常生活。

Three Ebola survivors – Amie, 70-year-old, Jattu and her 2 year-old daughter Rosaline – from Sierra Leone, happily showing off the certificate of discharge. MSF's health promotion team sends every survivor back home and explains to their family and neighbours that he or she is Ebola free, posing no risk to the community and can go back to their normal life.

© P.K. Lee/MSF



占领区下的 心灵重建 HEALING OCCUPIED MINDS

2014年夏天的加沙冲突，引发整个西岸地区数以百计的暴力袭击和逮捕行动，造成平民伤亡。示威、冲突和拆毁房屋等事件每天发生，而人们的精神健康情况也进一步恶化。

为帮助人们克服焦虑、抑郁、恐惧和创伤后压力症等困扰，无国界医生在希伯伦及周边地区持续为病人提供心理支援。许多病人在经过治疗后正逐步康复。

The conflict in Gaza in the summer of 2014 provoked hundreds of violent incursions and arrests all over the West Bank, resulting in deaths and injuries. Demonstrations, clashes and demolition of houses took place on a daily basis, and the mental health of the population has further deteriorated.

To help people overcome problems such as anxiety, depression, terror and post-traumatic stress disorder, MSF has been providing psychological support to patients in Hebron and the surrounding areas, with many of them recovering following treatment.



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阿玛拉（黑衣者）是无国界医生的一名病人，居住在希伯伦南部。她的住所曾数次被以色列部队抢掠。他们还逮捕了她的两个儿子，其中一个儿子受了伤。

Amal (in black) is an MSF patient living in the south of Hebron. Her house was raided several times by Israeli forces. They arrested two of her sons, one of whom was injured.

© Anna Surinyach/MSF

2/

以色列部队破坏希伯伦南部地区的民居，并指居民没有权利在当地兴建房屋，尽管他们在当地已居住数年。

Israeli forces demolished several houses in the south of Hebron, saying the inhabitants had no right to build there, although they had been living there for several years.

© Anna Surinyach/MSF

3/

15岁的侯赛恩和14岁齐亚德是一对表兄弟，居住在东耶路撒冷的冲突地区。他们因被控企图刺伤以色列定居者和投掷汽油弹等严重罪行而被捕入狱，随后在家软禁。他们一直戴着由其他服刑者为他们制作的手环。

The 15-year-old Hussein and 14-year-old Ziad are cousins living in the troubled East Jerusalem area. They have been put into prison and then home detention after being charged with serious offences, like attempting to stab a settler and throwing Molotov cocktails. They keep the bracelets that the inmates made for them while in prison.

© Lali Cambra/MSF

4/

住在难民营的马哈茂德说：“士兵们对著我们的房子开枪，又投掷气弹和音爆弹，还打破了我们的门窗。我怀孕的太太和孩子都要逃走。”马哈茂德正接受无国界医生的心理治疗。

"The soldiers are shooting at the houses. They threw gas and sound bombs, and broke our windows and doors. My pregnant wife and my children had to leave," says Nasser Muhammad Mahmud, who is now living in a refugee camp and receiving psychological treatment from MSF.

© Anna Surinyach/MSF

5/

无国界医生在希伯伦的社区开展工作，提升人们对持续不断冲突的应对和适应能力。

MSF is working in Hebron to improve the capacities and resilience of the community to deal with constant eruptions of violence.

© Lali Cambra/MSF



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无国界医生(香港)成立20年

SERVING HUMANITY FOR 20 YEARS

MSF-HK 20th ANNIVERSARY

2014年是无国界医生(香港)成立20年,一班把信念付诸行动的救援人员、职员和支持者,细说他们与无国界医生的故事,道出他们对人道救援的热诚和期盼。

2014 marks the 20th anniversary of MSF-HK. Our field workers, staff members and supporters, who transform their values into action, share their passion and expectation of humanitarian work.

让理想延续理想

陈英凝

INHERITING ASPIRATIONS

EMILY CHAN YING-YANG

陈英凝 EMILY CHAN YING-YANG

1998年加入无国界医生,曾到30多个国家进行医疗人道救援工作,2005年获选为世界杰出青年。现为香港中文大学医学院公共卫生学院灾害与人道救援研究所所长。

Joining MSF-HK in 1998, she has worked in humanitarian projects in over 30 countries and was recognised as one of the Outstanding Young Persons of the World in 2005. She is currently the Director of the Collaborating Centre for Oxford University and CUHK for Disaster and Medical Humanitarian Response (CCOUC). © *Paul Yeung*

27岁的陈英凝(Emily)在2001年成为无国界医生(香港)历年来最年轻的董事会主席。"我把它当是一个学习和开阔眼界的平台。说实话,当年拿杰青,是无国界医生造就的。"

比起衔头,让Emily感受更深的,是多年来在 人道救援前线累积的灾害评估和项目管理经验。她深感前线救援人力的不足,于是决定执起教鞭。"亚洲是全球天灾最多的地区,但人道救援的培训却要跑到外国去,训练亦未必切合亚洲情况。" 因此,Emily成立了亚洲首个灾害与人道救援研究所,协助中国偏远地区民众提高防灾意识和抗灾能力,并借此训练更多人道救援的新血。

开山劈石做先锋,从来不是件容易的事。"但当中最值得骄傲的,不是研究所发表了什么研究,而是有学生告诉我,毕业后筹办了自己的项目,用所学的去帮人。这就是承传。"

In 2001, Emily Chan Ying-yang became the youngest president of MSF-HK at the age of 27. "I regard MSF-HK as the platform where I learnt and broadened my horizons," Emily said. "To be frank, it was MSF-HK which brought me the award as one of The Outstanding Young Persons of the World."

Compared with that award, Emily treasures her experience in disaster assessment and project management obtained from the front line more. Realising the lack of human resources in humanitarian work, she decided to take the responsibility for nurturing more talent. "Asia is a disaster prone region, but training for humanitarian workers usually takes place in western countries. And that training may not fit the Asian context either." Therefore Emily established the first humanitarian response research centre in Asia to raise the awareness of disaster preparedness and response among the Chinese population living in remote areas, and to nurture more humanitarian workers.

Being the pioneer is never an easy task. "What makes me proud is not the results the research centre has achieved, but the moment when my students tell me that they make use of their knowledge to help the others, and establish their own humanitarian projects upon graduation. To me, that is the inheritance," Emily said.



椅伴十五年

龙镇华 (华叔)

A MAN ON HIS 15-YEAR-OLD SEAT

LUNG CHUN-WA (UNCLE WA)

龙镇华 (华叔) LUNG CHUN-WA (UNCLE WA)

1999年加入无国界医生成为办事处义工,服务至今。

As an officer volunteer, he joined MSF-HK in 1999 and is still serving the organisation. © *Paul Yeung*

在无国界医生办事处的义工工作间,有一张黑色木摺凳,背后有一份尊敬,还有一份浓浓的人情。

木摺凳的主人,是无国界医生的资深义工龙镇华(华叔)。"他们好好,知道我老人家喜欢坐硬板凳,其他椅子坐不惯,特地留给我,写明华叔专用。" 15年来,每次办事处搬迁,职员都坚持要带走这张木摺凳。

华叔已经76岁,退休后来到无国界医生当义工。办事处刚成立的头几年,人手不多,华叔在捐款部负责拆信和分类,捐款者寄来的信,大部分都经过华叔双手。现在华叔的主要工作包括贴邮票、寄发宣传单张和收据,一星期五天都见他的踪影。"如果不回来工作,实在很闷,去哪里才好呢?" 多年来这里彷如他的第二个家。

为了表扬华叔的贡献,无国界医生在2014年特地颁发 "15年服务奖" 给他。"不要讲到那么伟大,我做的事其实很平凡。不过呢,我孙女也知道我有帮忙。" 说完,他高兴地笑了起来。

In the volunteer area in the MSF-HK office, there is a black wooden folding chair. Not only does it hold the weight of a person, but also respect and high regard.

The chair belongs to Mr. Lung Chun-wa (aka Uncle Wa), a dedicated volunteer of MSF-HK. "The staff members are so nice to me. They know that I only feel comfortable sitting on a hard wooden chair but not the others, so they leave this chair for my exclusive use," Uncle Wa said. Over the past 15 years of Uncle Wa's presence, MSF-HK office has been relocated but the staff members never forgot to bring this chair to the new location.

Aged 76, Uncle Wa has become MSF-HK's volunteer since his retirement. In the first few years of the establishment of MSF-HK, when manpower was limited, Uncle Wa worked for the Donor Services Unit and was responsible for opening and sourcing letters. He processed most of the letters from our donors. Nowadays his duties include stamp sticking as well as mailing leaflets and donation receipts. Uncle Wa goes to MSF-HK office on every working day. "I feel bored if I do not come to work. Where should I go otherwise?" To Uncle Wa, MSF-HK is his second home.

In 2014, MSF-HK gave Uncle Wa the "15-Year Service Award" for his contribution to the office. "What I do is just ordinary and should not be boasted about. But I am glad that my granddaughter also knows about my work," said Uncle Wa, with a satisfied smile on his face.

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从本心出发

龙欣欣

START FROM THE HEART

ANNE LUNG YAN-YAN

龙欣欣 ANNE LUNG YAN YAN

1997年加入无国界医生，现为香港办事处最资深的职员。

Joining MSF-HK in 1997, Anne is currently the longest-serving staff member. © Paul Yeung

18年前，龙欣欣（Anne）来到无国界医生的香港办事处当义工，职员给她看了一条短片。“原来紧急救援也可以如斯有组织性和动员力。”她说短片直指了她的本心：“当知道世界某地有人经历如此苦难，便会懂得如何选择。”这就是Anne对人道精神的信念。

当了半年义工后，办事处刚好缺人，Anne转为职员，负责筹款工作，撰写各类通讯期刊。期刊寄出后，往往收到不少支持者的积极回应。“做筹款，写单张，当然有个目的。但我想我得到的不只是钱，我还得到了他们的心。”

“大家都认为香港是个很功利的社会，无国界医生的理念是异数，但我相信有很多人也像我一样，想对人道工作有更深入的了解。”从义工到职员，18年间，Anne读了很多有关人道理念的资料，同事们都叫她做无国界医生的移动百科全书。“虽然我现在负责倡议的工作，但我希望我所传达的，不是某个医疗议题，而是一些更高的价值。”

18 years ago, Anne Lung Yan-yan joined MSF-HK as an office volunteer. The staff members showed her a video clip. “I got to know how organised and mobilised emergency relief could be,” said Anne, adding that the video touched her heart. “When you learn that people over the world are living with misery and suffering, then you would know how to make a choice.” That is what Anne believes as humanitarian spirit.

Anne became a full time staff member when there was a vacancy. She was responsible for fundraising and writing newsletters. Every time they were mailed to supporters, Anne received a lot of positive feedback. “We wrote newsletters and carried out fundraising activities for a clear objective. But not only did I get the money, but also people’s hearts.”

“Many people regard Hong Kong as a ruthless utilitarian society. What MSF believes may not be widespread, but I believe that many people, just like myself, would like to know more about humanitarian work,” Anne said. From a volunteer to a staff member, Anne has read countless information about humanitarian spirit in the past 18 years, and her colleagues in MSF-HK call her a “moveable encyclopedia of MSF”. “Although I am now responsible for advocacy work, I hope what I advocate is not limited to particular medical issues, but carries a message of some noble ideas.”



“继续人道工作是一种自我提醒，尽自己所能，帮助那些比我们弱势和不幸的人。”

— 宋法德医生，第一位经香港办事处招募的救援人员

“我希望自己不只是一个过客，而是有承担的。”

— 刘蕴玲，1999年加入无国界医生，共执行5次救援任务

“当无国界医生，这光环背后所牺牲的其实不少。但还是有人认同背后意义而坚持去做，这一点很触动到我。”

— 庄梅岩，舞台剧《留守太平间》编剧，该剧以无国界医生的工作为蓝本

“我不是医生，又不是护士，可以用我的专长付出、服务社会，劳力背后其实有一份喜悦，我很感激。”

— 孔繁泰，香港定向总会推广及发展秘书，13年来一直协助无国界医生举办野外定向比赛筹款

“To continue in humanitarian work is a way to remind myself that I am doing the best I can with my profession – to continue to help and support those who are less privileged and less fortunate than us.”

- Dr. Edwin Salvador, the first field worker MSF-HK recruited

“I hope I will not be a passerby, but someone who is committed.”

- Elaine Lau Wan-ling, joined MSF in 1999 as a nurse and worked in five humanitarian missions © Paul Yeung



“Behind the aura of being an MSF field worker, there may be a lot of sacrifice. Nevertheless, many people still think it is worth it to keep working. Their devotion really reaches me.”

- Candace Chong Mui-ngam, playwright of “Alive in the Mortuary”, a drama based on MSF’s work

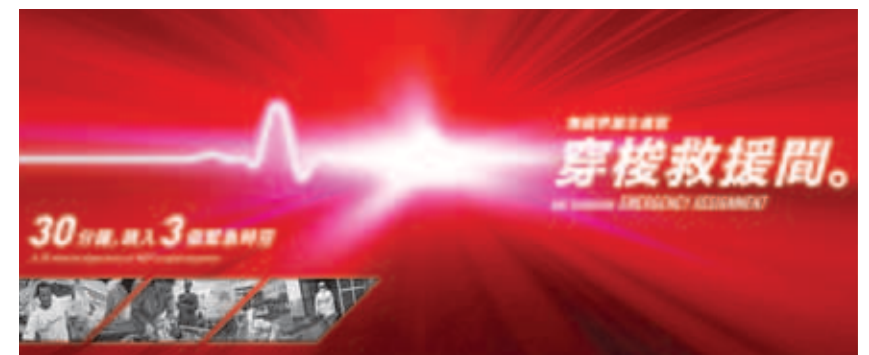
“I am neither a doctor nor a nurse. But I can make use of my profession to serve the community. I feel joyful and grateful in spite of the hard work.”

- Barry Hung Fan-tai, Promotion & Development Secretary of the Orienteering Association of Hong Kong, which has been co-organising the MSF Orienteering Competition for 13 years © Paul Yeung



无国界医生（香港）将于10月21日起，在全港5个地点，举行“穿梭救援间”展览，参观者可以亲身体验前线人员在3个紧急救援时空的工作，包括前线急症室分流站、妇产及营养治疗部门和埃博拉治疗中心。活动网页：www.msf.hk/ea30

Starting from 21 October 2014, MSF-HK is organising the Emergency Assignment exhibition in five venues. Visitors can experience how MSF works in three emergency settings, including the triage of a front line emergency room, a maternal and nutrition unit, as well as an Ebola treatment centre. Exhibition website: www.msf.hk/ea30



21-26.10

(12nn – 8pm)
九龙公园广场
Piazza, Kowloon Park

27.10-5.11

(12nn – 8pm)
石硤尾赛马会创意艺术中心
Jockey Club Creative Arts Centre (JCCAC), Shek Kip Mei

7-12.11

(12nn – 8pm)
中环爱丁堡广场
(大会堂对出空地)
Edinburgh Place, Central
(Open Space outside City Hall)

15-16.11

(11am – 6pm)
香港科学园广场
The Square,
Hong Kong Science Park

18-21.11

(11am – 6pm)
香港大学(本部大楼对出空地)
The University of
Hong Kong (Open Space
in front of Main Building)



在线浏览 View Online

《无疆》已上载网站 “**Borderline**” is online at www.msf.org.cn/wujiang

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