

BORDERLINE 无疆

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抗战埃博拉
FIGHTING EBOLA





总干事的话
From the Executive Director

新一年 新挑战

TAKING ON THE YEAR'S CHALLENGES

无国界医生 (香港) 总干事 卡磊明
Rémi Carrier, Executive Director, Médecins Sans Frontières Hong Kong



正所谓 "一年之计在于春"，无国界医生的前线人员亦一样，已就今年将要进行的救援工作做好准备。

首先是冲突地区。叙利亚的战火已踏入第五年，至今已造成逾20万人死亡，超过700万人流离失所。无国界医生本应在当地进行大规模的医疗工作，但由于有医疗人员被针对性袭击，以及去年年初时曾发生救援人员被掳走事件，均迫使我们大幅缩减在该国的工作。虽然我们仍在当地支援多所医疗设施，但与庞大的人道需要相比，只是九牛一毛。

此外是埃博拉疫情。无国界医生自2014年3月疫情爆发以来，便在该区工作。近月病人的数字下跌，情况令人鼓舞，但疫情尚未结束，我们要进一步以 "零个案" 为目标，将疾病完全消灭。同时，我们亦需要作出很多努力，以重建在利比里亚、塞拉利昂和几内亚这3个最受影响的国家当中，为一般病人而设的医疗系统。我们要确保他们在生病时能够看到医生。

这期《无疆》将会和你分享曾参与抗击埃博拉的无国界医生 (香港) 救援人员的故事，他们会向大家介绍埃博拉治疗中心实际的工作情况，以及他们在任务期间所面对的困难。另外，在 "前线医讯" 中，我们将会探讨另一种疾病——麻疹。这疾病在我们身处的社会，看起来不难控制，但在不少贫穷国家可以夺走许多人的生命。

再次感谢你一直以来对无国界医生和我们救援工作的支持，希望你喜欢本期《无疆》。

As the Chinese saying "planning the year in spring" suggests, MSF field workers have been preparing themselves for the global humanitarian work in the coming year.

First let's look at the conflict areas. The Syrian war is entering its fifth year. More than 200,000 people have been killed and 7 million people are internally displaced. MSF should be running large-scale medical programmes in the country, but due to the targeting of medical workers and the abduction of five of our staff at the beginning of 2014, we were forced to significantly reduce our activities. Although we are still supporting more than 100 medical facilities in the country, it is just a drop in the ocean when compared with the largely unmet humanitarian needs.

And then there is the Ebola outbreak in West Africa. We have been working in the region since the outbreak started in March 2014, and it is encouraging to see the number of patient decreasing in the past few months. However, the epidemic is not over yet and we have to push to target "zero cases" and completely stamp out the disease. In the meantime, a lot of effort is needed to rebuild the health system for ordinary patients in the three most affected countries, Liberia, Sierra Leone and Guinea. We have to make sure they can see a doctor when they are sick.

In this issue of Borderline there are stories from MSF-Hong Kong field workers who went to West Africa as Ebola fighters, presenting a picture of how an Ebola treatment centre works and the challenges they faced during their missions. There is also Medical Info that sheds light on another disease, measles, which seems very controllable in our society but which can take a terrible toll in much poorer countries.

Thank you again for your continuous support towards MSF and our work, and I hope you enjoy the read.

封面故事
Cover Story

抗战埃博拉 FIGHTING EBOLA



埃博拉在西非肆虐一年，疫情渐见缓和，无国界医生在几内亚、利比里亚和塞拉利昂埃博拉治疗中心的患者人数显著下降。这场前所未见的疫情，促使我们大规模动员，至今前赴后继到当地抗疫的国际救援人员超过700人。截至二月底，香港办事处共派出27人，包括负责统筹利比里亚所有医疗行动的狄纯娜医生，以及首位参与治疗埃博拉的香港医护人员赵卓邦。

Having ravaged parts of West Africa for a year, the Ebola outbreak is on the decline. There is a substantial decrease in the number of patients admitted in the Ebola treatment centres (ETCs) run by MSF in Guinea, Liberia and Sierra Leone. The unprecedented outbreak has prompted the organisation to mobilize massively, deploying over 700 international staff. As of late February, MSF-HK has sent 27 field workers, including Dr. Natasha Reyes, who was in charge of coordinating MSF's medical activities in Liberia, as well as Chiu Cheuk-pong, the first Hong Kong health worker in an ETC.



无国界医生于利比里亚首都蒙罗维亚的埃博拉治疗中心，是组织有史以来成立过最大的治疗中心，可容纳共250张病床。

MSF's Ebola treatment centre in Monrovia, Liberia, is the biggest it has ever built. The centre can accommodate up to 250 beds.

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未知

狄纯娜于2014年10至11月间在利比里亚参与抗疫工作。在香港办事处任职紧急救援支援组经理的她，可谓纵横疫场，曾处理在塞拉利昂以及南苏丹的霍乱、麻疹和戊型肝炎等疫症爆发。她表示，即使组织应对埃博拉拥有垄断性的专业经验，但面对庞大疫情，仍有很多不足。

她解释说：“以往无国界医生应对的埃博拉疫情规模较小，地理集中，位置偏远。这是我们首次在城市面对埃博拉，首次设立超过100张病床的治疗中心。我们并非毫无准备，对埃博拉一无所知。然而，过去的疫情规模，不容许我们对病毒掌握更多资料。这场疫症的唯一好处，是让我们更了解埃博拉，以应对下一次疫症爆发。”

医护人员目前只能为病人提供支援性护理，增强其免疫力对抗病毒。狄纯娜说：“其他方法如为病人输入康复者血浆等，虽有若干研究，但尚未有确切证据显示可以杀死病毒。”不过，无国界医生正参与药物临床测试，希望有助找出新疗法。

不确定的还有疫情的发展。即使疫情趋缓，追踪曾接触感染者的人士的工作依然严重不足，一个新病例就足以令疫情死灰复燃。狄纯娜主动出击，派出“热点应对小组”到首都蒙罗维亚外围、没有其他救援组织前往的地区应对埃博拉。“他们一行15人要先开车两天到达某热点，并在两天内建好一所小型治疗中心。”

压力

作为医疗统筹，狄纯娜亦要负责保障当地逾千名同事的健康。“一位同事染病，对他及其家人来说，固然极其难受，但影响不止于此。团队士气会受打击，当地人对无国界医生的信任蒙上阴影。更重要是，利比里亚经历多年内战，医护人员弥足珍贵，一个医生、一个护士都不能少！我们必须确保他们熬得过这次疫情，将来救治更多病人。”

疫情爆发前，当地每10万人只有1名医生，如今疫症夺去不少医护人员生命，势必令医疗系统更加脆弱。狄纯娜指出，疫情几乎瘫痪西非三国医疗系统，但各方集中投放资源和精力于对抗埃博拉，严重忽略非埃博拉病人的需要。

救援人员并非铁人，患感冒或吃错东西拉肚子，原来小事一桩，在埃博拉项目就不一样。“一位同事患感冒，传染给三四个人很正常，但感冒引发的发烧也是埃博拉病征之一。就算同事心知机会很微，也难免会紧张，怀疑是否感染埃博拉。”狄纯娜唯有勒令同事自我隔离，争取休息。



狄纯娜医生在2014年10月至11月期间，负责统筹无国界医生于利比里亚有关埃博拉的所有医疗行动。

Dr. Natasha Reyes was in Liberia in October and November 2014 to coordinate MSF's medical response against the Ebola outbreak.

© Laeticia Martin/MSF



无国界医生的外展队伍在较偏远的郊区，设立治疗中心及进行健康推广。

MSF's outreach teams work in remote rural areas to set up treatment centres and do health promotion.

© Peter Casar/MSF

UNKNOWN

Natasha was in Liberia in October and November 2014. Currently working as the Manager of the Emergency Response Support Unit of MSF-HK, Natasha has extensive experience managing disease outbreaks, including cholera in Sierra Leone, and measles and hepatitis E in South Sudan. Although MSF knows more than anyone else about how to handle Ebola, Natasha says there were still many gaps.

“The previous outbreaks where MSF intervened were small in scale, geographically contained and in remote locations. This is the first time we faced an open epidemic reaching urban areas, the first time we set up ETCs with over 100 beds. We did not come in completely unprepared or unknowledgeable, but the scale of the past outbreaks did not allow us to gather much information. There is the one positive thing that has come out this time: now we know much more about Ebola, and that will help tackle

future outbreaks,” Natasha explains.

So far, medical care for Ebola patients is limited to supportive treatment, boosting their own immune system to fight the virus. “Even though studies have been conducted on various methods such as using the blood plasma of Ebola survivors, there is no firm evidence that they can kill the virus,” says Natasha. But MSF has been participating in clinical trials of experimental drugs, hoping to help find out as much as possible about potential treatments.

What is also uncertain is the evolution of the outbreak. In spite of the downward trend of new cases reported, contact tracing remains a serious weakness. The epidemic can be revived with one single new case. Natasha took the initiative to deploy “hotspot response team” to the communities on the periphery of Monrovia, the capital, where other organisations were not present tackling small outbreaks. “The 15-member team had to travel for two days to reach a hotspot, and build a small treatment centre within the next 48 hours.”

STRESS

As the medical coordinator,

Natasha was also responsible for the health of over 1,000 MSF staff in Liberia. “If a colleague got infected with Ebola, it would definitely be very difficult for them and their family. However, the implications are beyond that: team morale would be affected, local communities might lose confidence in MSF, and more importantly, after years of civil war health workers are very rare in this country. Not a single doctor or nurse can be lost! We must ensure that they live beyond this epidemic so that they can save more lives in the future.”

Before the outbreak, there was only one doctor per 100,000 people in Liberia. As the epidemic has claimed the lives of many health workers, the health system is now even more fragile. Natasha points out that the outbreak has almost paralyzed the health system of the three West African countries, yet the entire world has focused its resources and efforts on addressing Ebola, seriously neglecting non-Ebola health needs.

Field workers are not invincible. Getting sick with flu or food poisoning can be very common and it matters even more in Ebola projects. “If a colleague gets flu, it is normal that he would infect 3 or 4 people



香港护士赵卓邦在利比里亚期间，负责无国界医生埃博拉治疗中心的分流站工作。

Chiu Cheuk-pong, nurse from Hong Kong, worked in the triage of the MSF Ebola treatment centre during his mission in Liberia.

© Peter Casar/MSF

阿邦进入高风险区前，要穿上全套保护衣物。由于衣物防水又不透风，加上当地天气炎热，医护人员难以穿着它多于一小时。

Before entering the high risk areas, Pong had to wear his Personal Protective Equipment (PPE). As the PPE is very water and air resistant, health workers can rarely wear it for more than an hour in the tropical heat.

Photo source: Chiu Cheuk-pong



矛盾

在港任职急诊室护士的赵卓邦（阿邦），在2014年11月至12月驻守蒙罗维亚无国界医生最大的埃博拉治疗中心最前线——分流站。阿邦必须根据求诊者的病征、居住地、职业与接触史，尤其是曾否参加葬礼或接触尸体，决定他们是否需要进入高风险区接受抽血化验，每日徘徊于矛盾与抉择之间。

他说：“分流最困难之处，在于一些似是而非的个案，譬如说埃博拉与疟疾的病征非常相似，而疟疾在这里是很普遍的；也有人故意隐瞒，或答案模棱两可。我不能把所有人都收进疑似个案区，让他们增加受感染风险，还要担惊受怕；但我亦需确保不会把应该隔离的人放走。”

就算生活小节如剪指甲，阿邦都要左思右想。阿邦笑说：“指甲太长，可能会弄薄甚至弄穿手套，但剪指甲又有机会造成伤口，尤其是看不见的伤口，让病毒有机会入侵。拿着指甲钳那一刻，我真的在衡量弄穿手套的机会大，或是剪伤的机会大？最终我没有剪下去。”

耐力

阿邦有时要到高风险区协助其他同事，每次都必须穿上全套保护装备，包括外科手术衫裤、护目镜、口罩、头套、手套、围裙、保护衣以及胶靴。保护得了自己，护理病人却不容易。

阿邦解释说：“在香港的医院，医护人员经常要为病人吊盐水，替他们开静脉输液口，俗称打点滴，在埃博拉治疗中心进行这个程序就加倍困难：手指的敏感度因戴上两层手套大大降低，护目镜起雾令视野不清，局促的保护装备容易让人烦躁，减低专注力，此时此刻，保持精准并非易事；整个程序必须缓慢进行，防止出现针刺意外。一个原本只需两至三分钟的程序，最少要10分钟才能完成。”

当地天气跟香港的夏天一样，酷热潮湿，就算没有穿着保护装备也大汗淋漓。阿邦说：“脱手套时，发现汗水积聚于十只指尖位置，形成小水塘，加起来可能够养金鱼了。”

自埃博拉疫情爆发以来，无国界医生已治疗近5,000名埃博拉患者，约占所有报告病例的五分之一。现时仍有逾2,000名人员在西非工作。



医护人员不但要穿上令人局促的保护衣物，而且每个步骤均要小心翼翼地进行，以防感染病毒，即使只是静脉注射等本应只需两三分钟的工作，往往要10分钟才能完成。

Health workers in the stifling PPE have to work with extreme care to avoid being infected. In the end, it takes at least 10 minutes to complete a procedure like giving an IV therapy, which can usually be done in two or three minutes. © Yann Libessart

and that fever from flu might seem like Ebola. Even if they know that the chance is very slim, they cannot help getting stressed, thinking that it could be Ebola.” Natasha had to order colleagues to self-quarantine and rest.

DILEMMA

Trained as an accident and emergency nurse, Chiu Cheuk-pong (Pong) was in Liberia in November and December 2014 and worked in the front line of MSF's biggest ETC in Monrovia – the triage. He had to determine if new arrivals should be put into the high risk zone for a further blood test. That critical decision depended on their medical condition, place of residence, occupation and contact history, especially if they had attended funerals or been near dead bodies.

“The most difficult bit of the triage is to deal with borderline cases,” says Pong. “For instance, Ebola and

malaria have similar symptoms, and malaria is very common here; some patients might deliberately conceal information or give ambiguous answers. I cannot simply put everyone into the suspected area, because that would increase their chance of getting infected from unnecessary exposure and make them feel anxious. But I also have to ensure that I didn't let the wrong person out.”

Even tiny, seemingly inconsequential things such as trimming fingernails meant another difficult decision. “The gloves could get thin or damaged if my fingernails are too long. But I might create a wound, especially a small, invisible one when I cut my nails. And that makes an entry point for the virus. Holding the nail clipper, I pondered the probability of both scenarios. In the end, I did not get my nails trimmed throughout the mission,” Pong laughs.

ENDURANCE

From time to time, Pong had to enter the high risk areas to assist his colleagues. He had to wear full Personal Protective Equipment (PPE), which includes scrub suits and pants, goggles, mask, head cover, plastic apron, waterproof gown and rubber boots. So health workers are

well protected but it makes caring for patients more difficult.

“Health workers in hospitals in Hong Kong often give intravenous (IV) therapy, which involves inserting an IV line inside a patient's vein,” explains Pong. “This procedure is exceptionally complicated to perform in an ETC: two sets of gloves reduce sensitivity of the fingers, goggles fogging up hinders visibility; and the stifling protective suit makes it hard to stay focused. It is really not easy to be accurate given all these. The entire procedure has to be carried out slowly to prevent needlestick injury. In the end, it takes at least 10 minutes to complete a procedure which can usually be done in two or three minutes.”

Liberia is as hot and humid as summer in Hong Kong. One can get drenched in sweat even without the PPE. “When I took off the gloves, I could see my sweat accumulated inside, which was enough to fill a tiny fish pond!” Pong laughs again.

Since the Ebola outbreak was declared, MSF has provided care to nearly 5,000 patients – almost 20% of all reported cases. Currently, the organisation has over 2,000 staff working in Guinea, Liberia and Sierra Leone.

中坚 THE CORE

医疗人员穿着全套保护衣物，每日两次进出高风险区，每次逗留最多一小时，已是极限。由于医学界至今未有康复者再度感染的报告，他们只需穿着简单的防护衣物，便可以逗留在高风险区较长时间，令他们得以成为埃博拉护理中的中坚分子。

康复者莎乐美是蒙罗维亚治疗中心的精神健康辅导员，她跟父母、未婚夫、姐姐与外甥同时染病，病重时的一点一滴，记忆犹新。“我对周遭的一切毫无意识，只感到身体强烈痛楚。埃博拉像来自另一个星球的病毒，带来痛楚，每根骨头都觉得痛……”后来她病情好转，但父母都因病去世了。

虽然经历丧亲之痛，不过她深信自己存活下来是有原因的，驱使她重返治疗中心，协助其他病人。“我讲述自己的经历，激励病人，让他们知道，他们同样可以生存。”

Given the constraints of the full PPE, health workers are restricted to working only twice a day in the high risk areas, with each shift lasting a maximum of one hour. Ebola survivors therefore play a crucial role in Ebola care, as so far there is no report of reinfection. They can remain inside far longer with only light protection.

Ebola survivor Salome Karwah is now working as a mental health counsellor in the treatment centre in Monrovia. Her parents, fiancé, sister and niece had all fallen sick. Salome still remembers vividly the moments she was severely ill. “I barely understood what was going on around me. All I could feel was severe pain inside my body. The feeling was overpowering. Ebola is like a sickness from a different planet. It comes with so much pain, the kind of pain that you can feel in your bones...” Gradually, Salome’s condition improved, but her parents passed away.

Salome is very sad at the loss of her patients, yet she believes that she survived Ebola for a reason. That drives her to return to the treatment centre, helping other patients to recover. “I talk to them about my own experiences. I tell them my story to inspire them, and to let them know that they too can survive.”



莎乐美在战胜埃博拉病毒后，决定重返治疗中心，成为一名精神健康辅导员。

After winning the battle against Ebola, Salome returned to the treatment centre and is now working as a mental health counsellor.

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后方 THE REAR

支援抗疫的后勤同事，在对抗埃博拉的战役中同样功不可没。他们在兴建治疗中心时，必须考虑到在高风险区，除了必要的人员以外，任何物品“有进无出”，譬如内里设有扫描器，以电脑传送病人记录，一旦有医疗设备或其他器材失灵，维修员都要穿上全套防护衣物入内维修。

在塞拉利昂博城（Bo）担任后勤人员的刘晓静（Lucy）指出，她其中一个主要的工作，是要严防病毒扩散。“当地治安其实不错，然而我们要将治疗中心当成高度设防监狱，设置围栏，闲人免进。”

Lucy亦看到疫症带来更广泛的影响。“当地的经济受严重影响，没有人再建房子，原来替我们兴建治疗中心的临时工说，根本找不到工作。”

人们对埃博拉的恐惧仍未消除，而被埃博拉影响的社区，亦将需要长时间才能复原。无国界医生在这些地方，仍有很多工作要做。

Logistical staff are equally indispensable in the fight against the epidemic. When they build an ETC they have to take into account that nothing entering the high risk zone can come out, except personnel. Scanners, for instance, are installed inside to allow the transfer of patient files electronically. Yet, if any medical equipment or other devices fail to function, technicians have to enter in full PPE for repair.

Hong Kong engineer Lucy Lau worked as a logistician in Bo, Sierra Leone. A large part of her job was to prevent the spread of the virus. “It is actually quite safe in Bo. But we have to regard the ETC as a high security prison, installing fences and restricting entry!”

Lucy also saw some of the wider effects of the epidemic. “The local economy is severely impacted. No one is building new houses. The temporary workers who helped us build the ETC say it is impossible for them to look for another job.”

So while the fear of Ebola has yet to subside, the societies that were invaded by it will take a long time to recover. MSF still has a lot to contribute there.



来自香港的后勤人员刘晓静在塞拉利昂参与埃博拉救援期间，看到疫情对当地社区带来严重的经济影响。

Lucy Lau, logistician from Hong Kong, witnessed the severe economic impact of the epidemic on local communities during her Ebola mission in Sierra Leone.

© Vincent van der Windt/MSF

当病毒展翅 WHEN A VIRUS HAS WINGS

在西非，致命病毒埃博拉搅乱了人们的生活。而在刚果民主共和国东部，则有另一种传染性更强的病毒，驻扎在一个名叫米诺瓦的地区。这种病毒除了可以通过咳嗽和喷嚏的飞沫，以及与病人密切接触而传播之外，还可以在空气中持续活跃数小时。

这就是在今年年初开始，攻击中国北京和美国17个州的麻疹病毒。尽管在

较发达的社区，麻疹病毒较容易控制，但在像米诺瓦般贫穷而缺乏资源的地区，麻疹病毒不但没有对居民网开一面，更往往导致很多人失去生命。

麻疹可引发许多医疗并发症，如肺炎、营养不良、严重脱水、耳部感染及可导致失明的眼部感染。据世界卫生组织数据，2013年全球麻疹死亡人数达到14.5万人，比2012年增加近20%。虽然只要接种疫苗便可以预防染病，而为一儿童接种疫苗的费用只需约0.25美元，但麻疹仍是导致儿童死亡的主要原因之一。

自2010年起，刚果民主共和国就一直爆发麻疹疫情。无国界医生每年均为数以十万计儿童接种疫苗，但也面对诸多难题，例如在东方省的亚胡玛，医疗中心只有两台冰箱和一台旧的摩托车，却要服务面积超过7个香港的地区提供服务。在同样偏远的米诺瓦，病童的生死则完全取决于母亲是否有钱去求诊并接受治疗。当地大多

数诊所并不提供免费的治疗。

无国界医生的紧急救援队伍提供免费麻疹疫苗接种和治疗，并到村落进行推广教育，告诉人们相关的资讯。医疗队也捐赠药物和支援医疗中心，以协助预防或治疗麻疹病毒引发的并发症，并建立转介系统，将最严重的病人转到医院进行治理。在2014年12月，无国界医生队伍在两周内为米诺瓦地区近10万名6个月到15岁的儿童接种疫苗。

不少非洲国家都已承诺采取行动，务求在2020年前控制并消灭麻疹，这将有助降低儿童的死亡率。要达到这个目标，便需要向最偏远的地区提供更多资源来解决后勤、交通、冷藏链和人手的局限，以提升疫苗接种覆盖率。至于在武装冲突地区，例如南苏丹和中非共和国等地，医疗系统崩溃，人们甚至不敢外出接种疫苗，这将令消灭麻疹之路更加艰难。

In West Africa, the deadly Ebola virus has disrupted peoples' lives. While in eastern Democratic Republic of Congo (DR Congo), there is another more contagious virus settled in a region called Minova. This virus is not only spread by droplets from coughing, sneezing, and close personal contact, but also remains active in the air for a few hours.

It is measles, the virus which has been attacking Beijing, China, as well as 17 states of the USA since the beginning of 2015. While it can be more easily managed in more developed communities, the virus shows no mercy and is taking a much heavier toll in some of the poorest areas with limited resources, like Minova.

Measles can cause complications such as pneumonia, malnutrition, diarrhoea, severe dehydration, ear and eye infections that can even lead to blindness. According to the World Health Organization, there were 145,000 measles deaths globally in 2013, an increase of nearly 20%

compared to 2012. Measles is still one of the leading causes of death among young children even though it is easy to prevent and it only costs about USD\$0.25 to vaccinate a child against the disease.

DR Congo has been in the grip of an ongoing measles epidemic since 2010. Year after year, MSF vaccinates and treats hundreds of thousands of children against measles with manifold challenges. In the Yahuma health zone in Orientale province, for example, the health centre has only two refrigerators and one broken motorcycle to serve an area more than 7 times the size of Hong Kong. In Minova, another rural area, the difference between life and death for a child with measles can depend simply on whether his or her mother has money for consultation and treatment. Most health centres there do not offer free treatment.

MSF teams provide measles vaccination and treatment for free. They go to the villages for health

education and inform people about these services. The medical teams donate drugs and support the health centres to help prevent and manage possible complications. A system was also established to refer the most serious cases to the hospital. In December 2014, MSF carried out a measles vaccination campaign in Minova that reached nearly 100,000 children between 6 months and 15 years in only two weeks.

Many African countries have committed themselves to eliminate measles by 2020, which will help reduce childhood mortality. To reach that target, hard-to-reach areas will certainly need additional resources to cope with logistics, transport, cold chain and human response limitations, to increase the vaccination coverage rate. In conflict settings with collapsed healthcare systems, where people dare not even go out to be vaccinated, like South Sudan and the Central African Republic, the road to eliminating measles gets even rougher.



Left page

无国界医生队伍亦在中非共和国及喀麦隆的边界，为从冲突地区远道而来的中非难民儿童提供麻疹疫苗接种。

At the Central African and Cameroonian borders, MSF also vaccinates refugee children who came all the way from conflict areas against measles.

© Samantha Maurin/MSF

Right page

刚果民主共和国的米诺瓦位处偏远地区，儿童要接种麻疹疫苗和获得治疗均非常困难。无国界医生的摩托车队伍有时要带同重达150公斤的疫苗前往当地村落，为儿童进行接种。

Minova is a remote region in DR Congo and there is limited access for children to be vaccinated or treated for measles. MSF motorcyclists sometimes have to carry a load of 150 kilos of vaccines to villages for immunisation campaign.

© Pau Miranda/MSF



来自你的声音

VOICES FROM THE SUPPORTERS

感动仍需行动

BE TOUCHED, AND TO ACT

Mona是一位退休人士，她成为无国界医生的月捐支持者，至今已经14年。谈及当初为何会支持无国界医生，她回忆说：“起初是被无国界医生这名称吸引，因为我认同帮助有需要的人，是不应被任何种族界线或政治因素左右的。”作为多年支持者，Mona接触过许多与救援任务有关的资料，也明白当中种种困难，但每当看到伤病者的危急情况，她仍会感到心酸。

Mona在工作上虽已退下火线，但助人的行动从没停下来。现时，她在两间社福机构义务为长者举办健体小组活动。她深信有健康就会有将来，亦希望远方在危难中的人群同样得到健康。“我每月付出的只是一点点的金钱，但透过无国界医生就变成帮助全球身处困境的人的工具，我觉得很值得。”

Mona也特别敬佩救援人员的志愿精神。她说：“前线人员为人道救援工作无私付出，将伤病者的需要放在第一位，而自己本身享有的一切，包括职位、薪酬都统统放下，相信没有太多人愿意作这样的牺牲。”Mona表示没有期望过能在一时三刻看到前线有重大改变，只知道若人人都齐于踏出第一步，问题就永远不会解决。

Mona虽然已经退休，但不时会参与探访护老院等义工活动，亦希望透过每月的捐款，帮助在远方受困于人道危机中的人群。

Despite her retirement, Mona often participates in voluntary work like visiting nursing homes for the elderly. She wants to help those trapped in humanitarian crises in the distant parts of the world by donating monthly to MSF. *Photo source: Mona Chan*



Mona is retired and has been an MSF monthly donor for 14 years. When asked what prompted her to support MSF, Mona recalls, "I was struck by the name 'Doctors Without Borders' at first. I got drawn to it because I also believe that helping those in need should not be hindered by racial boundaries or politics." As a loyal supporter, Mona has read a lot about MSF's work in the front line as well as the difficulties and challenges MSF has been tackling. But even now, whenever she reads about patients trapped in crises, she feels very bitter.

Mona's retirement doesn't stop her from helping people who are less fortunate. She is now volunteering in two local non-governmental organisations to help organise fitness classes for the elderly. She believes that one can only build a brighter future with good health, and she hopes those who are suffering in the distant parts of the world can do the same. "I am only contributing a small amount of money each month, but MSF translates it into tools that save people in devastated places. It is really worth it."

Mona also admires the volunteering spirit of MSF's field workers. "They dedicate themselves to humanitarian work, putting patients' needs first but all their privileges including their job and salary second. It is hard to see people making such sacrifice nowadays." Mona understands that it takes time to create significant change at the front line, but if nobody is willing to take the first step, there will never be a change.

想表达对无国界医生的意见、分享当初支持无国界医生的原因和对你的意义？欢迎你在“来自你的声音”畅所欲言！有兴趣受访的支持者请以电邮（office@msf.org.hk）联络我们。

If you are looking for somewhere to share your opinions about MSF, to talk about how you became our supporters and what it means to you, here is the place! If you have something to say, please feel free to contact us at office@msf.org.hk.

人道救援种子

THE SEEDS OF HUMANITARIAN AID

余Sir在青少年中心里工作多年，经常接触到不同背景的儿童。他认为香港大部分的小孩都十分幸福。“他们很少挨饿，生病时亦很容易看到医生，小小年纪，家人可能已为他们将来的升学作打算。”相反生活在疫症、战乱和天灾频繁国家中的小孩，处境则十分无助。

他记得曾在电视上看到有关无国界医生的影片，片段的背景是在非洲，一位医生除下薄薄的手套，再吹进空气，使它变成一个气球般，送给一位刚接受治疗的小孩。“一件微不足道的‘玩具’，对当地小孩来说已是非常珍贵。在这么恶劣的环境，生存已变得十分困难，更不用谈将来。”余Sir认为无国界医生不仅治疗病人身体上的伤痛，还治疗病人的心灵，延续了生存的希望。

余Sir亦希望让青少年中心的儿童亲身体验志愿精神，同时培养他们的同理心。“现在他们可能梦想成为医生、护士或其他专业人士，但愿他日他们会好像无国界医生的救援人员一样，充满热诚，不计较得失，不管需要支援的是住在隔壁的邻居还是千里以外的陌生人。”感恩、反思和行动，就是余Sir期望能种植到小孩心中的种子。

余Sir邀请无国界医生到青少年中心举办讲座，让中心的小孩认识人道救援工作。

Mark invited MSF to give a talk at the social centre where he works to educate children about humanitarian work. *Photo source: Mark Sheb*



乌克兰战事升级 加强援助

UKRAINE: EXPANDING SUPPORT UNDER ESCALATED FIGHTING

今年初，乌克兰东部战事升级，无国界医生迅速扩展对战线两边医院的支援，以应付大批伤者。虽然交战方在2月中曾达成停火协议，但战区里冲突持续。无国界医生派出流动队伍到不同城镇提供药物、物资、心理支援，并向郊区居民和受冲突影响的人提供基本医疗服务。

As fighting in eastern Ukraine intensified early this year, MSF urgently stepped up its help to hospitals on both sides of the front line to deal with influxes of wounded. Though a ceasefire came into effect in mid-February, fighting continued in parts of the conflict zone. MSF mobile teams went to different towns and cities to provide medicines, relief materials, psychological support and basic healthcare to people in rural areas and to those displaced by the conflict.



© Manu Brabo

叙利亚：炮轰下援助困难重重

SYRIA: STRUGGLING TO ASSIST

大马士革近郊的东高塔于1月遭猛烈炮轰达数星期，医疗设施被击中，病人和医护人员要撤离。无国界医生支援的医院医治了数以百计伤者。2月，在北部的阿勒颇，政府军与反对派战事激烈，无国界医生的医院员工要被迫撤离。

Intense bombing lasted for weeks in January in the East Ghouta rural area near Damascus. Medical facilities were hit and patients and staff evacuated. Hundreds of wounded were treated in MSF-supported medical facilities. In the north, medical staff in an MSF hospital in Aleppo were forced to evacuate due to fierce fighting between government and opposition forces in February.

南苏丹：疫苗接种抗麻疹

SOUTH SUDAN: VACCINATION AGAINST MEASLES



© Karin Ekholm

因应联合州的伊达难民营出现的麻疹病例急升，无国界医生于2月进行疫苗接种项目，目标是在5日之内，为营地及周边社群的九成儿童，即约3.5万人接种麻疹疫苗。

In response to the spike in measles cases in Yida refugee camp in Unity State, MSF teams launched a mass vaccination campaign in February to immunise 90% of the children in the camps and the nearby host communities—an estimated 35,000 children in all—over a period of five days.

回应欧洲的入境者和难民的需要

EUROPE: PATIENTS WITHOUT BORDERS



© Julie Remy

大部分来自叙利亚、利比亚和伊拉克的入境者、寻求庇护者和难民，在横渡地中海抵达意大利后，都有人道和医疗援助需要，无国界医生遂自2月起，在西西里岛向刚抵岸的有需要人士提供医疗护理。在塞尔维亚，无国界医生亦向栖身于森林和废弃房屋的入境者、寻求庇护者和难民，提供必需用品和医疗护理。

In response to the humanitarian and medical needs of the migrants, asylum seekers and refugees, crossing the Mediterranean Sea and arriving in Italy, MSF has provided medical care when they land in Sicily. They have travelled mainly from Syria, Libya and Iraq. In Serbia, MSF also provided essential relief items and medical care to people who were left stranded in forests and abandoned buildings after crossing the border.

莫桑比克：霍乱爆发令人忧虑

MOZAMBIQUE: WORRYING CHOLERA OUTBREAK

莫桑比克其中3个省份的霍乱病例于2月急升，超过3,500人受感染。无国界医生与当地卫生部合作，在太特和莫阿蒂泽设立两间霍乱治疗中心，并支援推广教育、主动寻找感染病例，和氯化饮用水的工作。

The number of cholera cases in three provinces of Mozambique quickly expanded in February, rising to more than 3,500 people. In collaboration with the Ministry of Health, MSF has built two cholera treatment centres in Tete and Moatize, and helped with awareness campaigns about cholera and its prevention, active case finding in the communities, and chlorination of water.

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无国界医生(香港) MSF - Hong Kong

香港西环德辅道西410 - 418号太平洋广场22楼

22/F, Pacific Plaza, 410 - 418 Des Voeux Road West, Sai Wan, Hong Kong

电话 Tel (852) 2338 8277 传真 Fax (852) 2304 6081 电邮 E-mail office@msf.org.hk

无国界医生在北京 MSF in Beijing

北京市朝阳区三里屯东三街外交公寓2号楼3单元031房间

2-3-31, SanLiTun Diplomatic Residence Compound, SanLiTun Dong San Jie,

Chaoyang District, Beijing, P.R. China 邮编 Postal Code 100600

电话 Tel (86) 10 8532 6607 传真 Fax (86) 10 8532 6717 电邮 E-mail info@msf.org.cn

无国界医生在广州 MSF in Guangzhou

广州市越秀区解放北路618 - 620号府前大厦A座1201室

Room 1201, 12/F, Block A, Fuqian Mansion,

No. 618 - 620 JieFangBei Road, Guangzhou, P.R. China 邮编 Postal Code 510030

电话 Tel (86) 20 8336 7085 传真 Fax (86) 20 8336 7120 电邮 E-mail info@msf.org.cn

网址 Website www.msf.org.cn

