

# 無疆

SANS FRONTIERES

## 巴基斯坦水災 令脆弱人群雪上加霜

Pakistan Flooding:  
**A Worsening Situation for Vulnerable People**



## 新任總幹事的話

**成** 為無國界醫生香港辦事處的一份子快將兩個月，是時候讓我為《無疆》出一分力了！

我翻閱了過往的《無疆》，它的質素與內容的多樣性，以及保持透明度和到題的方法，給我極深的印象。我尤其喜愛它的圖片，仿如把我帶回前線工作的日子……

今期《無疆》將會讓你更深入了解到我們在天災、武裝衝突地區，以及對抗登革熱、霍亂、瘧疾和營養不良的救援工作。

無國界醫生在全球各地共有超過二千名海外救援人員，以及二萬名當地員工，一同為數以百萬計有需要的人提供醫療援助和支援。今期的其中一篇文章提到志願人員不尋常的工作和生活環境，足見我們的救援人員的熱誠和專業精神。

今年災難頻仍，先後發生了海地大地震以及巴基斯坦水災等大型災難。這些災難嚴重打擊原已生活困乏的人們。貧窮、衝突，加上殘酷的水災，今期的封面故事便希望讓大家更了解無國界醫生在巴基斯坦的緊急救援工作。

這些災難的規模之大對我們的救援能力是一個挑戰。無國界醫生若要保持效率，以便將來繼續有效回應人們的需要，便要在適當的控制下持續擴展。當然，亞洲的貢獻，特別是香港大眾的支持，對無國界醫生的發展極其重要。

過去十七年，我不時在災難中參與救援，並在行動中心擔任管理工作，我對無國界醫生的承擔和熱誠至今並無改變。我非常榮幸接替溫達德先生的工作，擔任總幹事一職。我會對無國界醫生香港辦事處的未來發展作出最好的貢獻，以更佳和更創新的方法，幫助到更多有需要的人。

我有信心我們會達到這個目標，而我更相信我們會得到你的全力支持！

無國界醫生香港辦事處總幹事  
卡磊明

## From the **New** Executive Director

**A**fter nearly two months on board with the MSF team in Hong Kong, it is time for me to contribute to the Bulletin!

In preparation for writing this letter, I read all of the previous issues. I was impressed by the quality and the diversity of the topics, as well as the transparent and frank approach. I also liked a lot the pictures - they remind me of my field days.

This issue will give you deeper insight into our present activities in natural disaster areas, conflict zones, and to address specific diseases and conditions that our teams are fighting like dengue fever, cholera, malaria and malnutrition.

All over the world, over 2,000 MSF international staff and 20,000 local colleagues, are trying to bring medical aid and support to millions of people in need. The unusual working and living conditions highlighted in one of the articles shows the commitment and the professionalism of our field workers.

This year has been striking, with large-scale crises like the Haiti earthquake and Pakistan flooding. All these crises dealt a severe blow to populations already living in a dire situation. The cover story will hopefully help you better understand our emergency response in Pakistan, and how poverty and conflict was compounded by the fierce flooding.

The size of these crises has challenged our capacity to intervene. MSF needs to continue to grow in a controlled manner if we want to stay efficient in answering tomorrow's people needs. Of course, contributions from Asia, and in particular the support received from Hong Kong, are vital to our development.

After 17 years spent both in the field, in the middle of disasters, and in management positions at operation centres, I still keep my day one commitment and love to MSF. I feel privileged and honored to walk in Dick's steps as the new Executive Director, and to contribute in the best possible way to MSF-Hong Kong's further development. We aim to serve more people day after day and in better and more innovative ways.

I am confident that we will achieve this goal and I know that I can count on your support!

Rémi CARRIER  
Executive Director  
Médecins San Frontières Hong Kong





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一名水災災民在街頭露宿。  
*A flood victim sleeping on the street.*

## 巴基斯坦水災 令脆弱人群雪上加霜

Pakistan Flooding:

### **A Worsening Situation for Vulnerable People**

巴基斯坦西北部地區今年七月底的連場大雨造成嚴重水災，全國各省均受影響，摧毀很多村落和社區，數百萬人無家可歸，境況堪虞。西北部地區本已受衝突影響的平民，以及南部地區窮困民眾的情況更是雪上加霜。

The heavy rainfall started in Pakistan's north-western region in late July this year and has caused the floods which subsequently devastated villages and communities across all provinces of Pakistan. Millions of people were left displaced and in an extremely dire situation. These devastating floods have also compounded an already precarious situation faced by vulnerable people displaced by conflict in north-western parts and the poor people in the south of Pakistan.

在開伯爾巴圖克瓦省和聯邦行政部落區，有超過二百萬人於過去兩年因武裝衝突而流離失所，當中逾八成人寄居在親友家中或在學校、清真寺或廢棄建築物內搭起帳篷棲身。有些收留逃難親友的家庭裡，一間單人房便住了五十人。

自二零零九年七月起，很多流離失所的家庭陸續返回史瓦特等地區重建家園，部分人則仍然留在流離失所者營地裡。

然而，隨著今年七月底的大水災，巴基斯坦所有省份無一倖免，數百萬災民欠缺潔淨食水、糧食、棲身之地和藥物。無國界醫生照顧災民的即時需要，為他們提供醫療護理、潔淨食水、衛生設施，又分發塑料帆布及救援物資。

### 另一場災難發生

那些之前因衝突而流離失所的人，因今次水災再次失去家園。無國界醫生在巴基斯坦的項目總管迪格里斯說：「住在營地裡的人的生活環境本已很差。現在發生水災，再遭受另一場災難，他們的境況就更為堪虞。」

在史瓦特，當一度因衝突而家園盡毀的人們嘗試重建生活之際，滔滔洪水卻沖毀了大型石屎橋樑、公路和建築物。基礎設施遭受破壞，令運送糧食和補給物資到災區變得困難重重。此外，洪水毀壞了供電網絡，令食水處理廠無法正常運作，史瓦特首府的四十萬名居民當中，大部分人沒有潔淨食水供應。

迪格里斯強調：「若論水災造成的影響，不論對因戰亂而流離失所的人，抑或一般平民，其實都是一樣。他們都失去家園，得不到潔淨食水和糧食。」

在史瓦特和西北部很多地區，洪水淹浸一星期後開始退卻，然而在巴基斯坦南部的俾路支省和信德省，水災發生兩個月後，很多地方仍被洪水淹浸，處於緊急階段。其中，

俾路支省是巴基斯坦最大、也是最低度發展的省份，大部分人只得到極少的醫療護理。

### 南部地區續受困

迪格里斯解釋：「今次水災影響最深的是最窮困的人，他們的房屋都是泥土造的，洪水湧至就立即被沖走。他們失去所有東西，除了身上的衣服之外就一無所有。」

五十四歲的阿里與家人因洪水摧毀了家園而走到信德省蘇庫爾鎮，據報該鎮每三個人當中，便有一人是為了找乾地棲身而去到當地。

他說：「我花了多年時間為家人建了一所房子，現在只剩下一堆泥巴。當時洪水來得很快，我甚至來不及取回妻子的藥物。她的心臟有長期病患，現在沒有藥了，我不知道她還可以撐多久。我甚至無法給子女們買食物。我是他們的父親，我要照顧他們，但我不能。我們可以做甚麼？」

因水災而居無定所的災民居住環境惡劣，亦加劇了營養不良的問題。水災發生後，無國界醫生在蘇庫爾的護士瓦薩說：「災民流離失所令本身的醫療問題惡化，因缺乏糧食、潔淨食水和棲身之地，令兒童出現營養不良、甚或嚴重營養不良。他們很容易因為感染，例如腹瀉、肺炎和上呼吸道感染，而變得非常虛弱。」

無國界醫生救援隊注意到南部地區的營養不良病童數目仍然上升，所以計劃在信德省擴大營養不良治療項目的覆蓋範圍。



無國界醫生水災緊急救援工作地點  
Locations of MSF Emergency Flood Response

More than two million people have been displaced by the armed conflict raging in the Khyber Pakhtunkhwa (KP) and the Federally Administered Tribal Areas (FATA) for the past two years. Over 80 percent of them were taken in by host families or set up improvised camps in schools, mosques, or abandoned buildings made available by communities. In addition to their own family members, some households hosted up to 50 people in a single room.

Since July 2009, many of these displaced families started to return to homes in places like Swat, while others were still staying in camps for the displaced.

However, with the onset of the unrelenting floods at the end of July this year, no provinces of the country were spared. Millions were left without safe water, food, shelter or medicine. MSF responded to immediate needs with provision of primary healthcare, clean drinking water and sanitation, and distribution of plastic sheeting and relief kits.

### Another Catastrophe Happened

Those vulnerable people displaced by conflict before were yet again affected when the floodwaters destroyed their homes. "For the people living in the camps, their living conditions were already bad. Then another catastrophe, the flooding, happened, which makes their situation more vulnerable," said Benoit DE GRYS, MSF Head of Mission in Pakistan.

In Swat, where people once displaced by conflict were trying hard to rebuild their normal lives, huge concrete bridges, roads and buildings were flushed away by massive flows of water. The damage to infrastructure caused difficulties in delivering food and supplies to the affected areas. The floods destroying the electric network also means that water treatment plants cannot function normally. In the capital of Swat, most of the 400,000 inhabitants no longer have access to clean water.

"In terms of being affected by the floods, the consequences on the people displaced by conflict and the



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在開伯爾巴圖克瓦省，無國界醫生向在公路旁棲身的災民派發非糧食救援物資。  
MSF distributes non-food items to displaced families staying on the side of a highway in the Khyber Pakhtunkhwa.

normal population are the same. They both lost their houses, access to clean drinking water and access to food," Benoit emphasised.

The water in Swat and many other places in the north-western parts started receding around one week after the floods. But in the south, many areas in Balochistan and Sindh provinces, were still in emergency, submerged by floodwater two months later. And Balochistan province is the largest and least developed province in the country, where most people get very little healthcare.

### Southern Areas Still Plagued by Floods

"These floods have been affecting the poorest people most. Their houses were just made of mud and hence were washed away by the water. They lost all their belongings," Benoit continued, "they only have the clothes they are wearing and then nothing."

Mohssen ALI, 54 years old, and his family were displaced by water to Sukkur town in Sindh province, where reportedly, one out of every three people is a newcomer, seeking dry shelter anywhere.

"It took me years to make a house for my family, and now it's just a pile of mud. The water drove us out so quickly; I couldn't even get my wife her medicine. She has a chronic heart problem and I don't know how long she will last without her pills. I can't even buy food for my children. I'm their father, I have to take care of them, but I can't. What are we going to do?" he said.

The living conditions for people displaced have also intensified the malnutrition problem. "Displacement has only exacerbated existing health problems, and children become malnourished or even severely malnourished due to the lack of food, clean water, and a place to stay," said MSF nurse Abdul WASAY in Sukkur. "They can easily become very ill due to infections especially like diarrhoea, pneumonia and upper respiratory track infections."

As the teams still observe the growing number of malnourished children in the south, MSF plans to expand the reach of nutritional programmes in Sindh province.



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生活環境惡劣令兒童營養不良問題加劇。  
Poor living conditions have intensified the malnutrition problem among children.

# 災民需要潔淨食水和醫療護理而非政治

## Flood Affected Need Safe Water and Healthcare, Not Politics



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為災民提供潔淨食水是無國界醫生是次緊急救援行動的重點工作之一。

*Providing cleaning drinking water is one of the priorities for MSF's emergency flood response.*

在應付今次巴基斯坦水災的過程中，部分捐助國家公然以其自身國家安全為由，鼓動支持救災工作。美國參議員克里便明確表示為巴基斯坦提供援助，「顯然關乎國家安全利益」。

不過無國界醫生強調，救援工作應只基於災民需要，而不是取決於政治或軍事議題。

無國界醫生駐巴基斯坦代表科南說：「在任何衝突地區提供人道援助，必須建基於獨立和中立的原則。這些都是交戰各方、政府和政治黨派不能宣稱秉持的原則。」他續說：「因此，無國界醫生在巴基斯坦和阿富汗的救援項目不會接受任何政府的捐助。無國界醫生有賴從全球公眾籌募所得的公眾捐款，以確保我們能確切地獨立於任何政府及軍事組織之外，只根據我們找到的受災人民的需要，去開展救援工作。」

當地的緊急救援工作必需擴大，特別是為災民提供清潔食水和醫療護理，以確保脆弱的災民能夠從水災中恢復過來，以及防止腸胃炎或經污水傳播的疾病蔓延。有見及此，無國界醫生加強治療腹瀉的工作，並主力為災民提供清潔食水。無國界醫生在巴基斯坦的醫療統籌穆赫塔爾醫生說：「更多救援工作需要進行，但這些工作應只建基於醫療需要，而並非政治考慮。」

In the course of responding to this flooding crisis, some donor countries have openly mobilised support based on their own national security interests. US Senator John KERRY has stated that "obviously there is a national security interest" in providing assistance to Pakistan.

But MSF emphasises that the response should be based on the need of the affected populations alone, and not subject to political or military agendas.

"Humanitarian assistance in any conflict environment must be based on principles of independence and neutrality. Warring parties, governments, and political parties, cannot claim these principles," said Thomas CONAN, MSF representative in Pakistan. "We therefore do not accept any funds from donor governments for our work in Pakistan and Afghanistan. Our reliance on private funds that are gathered from the general public worldwide ensures that we remain strictly independent from any government or military and allows us to be responsive to the needs that we identify".

An increase in the emergency response, particularly with regards to safe water and access to health facilities, is needed to ensure that the affected population is able to recover; and to prevent the spread of gastroenteritis or waterborne diseases. As a result, MSF scaled up its activities in the treatment of diarrhoea and focused on the provision of safe drinking water. "More needs to be done and it should be done based on these very real medical needs – not political agendas," said Dr Ahmed MUKHTAR, MSF Medical Coordinator in Pakistan.

### 水災緊急救援工作概要

#### Highlight of Emergency Flood Response

自救災工作展開至今，無國界醫生已經：

- 於**6間醫院**、**7個流動診所**和**7間腹瀉治療中心**，提供**49,534宗診症**
- 治療超過**1,748名營養不良兒童**
- 分發**1,250,400公升潔淨食水**（每日）、建設**714個廁所**
- 分發**57,714套救援物資**和**13,755個帳篷**
- 有**135名國際救援人員**，聯同**1,198名巴基斯坦籍員工**於無國界醫生原有項目和水災緊急項目中工作

(資料更新至2010年10月1日)

Since the onset of the flood-related emergency MSF has:

- Conducted **49,534 consultations** through **6 hospitals, 7 mobile clinics** and **7 Diarrhoea Treatment Centres**
- Treated over **1,748 malnourished children**
- Distributed **1,250,400 litres** of clean water per day, and built **714 latrines**
- Distributed a total of **57,714 relief item kits** and **13,755 tents**
- **135 international staff** are working alongside **1,198 Pakistani staff** in MSF's existing and flood response programmes in Pakistan

(Updated as of 1 October 2010)

## Three-pronged Approach to Tackle Dengue Fever

Hong Kong public has been fully alerted about dengue fever after the first locally acquired case in seven years was confirmed. *Aedes albopictus* has become a well-known tiny killer.

Dengue has emerged as one of the major viral diseases transmitted by insects. Symptoms are similar to flu, with headaches, fever, nausea, abdominal pain and rashes. Its most severe form, dengue haemorrhagic fever, causes bleeding and can lead to irreversible shock and subsequent death.

Due to an alarming increase in cases of dengue fever in Honduras this year, MSF has launched an emergency project in the capital, Tegucigalpa, to support local health services with a three-pronged approach - medical care, community education and vector control.

### Prevent and Contain

MSF focuses on treating children under 15. Treatment for children includes hydration and rest. "There is no vaccine or specific medicine for the virus, so all we can do is to control the symptoms and treat the consequences while waiting for the body to stabilise," said Dr Elisabeth BRAGANÇA, in charge of the MSF emergency dengue fever ward in Honduras. Until early September, MSF had treated more than 80 children.

Prevention is better than cure. So as to raise awareness and educate people on how to keep stored water free from mosquito larvae and avoid rubbish accumulating, MSF teams go from house to house through the neighbourhoods, looking for potential sources of infection and explaining how to stop mosquitoes breeding and spreading the virus.

The MSF teams also apply 'abate' to the houses – this process uses a chemical to treat any standing water and prevent mosquito larvae from hatching. Later on, they will return to fumigate the houses, with the aim of breaking the mosquitoes' cycle of reproduction.

"Dengue needs to be fought on a daily basis – we must never lower our guard. There are a whole series of things we can do, first to prevent, and then to contain," said Lucia BRUM, MSF technical advisor for emerging diseases.



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無國界醫生隊伍為房屋進行噴霧燻蒸處理，防止蚊的幼蟲孵化。  
MSF teams spray and fumigate the houses to prevent mosquito larvae from hatching.

## 三管齊下對付登革熱

本港出現七年來首宗本地感染登革熱個案，引起全港市民關注。白紋伊蚊成了一個著名的小殺手。

登革熱已成為由昆蟲傳播的其中一種主要病毒性疾病，症狀與感冒相似，包括頭痛、發燒、噁心、腹痛和紅疹。登革熱最嚴重的形態是登革出血熱，會導致患者出血和不可逆轉的休克，最後死亡。

洪都拉斯今年患上登革熱的人數大幅上升，無國界醫生於是在首都特古西加爾巴開展了一個緊急救援項目，用三管齊下的方法，即醫療護理、社區教育和控制傳播途徑，來支援當地的醫療衛生服務。

### 預防與控制

無國界醫生主要治療十五歲以下兒童，治療方法包括補充水份和休息。無國界醫生在當地管理登革熱緊急病房的布拉干薩醫生說：「目前並沒有專門醫治登革熱的藥物。我們可以做的就是控制和治療出現的病徵，穩定病情。」直至九月初，無國界醫生已治療超過八十名兒童。

所謂預防勝於治療，為了提高人們對登革熱的認識，以及教導他們如何避免貯水地方滋生蚊蟲和居住環境囤積垃圾，無國界醫生隊伍逐家逐戶找出有可能傳播疾病的地方，並解釋如何防止蚊子繁殖和病毒擴散。

此外，無國界醫生隊伍會為房子進行噴霧燻蒸程序——用化學劑噴灑積水，防止蚊子幼蟲孵化，然後進行燻蒸處理，以中斷蚊子的繁殖週期。

無國界醫生針對新出現疾病的技術顧問布魯姆說：「對付登革熱是日復日的抗爭——我們絕不能有絲毫鬆懈。我們需要進行一整個系列的工作，先是預防，然後是控制。」

# 尼日爾：治療和預防週期性營養不良

## Treatment and Prevention – Break the Cycle of Malnutrition in Niger

每年，尼日爾人民都受到糧食危機影響，情況尤以五月至九月最為嚴重，今年糧食危機的規模之大更特別令人擔憂。

要應付週期性的營養不良危機，推行具質素的預防措施十分重要。今年七月至九月初，無國界醫生與當地的工作伙伴除了治療了七萬七千名嚴重營養不良兒童之外，並派發即食營養補充食品予十四萬三千名幼童，以預防他們患上營養不良。這些營養補充劑含有牛奶、礦物質和維他命，能夠為幼兒提供所需營養。

無國界醫生營養工作小組統籌薛朴德醫生說：「預防工作是要找出最有效的方法，以防止兒童年復年出現嚴重營養不良，從而減輕因治療大量病童所帶來的醫療、後勤和經濟的負擔。」

現時，無國界醫生在尼日爾塔瓦區、馬拉迪區和德爾區支援五十九間營養治療中心和九間深切營養復康中心。無國界醫生的目標是與當地和國際的合作伙伴，共同釐訂最有效的治療方案和長遠而有效的策略，來預防幼童出現營養不良狀況。

Every year, the population of Niger is affected by a nutritional crisis that peaks between May and September. The scale of the crisis in 2010 is particularly worrying.

In dealing with the recurrent nutritional crisis, quality preventive measures are crucial. From July to early September, in addition to providing treatment for 77,000 severely malnourished children, MSF distributed ready-to-use supplementary food to over 143,000 children to prevent them becoming malnourished. These products, containing milk, minerals and vitamins, are adapted to the nutritional needs of young children.

“Prevention is about finding the best way of stopping children from becoming severely malnourished year after year, decreasing the medical, logistical and financial burdens that are created by the treatment of so many sick children”, said Dr. Susan SHEPHERD, Coordinator of MSF nutritional working group.

MSF supports 59 community-based nutritional centres and nine intensive nutritional rehabilitation centres in Tahoua, Maradi and Zinder regions in Niger. MSF aims to work with its local and international partners to define the best product and the most effective long-term strategy to prevent malnutrition among young children in Niger.

尼日爾在每年的「饑餓期」——即兩造收成之間的缺糧期，都會出現營養不良危機。

Every year, Niger suffers from a nutritional crisis during the 'hunger gap' – the lean period before the arrival of the new harvest.





© Anne YZEBE/MSF



© Alessandra Vilas BOAS/MSF

## 治療 Treatment

(上圖及左圖) 嚴重營養不良的兒童會被送進深切營養治療中心接受治療，他們會進食營養治療食品，以迅速補充營養和增加體重。

(Upper and left photos) Severe malnourished children receive treatments in the intensive nutritional rehabilitation centre. Therapeutic food is given to them to rapidly reverse nutrient deficiencies and gain weight.

## 預防 Prevention

(下左及右圖) 兒童除了哺乳和進食日常食物外，無國界醫生在「饑餓期」開始前會為他們提供即食營養補充食品。這方法確保兒童獲得充足營養，防止他們患上嚴重營養不良。

(Left and right photos below) In addition to breastfeeding and the food children typically eat, MSF provides children ready-to-use supplementary food before the start of the hunger gap. This method ensures that children get the adequate nutrients they need and can save them from becoming severely malnourished.



© Alessandra Vilas BOAS/MSF



© Anthony BOURASSEAU/MSF



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在印度的衝突地區生活的婦女往往無法得到醫療服務。  
In India, women living in conflict are often deprived of healthcare.

## 她不應該死 卻在象頭神節\*中逝世

卡姆拉生於印度的偏遠村落  
毛派與政府衝突不斷 村民活在恐懼中  
基本醫療設施缺乏 交通山重水複  
局勢問題令情況更糟  
沒有選擇之下 分娩一般在家中進行  
她也不例外 可是生產不順  
親人四出奔走 安排交通

八小時後 終抵達我們的母嬰健康中心  
我們嘗試助產 但盆骨太小 胎兒的頭過不了  
子宮不停收縮 胎兒瀕臨缺氧 情況不妙  
急需動手術取出胎兒  
可是這兒沒有手術設備 沒有血庫  
唯一辦法是將她送到鄰近醫院 車程卻長達四小時  
我記得 離開前 她緊握我的手說：  
「誰知道，可能我就這樣死掉.....誰知道？」  
我不語 只覺心很重

夜深 她到達醫院 卻沒有適合的血  
手術延誤 胎死腹中  
清晨 她子宮破裂 失血過多 隨之離世  
遺下三歲的兒子

這麼多「沒有」 卡姆拉的死似是註定  
類似的死亡每天都在悄悄發生  
切蒂斯格爾邦是印度難產率最高的省份之一  
卻鮮為人知

「不，她不應該死！」  
許多的「沒有」不應被接受 不應苟且  
心中的不忿是我們的動力  
我們努力填補「沒有」 變為「有」  
我們嘗試阻止死亡 延續生命  
我們趕建手術室及血庫 期望盡快啓用  
我們提供緊急交通支援 改善轉介服務  
我們提倡產前檢查 用流動診所將之帶到偏遠村落  
可以做的我們都趕急去做  
希望其他的卡姆拉、蘇尼達、卡維他、拉克西米  
生產時不用被納入死亡冊  
至於最終的天下太平 國泰民安 責任屬政府  
烏托邦？拭目以待！

象頭神是印度教中的守護之神  
節日慶典歌舞聲平 人們都向祂祈求福祉  
卡姆拉喪禮的哀號埋沒在喧嘩中  
她的話語卻縈繞我心中

劉穎思醫生  
寫於二零一零年九月廿四日  
印度切蒂斯格爾邦

\*象頭神節是印度教節日，為期十天，日子通常在每年八月二十日  
至九月二十二日之間。

# She shouldn't Die But was Gone in the Ganesh Festival\*

Kamla was born in a remote Indian village  
Where conflicts between Maoists and government are long and lasting  
Villagers live in fear  
No basic healthcare, bad transportation,  
The instability worsens the problems  
No choices, childbirth is always at home – she was no exception  
Unfortunately her labour was prolonged  
Relatives tried hard to find a vehicle.

Eight hours later, she arrived at our mother and child healthcare centre  
We tried to deliver, but the baby's head would not pass through the pelvis  
The situation was grave, the womb was contracting, and the baby was hypoxic  
An urgent cesarean section was needed to save their lives  
But there was no operation equipment, no blood bank  
The only thing we could do was to send her to the nearest hospital  
Another four hours away  
I'll never forget – she held my hands tightly and murmured to me before she left  
"Who knows, maybe I will die like this, who knows?"  
I kept silent but my heart was sinking.

At midnight, she reached the hospital, but no suitable blood was available  
The operation was delayed, the baby was gone  
In the early morning, her uterus ruptured from prolonged contractions  
She lost too much blood and died as well  
Leaving a 3-year-old son behind.

With all these 'NO's, Kamla's death seems destined  
Similar deaths happen daily, quietly  
Chhattisgarh is one of the provinces with highest maternal mortality rate in India  
But these numbers are neglected and buried.

"No, she shouldn't die!"  
All these 'NO's shouldn't be ignored, shouldn't be put aside  
We are fuelled by our frustrations  
Which pushes us to meet the needs  
To save lives, to make lives continued  
We work hard to set up an operation room and blood bank  
We provide transport for emergency cases, improving timely referral service  
We promote antenatal care to remote villages by mobile clinics  
We do anything we can  
Just to prevent other Kamla, Sunita, Kavita and Laxmi  
From appearing on the death list when they give birth  
But in the end, maintaining internal peace and prosperity is the government's responsibility  
Utopia? We will wait and see!

Ganesh is a patron saint in Hinduism  
People pray to Him for his blessing  
In all the celebrations, with the dancing and singing for the Ganesh Festival  
Kamla's funeral wail was submerged in the sound of joy  
But her words will linger in my mind for a long time.

By Dr. Bea LAU

Written on 24 September 2010 in Chhattisgarh State, India



Photo Source: Bea LAU

在印度的切蒂斯格爾邦，毛派叛軍和政府軍的衝突迫令數萬人逃到政府運作的臨時營地和南部的茂密森林。無國界醫生在這些營地和棲身處提供醫療服務。二零零九年，無國界醫生在該區提供了超過五萬五千次診症。

劉穎思醫生(中)於今年七月被派往印度的切蒂斯格爾邦，參與她首個無國界醫生救援項目，為期一年。

In Chhattisgarh State in India, tens of thousands of people were forced to move into government-run camps or into the dense forests in the south of the state because of the conflict between Maoist rebels and government forces. MSF provides healthcare in the camps and in other settlements in the area. In 2009, MSF conducted more than 55,000 consultations.

Dr. Bea LAU (centre) has been sent to Chhattisgarh, India in July this year for her first MSF mission, where she works as a doctor for one year.



© Niklas BERGSTRAND / MSF

無國界醫生設立流動醫療診所醫治居於茂密森林的病人。

MSF sets up mobile clinics to reach patients living in dense forests.

\* The Ganesh Festival is a Hindu festival. It lasts for 10 days. The date usually falls between 20 August and 22 September of each year.

# 全球工作 Worldwide Work

## 海地地震六個月後

### Six Months After Haiti Earthquake

無國界醫生在海地的工作由最初的緊急救援，逐漸演變成更廣泛的醫療和救災行動。無國界醫生現時有超過三千名當地員工和海外救援人員在十九間醫療設施工作，在不同地點提供一千多個床位。在一月十二日至五月三十一日期間，無國界醫生為逾十七萬三千名病人提供緊急醫療護理。

MSF's medical work in Haiti has evolved during the past six months, from an emergency response to a wider range of medical and relief activities. With over 3,000 Haitian and international staff working in the country, MSF currently manages 19 health facilities and has over 1,000 beds available at various locations. The organisation provided emergency medical care to more than 173,000 patients between 12 January and 31 May.



地震六個月後，大部分災民仍然在臨時地方棲身。  
Six months after the quake, most of the affected people are still staying in makeshift shelters.



© MSF

位於喀麥隆的無國界醫生霍亂治療中心。  
MSF cholera treatment centre in Cameroon.

## 於非洲西部設立霍亂治療項目

### Cholera Intervention in Western Africa

自今年五月開始，非洲西部四個鄰近國家——喀麥隆、乍得、尼日爾和尼日利亞爆發霍亂。霍亂是該區的流行病，但今次的病例較以往多很多。無國界醫生設立治療中心，讓較嚴重的病者入院就醫，並設立醫療站，為病情較輕的人提供口服水份補充劑。

In early May this year, cholera broke out in Cameroon, Chad, Niger and Nigeria – four neighboring countries in Western Africa. Although cholera is endemic in the region, there have been far more cases than usual. MSF set up treatment centres to hospitalize severe cases. Oral rehydration points were also set up to take care of simplest cases of cholera.

## 協助剛果民主共和國的流離失所者 Assist the Displaced People in the DRC

剛果軍和數個武裝組織發生劇戰，自八月初開始，數以千計來自剛果民主共和國南基伍省北部的村民被迫逃離村莊。無國界醫生為他們提供緊急醫療護理和霍亂治療。

Since the beginning of August, thousands of people have been forced to flee their villages in the northern part of South Kivu province, Democratic Republic of Congo (DRC), due to heavy clashes between the Congolese army and various armed groups. MSF responded to the urgent needs of the displaced by providing emergency medical care and treatment for cholera patients.



© Niklas BERGSTRAND / MSF

正進行瘧疾快速檢測的病人。  
A patient undergoes a malaria rapid diagnostic test.

## 於印度孟買開展瘧疾防治項目

### Malaria Intervention in Mumbai, India

鑑於孟買的瘧疾病例激增，無國界醫生於八月開設項目，協助孟買衛生當局應付疫情。無國界醫生向孟買六十四間醫療中心提供十萬套檢測工具和三千七百套治療藥品，並培訓醫療中心的員工檢測和治療瘧疾。

Following a sharp increase in malaria cases in Mumbai, MSF launched an intervention to help the Mumbai health authorities fighting the disease in August. MSF provided 100,000 diagnostic kits and 3,700 treatment kits to 64 health centres in the city. MSF also trained the staff in health centres in diagnosing and treating the disease.

## 於加沙地帶增設外科項目

### New Surgical Programme in the Gaza Strip

加沙地帶的禁運繼續影響當地的醫療服務，某些醫療需求仍未能滿足。有見及此，無國界醫生與當地衛生部門合作開展一項整形外科手術項目，治療暴力事件和家居燒傷意外的受害者，以及其他傷者。

The embargo on the Gaza Strip continues to affect healthcare and certain medical needs are still not being met. MSF opened a reconstructive surgery programme in collaboration with the local health authorities to treat people victims of violence, domestic burn accidents and the injured.



© Valerie BABIZE / MSF

禁運仍影響著加沙地帶平民的日常生活。  
The embargo on the Gaza Strip continues to affect the daily life of civilians.

## 尼日利亞北部水災 Flooding in Northwestern Nigeria

九月八日，鄰近索科托州戈羅尼奧的里馬河的水壩崩塌，釀成水災，超過十萬名居民失去家園。無國界醫生向災民分發毛毯、蚊帳、防水帆布、肥皂等物資，又安裝供水系統，每天提供六十萬公升清潔食水。

More than 100,000 people have been displaced due to flooding in northwestern Nigeria, after a dam failed on the Rima River near Goronyo, Sokoto State, on 8 September. MSF distributed supplies including blankets, mosquito nets, tarpaulins and soap to thousands of displaced people and installed a water distribution system which provided 600,000 litres of clean water per day.

## 治療達爾富爾北部暴力事件的傷者

### Treat Wounded after the Violence in North Darfur

九月初，達爾富爾北部泰維萊的塔瓦域市場發生致命暴力襲擊，無國界醫生即時為四十六名傷者提供緊急醫療護理，當中包括一名兒童。事件發生後，五百二十個流離失所的家庭從塔瓦域地區逃到泰維萊。為幫助他們解決燃眉之急，無國界醫生為這些家庭提供清潔食水和分發必須的家庭用品。

Following deadly violence in Tabarat market in Tawila locality, North Darfur state in early September, MSF provided urgent care to 46 wounded, including one child. Since the incident, 520 displaced families from Tarabat area have arrived in Tawila. To help them cope with immediate needs, MSF provided them with clean drinking water and distributed essential household items.



© Jehad NGA

泰維萊的流離失所者。  
Internally displaced persons in Tawila.

# 救援以外的挑戰——非比尋常的日常生活

## Challenges beyond Relief Work An Extraordinary Daily Life

**無** 國界醫生志願人員的「入職要求」註明：志願人員必須能夠應付困難和難以預計的情況，以及能夠適應當地文化、生活環境、安全守則和團隊的互動。前往陌生國度參與救援工作，簡簡單單的衣食住行都充滿挑戰！四位志願人員分享了在任務期間的生活點滴。

One of the general requirements for working in the field is “Field workers must be able to cope with a difficult and unpredictable environment, and adapt to the local culture, living conditions, security regulations and team dynamics”. To carry out relief work in an unfamiliar country, even the daily life is full of challenges! Four MSF field workers share their slices of life during the mission.



穿著無國界醫生T恤的范寧醫生（中）在斯里蘭卡一間醫院巡房。  
Dr. FAN Ning (centre) in MSF T-shirt does the ward-round in a hospital in Sri Lanka.

### 衣 Clothing

#### 識別救援人員的身分

#### The identity of an aid worker

曾在衝突地區如斯里蘭卡、加沙地帶等地方參與救援工作的范寧醫生說：「工作時要穿著印有無國界醫生標誌的T恤，以明確顯示自己是無國界醫生的一員。無國界醫生的中立性，以及與社群建立的互信，是一個無形而強大的保護盾。這件T恤就是我們的保護衣，讓我們深入衝突之地接觸有需要的病人，以及避免武裝派系的攻擊。」

**附註：**為了尊重地方文化，融入當地生活，志願人員有可能需要穿上當地服飾。例如在也門，我們會規定志願人員穿著長袖衫配長褲，女性的上衣必須遮蔽臀部，並要戴頭巾把頭髮和耳朵蓋上。

Dr. FAN Ning, who has worked in conflict zones like Sri Lanka and the Gaza Strip, said, “We have to wear T-shirts with MSF logos to clearly show that we are from MSF. MSF’s neutrality and the trust it builds with communities serve as an invisible but powerful shield. This T-shirt is our protective clothing for reaching those in need in conflict and at the same time to avoid attacks from armed parties.”

**Remarks:** To respect the local culture and integrate into the community, field workers may need to wear local costumes. In Yemen, for example, we require field workers to wear long-sleeved tops with trousers; women must wear hip-length tops, and headscarves to cover their hair and ears.

## 適應當地食物

### Adapting to the local food

今年五月完成蘇丹任務回港的楊凱霞說：「我工作的地方是一條極之偏遠的村落，日常食物只有青豆、牛、羊，以及少量魚。若果要吃其他食物，如雞蛋、綠葉蔬菜和生果，便要到鄰近市集購買，來回車程竟要三個小時！所以不要說吃新鮮雞蛋和生果，在這麼熱的天氣下，雞蛋和生果買回來還未變壞，已經很幸運。」

**附註：**無國界醫生通常會聘用廚子為志願人員烹調簡單食物，也有很多志願人員喜歡親自下廚。為減省成本，食物大都就地取材，很少從海外入口。

Alice YEUNG Hoi Ha was back to Hong Kong from the Sudan mission this May. She recalled, "I worked in a very remote village. The daily food there was only green beans, beef, lamb and a small quantity of fish. If we would like to eat some other food such as eggs, green leafy vegetables and fruits, we had to buy them from the neighbouring market which took about three hours drive! So, please don't expect fresh eggs and fruits there. If the food hadn't become rotten after such a long trip in the hot weather, it was already a blessing!"

**Remarks:** MSF usually employs cooks to prepare simple meals for field workers, and quite a lot of field workers enjoy cooking for themselves. To reduce costs, food is mostly from local sources and seldom imported from overseas.

食  
Food



親自下廚是楊凱霞(右)舒緩壓力的方法之一。  
Cooking is a way for Alice (right) to relieve stress.

## 能屈能伸的住宿環境

### From big houses to small shelters

今年六月，吉爾吉斯爆發大型種族衝突，費碧娜隨即被派到當地為傷者提供精神健康輔導。她說：「由於這是個緊急救援任務，我來到的時候還沒有宿舍。初時，我與其他工作人員要在辦公室睡覺，四五個人睡一間房，其他則住在旅館。後來宿舍安排好，設有浴室、廚房和飯廳，每人還可分配得獨立房間呢！」

**附註：**無國界醫生會盡量為志願人員安排合理的居住環境，以確保他們有充分休息和私人空間。然而在緊急情況下，志願人員可能要睡在辦公室、醫院、貨倉等地，甚至搭建臨時帳幕或在車輛暫住。最重要的是無論住宿好壞，宿舍的選址必須合乎無國界醫生的安全規定。

As inter-community clashes erupted in Kyrgyzstan in June this year, Yenni FEBRINA was sent there to provide mental health consultations to the victims. She said, "It was an emergency programme and the compound was not ready when I arrived. We could only sleep in an office room with four to five colleagues and the others slept in the guesthouse. Later, we got a house with bathroom, kitchen, dining room and everyone had their own room!"

**Remarks:** MSF tries to arrange a reasonable living environment for field workers to ensure they have enough rest and privacy. However, in case of emergency, field workers may have to sleep in places like offices, hospitals, warehouses and even temporary tents and vehicles. No matter how the living environment is, the most important thing is the location of accommodation must meet the safety requirements of MSF.

## 嚴格遵守安全守則

### Complying with security rules

紀麗娜曾在巴基斯坦的開伯爾巴圖克瓦省工作五個月，她憶述：「那裡衝突頻仍，基於安全理由，我們每天的唯一行程就是宿舍、醫院、宿舍，還必定要乘坐車身印有無國界醫生標誌的車輛。安全守則十分嚴格，我們甚至不可自行外出散步或購物，這真是一個挑戰忍耐力的任務。」

**附註：**當然不是每個任務也不容許志願人員外出，在一些局勢較穩定的地方，志願人員可以到鄰近地方活動。然而，他們必須乘坐無國界醫生指定的車輛，以確保安全。

Margarita QUILALA worked in Khyber Pakhtunkhwa in Pakistan for five months. She recalled, "KP is a conflict area. For security reasons, the one and only daily movement of our team is compound – hospital – compound and all the transportation must be made by vehicles with MSF logos. The security guidelines were strict and we were not even allowed to go out for walking or shopping. This was really a challenge to my endurance."

**Remarks:** Not every mission is restrictive like that. In some stable areas, field workers can go to the nearby areas. However, in order to ensure their safety, they must take vehicles designated by MSF.

住

Accommodation

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Transportation

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**Bulk Economy**



**無國界醫生**是國際醫療人道救援組織，我們的宗旨是無分種族、宗教、政治背景或性別，為有需要的人提供醫療援助，並致力引起大眾對危困中人群的關注。

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《無疆》主要是由無國界醫生香港辦事處的職員撰寫，透過一年兩期的《無疆》，讓你了解我們如何運用捐款及加深你對無國界醫生救援工作的了解。《無疆》也是一個平台，讓我們喚起大家對人道危機的關注，和分享我們的前線救援點滴。

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