



中非共和国：  
寂静的危机

*Central African Republic:  
The Silent Crisis*



总干事的话  
From the Executive Director

## “无疆”的真正意义 True Meaning of “Sans Frontières”

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



二零一一年以一则令人震惊的惨剧结束。我们的两位同事哈弗和祁乐夏医生，在索马里摩加迪沙执行人道救援任务时，在无国界医生办公室遇害。

索马里是世上最危险的地方之一，人道状况也持续在最严峻的水平。索马里人面对干旱和长期冲突所致的困境，数以十万计的人们极其脆弱，急需紧急救援。

在索马里，人人都有枪，法治就是人治。就算是患病或受伤的平民，也不得不徒步数天逃避暴力，到无国界医生的诊所求医。

无国界医生的救援人员也是人，我们致力向有需要的人、甚至是被遗忘的人提供援助。为无国界医生工作代表我们相信人的尊严，也尊重生命。我们在祁乐夏医生和哈弗在索马里拯救生命的时候失去他们，这实在不能接受。

然而，祁乐夏医生和哈弗正彰显了“无疆”的真正意义。他们越过国境，为受苦的人伸出援手，令他们知道自己的生命也宝贵。我们将会怀念他俩，亦会继续工作——相信他们也想我们这样做。

这期的《无疆》会借着志愿人员的经历，带您一探中非共和国、南苏丹、土耳其和叙利亚的情况，也会介绍我们如何治疗影响全球二百万名妇女的产科瘘管病。我们也会让你了解我们不断呼吁各捐款机构应借全球基金提供足够的资金去应对艾滋病，不要因为资金缺口，而让这种本可治疗的疾病夺去更多生命。

我也希望借此机会感谢你长期的慷慨支持，亦祝愿你在龙年身体健康。无国界医生会继续寻求最好也最可行的方法，缓解全球数以百万人的痛苦。

2011 ended up with a tragic, shocking and fatal incident. Two of our colleagues and friends Philippe and Dr. Kace were killed in our office in Mogadishu, Somalia, while conducting their humanitarian duties.

Somalia is one of the most dangerous places in the world and its humanitarian crisis continues to be among the worst. The Somali population has been facing the devastating effects of drought, combined with a long-lasting conflict. Hundred of thousands of people are extremely vulnerable, in need of emergency assistance.

In Somalia, everyone has a gun and individuals take the law into their own hands. Civilians, even those who are sick or wounded, have to walk for days to escape violence and find an MSF clinic.

As MSF, we are humans, strongly committed to help other humans in need, who might otherwise be forgotten. Working for MSF means believing in human dignity and the respect for human life. Losing Dr. Kace and Philippe while they were saving lives in Somalia, is a tough price to pay. We cannot accept it.

However, Dr. Kace and Philippe demonstrated the meaning of “sans frontières” (without borders), that they crossed borders and put their hands on the shoulders of someone in suffering to show him that his life matters and is valuable. We will deeply miss them, and we have to continue our work – just as they would have wanted us to.

This Bulletin issue will share with you our field workers' experience in the Central African Republic, South Sudan, Turkey and Syria. We will also turn the light on our activities combating obstetric fistula which affects approximately two million women worldwide. And it focuses on our continuous call for sufficient funding for HIV treatment through the Global Fund to avoid a funding gap which may result in more unnecessary deaths from a disease that can be treated.

I also want to take this opportunity to thank you for your generous and continuous support to us, and I wish you a prosperous Year of the Dragon and good health. In MSF, we will continue to search for the best possible ways to alleviate the sufferings of millions of people around the world.

## 中非共和国： 寂静的危机

### *Central African Republic: The Silent Crisis*

中非共和国正陷入长期的医疗紧急状态，死亡率之高令人震惊，而预期寿命只有四十八岁，在全世界排名倒数第二。但该国政府软弱，国际社会也缺乏援助，令当地的人道危机不为人知。

The Central African Republic (CAR) is in the grip of a chronic medical emergency, with frighteningly high rates of mortality and an average life expectancy of 48 years, which is the world's second lowest. However, despite the government's weaknesses and the failings of the international community, the humanitarian crisis remains largely unrecognised and gravely neglected.

中非共和国位于世界上局势最动荡的地区之一，过去十多年，该国面临重复的政治和军事乱局。当地人口的生活环境日益恶化，也越来越难获得医疗护理。

二零一零和二零一一年期间，无国界医生在当地其中三个省区进行了四次死亡率调查，三个省区的人口占该国四百四十万人口的大部分。结果显示某些地区用以评估人道危机的指标“粗死亡率”，已经超越警戒线水平。即使死亡率最高的地区并没有受到武装冲突或者大量的流离失所者影响，这些数据已足以说明，该国已经进入一种“失控”的局面。无国界医生中非共和国项目总管奥布里说：“二零一零年七月，卡诺的五岁以下儿童死亡率是肯尼亚达达阿布难民营的三倍。人们大都知道在达达阿布，从索马里逃出的人们在极其恶劣的环境下生活，而在卡诺，这场危机却不为人知。”

CAR is located at the heart of one of the most volatile regions in the world. For over a decade, the country has seen recurrent political and military turmoil. So living conditions for the population have steadily worsened and access to medical care has become more difficult.

Between 2010 and 2011, MSF conducted four separate retrospective mortality surveys in three of the country's prefectures which account for the majority of its population of 4.4 million. The survey reveals that the crude mortality rate, used to define a humanitarian crisis, in some regions exceed the emergency threshold level. These rates constitute an "out of control" situation, even though the areas with the highest mortality rates are not affected by conflict or a high number of displaced persons. "In July 2010 in Carnot, the under-five mortality rate was three times as high as that in Kenya's Dadaab refugee camp, where people who fled from Somalia live in dire conditions. In Carnot, the crisis was unknown," said Olivier AUBRY, MSF Head of Mission in CAR.



## 危机、冲突和流离失所

### *Crisis, Conflict and Displacement*

自二零零三年起，中非共和国就处于冲突不断的状态。当局不能确保人民的安全，而武装分子几乎可以随意行动。

虽然与冲突有关的实际死亡数字不算高，但在部分地区，受冲突影响或被迫流徙的人口比例甚高，而暴力事件有时更是冲着平民和救援人员而来。

暴力冲突对人们的健康影响甚大，也会影响孩子的教育、农业生产和道路等基础设施。

CAR has been trapped in a cycle of constant conflict since 2003. The state cannot guarantee the security of its citizens, and armed groups are more or less free to move and act as they will.

While the actual number of conflict-related death is relatively low, the proportion of people affected and displaced by conflict in some areas can be very high, with violence

sometimes directed against civilians and aid workers.

The conflict has a substantial impact on health and on other crucial aspects of people's lives, including education for children, agricultural production, and the degradation of essential infrastructure, including roads.



中非共和国是个内陆国家，其人道危机被严重忽略。

CAR is a landlocked country, and its humanitarian crisis is gravely neglected.



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## 可预防和可治疗疾病的传播率极高

### *Massive Prevalence of Preventable and Treatable Diseases*

中非共和国的传染病和寄生虫病死亡率为全球第五高，疟疾和艾滋病在该国肆虐。疟疾是该国儿童死亡的主因，而当地每人每年都最少感染一次。中非共和国的艾滋病感染率也是非洲中部最高的，但只有约三分之一的病人能够接受抗艾滋病病毒治疗。

CAR has the fifth highest rate of death from infectious and parasitic disease in the world. Malaria and HIV are endemic in the country. Malaria, the country's principal cause of mortality amongst children, infects every individual at least once per year. HIV prevalence is also the highest in Central Africa. However, only around one-third of the patients have access to antiretroviral (ARVs) treatments.

## 似有还无的医疗系统

### *A Phantom Health System*

中非共和国的医疗体系长期处于软弱状态，在某些地区甚至不存在。政府每年的医疗开支只是每人七美元，每年的医疗预算只有三千零八十万美元。在偏远地区，医疗设施平均相距十公里。在中非共和国，每一千名病人只有零点一七名医疗人员，远远低于世界卫生组织所定的二点五的最低标准。病人经常要到私营市场购买品质无保证的药物。同时，抗击艾滋病、结核病和疟疾全球基金指责该国贪污，所以暂停对该国的拨款，过往两年，该国都缺乏治疗这三种疾病的药物，对病人产生极严重的影响。

理论上，一个地区只有处于危机时才需要人道救援，其后当地就可以重新发展。但在中非共和国，理论与现实大有不同。现时该国出现的医疗救助实在不足以应付庞大的需要。这是长期的危机，必须寻找新的模式去为人民提供援助。

The CAR's health system has always been very weak; in many parts of

the country it simply does not exist. The government's annual health spending is only US\$7 per capita and the annual health budget is US\$30.8 million. The average distance to a health facility in rural areas is ten kilometres. CAR's ratio of health care workers to potential patients is 0.17 per 1,000, far below the WHO's minimum level of 2.5. Patients often have to get their medicines, of questionable quality, on the private market. At the same time, because the Global Fund to Fight AIDS, Tuberculosis and Malaria has suspended payments because of corruption allegations, the last two years have seen regular shortages of medicines for malaria, HIV and tuberculosis, with serious effects on patients.

In theory, humanitarian assistance should only be needed during crises, after which development work can begin again. But in CAR, this simply does not match the reality. Existing levels of medical assistance are plainly insufficient to the scale of the needs. The crisis is chronic and new models of assistance have to be found.



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## 帕瓦无国界医生 医院的一天

### *A day in the MSF hospital in Paoua*

无国界医生在人口约十二万人的中非共和国帕瓦州，管理一所有一百五十五张病床的医院。无国界医生与当地卫生部门合作，管理医院所有部门（包括儿科、产科、急诊、住院和门诊治疗，以及结核病和艾滋病的治疗。）

MSF manages a 155 bed hospital in CAR's subprefecture of Paoua, which has a population of approximately 120,000. MSF works with the Ministry of Health in all hospital departments (pediatrics, surgery, maternity, emergency, hospitalisation and outpatient care and treatment of tuberculosis and HIV/AIDS).

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上午七时三十分

夜班员工向早班员工汇报之前一晚医院和各部门病房的情况。

7:30 a.m.

The night shift updates the day team on the night's developments as well as the condition of the patients in the different wards.

上午八时

伊哥妮医生出发到她所负责的儿科病房。她说：“帕瓦医院是这地区唯一的医院。病人来自城市，或来自两小时车程以外、由无国界医生管理的医疗中心。我们每天平均接收四至五个由医疗中心用摩托车送过来的病人。”

伊哥妮医生巡视儿科重症监护病房和初生婴儿病房。她说：“巡房需要很长时间，病房住满病人，很多时候甚至有两个小孩睡在同一张床。我巡房时也不时因急诊而中断，通常是有小孩患上严重疟疾性贫血而需要尽快输血。”

两岁的加斯帕因严重疟疾性贫血而入院。他也患上严重营养不良，导致十分消瘦。疟疾是当地儿童入院的主因，如果没有适当治疗，不少五岁以下的儿童会死亡。

“当我一开始参与救援任务，所有事情都让我很吃惊，我感到很大压力。但很快我们已建立起自动的反应，可以平静地为初生婴儿进行心脏按摩，甚至不会流下一滴汗。”

8:00 a.m.

Dr. Frédérique Eygonnet heads to the pediatrics department which she oversees. “Paoua is the only hospital in the region,” she explains. “Patients come from the city, but also from health centres that MSF manages, about two hours away. On average, we receive four to five patients every day who have been

transferred by motorbike from our health centres.”

Eygonnet visits the pediatric intensive care unit and the neonatology unit. “The visits take a long time,” she says. “The department is very crowded and there are often two children to a bed. My visits are regularly interrupted by emergencies, which often involve children with severe malaria anemia that must be transfused very quickly.”

Gaspard, a two-year-old boy, was admitted for severe malaria anemia. He also presented with marasmus, a severe form of malnutrition. Malaria is one of the leading causes of hospitalisation. It causes many deaths among children under five if left untreated.

“When I started my mission, everything was very intimidating and stressful,” Eygonnet says, “and very soon, we have developed automatic responses and we would perform cardiac massage on infants, calmly, without even breaking a sweat.”

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下午三时

今晚值班班的伊哥妮医生回到无国界医生的宿舍，但她已准备好随时回到医院应对急诊和突发事件。

3:00 p.m.

Eygonnet, who is on duty tonight, returns to the MSF base, but she is making preparations to return to the hospital in case of emergencies.



前线医讯  
Medical info

全球大约有二百万名妇女患上产科瘻管病，大部分病例都在非洲。这是由难产所造成的最严重影响之一，因盆骨的软组织受到婴儿头部的挤压而引起。组织因血液循环受阻而坏死，在阴道和膀胱间、阴道和直肠间或同时在两处形成小洞，尿液或排泄物会经由小洞不断漏出形成失禁。

因漏出的尿液和排泄物会产生难闻气味，患者可能为了减少排尿量而少喝水，有机会导致肾结石和膀胱结石。婴儿头部挤压着神经腺，可能会令患者的双腿麻痹，或令她难以伸展双腿。

患病的妇女也往往被所属的社群遗弃，有些人更可能被丈夫抛弃。

瘻管可以靠外科手术来修补，手术由四十五分钟的简单修补至一系列的手术不等。手术过后两周内，病人仍需使用膀胱导管，然后医疗人员会教导她们以运动来强化盆骨底肌肉。

虽然非洲有庞大的瘻管病治疗需求，当地只有少数专门治疗中心。无国界医生在布隆迪、乍得和尼日利亚分别设立永久治疗中心，为产科瘻管病人提供治疗，还在产科外科手术项目和短期瘻管病治疗营地治理患者。另外，无国界医生也通过产科护理防止瘻管病的出现。

Approximately two million women worldwide, mostly in Africa, suffer from an obstetric fistula. It is among the most serious consequences of prolonged obstructed labour and occurs when the soft tissues of the pelvis are compressed by the baby's head. The tissues die from lack of blood flow, creating a hole between the vagina and the bladder or rectum, through which urine or stool leaks continuously.

That often causes an unpleasant smell, and so the woman may reduce fluid intake to try to reduce the urine flow, which can result in kidney diseases and bladder stones. The pressure of the baby's head on

the nerves may paralyse the woman's legs, or leave her with difficulties in flexing her feet.

Patients may also suffer from social exclusion, and in some cases are abandoned by their husbands.

Fistula can be repaired with surgery. The treatment ranges from a 45-minute repair to a series of operations. Patients will then need bladder catheters for a couple of weeks and will be taught pelvic floor exercises to strengthen the muscles.

Although the medical need for fistula repair is huge in Africa, there are only a few specialised treatment centres. MSF treats fistula in three permanent centres in Burundi, Chad and Nigeria, and also conducts fistula repair surgeries in obstetrical surgical projects and short-term fistula camps. MSF helps prevent fistula occurring in the first place by providing obstetric care at an earlier stage.

## 产科瘻管病— 难产的代价

### *Obstetric fistula – The Price of a Complicated Delivery*

想了解更多无国界医生  
如何在刚果民主  
共和国对付瘻管病？

Want to know more about  
how MSF combats fistula  
in DRC?



[www.msf.org.cn](http://www.msf.org.cn)



强化盆骨底肌肉，令病人可在瘻管修补手术后恢复尿控能力。

Strengthening pelvic floor muscles will help the patients regain their continence following fistula repair surgery.

© Penny BRADFIELD / MSF



图片特写  
Photo Feature



## 为健康注资 重燃艾滋病治疗希望

*Funding for Health  
Regain Hopes in HIV Treatments*

随着医学的发展，艾滋病可以通过药物治疗。在接受抗病毒治疗后，不少感染者重燃对生命的希望。最新的研究更指出，及早为艾滋病病毒感染者提供治疗，能将病毒传播风险降低百分之九十六。这消息对病人和疫情肆虐的国家来说，无疑是一个佳音。

然而在这疫情有望扭转之际，对抗艾滋病的进展却受到医疗资助缩减的威胁。抗击艾滋病、结核病和疟疾全球基金在二零一一年年底宣布，因为资金不足而取消新一轮的年度拨款，此举可能令抗击艾滋病的步伐倒退。

无国界医生呼吁捐助机构及国家必须立即行动，补充全球基金所缺的资金，使其挽救生命的工作能继续下去，让更多病人的生活得以改善。

Thanks to advances in medical technology, and what has been the growing availability of treatment, the fight against HIV/AIDS has been making progress. Many HIV patients regain their faith in life after receiving antiretroviral (ARV) treatments. Scientific research has also shown that providing people with HIV treatment early can reduce the risk of transmitting the virus to others by 96%. This is undoubtedly good news to the patients and countries where HIV/AIDS is epidemic.

While there is a hope that this epidemic can be reversed, the Global Fund to Fight AIDS, Tuberculosis and Malaria announced in late 2011 that it had to cancel its new round of funding because it was running out of money. This may erode the progress that has been made in the fight against the disease.

MSF calls for the immediate action of donor agencies and countries to fill the Global Fund's funding gap so that life saving work can continue and more patients can lead healthy lives.



01/ “医生给我一些药丸，叫我下午和晚上都要吃。那些药丸是白色和蓝色的，味道还不错，但我不知道它们的作用。在学校里，我喜欢音乐和唱歌，长大以后我希望成为一个飞行员。”七岁的布莱恩正在津巴布韦接受无国界医生的艾滋病治疗。

“The doctor gives me pills that I have to take in the afternoon and the evening. They are white and blue and they taste good and I don't know what they are for. In school, I like music and singing and I want to be a pilot when I grow up.” Seven-year-old Brian Tom is receiving HIV/AIDS treatment in the MSF project in Zimbabwe.



© Sven TORFINN / MSF

02/ 来自肯尼亚内罗毕的凯瑟琳是无国界医生诊所的清洁员和厨师，她在七年前开始接受抗艾滋病病毒治疗。她现在是一个健康而活跃的母亲，除了日常工作，她还开设小型蔗糖农场，希望多挣点钱教育下一代。

Seven years ago, Catherine from Nairobi, Kenya, started her ARV treatment in an MSF clinic where she works as a cleaner and a cook. Now she is a healthy and active mother, who in addition to her normal job has started a small sugar plantation to generate more money to educate her children.

03/ 四十一岁的查尔斯于六年前起在肯尼亚接受抗病毒治疗。目前他身体状况良好，在一家医疗中心担任前台工作。查尔斯还在学习驾驶，希望成为一名货车司机，实现自己的梦想。

41-year-old Charles Sako started ARV treatment six years ago in Kenya. Now he is a healthy individual, working as a receptionist in a health centre. Charles is taking a driving course and plans to become a truck driver to further his dreams.



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04/ 无国界医生的预防母婴感染项目，为感染艾滋病病毒的孕妇提供治疗。

MSF's prevention of mother-to-child transmission (PMTCT) programme provides treatments to pregnant women who are HIV-positive.



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05/ 在斯威士兰，艾滋病病毒感染者会接受培训，协助无国界医生探访其他病人。素露正在为一名在偏远地区居住的病人进行病毒测试，她说：“我是艾滋病感染者，做这工作既可助人又可助己。”

In Swaziland, people living with HIV are trained to help doing home visits of other patients. “I am HIV positive. By doing this work I help others but I also help myself,” says Girly Xulu who is conducting an HIV test for another patient living far and remote.



## 生命的循环

### *The circle of life*



某天下午，内科医生找我去急诊室一起看一个病人。那是一个自称十七岁（但看起来明明不到十五岁）的小女生，几天前因为头晕头痛而在邻镇住院，之后头痛没好反而开始肚子胀。连续四天无法进食排便之后，家属决定带她来到我们医院。

我在急诊室帮她检查，她看来虚弱了点，但血压心跳都稳定也没有发烧，肚子虽胀但还算松软，压下去也不觉得痛，可是我完全听不到肠子有任何蠕动的声音。从这样的检查结果实在无法得到诊断，于是我们先开了一些基本的抗生素针剂，并帮她低剂量灌肠，看能不能舒缓腹胀的情况，再来决定下一步如何处理。

傍晚，我为一个孕妇剖腹生产，诞下一对健康漂亮的龙凤胎，心情好好地手术室回急诊看这位病人。护士告诉我，她灌肠后两小时仍然没有排便，原本安静躺著的病人这时也开始一阵阵呻吟呼痛，脉搏上升血压下降。因为没有其他检查可以帮助诊断，我决定直接进入手术室

剖腹探查，希望能找到病因并进行治疗。送病人到手术室的准备过程里，我回到宿舍区匆匆吃了晚餐。

晚上九点半，病人躺在手术台上沉睡，麻醉医生顺利完成气管插管。摆位、对灯、消毒、铺单，十点划下第一刀。开进腹腔的一瞬间，大量血水喷涌而出，我立刻暗叫不妙。我们抽掉足足两公升的血水后才往下找，子宫正常、双侧卵巢及输卵管正常，可以初步排除产科疾病。我回来仔细检查肠子，乍看之下似乎没什么问题，细看就会发现完全没有蠕动，肠壁边缘的肠系膜颜色也不太对。我往腹腔深处找，在肠系膜根部大血管周围赫然发现有一大串肿大的淋巴结硬块，把肠子的血液循环都快完全阻断了。

我几乎可以确定是恶性肿瘤，而且很可能已经转移。

原本很好的心情一瞬间沉了下来。手术房里所有人都很安静，只有我和内科医生简短交换意见的声音。没什么能做的。以这串肿瘤的位置大小、以我们的仪器设备，尝试切



Photo Source /  
Jack CHAO

### 赵钧志医生

#### Dr. CHAO Chun Chih

赵钧志是来自台湾的外科医生，于二零一一年九月被派往无国界医生在南苏丹戈格里亚勒的项目担任外科医生，为期四个月。

*Dr. CHAO Chun Chih is a surgeon from Taiwan. In September 2011, he departed to Gogrial, South Sudan, to work in the MSF project as a general surgeon for four months.*

除肿瘤很可能导致整段小肠缺血坏死，即使勉强切除它也会迅速复发。我机械性地一针针关上伤口，知道这一刀已经等于决定了小女孩的命运：我们光是移除了两公升的腹水而无法根除病因，这只会导致腹腔内压力下降，让已经不稳定的血压更难以维持。手术给了我们答案，但答案什么也没有给我们。

凌晨两点，我在宿舍默默地端著一杯酒发呆，小女孩在病房静静地停止了呼吸。而那对龙凤胎的亲属们正在依习俗彻夜歌舞庆祝。

这就是生命的循环。

One day, our physician came to me in the afternoon for an emergency case. A female patient, who claimed she was 17 years old [but she looked like she was under 15], was admitted to a hospital in the neighbouring town several days ago due to dizziness and headache. But she then developed an abdominal distention and her headache did not improve. After four days of nil by mouth and constipation, her family brought her to our hospital.



二零一一年七月，南苏丹共和国正式成立，但不少平民仍活在冲突和疫症当中。无国界医生在该国应对大规模流徙、难民涌入、部族冲突，以及疟疾和黑热病等疾病高峰期的紧急医疗需要。

In July 2011, the Republic of South Sudan was established. However, the civilians are still living in amongst conflict and disease epidemics. MSF responds to medical needs during large-scale displacement, refugee influxes, inter-communal fighting and peaks of diseases such as malaria and kala azar.

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I conducted an examination in the emergency room. She looked weak, despite a stable blood pressure and pulse. There was no fever. Her abdomen was distended but soft, and she did not have tenderness on palpation. However, the bowel sound was absent. No conclusion could be made at that time. We gave her preliminary antibiotic, and then fleet enema was given carefully to see her response before further assessment and management.

In the evening, I conducted a Caesarean section on a different patient, and a pair of pretty and healthy twins was born—one boy and one girl. On the way back to the emergency room for the patient consultation, I was in a good mood. The nurse told me the patient still had not have a bowel opening for two hours after the enema. Lying on the bed quietly, she suddenly moaned in pain. She had tachycardia and her blood pressure dropped. Without other ways to diagnose her condition, I decided to send her to the operating theatre for an exploratory laparotomy to get into the abdominal cavity, hoping to

find out the causes and give her the appropriate treatment. I went back to the compound for a quick dinner when she was being moved.

At 9:30pm, the patient was on the table. She had undergone general anaesthesia after intubation by our anaesthetist. After the theatre was set up, and the disinfection and draping had taken place, I made incision at 10pm. A gush of bloody fluid came out when the patient's peritoneal cavity was open. There must be some pathology. Around two litres of bloody fluid had been sucked out, we found that her uterus was normal, so as well as the ovaries and the fallopian tubes on both sides, making obstetrical diseases unlikely. I examined the intestines and there was no peristalsis, - automatic contraction of the tube - and the colour of the mesentery connecting tissue alongside the intestinal wall did not look right. I explored further and found a large chain of swollen lymph nodes around the main abdominal artery, almost completely obstructing the blood circulation to the intestines.

I was pretty sure it was a malignant tumor, and that it had probably been metastasised.

My heart sank. People in the operating theatre were all silent; there was nothing we could do. Considering the location and the size of the tumor, as well as our equipment and facilities, attempts to remove the tumor could lead to bowel ischemia, where the blood flow is insufficient. Furthermore, the tumor would recur soon even if it was removed. I stitched up the laparotomy wound mechanically, knowing what will be the girl's fate. The surgery gave us an answer, but the answer did not give us anything.

At 2am, I was in a daze at the compound, holding a shot of cheap vodka. The girl silently breathed her last in the ward, while the new born twins' family, following their tradition could be heard celebrating through the night.

The circle of life.



全球工作  
Worldwide Work

### 01/ 救援人员在索马里被杀和被掳 Field Workers Killed and Abducted in Somalia

二零一一年十二月二十九日，两位无国界医生志愿人员哈弗和祁乐夏医生在索马里遇害。惨剧发生后，无国界医生结束摩加迪沙浩丹区所有医疗项目，包括两所分别有一百二十张病床、治疗营养不良、疟疾和霍乱的医疗设施。这令无国界医生在摩加迪沙提供的医疗援助减半。无国界医生会继续在摩加迪沙和索马里其余十个地区提供医疗服务，也会协助在肯尼亚和埃塞俄比亚难民营的索马里人。

无国界医生也严正要求索马里所有单位、领导和人民协助，促成两名遭绑架的救援人员塞拉和蒂埃博尽快安全获释。她们在二零一一年十月十三日，在肯尼亚北部的达达阿布难民营，为索马里人提供紧急援助时被绑架。

On 29th December 2011, two dedicated MSF field workers Philippe HAVET and Dr. Andrias Karel Keiluhu were killed in Somalia. Following the tragic killings, MSF ended all activities in the Hodan district of the capital of Mogadishu, including the closure of two separate 120-bed medical facilities for the



© LIANG Z.

treatment of malnutrition, measles, and cholera. The closure of activities in this district halves the assistance MSF is providing in Mogadishu. MSF projects will continue to provide medical care in other districts of the city as well as in 10 other locations in Somalia. MSF also assists Somali refugees in camps in Kenya and Ethiopia.

MSF strongly call to all parties, and to the leadership and people of Somalia, to facilitate the safe release of MSF field workers Montserrat SERRA and Blanca THIEBAUT, who were abducted in the Dadaab refugee camp in Kenya on 13th October 2011 while providing emergency assistance to the Somali population.

### 02/ 设施被毁后重启南苏丹工作 Relaunch Activities in South Sudan after Damage of Facilities

在南苏丹的琼莱省，平民继续饱受部族间冲突之苦，无国界医生的设施也在暴力事件中受到破坏。一月，无国界医生重新在城镇皮博尔开展紧急医疗援助项目。

In Jonglei State, South Sudan, civilians continue to bear the brunt of inter-communal fighting. MSF relaunched emergency medical activities in the town of Pibor in January, after two medical facilities had been looted and damaged during the violence.

### 03/ 停止利比亚拘留中心项目 Suspend Work in Detention Centres in Libya

无国界医生得知利比亚米苏拉塔

的拘留中心不断虐待在战事中被拘留者，并拒绝他们的紧急医疗需要，故停止该项目。

MSF suspended its operations in the detention centres in Misrata, Libya, after learning that the war-wounded detainees were repeatedly tortured and denied urgent medical care.

### 04/ 协助土耳其地震灾民 Assist Population Affected by Turkey Earthquake

二零一一年十月廿三日及十一月九日，土耳其发生地震，无国界医生向一万二千名位于凡城的灾民提供冬季帐篷和煮食用品，并为受地震影响的难民和寻求庇护者提供心理健康护理。

After the strong earthquakes struck eastern Turkey on 23rd October and 9th November 2011, MSF distributed winter tents and cooking kits to 12,000 people in the hard hit Van province, and provided mental healthcare to refugees and asylum seekers who have been affected by the earthquake.



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**05/ 为叙利亚流徙者提供  
精神健康护理  
Provide Mental Healthcare to  
Displaced of Syria Unrest**

数以千计的叙利亚人在局势不稳情况下离国，无国界医生在黎巴嫩北部，为当地的黎巴嫩和叙利亚人民提供免费精神健康诊症。

MSF provided free mental health consultations to the Lebanese and Syrian populations in northern Lebanon, after thousands of Syrians had fled the unrest in Syria.

**06/ 呼吁紧急行动拯救缅甸人生命  
Call for Urgent Action to Save  
Lives in Myanmar**

作为缅甸最大的艾滋病治疗提供者，无国界医生强调该国对治疗的需求日益庞大，以及全球基金停止拨款对病人的影响。

As the largest provider of HIV/AIDS treatment in Myanmar, MSF highlighted the country's need for increased treatment supplies, and draw attention to the possible consequences of the ending of financial support for treatment by the Global Fund.





无国界医生 • 香港  
MSF - Hong Kong



## 携手支持人道救援

### *Hand in Hand for Humanitarian Work*

无国界医生的人道救援工作，需要由专业的医疗和非医疗救援人员执行；在救援人员背后，也有不少人默默支援前线的救援工作。例如在无国界医生香港办事处，办事处义工每天都会协助我们处理日常大小事务，包括信件处理、资料输入及文件存档等。蔡奕玲女士（Elaine）正是其中的一分子，她在退休后希望做一些有意义的义工工作，因此在二零一零年加入无国界医生的办事处义工团队。

Elaine有时需要帮忙照顾孙子，却希望继续义工工作，所以偶尔会带上孙儿施卓杰（杰仔）一起来帮忙。“起初我只希望他不会太顽皮，没想到他会乐于去帮忙，而且还学习得这么快！”奶奶Elaine自豪地说起孙儿的趣事。“他第一次帮忙贴邮票时，发现自己比其他人贴得慢，就主动向其他义工求教。”

Elaine今天的工作是点算邮件的数量，杰仔也一起帮忙，每一迭邮件上所贴的数量备忘，都有杰仔的“真迹”。看着自己的工作成果，杰仔腼腆但满足的笑起来。“可以帮上忙，我觉得很开心。”Elaine与其他义工，每天都风雨不改地到无国界医生香港办事处帮忙，除了为人道救援工作出一分力之外，义工之间也建立了深厚的友谊。全赖一众办事

处义工的帮助，无国界医生能善用资源和减省行政开支。

除了办事处义工，每月捐款者都是无国界医生重要的救援伙伴。刘一女士和Pui Ching早前参与了陈慧芝医生的埃塞俄比亚救援分享会后，对无国界医生的工作有了更深刻的印象。

“陈慧芝医生的分享令我感到非常震撼，前线的工作环境比我想像中更严峻，救援人员的忍耐和努力，令我非常佩服。我非常感谢无国界医生，在最紧急的时候于非洲之角展开了救援。”Pui Ching说。

刘一女士由做第一份工作开始捐款予无国界医生，后来在丈夫的鼓励下，她作出更大的承诺，参与了救援伙伴计划。“纵使每月的捐款金额不高，但我相信恒常的捐款，可以令无国界医生更妥善计划资源，以回应突发的灾难。”

捐款者和义工的支持，对无国界医生都是不可或缺。大家一点一滴的支持，令无国界医生能够在全球逾六十个国家随时准备回应紧急情况，提供人道医疗救援。

MSF humanitarian work is carried out by medical and non-medical professionals. Headquarters workers support MSF field workers.

For instance, volunteers at the MSF Hong Kong office assist with everyday office tasks such as preparing mailings, data entry, and filing. Elaine is one of our dedicated volunteers, who wanted to do something meaningful after retirement. She joined the team in 2010 and sometimes brings her grandson with her.

“Initially I only hoped he wouldn't be too naughty in the office, but I was surprised to find out that he is such a fast learner. The first time he helped attach stamps to envelopes, he found himself lagging behind the other volunteers. So he asked them to teach him how to attach the stamps more efficiently,” Elaine spoke proudly about her grandson, Nicky.

On another day Nicky's task was to count the quantity of outgoing mail. All numbers on the little memos were written by him. Nicky showed his work with great satisfaction and a timid smile. “I am very happy to help others.” Elaine and many other volunteers come to MSF Hong Kong office everyday, rain or shine. Not only do they contribute to the humanitarian work, but they also develop true friendships. With volunteers' assistance, MSF can fully utilise resources and reduce administration expenses.



哀悼  
IN MEMORIAM

01/ 杰仔和Elaine正帮忙点算寄给捐款者的信件数量。

Nicky and Elaine are counting the number of outgoing mails to donors.

02/ Pui Ching参与无国界医生救援伙伴计划，设立每月定期捐款。

Nicky Pui Ching joins MSF Field Partner scheme to set up monthly donations.

03/ 刘一女士最欣赏无国界医生的是其不偏不倚的原则。

Quennie appreciates MSF most for its principle of impartiality.

©Vivienne CHAN / MSF

Another big helping hand to MSF is from our field partners – regular monthly donors. Ms. Quennie LAU and Ms. Pui Ching CHAN recently attended Dr. Gigi CHAN's sharing session about her life-saving experience in Ethiopia. Quennie and Pui Ching gained a deeper understanding about MSF's humanitarian work at the session.

"Gigi's sharing astonished me. The working conditions the field workers' operated in were harsher than I could imagine. I really appreciate the field workers' passion and endurance," said Pui Ching, "I was thankful that MSF was in the Horn of Africa during the malnutrition emergencies."

Quennie made her first donation to MSF when she started her first job after graduation. She later joined the field partner scheme with the encouragement of her husband. "Although my donation is not significant, I believe that my regular contribution can allow MSF to better plan its resources, especially in times of emergency."

Donors and volunteers' supports are always vital to MSF. Drip by drip, drop by drop, your support enables us to provide medical humanitarian aid in over 60 countries in the world and respond to emergencies promptly.

## 祁乐夏医生和哈弗 *Andrias Karel KEILUHU and Philippe HAVET*



无国界医生沉痛悼念两位在二零一一年十二月二十九日于索马里摩加迪沙被枪杀的志愿人员——祁乐夏医生和哈弗。

祁乐夏医生来自印尼，自一九九八年加入无国界医生，曾到印尼、埃塞俄比亚、泰国和索马里参与救援工作。比利时籍的哈弗，是一名经验丰富的紧急项目统筹，于二零零零年加入无国界医生，曾到安哥拉、刚果民主共和国、印尼、黎巴嫩、塞拉利昂、南非和索马里参与救援工作。祁乐夏医生和哈弗都是无国界医生同仁的良师益友，我们将会永远怀念他们，也不会忘记他们对医疗人道救援工作付出的贡献。

It is with great sadness that MSF lost two dedicated field workers Dr. Andrias Karel KEILUHU (Kace) and Philippe HAVET on 29th December 2011 as a result of a shooting in Mogadishu, Somalia.

Kace was a veteran medical doctor who had worked with MSF since 1998 in his native Indonesia as well as in Ethiopia, Thailand and Somalia. Philippe was an experienced Belgian emergency coordinator who had been working with MSF since 2000 in many countries, including Angola, the Democratic Republic of Congo, Indonesia, Lebanon, Sierra Leone, South Africa and Somalia. They were to many of us good friends and mentors. They will be dearly missed, and their contribution to medical humanitarian work will not be forgotten.

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