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無疆



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冲突中的医疗护理 Healthcare in the midst of conflict

马里和叙利亚的冲突于过去数月一直占据国际新闻头条，焦点大都放在两国的政局之上，但让我们也看看这些冲突背后的人道问题。

近年在中东和北非国家的冲突都各有背景和特点，但也有一些共通点。例如，在叙利亚和巴林，医院和医疗人员经常成为袭击目标。而这些国家的医疗系统本来质量甚高，无国界医生在正常情况下甚少进行救援。但冲突加剧令医疗系统崩溃，人道需要急增，无国界医生遂适时介入，提供医疗援助。

而我们介入的方式，也返回我们在 1990 年代广为人知的模式——“地下救援”。目前在叙利亚，由于无法获得官方批准，我们需要在私人房屋、洞穴甚至养鸡场开设医疗设施。

以地下形式提供医疗护理极具挑战。我们需要设立符合卫生和结构标准的医疗设施，且地点要接近前线、病人能够到达，但又安全，让医疗队伍能好好地工作。在一场不断演变的冲突中，要找寻适当地点和时机十分困难。

我们亦见证到邻近国家出现难民危机，和 1990 年代的情况十分相似。在 90 年代，利比里亚、卢旺达和索马里等地的冲突造成大批难民，人道需要庞大，促使无国界医生展开救援工作。今天，同样情况出现在黎巴嫩、约旦和毛里塔尼亚等国，当地容纳了数以十万计叙利亚和马里难民，居住条件恶劣。尽管已有多年的经验教训，国际社会仍无法恰当地应对难民和流离失所者的需要。

今期《无疆》将向你介绍无国界医生在冲突环境下工作所面对的一些挑战。我们也会探讨全球约 65 万人患上的耐药药结核病正在蔓延的危机。“图片特写”则带你到摩洛哥，当地有数百名来自撒哈拉沙漠以南的移民，缺乏医疗和基本生活所需。

在未来一年，当我们接触和向数以百万计被困于天灾和冲突中的病人提供医疗服务时，相信仍会遇上不少困难。要克服这些挑战，我们需要你的帮助和支持。

Fighting in Mali and Syria has been in the world news head lines for the past several months. Most of the focus though is on the political situation there, we would like to shed more light on the humanitarian side.

Although conflicts in the Middle East and North Africa in recent years each have their own specificities, there are certain common characteristics. For example, hospitals and medical staff are frequently targeted, as in Syria and Bahrain. Where they have healthcare systems of good quality, MSF will seldom intervene in normal circumstances. But as conflicts intensify, the system collapses and humanitarian needs surge, that's when MSF steps in to provide medical aid.

And the form that takes goes back to the practice made MSF famous in the 1990s, "underground intervention". Today in Syria, because we can't get approval from the authorities, we have to open healthcare structures in private houses, caves and even chicken farms.

It is highly challenging to provide medical care in underground settings. We need to set up healthcare units which fit hygienic and structural standards, close enough to the frontline for patient access and safe enough for the team to work properly. It is very hard to find the right place and timing in a constantly evolving conflict.

What we have also witnessed are refugee crises in neighboring countries, which is very similar to what happened in the 1990s. Frequent fighting in Liberia, Rwanda and Somalia in the 90s generated a large number of refugees with great humanitarian needs, resulting in MSF's intervention. Today, we see the same happening in countries like Lebanon, Jordan and Mauritania, where hundreds of thousands of Syrian and Malian refugees are suffering from poor living conditions. The international community still fails to properly address the needs of the refugees and the displaced, despite all these years of experience and reflections.

This issue of Borderline will share with you some challenges MSF faces when working in conflict settings. We will also discuss the alarming global crisis of multidrug-resistant tuberculosis (MDR-TB) which affects around 650,000 patients worldwide. The Photo Feature will bring you to Morocco, where several hundreds of sub-Saharan migrants are in dire need of medical services and the essentials of life.

As you see, this year continues to throw up problems for us in reaching and providing healthcare to millions of people trapped in natural disasters and conflicts. To overcome these challenges, we need your help and support.

叙利亚冲突于 2011 年 3 月爆发，两年来人道状况不断恶化。
The unrest in Syria first started in March 2011, and since then
the humanitarian situation there has continued to deteriorate.
©Nicole TUNG/MSF

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一直以来，无国界医生都强调在冲突环境中，尊重病人、医疗人员和设施的重要性，以确保病人能不受限制地获得不偏不倚和有质量的医疗服务，但这在前线实践起来绝非易事。今天，无数病人仍被困在炮火之中，叙利亚和马里便是其中的例子。

MSF has always emphasised the importance of respecting patients, medical staff and facilities so that there can be impartial medical treatment in conflict areas and unhindered access to quality healthcare. But it is never an easy task on the front line. Today, many patients have been trapped by fighting in Syria and Mali for example.

伤者众多 医疗设施受袭

中东国家叙利亚爆发冲突至今已有两年，接连空袭和炮轰造成伤亡者众多，且生活条件日趋恶化。无国界医生目前在该国北部的3间医院工作，接收的伤者不少是被爆炸的碎片或金属碎片击中，有男、有女，更有儿童。有人被送到医院时已回天乏术，也有女童的头盖骨受到重创，在被转送至土耳其期间伤重不治。

早前在当地担任项目统筹的科斯瓦妮说：“几乎每天都有村落受到火箭或直升机投下的炸药和金属装置袭击，很多居民因炸弹碎片或房屋倒塌受伤。”人们听到直升机的声音便如惊弓之鸟，这也导致意外频发。有小孩更因此患上抑郁症，寝食不安。

更甚的是，医疗设施随时会成为冲突双方的袭击目标。在1月中，一枚导弹坠落在无国界医生于叙利亚阿勒颇的医院仅800米之外的地方，虽然无人受伤，但事件充分反映了不稳的局势同样令医疗人员安全受到威胁。

被困战火 难以求医

路障、炮火和空袭，意味人们经常担惊受怕，冲突伤者、孕妇和其他有医疗需要的人士，往往不敢外出求医，延误诊治则令病情恶化。

战火下，叙利亚的医疗系统亦已崩溃，无法正常运作，无国界医生接收的病人中，便有不少是高血压和心脏病等长期病患，以及分娩和剖腹产子个案。

在同样受战火摧残的西非国家马里，无国界医生派出流动队伍到偏远地区工作，将援助带给无法前来医疗设施的病人。流动诊所不但向居民提供基层医疗援助，也有助确保孕妇能定期接受产前检查。不过，由于路上埋有地雷，流动诊所一度被迫暂停服务。

现实中的局限

局势不安全仅是冲突环境下医疗人道救援的限制之一。自叙利亚发生冲突以来，无国界医生一直试图到人道需求



无国界医生在叙利亚北部的3间医院提供医疗服务。MSF is working in three hospitals in the northern Syria to provide medical services. ©MSF

不愿见的晴天 Clear sky but bad weather

来自台湾的麻醉科医生李一辰 (Ethan)，今年初完成在叙利亚一个半月的救援任务。他描述当地情况说：“轰炸通常在午后和晚上发生，天气好的话，空袭会特别多，那对我们来说是‘坏天气’。由于安全理由，病人往往在翌日早上才来到医院求医，他们大部分是平民，但有时也会有叛军和政府军士兵。”

在战地行医，他坦言压力不少，尤其是在猛烈轰炸后，大批病人涌至医院，往往令医疗队伍应接不暇。队伍会透过分流方式，优先处理情况较严重的伤者，并转送其他伤者至附近的医疗设施。他忆述其中一次特别严重的个案：“一位母亲来到医院，她的头颅骨折。她在接受治疗时一直大哭，因为她的两个小孩手脚被炸断，被转送至土耳其。甫处理好伤口，她便马上离开医院去找孩子，我们再也无法知道她的去向和情况。”

病人还会因为各种原因提早离开医院，例如赶着回去照顾亲人，或因回家路途遥远，要趁安全情况稍为许可，及早启程等。正因如此，医院无法跟进这些病人的康复进度，也成为在冲突中提供医疗护理的困难之一。

Dr. Ethan LEE, an anesthetist from Taiwan who worked with MSF in Syria for 1.5 months and returned home earlier this year, recalls the daily pattern.

“Bombardments and shelling usually hit the area in the afternoon and at night. When the sky is clear, there are more air strikes, so it is “bad weather” for us. Patients usually arrived the next morning because of security concerns. Most of them were civilians, but sometimes we received rebels and government soldiers as well.”

It is not easy to work in a conflict setting, particularly when there is large inflow of patients after mass casualty incidents, causing quite a heavy burden for the team. They prioritize the most critical cases and refer other patients to medical facilities nearby. Ethan saw one particularly difficult case. “A mother came to our hospital with a skull fracture. She cried desperately when I was treating her because her children had serious injuries to their arms and legs, and were referred to Turkey. She left the hospital once the treatment was finished to look for her children, and we could no longer keep track of her.”

Waves of patients, medical facilities attacked

It has been 2 years since fighting broke out in Syria. Continuous air strikes and shelling result in heavy casualties, while the general living conditions of the population are deteriorating. MSF is working in 3 hospitals in the northern part of the country. Most of the patients are men, women and children wounded by debris or metal fragments from the explosions. Some of them are already dead on arrival, while some others, like one little girl who suffered a skull trauma, died while being transferred to Turkey.

Katrin KISSWANI, the Project Coordinator in Syria, said, "Almost every day villages are attacked by rockets and from helicopters that drop drums full of explosive and metallic devices. Many patients suffer from shrapnel injuries and crush wounds from collapsing houses."

People often feel panic when they hear the helicopters, and this causes lots of accidents, while some children show symptoms of depression, anxiety or sleeplessness.

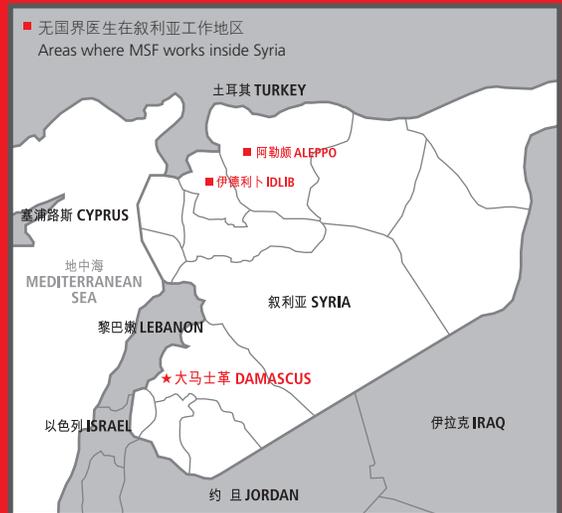
What's worse is when healthcare facilities become the target of the warring parties. In mid January, a missile landed 800 metres from an MSF field hospital in Aleppo.

Patients would also leave the hospital earlier than planned if they had other family members at home to take care of, or they needed to return home as soon as the security situation allowed as they lived far away. So the teams were hardly able to follow up with the patients about their recovery, which is another challenge when providing medical care in a conflict.



李一辰医生(右)在叙利亚参与救援时,不时遇到因轰炸造成的大型伤亡事故。During his mission in Syria, Ethan (right) often had to handle large inflow of patients after mass casualty incidents caused by bombardments.

Source: *Ethan LEE*



Though no casualties were reported, the incident clearly shows how the volatile situation puts the safety of medical staff at risk.

Trapped in conflict, access denied

Roadblocks, gunfire and air strikes mean that people are constantly afraid, so many with injuries or other medical needs dare not travel to seek medical care. Treatment delays can only worsen their conditions.

As the healthcare system in Syria collapsed, MSF received a lot of patients with chronic complaints, such as high blood pressure and heart disease. There are also pregnant women coming to deliver or for caesarian sections.

In Mali, the West African country also devastated by conflict, MSF sent mobile teams to reach patients who could not access medical care. The teams not only offered primary healthcare services to the local populations, but also helped ensure pregnant women to receive routine antenatal consultations. However, with fears of land mines on the roads, MSF has been forced to temporarily suspend its mobile clinics.

Limitations in reality

Insecurity is only one of the limitations on delivering humanitarian aid in conflict settings. Since conflict broke out in Syria, MSF has been trying to reach the places with the most humanitarian needs. Despite repeated requests to enter government-controlled areas, currently we can only work in areas controlled by opposition groups because of security concerns or restrictions from the authorities.

最迫切的地方工作，尽管多番寻求官方许可前往受政府控制的地区，但碍于安全形势及官方限制，我们至今仍只能在反对派的控制地区工作。

对于以中立和不偏不倚为救援原则的无国界医生来说，这绝非理想状态，但诚如早前完成叙利亚任务的外科医生莱德奇所言：“虽然在地理上，我们只在冲突的其中一方工作，但我们仍坚守原则。我们除了医治很多平民外，也治疗叛军士兵和曾被囚禁的叙利亚军队士兵，无分伤病者的政治或宗教背景，因此医院里的叙利亚同僚很快明白到我们在冲突里是保持中立的。”

This is not an ideal situation for MSF, which emphasizes neutrality and impartiality as its leading principles. Dr. Martial LEDECQ, a surgeon who recently returned from the Syrian mission says, “Even though MSF is only working geographically on one side of the conflict, we are staying true to our humanitarian principles. As well as many civilians, we treated both wounded rebel fighters and soldiers from the Syrian army who had been taken prisoner, regardless of their political or religious opinions. Our Syrian co-workers in the hospital quickly understood that we were neutral in the conflict.”

战区以外的苦难 Misery beyond the war zone

除了留在当地的居民饱受战火影响外，无数为逃避炮火而放下一切前往邻国的难民，亦要经历在战区以外的苦难。

据统计，超过 100 万名叙利亚人已越过边境，在黎巴嫩、伊拉克和约旦等地登记成为难民。无国界医生于去年 12 月在黎巴嫩进行的一项调查显示，由于行政手续复杂、登记地点遥远和害怕被遣返回国等因素，在受访的叙利亚人中，仍有 41% 未登记成为难民，难以获得食物和医疗等人道援助。

一位在黎巴嫩难民营的难民说：“这里的情况非常差。我们没有卫生设施，要在地上挖洞如厕。下雨的时候，帐篷淹水，孩子便会生病。天气很冷，我们要就地取材来生火取暖。现在最重要的是医疗服务。”

在西非，超过 10 万名马里人已逃到布基纳法索、毛里塔尼亚和尼日尔等邻近国家。在毛里塔尼亚的姆贝雷难民营，几乎每 5 名儿童就有一人患上营养不良，无国界医生正在当地提供营养治疗和医疗护理服务。

In many conflict settings, it's not only the people trapped in the fighting who are adversely affected, but also those who flee from the violence to neighboring countries.

More than 1 million Syrians have crossed the border to Lebanon, Iraq and Jordan and registered as refugees. An MSF survey conducted in Lebanon last December shows that more than 40% of those surveyed were not officially registered due to administrative hurdles, inaccessibility of registration offices and the risk of being sent back to Syria. They face difficulties receiving aid like food and health services.

A refugee staying in one of the camps in Lebanon said, “The situation is extremely bad. We have no sewage system and had to dig holes in the ground. When it rains the water flows into the tents so the kids get sick. It's also very cold and we have to burn all sort of materials. Our most important concern here right now is medical care.”

In West Africa, over 100,000 Malians have fled to neighboring countries including Burkina Faso, Mauritania and Niger. In the Mbera camp in Mauritania, almost every 1 out of 5 children is malnourished. MSF has launched a nutrition and health care programme in the camp.



这个叙利亚难民家庭栖身于黎巴嫩的破烂房舍之中，生活条件十分恶劣。
A Syrian family living in a ramshackle home in Lebanon with poor living conditions.

©Michael GOLDFARB/MSF

重开阿富汗霍斯特 妇产科医院

Khost maternity hospital reopened in Afghanistan

踏入 2013 年前夕，无国界医生重开在阿富汗霍斯特省的妇产科医院。该医院早前因发生炸弹爆炸而暂停运作 8 个月。无国界医生亦分别在首都喀布尔、昆都士省和赫尔曼德省设有项目，其中在昆都士省的外科医院，在 1 月底昆都士市发生炸弹爆炸后，便医治了 22 名伤者。

Just before the new year of 2013, MSF resumed medical activities at its maternity hospital in Khost Province, Afghanistan, which were suspended for 8 months following a bomb explosion in the hospital. MSF also works in Kabul, Helmand and Kunduz provinces. In Kunduz, MSF received 22 patients in its surgical hospital after a bomb blast in the city.

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为刚果民主共和国 6.5 万名儿童接种 麻疹疫苗

Children vaccinated against measles in DRC

2012 年底至 2013 年 1 月，无国界医生在刚果民主共和国布亚基里地区，为逾 6.5 万名 6 个月至 15 岁儿童接种麻疹疫苗。

Over 65,000 children, aged 6 months to 15 years, in the region of Bunyakiri in Democratic Republic of Congo have been vaccinated against measles by MSF teams from December 2012 to January 2013.

应对南苏丹 戊型肝炎疫情及 预防霍乱

Responding to hepatitis E and cholera prevention in South Sudan

南苏丹马班县各难民营戊型肝炎爆发，作为当地的主要医疗护理提供者，无国界医生开展紧急项目，治疗戊型肝炎病人，截至 2013 年 2 月初，已治疗了近 4,000 名病人。此外，无国界医生亦在区内为 10.5 万名难民和 27,500 名居民接种霍乱疫苗作为预防措施。

An epidemic of hepatitis E has been escalating across refugee camps in Maban County, South Sudan. As the main healthcare provider in the camps, MSF launched an emergency response and treated nearly 4,000 patients as of early February. MSF also vaccinated 105,000 refugees and 27,500 residents of the area to prevent possible cholera cases.

这是穆萨第二次逃往欧洲并失败而回，他说不会放弃，不过他不会走水路。他的两个朋友在横渡直布罗陀海峡时被淹死了。

Mussa returns to camp after failing in his second attempt to reach Europe. He says he will keep on trying, though he'll stay away from the water. Two of his friends drowned in a previous attempt to cross the Strait of Gibraltar.

©Anna SURINYACH/MSF



在东部大区树林栖身的入境者，取水路途遥远，沿路他们能望见梅利利亚，一个看得见、但对很多人是遥不可及的地方。

On the long way to get some drinking water, migrants living in the forests in Oriental Region can see Melilla. They have their goal in sight, but for most it is an unreachable one.

©Anna SURINYACH/MSF



许多入境者为了逃避搜捕而躲在山洞或森林里。冬夏极端的气候加上卫生欠佳的露天居住环境，使入境者面临各种疾病的威胁。

Many migrants hide themselves in the caves or the forest to avoid the frequent security raids. The open and very unhygienic living conditions, as well as the extreme temperatures in summer and winter, expose them to all sorts of diseases.

©Anna SURINYACH/MSF



那细小营火，不只是用来煮食和泡茶，在冬季，入境者也靠它取暖。

The men gather together around small bonfires used for cooking, boiling water for tea and, above all, warming up a little in the winter.

©Anna SURINYACHI/MSF



无国界医生每月在东部大区纳祖尔向入境者提供流动诊所服务，并派发卫生用品、冬季需要的毛毯和外套。

MSF attends migrants in monthly mobile clinics in Nador, Oriental Region. Hygienic materials, and in winter, blankets and jackets are distributed to migrants.

©Anna SURINYACHI/MSF

位于摩洛哥东部的东部大区，与西班牙领土梅利利亚接壤，容纳了数以百计来自撒哈拉沙漠以南、打算前往欧洲的入境者。他们主要来自马里、喀麦隆等西非国家，有人是为了逃离冲突，但更多人是为求更好生活和供养留在祖国的亲人而踏上往欧洲之路。要到达欧洲，他们得先翻过梅利利亚的围栏。

大部分入境者在摩洛哥都没有合法身份，又随时面临警方的突袭搜捕，使他们进退维谷，既无处栖息，居住环境的卫生情况极差，而且经常遭到保安部队和黑帮组织的殴打和虐待，却又被当地的医疗设施排除在外。

在摩洛哥东部地区，无国界医生是唯一提供医疗服务的人道救援组织，自2003年起为入境者提供服务，现正在摩洛哥首都拉巴特和东部大区提供医疗和心理健康护理服务，并向他们派发基本生活物资及提供水利卫生设施。

Oriental Region, located in eastern Morocco and bordering the Spanish enclave of Melilla, is home to several hundreds of sub-Saharan migrants, waiting for an opportunity to enter Europe. They mainly come from Western African countries such as Mali and Cameroon. Not only are they often leaving conflict countries but looking for a better life for themselves and better support for their families left behind. To enter Europe, they have to climb over the fences separating them from Melilla.

With no legal Moroccan identity and often being the target of raids, they are stuck at a dead end – without shelter, living in extremely poor hygienic conditions and being exposed to abuse perpetrated by security forces and mafia groups. What's worse, they are excluded from local medical facilities.

MSF started working with sub-Saharan migrants in 2003 in eastern Morocco. MSF is the only humanitarian organisation providing healthcare, with projects in Oriental region and Rabat, the capital. In addition to medical and psychological care, MSF also distributes daily necessities for migrants and carries out water and sanitation activities.

摩洛哥：进退维谷的入境者

Migrants in Morocco: Stuck At a Dead End



鲍隽宇是来自香港的护士，于2012年12月首次参与无国界医生的救援任务，前往南苏丹延比奥的基层医疗护理项目工作，为期6个月。

PAU Chun Yu, Vincent, is a nurse from Hong Kong. In December 2012, he set off for his first MSF mission to work in a primary healthcare project in Yambio, South Sudan for six months.

鲍隽宇
PAU Chun Yu, Vincent

生命的重量

The Weight of Life

得知 James 心跳停顿时，我立刻带同急救药物和仪器跑到他床边。正准备向他胸口按压施行急救之际，James 的姨妈却捉着我双手，示意要我停止。我犹疑了一下，最后还是把 James 仍然温暖的身体抱起，交回他姨妈手上。那软绵绵的身体好像一个洋娃娃，轻的程度告诉我里面什么也没有剩下，包括生命。

姨妈没有放声痛哭，冷冷地用围巾把 James 包起，便匆匆地抱走了他，毕竟家中还有几个小孩等着她照顾。何况婴儿的死亡在这里平凡得像下两三次雨就会忘记的小事一样，想起难免叫人心伤，却是这里每天都在发生的事情。

输了在起跑线上

James 只有 4 个月大，和这里大多数小朋友一样，都是在家中出生。来到医院的时候，体重只有两公斤，是纪录片中皮包骨小孩的模样。两公斤！我相信绝大部分刚刚出生的香港婴儿体重也不止于此。对于 James 来说，这是名不副实的“输在起跑线上”。他妈妈在分娩过程中难产而死，姨妈从此承担了照顾 James 的重任，在照顾自己的孩子之余，向 James 哺乳。

假如我是一个小说家，在我的笔下，James 会因为如此悲惨的身世，比别人奋发上进，成为一个顶天立地的人。可惜现实不是小说，有时候可以比小说更荒诞。

When I knew James' heartbeat had stopped, I ran to his bed immediately with revival medications and equipment. While I was about to perform cardiopulmonary resuscitation on him, his aunt held my hands and motioned me to stop. I hesitated for a second but handed James' warm body to her finally. The little body was as soft as a doll. It was so light as if there had been nothing left inside, including his life.

James' aunt did not cry out loud, but wrapped James with a scarf and left hastily – there were several kids at home who needed her care after all. In this place, a child's death is as common as rain here, something that people would forget very soon. A sad incident, it happens every day though.

Lost at the Starting Line

James was four-months old. Like other children here, he was delivered at home. He was two kilograms when he arrived at the hospital, looking like one of the skinny boys that we see in documentaries. Two kilograms! I think most of the new borns in Hong Kong would be heavier than this. James was definitely “lost at the starting line” – his mother died during labour; his aunt took care of him and breastfed him while bringing up her own children.

If I were a novelist, James, given his miserable background, would be written as an aspiring man with indomitable spirit. However, life is not like a novel – sometimes it can be more ironic.



延比奥医院儿科病房的一对母子。无国界医生支援该院提供基层医疗护理。

A mother and her child in the paediatric department in Yambio hospital where MSF supports primary health care.
© Marco BARONCINI

James 早几天出现咳嗽和腹泻，但他的家人第一时间带他去不是医院，而是教堂。眼见情况没有好转，才花了约 6 小时车程来到这全市唯一的医院。James 来到的时候情况已经很差。在这个贫困和充满饥饿的国家，“瘦”对于他们来说不是营养不良的警号，有时候非得要小孩出现并发症才会求诊，好些婴儿来到时情况已经达到危险水平了。可惜的是，我们最后还是帮不了 James。

鼓励的笑容

看着 James 的姨妈把他抱走，我感到一阵莫名的失落和心痛，长长地叹了一口气。当你发现即使已经尽全力仍然改变不了结局，难免会感到沮丧。离开病房之际，发现 Thomas 的眼睛一直紧紧的看着我，并且对我报以纯真的笑容。Thomas 6 个月大，是 James 邻床的病人，入院时只有 3 公斤。不过他母亲及早带他来求医，病情还不算太严重。和其他营养不良的婴儿一样，我们每天为他量度体重和身高，一方面用以计算营养奶的份量，另一方面作为观察病情的指标。Thomas 经过细心的治疗后，精神一天比一天好，感染痊愈了，食欲也有所改善，在两星期之间体重已经增加了 0.8 公斤，相信很快可以出院。Thomas 的笑容给了我重大的鼓励，提醒着我在这里还有很多病人需要我们的帮助。

这里是南苏丹的延比奥，一个产妇和婴儿死亡率很高的地方。针对这两群脆弱的病人，无国界医生特别在此开展项目，提供支援。这是我加入后的第一个任务，面对种种困难，需要努力学习的地方还有很多。不过每天下班的时候，我还是会提醒自己，能够用双手去救助别人的生命，早已经是凡生修来的福气。

James started coughing and having diarrhea a few days ago. However, his family did not bring him to a hospital in the first place, but a church instead. Having seen no improvement in James' condition, they took a six hour ride to bring James here, the only hospital in the city. James was very weak when he arrived. In a country full of poverty and hunger, "thinness" is not a signal of malnutrition. People bring their children to doctors only when they suffer from complications. Quite a few infants arrive at the hospital in a critical condition. Sadly, we could not save James.

An Encouraging Smile

Seeing James' uncle take his body away, I let out a heavy sigh as I felt lost and heartbroken – It's hard not to feel deflated when even your best isn't good enough. While leaving the ward, I found Thomas was staring and smiling at me. In the bed next to James, Thomas was six-month old and weighed three kilograms when he was admitted to hospital. His mother brought him for treatment in time though, so his situation was not too bad. We measured his weight and height every day as we do for other malnourished children. This can help us assess his health condition and calculate the dosage of therapeutic milk. After careful treatment, Thomas felt better every day. His infection recovered and he had a better appetite. He gained 0.8 kilograms in two weeks, and would be able to be discharged very soon. Thomas' smile was so encouraging to me, and reminded me that there are still a lot of patients who need our assistance.

This is Yambio in South Sudan, a place where maternal and infant mortality rates are high. That's why MSF launched a project to provide medical assistance to them. This is my first MSF mission. Amid all the difficulties, there is still a lot for me to learn. Nevertheless, every day when I finish my work, I keep reminding myself that I am so blessed to be able to save lives with my hands.

在印度，无国界医生的护士每日探访患上广泛耐药结核病人，为她提供药物和检查。

An MSF nurse in India provides drugs and a routine checkup for an extensively drug-resistant TB patient on her daily visit
©Sami SIVA.



耐药结核病蔓延全球响警号

The alarming global DR-TB crisis

结核病自古已出现，至今仍是全球第二大杀手。令人忧虑的是，对一线治疗药物呈现抗药性的结核个案（即耐药结核病）有越来越多的趋势。

抗药性的出现，往往与错误使用或管理药物有关，例如病人没有完成整个疗程、医护人员处方错误的药物、甚或药物质量欠佳等。

耐药性蔓延

不过根据数据，无国界医生在中亚国家乌兹别克斯坦北部，于2011年医治的耐药结核病人中，三至四成病人是首次求医，反映出耐药结核病正自行散播。确保结核病人早期便获得正确诊断、适当护理和治疗，变得前所未有的迫切。

然而，这场全球危机却碰上结核病诊治的庞大缺口，因为不论是现有的诊断工具抑或治疗方法，均过时又十分昂贵，国际投放治疗项目的资金短缺亦令疫情随时进一步扩散。单是在2011年，全球就有31万宗

Despite its existence since antiquity, tuberculosis (TB) is still the biggest disease killer globally today. Even more worrying is that there are more and more drug-resistant TB cases (DR-TB).

Resistance can occur when the drugs are misused or mismanaged. Examples include patients who do not complete their full course of treatment; healthcare providers prescribe the wrong treatment or where the drugs are of poor quality.

Resistance passed on

But according to MSF data, in the north of the Central Asian country of Uzbekistan, 30 to 40 percent of multidrug-resistant TB (MDR-TB) patients that MSF treated in 2011 were coming for treatment for the first time – indicating that drug resistance is also transmitting in its own right. Ensuring people with TB can have correct diagnosis at an early stage with appropriate treatment becomes more pressing than ever.

However, the global DR-TB crisis coincides with a huge gap in access to diagnosis and treatment as both of them are

耐药结核病的新案例，但只有 19% 受感染的人获得治疗。

新检测工具

无国界医生数据显示，使用新方法 Xpert MTB/RIF 检测结核病，较常用的痰涂片显微镜检测，确诊度增加了 50%，而且可检测到一个人的结核病菌株，是否对主要结核病药物利福平 (rifampicin) 呈抗药性。在津巴布韦，受惠于新的诊断工具，诊断时间由 42 天减少到 2 小时。

然而，Xpert MTB/RIF 并非完美，由于儿童无法提供痰涎样本等原因，他们当中有许多未能被成功确诊，故各界尚需努力，方能确保儿童获得更好检测。

半世纪以来首只新药

确诊后，耐药结核病人康复之路亦十分艰难，不仅需时约两年，每天服用多达 20 粒药丸，当中更有约 8 个月需每天接受注射。病人更要承受永久失聪、持续恶心和精神病等副作用，有病人形容接受治疗为“穿越地狱以抵达天堂”。

今年初，美国食品药品监督管理局 (FDA) 批准了杨森大药厂 (Janssen) 研发的药物 bedaquiline，是自 1963 年以来，首只获得注册的结核病新药。另一种耐多药结核病药物、由大冢制药 (Otsuka) 研发的 delamanid，亦预计于今年获得批准使用。这确是改善治疗方案的良机，而当务之急是要确保这两种药能联合使用，且能以最有效的方式投入市场。

无国界医生呼吁生产商允许就这新药进行研究，以制定疗程更短、更有效的治疗方案，并且在药物被批准后尽快于耐药结核病高负担的国家进行注册，以及确保在最需要的国家，药价定在病人能负担的水平。



outdated and hugely expensive. Inadequate international funding reinforces the threat of a further spread of the disease. 310,000 new DR-TB cases were notified in 2011 while only 19% of people globally are receiving the treatment they need.

New diagnostic tool

Compared to smear microscopy, the most commonly-used TB tests, MSF data shows an overall 50% increase in laboratory-based diagnosis of TB using Xpert MTB/RIF. This new test also detects whether a person's TB strain is resistant to the primary TB drugs, rifampicin. In an MSF project in Zimbabwe, the test cut the diagnosis time from 42 days to just two hours.

However, the new test is far from perfect as it cannot confirm a diagnosis in a significant number of children for a variety of reasons, including their inability to provide a sputum sample. More needs to be done to ensure children can be better tested.

New drugs in 50 years

After diagnosis, there is still a long way for MDR-TB patients to go. Today's two-year course requires 20 pills a day and around 8 months of daily injections. Patients suffer from side effects ranging from permanent deafness and persistent nausea to psychosis. One patient described the treatment as "passing through hell to get to heaven".

At the beginning of 2013, the US Food and Drug Administration approved bedaquiline, developed by Janssen, the first new drug active against TB to be registered since 1963. A second new drug active against MDR-TB called delamanid, developed by Otsuka, is expected to be approved for use this year. They represent an unprecedented opportunity for improved treatment. It is extremely urgent to ensure the drugs are combined and introduced in the most effective manner.

MSF calls on the manufacturers to allow the research of the drugs to develop shorter, more effective regimens, to register them in high-burden countries as quickly as possible after approval, and to ensure they are affordable in the countries which need them most.

耐多药结核病人展示每日需服用的药丸。
An MDR-TB patient shows his daily dose of pills.
©Sami SIVA.

为有需要的人群提供紧急医疗救援是无国界医生的核心工作。无国界医生如何监察紧急事件并在短时间内作出应变呢？我们邀请到无国界医生(香港)负责紧急救援应变组的博玺盟(Simon BURROUGHS)来解答这个问题。

我在紧急救援应变项目的工作像是一个哨兵，时刻观察着东南亚地区的形势，一旦有天人灾祸发生，便可协助无国界医生及早作出有效的应变。

确保资讯流通

我们是东南亚地区和欧洲办事处之间的桥梁。位处香港的优势之一是时差——当欧洲是夜晚时，我们仍可观察亚洲区内的情况。我们会定期提供从不同渠道搜集得来的资讯，例如追踪新闻报道，以及来自当地和国际的非政府组织、曾参与无国界医生救援工作的伙伴和专业“追风者”的资讯等。

如有需要，我们可迅速动员到受影响地区进行初期评估。这样除了加快应变时间外，也节省了欧洲同事的交通费用。

Providing emergency medical aid to people in need is the core of MSF's work. So how does MSF monitor and respond rapidly to an emergency? We invited Simon BURROUGHS, Head of the Emergency Response Support Unit (ERSU) of MSF Hong Kong, to answer this question.

My work in ERSU is to act like a sentinel looking out across the South East Asian region for natural and man-made disasters and helping in any way that we can to improve the effectiveness of any MSF response to such disasters.

Enhancing information flow

We act as a bridge between what is happening in South East Asia and our offices in Europe. One of the advantages of being in Hong Kong is that due to time difference, while Europe is sleeping we can keep an eye on what is happening in this region. We regularly supply them with information from our various and diverse sources, such as news monitoring, contacts with local and international non-governmental organisations, "antennae" made up of former MSF staff and a professional "storm chaser".

If there is a need, we can quickly mobilize to carry out an initial assessment in the affected areas. It saves vital time in an emergency and also saves the travel costs from Europe.

时刻准备着

Always be Prepared



博玺盟(左一)与队友们摄于苏丹达尔富尔。
A photo of Simon (first from the left) and his team mates in North Darfur, Sudan.
Source: Simon BURROUGHS



2011年，在利比亚的一个临时营地，博望盟带队设置水囊，为营地上800至1000名非洲难民和移民提供饮用水。
In 2011, Simon led the building of a water bladder at a makeshift camp in Libya where between 800-1000 of African refugees and migrants took refuge.
©Ron HAVIV

博望盟简介

Introducing Simon Burroughs

博望盟加入无国界医生已超过8年，起初为前线后勤人员，之后曾先后担任项目统筹、培训和紧急项目统筹等工作，曾前往苏丹、南苏丹、肯尼亚、印度、津巴布韦、埃及和利比亚参与救援工作。

Simon Burroughs has been working with MSF for over 8 years. He started as a logistician and later as a project coordinator, trainer and emergency coordinator. He has been to Sudan, South Sudan, Kenya, India, Zimbabwe, Egypt and Libya for different missions.

我们的工作也有点像酒店前台，向前线人员提供资讯，例如背景资料、分析、地图、数据、联络人、后勤安排等。若我们能令前线人员的工作更有效和具效率，自然能令有需要的人群更快更好地获得医疗援助。

例如去年12月，菲律宾棉兰老岛遭遇超强台风宝霞吹袭，我们在台风到达前5天就开始追踪台风的走向。我们知道棉兰老岛在上一次受台风吹袭后损毁严重，其中一个原因是台风在该区并不常见，当地人没有太多的防范经验。

于是宝霞吹袭后，我们很快就派出一支有经验的评估队伍前往当地，证实是次台风造成的破坏严重后，这支小队随即为数天后到达当地的无国界医生另一支救援队做好前期准备，使救援队一到灾区就能立即展开救援工作。

压力与动力

能肩负这职责，是我的荣幸，同时也深感责任重大，确实也有让人气馁的时候。有压力，但也很叫人兴奋和带来动力。我会以这份动力来推动我确保紧急援助应变小组尽其所能，提供资讯和一切我们能力范围内的支援。此外，对捐赠者和受惠者的那份责任感也时刻激励著我。高效的救援行动就是缓解紧张和压力最好的方法。

Our work is also somewhat like a concierge service. We can support the fieldworker by providing background information, analysis, maps, data, contacts or other logistical arrangement. If we can help them to be more effective and efficient, then the work that MSF carries out for people also is.

Like last December's Typhoon Bopha in the Philippines, we were tracking and watching the storm for five days before it struck. We knew from our records that last time a storm struck in the same area (Mindanao) there was a lot of damage and this was magnified by the fact that storms are not so frequent there. So the population is not as prepared for them.

ERSU was able to mobilize in a very short time an assessment team from the area with MSF experience. Once it was established that the devastation was severe, the team was also able to lay the ground work for another team that came in several days later and allowed them to hit the ground running.

Pressure and motivation

It is a great honor and responsibility to be in my position and that can sometimes be daunting. There is pressure, but this is also exciting and motivating. I try to use it as a way of making sure that ERSU does all it can to facilitate the flow of information and provide support in any way that we can be. I also feel the responsibility to the donors and the patients and try to use that to motivate the work that I do. Quality action is the best antidote to pressure and tension.



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