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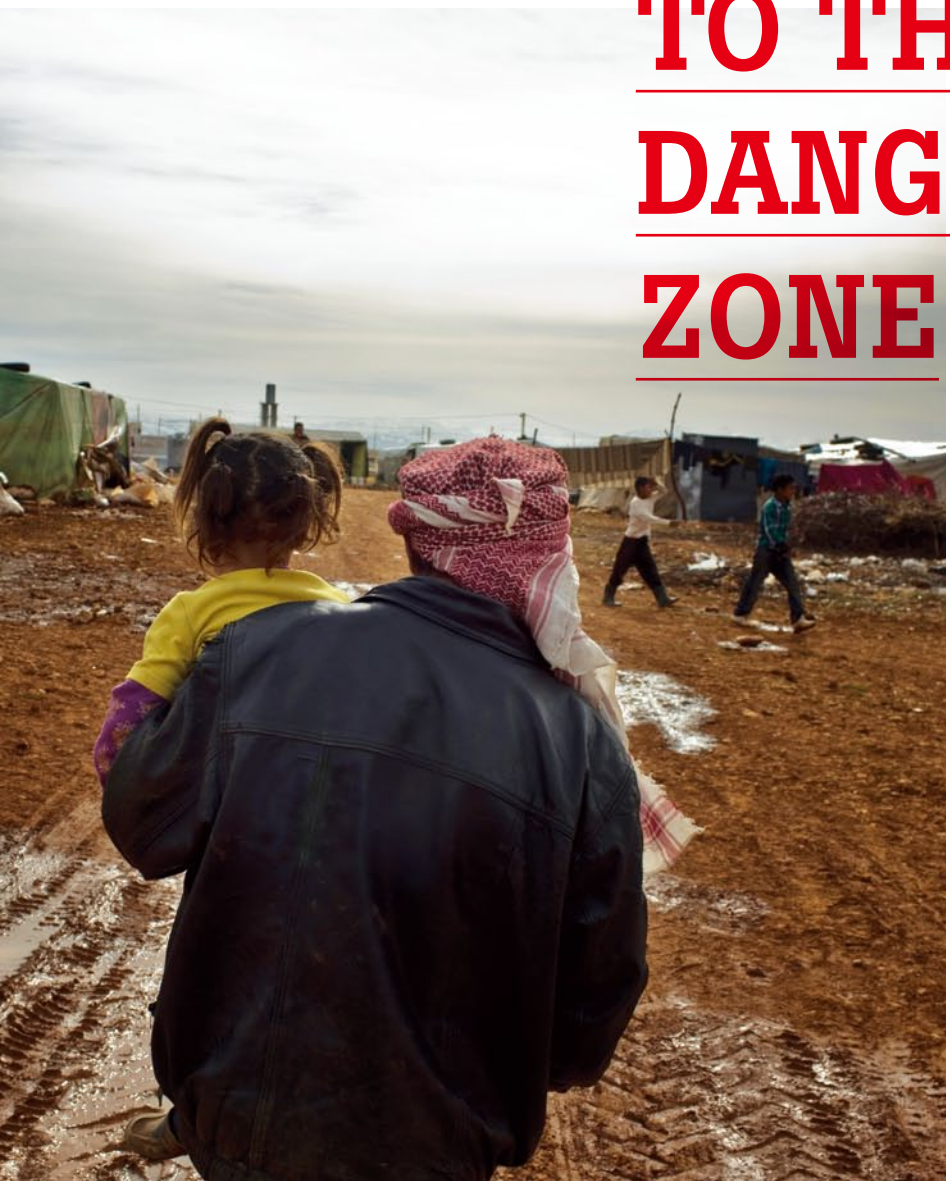
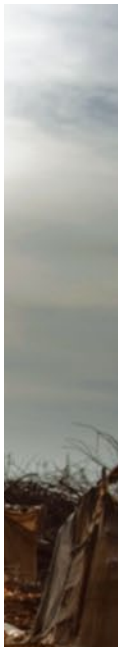
走在戰火下
ACCESS TO THE DANGER ZONE





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無疆

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MEDECINS SANS FRONTIERES
無 國 界 醫 生

無國界醫生(香港)
總幹事 ***卡磊明***
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衝突中的醫療護理
Healthcare in the midst of conflict

馬里和敘利亞的衝突於過去數月一直佔據國際新聞頭條，焦點大都放在兩國的政局之上，但讓我們也看看這些衝突背後的人道問題。

近年在中東和北非國家的衝突都各有背景和特點，但也有一些共通點。例如，在敘利亞和巴林，醫院和醫療人員經常成為襲擊目標。而這些國家的醫療系統本來質素甚高，無國界醫生在正常情況下甚少進行救援。但衝突加劇令醫療系統崩潰，人道需要急增，無國界醫生遂適時介入，提供醫療援助。

而我們介入的方式，也返回我們在 1990 年代廣為人知的模式 —「地下救援」。目前在敘利亞，由於無法獲得官方批准，我們需要在私人房屋、洞穴甚至雞場開設醫療設施。

以地下形式提供醫療護理極具挑戰。我們需要設立符合衛生和結構標準的醫療設施，且地點要接近前線、病人能夠到達，但又要安全，讓醫療隊伍能好好地工作。在一場不斷演變的衝突中，要找尋適當地點和時機十分困 難。

我們亦見證到鄰近國家出現難民危機，和 1990 年代的情況十分相似。在 90 年代，利比里亞、盧旺達和索馬里等地的衝突造成大批難民，人道需要龐大，促使無國界醫生展開救援工作。今天，同樣情況出現在黎巴嫩、約旦和毛里塔尼亞等國，當地容納了數以十萬計敘利亞和馬里難民，居住條件惡劣。儘管已有多年的經驗教訓，國際社會仍無法恰當地應對難民和流離失所者的需要。

今期《無疆》將與你分享無國界醫生在衝突環境下工作所面對的一些挑戰。我們也會探討全球約 65 萬人患上的耐多藥結核病正在蔓延的危機。「圖片特寫」則帶你到摩洛哥，當地有數百名來自撒哈拉沙漠以南的移民，過著缺乏醫療和基本生活所需的生活。

在未來一年，當我們接觸和向數以百萬計被困於天災和衝突中的病人提供醫療服務時，相信仍會遇上不少困難。要克服這些挑戰，我們需要你的幫助和支持。

Fighting in Mali and Syria has been in the world news headlines 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.

敘利亞衝突於 2011 年 3 月爆發，兩年來人道情況不斷惡化。
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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一直以來，無國界醫生都強調在衝突環境中，尊重病人、醫療人員和設施的重要性，以確保病人能不受限制地獲得不偏不倚和具質素醫療服務，但這在前線實踐起來絕非易事。今天，無數病人仍被困在炮火之中，敘利亞和馬里便是其中例子。

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.

傷者眾多　醫療設施受襲

中東國家敘利亞爆發衝突至今已有兩年，接連空襲和炮轟造成傷亡者眾，且生活條件日趨惡化。無國界醫生目前在該國北部的 3 間醫院工作，接收的傷者不少是被爆炸的碎片或金屬碎片擊中，有男、有女，更有小孩。有人被送到醫院時已回天乏術，也有女童的頭蓋骨受到重創，在被轉送至土耳其期間傷重不治。

早前在當地擔任項目統籌的科斯瓦妮說：「幾乎每天都有村落受到火箭或直昇機投下的炸藥和金屬裝置襲擊，很多居民因炸彈碎片或房屋倒塌受傷。」人們聽到直昇機的聲音便如驚弓之鳥，這亦導致意外頻生。有小孩更因此患上抑鬱症，寢食不安。

更甚的是，醫療設施隨時會成為衝突雙方的襲擊目標。在 1 月中，一枚導彈墜落於無國界醫生於敘利亞阿勒頗的醫院僅 800 米之外，雖然無人受傷，但事件充分反映不穩的局勢同樣令醫療人員安全受到威脅。

被困戰火　難以求醫

路障、炮火和空襲，意味人們經常擔驚受怕，衝突傷者、孕婦和其他有醫療需要的人士，往往不敢外出求醫，延誤診治則令病情惡化。

戰火下，敘利亞的醫療系統亦已崩潰，無法正常運作，無國界醫生接收的病人中，便有不少是高血壓和心臟病等長期病患者，以及分娩和剖腹產子個案。

在同樣受戰火摧殘的西非國家馬里，無國界醫生派出流動隊伍到偏遠地區工作，將援助帶給無法前來醫療設施的病人。流動診所不但向居民提供基層醫療援助，也有助確保孕婦能定期接受產前檢查。不過，由於路上埋有地雷，流動診所一度被迫暫停服務。

現實中的局限

局勢不安全僅是衝突環境下醫療人道救援的限制之一。自敘利亞發生衝突以來，無國界醫生一直試圖到人道需求

無國界醫生在敘利亞北部的 3 間醫院提供醫療服務。
MSF is working in three hospitals in the northern Syria to provide medical services.
©MSF

不顧見的晴天 Clear sky but bad weather

來自台灣的麻醉科醫生李一辰 (Ethan)，今年初完成在敘利亞一個半月的救援任務。他描述當地情況說：「轟炸通常在午後和晚上發生，天氣好的話，空襲會特別多，那對我們來說是『壞天氣』。由於安全理由，病人往往在翌日早上才來到醫院求醫，他們大部分是平民，但有時也會有叛軍和政府軍士兵。」

在戰地行醫，他坦言壓力不少，尤其是在猛烈轟炸後，大批病人湧至醫院，往往令醫療隊伍應接不暇。隊伍會透過分流方式，優先處理情況較嚴重的傷者，並轉送其他傷者至附近的醫療設施。他憶述其中一次特別嚴重的個案：「一位母親來到醫院，她的頭顱骨折。她在接受治療時一直大哭，因為她的兩個小孩手腳被炸斷，被轉送至土耳其。甫處理好傷口，她便馬上離開醫院去找孩子，我們再也無法知道她的去向和情況。」

病人還會因為各種原因提早離開醫院，例如趕著回去照顧親人，或因回家路途遙遠，要趁安全情況稍為許可，及早啟程等。正因如此，醫院無法跟進這些病人的康復進度，也成為在衝突中提供醫療護理的困難之一。

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.”

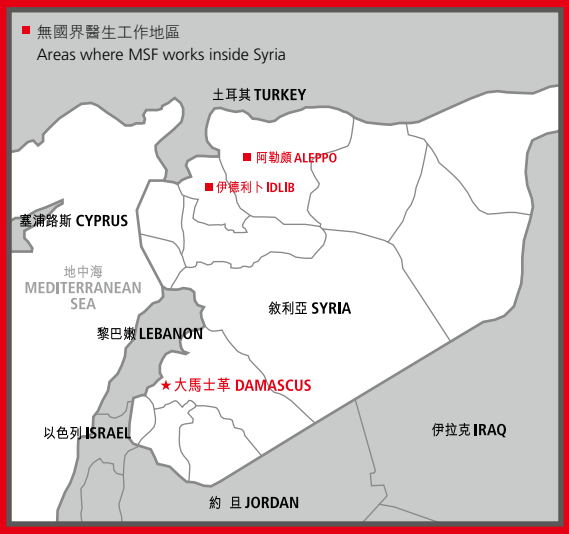
Waves of patients, medical facilities attacked

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.



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.

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.

李一辰醫生(右)在敘利亞參與救援時，不時遇到因轟炸造成的大型傷亡事故。
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***

最迫切的地方工作，儘管多番尋求官方許可前往受政府控制的地區，但礙於安全形勢及官方限制，我們至今仍只能在反對派的控制地區工作。

對於以中立和不偏不倚為救援原則的無國界醫生來說，這絕非理想，但誠如早前完成敘利亞任務的外科醫生萊德奇所言：「雖然在地理上，我們只在衝突的其中一方工作，但我們仍堅守原則。我們除了醫治很多平民外，也治療叛軍士兵和曾被囚禁的敘利亞軍隊士兵，無分傷病者的政治或宗教背景，因此醫院裡的敘利亞同僚很快明白到我們在衝突裡是保持中立的。」

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."

戰區以外的苦難 Misery beyond the war zone

除了留在當地的居民飽受戰火影響外，無數為逃避炮火而放下一切前往鄰國的難民，亦要經歷在戰區以外的苦難。

據統計，超過 100 萬名敘利亞人已越過邊境，在黎巴嫩、伊拉克和約旦等地登記成為難民。無國界醫生於去年 12 月在黎巴嫩進行的一項調查顯示，由於行政手續複雜、登記地點遙遠和害怕被遣返回國等因素，在受訪的敘利亞人中，仍有 41% 未登記成為難民，難以獲得食物和醫療等人道援助。

一位在黎巴嫩難民營的難民說：「這裡的情況非常差。我們沒有衛生設施，要在地上挖洞如廁。下雨的時候，帳篷淹水，孩子便會生病。天氣很冷，我們要就地取材來生火取暖。現在最重要的是醫療服務。」

在西非，超過 10 萬名馬里人已逃到布基納法索、毛里塔尼亞和尼日爾等鄰近國家。在毛里塔尼亞的姆貝雷難民營，幾乎每 5 名兒童就有一人患上營養不良，無國界醫生正在當地提供營養治療和醫療護理服務。

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.

這個敘利亞難民家庭棲身於黎巴嫩的破爛房舍之中，生活條件十分惡劣。
A Syrian family living in a ramshackle home in Lebanon with poor living conditions.
©Michael GOLDFARB/MSF

重開阿富汗霍斯特婦產科醫院

Khost maternity hospital reopened in Afghanistan

踏入 2013 年前夕，無國界醫生重開在阿富汗霍斯特省的婦產科醫院。該醫院早前因發生炸彈爆炸而暫停運作 8 個月。無國界醫生亦分別在首都喀布爾、昆都士省和赫爾曼德省設有項目，其中在昆都士省的外科醫院，在 1 月底昆都士市發生炸彈爆炸後，便醫治了 22 名傷者。

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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為剛果民主共和國 6.5 萬名兒童接種麻疹疫苗

Children vaccinated against measles in DRC

2012 年底至 2013 年 1 月，無國界醫生在剛果民主共和國布亞基里地區，為逾 6.5 萬名 6 個月至 15 歲兒童接種麻疹疫苗。

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.

應對南蘇丹戊型肝炎疫情及預防霍亂

Responding to hepatitis E and cholera prevention in South Sudan

南蘇丹馬班縣各難民營戊型肝炎爆發，作為當地的主要醫療護理提供者，無國界醫生開展緊急項目，治療戊型肝炎病人，截至 2013 年 2 月初，已治療了近 4,000 名病人。此外，無國界醫生亦在區內為 10.5 萬名難民和 27,500 名居民接種霍亂疫苗作為預防措施。

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.

這是穆薩第二次逃往歐洲並失敗而回，他說不會放棄，不過他不會走水路。他的兩個朋友在橫渡直布羅陀海峽時被淹死了。
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

在東部大區樹林棲身的入境者，取水路途遙遠，沿路他們能望見梅利利亞，一個看得到、但對很多人是遙不可及的地方。
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

許多入境者為了逃避搜捕而躲在山洞或森林裡。冬夏極端的氣候加上衛生欠佳的露天居住環境，使入境者面臨各種疾病的威脅。
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

那細小營火，不只是用來煮食和泡茶，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 SURINYACH/MSF

無國界醫生每月在東部大區納祖爾向入境者提供流動診所服務，並派發衛生用品、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 SURINYACH/ MSF

位於摩洛哥東部的東部大區，與西班牙領土梅利利亞接壤，容納了數以百計來自撒哈拉沙漠以南、打算前往歐洲的入境者。他們主要來自馬里、喀麥隆等西非國家，有人是為了逃離衝突，但更多人是為求更好生活和供養留在祖國的親人而踏上往歐洲之路。要到達歐洲，他們得先翻過梅利利亞的圍欄。

大部分入境者在摩洛哥都沒有合法身份，又隨時面臨警方的突襲搜捕，使他們進退維谷，既無處棲息，居住環境的衛生情況極差，而且經常遭到保安部隊和黑幫組織的毆打和虐待，卻又被排除於當地的醫療設施以外。

在摩洛哥東部地區，無國界醫生是唯一提供醫療服務的人道救援組織，自 2003 年起為入境者提供服務，現正在摩洛哥首都拉巴特和東部大區提供醫療和心理健康護理服務，並向他們派發基本生活物資及提供水利衛生設施。

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：進退維谷的入境者

Migrants in Morocco: Stuck At a Dead End

鮑雋宇是來自香港的護士，於 2012 年 12 月首次參與無國界醫生的救援任務，前往南蘇丹延比奧的基層醫療護理項目工作，為期 6 個月。

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.

鮑雋宇
PAU Chun Yu, Vincent

生命的重量

The Weight of Life

得知 James 心跳停頓時，我立刻帶同急救藥物和儀器跑到他床邊。正準備向他胸口按壓施行急救之際，James 的姨姨卻捉著我雙手，示意要我停止。我猶疑了一下，最後還是把 James 仍然溫暖的身體抱起，交回他姨姨手上。那軟綿綿的身體好像一個洋娃娃，輕的程度告訴我裡面甚麼也沒有剩下，包括生命。

姨姨沒有放聲痛哭，冷冷地用圍巾把 James 包起，便匆匆地抱走了他，畢竟家中還有幾個小孩等著她照顧。何況嬰兒的死亡在這裡平凡得像下兩三次雨就會忘記的小事一樣，想起難免叫人心傷，卻是這裡每天都在發生的事情。

輸了在起跑線上

James 只有 4 個月大，和這裡大多數小朋友一樣，都是在家中出生。來到醫院的時候，體重只有兩公斤，是紀錄片中皮包骨小孩的模樣。兩公斤！我相信絕大部分剛剛出生的香港嬰兒體重也不止於此。對於 James 來說，這是名乎其實的「輸了在起跑線上」。他媽媽在分娩過程中難產而死，姨姨從此承擔了照顧 James 的重任，在照顧自己的孩子之餘，向 James 餵飼母乳。

假如我是一個小說家，在我的筆下，James 會因為如此悲慘的身世，比別人奮發上進，成為一個頂天立地的人。可惜現實不是小說，有時候可以比小說更荒誕。

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.

延比奧醫院兒科病房的一對母子。無國界醫生支援該院提供基層醫療護理。
A mother and her child in the paediatric department in Yambio hospital where MSF supports primary health care.
© Marco BARONCINI

James 早幾天出現咳嗽和腹瀉，但他的家人第一時間帶他去的不是醫院，而是教堂。眼見情況沒有好轉，才花了約 6 小時車程來到這全市唯一的醫院。James 來到的時候情況已經很差。在這個貧困和充滿飢餓的國家，「瘦」對於他們來說不是營養不良的警號，有時候非得要小孩出現併發症才會求診，好些嬰兒來到時情況已經到達危險水平了。可惜的是，我們最後還是幫不了 James。

鼓勵的笑容

看著 James 的姨姨把他抱走，我感到一陣莫名的失落和心痛，長長地嘆了一口氣。當你發現即使已經盡全力仍然改變不了結局，難免會感到沮喪。離開病房之際，發現 Thomas 的眼睛一直緊緊的看著我，並且對我報以純真的笑容。Thomas 6 個月大，是 James 鄰床的病人，入院時只有 3 公斤。不過他母親及早帶他來求醫，病情還不算太嚴重。和其他營養不良的嬰兒一樣，我們每天為他量度體重和身高，一方面用以計算營養奶的份量，另一方面作為觀察病情的指標。Thomas 經過細心的治療後，精神一天比一天好，感染痊癒了，食慾也有所改善，在兩星期之間體重已經增加了 0.8 公斤，相信很快可以出院。Thomas 的笑容給了我重大的鼓勵，提醒著我在這裡還有很多病人需要我們的幫助。

這裡是南蘇丹的延比奧，一個產婦和嬰兒死亡率很高的地方。針對這兩群脆弱的病人，無國界醫生特別在此開展項目，提供支援。這是我加入後的第一個任務，面對種種困難，需要努力學習的地方還有很多。不過每天下班的時候，我還是會提醒自己，能夠用雙手去救助別人的生命，早已經是幾生修來的福氣。

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' aunt 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，無國界醫生的護士每日探訪患上廣泛耐藥結核病人，為她提供藥物和檢查。
An MSF nurse in India provides drugs and a routine checkup for an extensively drug-resistant TB patient on her daily visit
©*Sami SIVA*.

耐藥結核病蔓延全球響警號

The alarming global DR-TB crisis

結核病自古已出現，至今仍是全球第二大殺手。令人憂慮的是，對一線治療藥物呈現抗藥性的結核病個案 (即耐藥結核病) 有愈來愈多的趨勢。

抗藥性的出現，往往與錯誤使用或管理藥物有關，例如病人沒有完成整個療程、醫護人員處方錯誤的藥物、甚或藥物質素欠佳等。

耐藥性蔓延

不過根據數據，無國界醫生在中亞國家烏茲別克北部，於 2011 年醫治的耐藥結核病人中，三至四成病人是首次求醫，反映耐藥結核病正自行散播。確保結核病人在早期便獲得正確診斷、適當護理和治療，變得前所未有地迫切。

然而，這場全球危機卻碰上結核病診治的龐大缺口，因為不論是現有的診斷工具抑或治療方法，均過時又十分昂貴，國際投放治療項目的資金短缺亦令疫情隨時進一步擴散。單是在 2011 年，全球就有 31 萬宗

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

耐藥結核病的新案例，但只有 19% 受感染的人獲得治療。

新檢測工具

無國界醫生數據顯示，使用新方法 Xpert MTB/RIF 檢測結核病，較常用的痰塗片顯微鏡檢測，確診度增加了 50%，而且可檢測到一個人的結核病菌株，是否對主要結核病藥物利福平 (rifampicin) 呈抗藥性。在津巴布韋，受惠於新的診斷工具，診斷時間由 42 天減少到 2 小時。

然而，Xpert MTB/RIF 並非完美，由於兒童無法提供痰涎樣本等原因，他們當中有許多未能被成功確診，故各界尚需努力，方能確保兒童獲得更好檢測。

半世紀以來首隻新藥

確診後，耐藥結核病人康復之路亦十分艱難，不僅需時約兩年，每天服用多達 20 粒藥丸，當中更有約 8 個月需每天接受注射。病人更要承受永久失聰、持續惡心和精神病等副作用，有病人形容接受治療為「穿越地獄以抵達天堂」。

今年初，美國食品藥物管理局 (FDA) 批准了楊森大藥廠 (Janssen) 研發的藥物 bedaquiline，是自 1963 年以來，首隻獲得註冊的結核病新藥。另一種耐多藥結核病藥物、由大塚制藥 (Otsuka) 研發的 delamanid，亦預計於今年獲得批准使用。這確是改善治療方案的良機，而當務之急是要確保這兩種藥能聯合使用，且能以最有效的方式投入市場。

無國界醫生呼籲生產商允許就這新藥進行研究，以制定療程更短、更有效的治療方案，並且在藥物被批准後盡快於耐藥結核病高負擔的國家進行註冊，以及確保在最有需要的國家，藥價定在病人能負擔的水平。

耐多藥結核病病人展示每日需服用的藥丸。
An MDRTB patient shows his daily dose of pills.
©*Sami SIVA*.

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.

為有需要的人群提供緊急醫療救援是無國界醫生的核心工作。無國界醫生是如何去監察緊急事件並在短時間內作出應變呢？我們邀請到無國界醫生（香港）負責緊急救援應變組的博聾盟（Simon BURROUGHS）來解答這個問題。

我在緊急救援應變項目的工作像是一個哨兵，時刻觀察著東南亞地區的形勢，一旦有天災人禍發生，便可協助無國界醫生及早作出有效的應變。

確保資訊流通

我們是東南亞地區和歐洲辦事處之間的橋樑。位處香港的優勢之一是時差 — 當歐洲是夜晚時，我們仍可觀察亞洲區內的情況。我們會定期提供從不同渠道搜集得來的資訊，例如追蹤新聞報道，以及來自當地和國際的非政府組織、曾參與無國界醫生救援工作的夥伴和專業「追風者」的資訊等。

如有需要，我們可迅速動員到受影響地區進行初期評估。這樣除了加快應變時間外，也節省了歐洲同事的交通費用。

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.

時刻準備
Always be Prepared

博聾盟（左一）與隊友們攝於蘇丹達爾富爾。
A photo of Simon (first from the left) and his team mates in North Darfur, Sudan.
Source: Simon BURROUGHS

2011 年，在利比亞的一個臨時營地，博璽盟帶隊設置水囊，為營地上 800 至 1000 名非洲難民和移民提供食水。
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

博璽盟簡介

Introducing Simon Burroughs

博璽盟加入無國界醫生已超過 8 年，起初為前線後勤人員，之後曾先後擔任項目統籌、培訓和緊急項目統籌等工作，曾前往蘇丹、南蘇丹、肯尼亞、印度、津巴布韋、埃及和利比亞參與救援工作。
Simon Burroughs has been working with MSF for over 8 years He started as a logistician and later as a project coordinator, trainer and ermergency coordinator. He has been to Sudan, South Sudan, Kenya, India, Zimbabwe, Egypt and Libya for different missions.

我們的工作也有點像酒店服務台，向前線人員提供資訊，例如背景資料、分析、地圖、數據、聯絡人、後勤安排等。若我們能令前線人員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獲得醫療援助。

例如去年 12 月，菲律賓棉蘭老島遭遇超強颱風寶霞吹襲，我們在颱風到達前 5 天就開始追蹤颱風的走向。我們知道棉蘭老島對上一次受颱風吹襲後損毀嚴重，其中一個原因是颱風在該區並不常見，當地人沒有太多的防範經驗。

於是寶霞吹襲後，我們很快就派出一支具經驗的評估隊伍前往當地，證實是次颱風造成的破壞嚴重後，這支小隊隨即為數天後到達當地的無國界醫生另一支救援隊做好前期準備，使救援隊一到災區就能立即展開救援工作。

壓力與動力

能肩負這職位，是我的榮幸，同時也深感責任重大，確實也有讓人氣餒的時候。有壓力，但也很叫人興奮和帶來動力。我會以這份動力來推動我確保緊急援助應變小組盡其所能，提供資訊和一切我們能力範圍內的支援。此外，對捐贈者和受惠者的那份責任感也時刻激勵著我。高效的救援行動就是我緩解緊張和壓力最好的方法。

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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