

隱忍的傷痛

PAINS  
IN SILENCE



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B | O | R | D | E | R | L | I | N | E

無  
疆



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## 暴力的多種面貌 The many faces of Violence

近幾個月，敘利亞暴力衝突的嚴重程度震驚全球，無國界醫生正在當地奮力治療部分傷者。不過，有一種更隱蔽、更被忽略的暴力，其所帶來的可怕後果正影響著全球多個地區。今期《無疆》將探討其中一個地區的情況。

在巴布亞新幾內亞，婦女每天都承受著家庭和性暴力帶來的影響，包括可見的肉體傷痕，和較難看見但同樣有害的心理創傷。然而，很多婦女因為求助無門，沒有人為她們提供相應的護理，而選擇把這些事情隱藏起來。無國界醫生自 1992 年起在該國工作，目睹暴力如何毀掉人們的生命。我們在當地不但為暴力受害者提供必要的醫療護理，也推動政策改變。政府和公民團體應做更多工作，確保各省都能提供專科服務，讓婦女能找到可以護理和醫治她們的醫療隊伍。

在索馬里，暴力令無國界醫生作出了非常困難的決定，就是離開我們自 1991 年起已經工作的國家。索馬里一直是對人道救援人員、當地同僚和病人而言，最危險的地方之一。面對無比的風險，儘管無國界醫生已作出不少妥協，但連串襲擊，包括有員工被擄走和多達 16 名員工被殺害，已顯示該國對人道工作沒有基本的尊重。在很多情況下，連那些本應保護我們的人都容忍、縱容甚至支持這種暴力。這種廣泛和被允許的暴力，將我們推至極限，最後促使我們離開該國。「圖片特寫」將介紹我們在索馬里 22 年以來的工作，當地現時仍急需人道援助，以協助被困在這場可怕衝突中的人民。

儘管面對各種挑戰和挫折，無國界醫生堅持向被困在不同形式暴力中的人士提供醫療護理。我們會繼續爭取讓有需要的人獲得護理，並讓我們的醫生和病人獲得更多保護。沒有你的幫助和支持，這將難以成事。

The high levels of violence in Syria have shocked the world in recent months and MSF is struggling there to treat some of the victims of the conflict. But we see terrible symptoms of much more hidden and neglected violence in many parts of the world, one of which we would like to highlight in this issue of Borderline.

In Papua New Guinea (PNG), women suffer from the consequences of family and sexual violence every day, from visible physical wounds to less visible but equally damaging psychological trauma. However, many of them prefer to keep things hidden, often because they have nowhere to go and no one to care for them. MSF has worked in PNG since 1992 and has witnessed how violence is ruining people's lives. We are there not only to provide victims with the essential medical care, but also to push for policy change. The government and civil society should do more to ensure specialised services are available in each province. Women should be able to find medical teams who will care and help to heal their scars.

In Somalia, violence has also forced MSF to make the very difficult decision of withdrawing from a country where MSF was present since 1991. Somalia has long been one of the most dangerous places for humanitarian aid workers, their local colleagues and patients. Despite the numerous compromises MSF made in response to the unparalleled levels of risk, the constant series of attacks, including abductions and the killing of 16 of our staff, showed the absence of a basic level of respect for humanitarian action in the country. In many cases, the violence is tolerated, condoned or even supported by those who should be protecting us. This pervasive and permitted violence pushed us to beyond our limits and ultimately forced us to leave the country. The Photo Feature will present our 22 years of work in Somalia, where humanitarian assistance is still today greatly needed to help people caught in this terrible conflict.

Amidst all the challenges and setbacks, MSF remains strongly committed to providing healthcare to those trapped in all forms of violence. We will continue to push for further access to those in need, for more protection for our doctors but also for those they treat. This will not be possible without your help and support.



# 隱忍的傷痛

# Pains

# in Silence

巴布亞新幾內亞：  
家庭和性暴力  
無處不在

*Prevalence of  
Family and Sexual  
Violence in  
Papua New Guinea*

數以千計的家庭和性暴力受害者因無法得到足夠的醫療和心理社交護理而承受不必要的痛苦。

Thousands of victims of family and sexual violence are suffering unnecessarily without adequate medical and psychosocial services.

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對巴布亞新幾內亞很多女性來說，家庭和性暴力是生活的一部分。80年代的一項調查顯示，該國近七成\*婦女曾遭丈夫身體上的虐待，在部分地區，這個數字高達100%\*。此後再沒有全國性調查更新這項數據，但當地的暴力問題仍然嚴重，專科醫療護理仍然遠不足以應付需求。

For many women in Papua New Guinea (PNG), family and sexual violence is part of their life. A study conducted in the 1980s found that 70%\* of women there have been physically abused by their husbands, and in some places that number reached 100%\*. The figures have not been updated in a nation-wide study since, but a high level of violence remains, and specialised care is still far from adequate.

\* 數據來自巴布亞新幾內亞法律改革委員會

\* Figures from the PNG Law Reform Commission

## 家庭和性暴力的影響

家庭和性暴力通常指性、身體或情緒虐待，侵犯者往往是伴侶、家人或朋友。來到無國界醫生求助的家庭和性暴力受害者，大部分是 18 歲以上婦女，而暴力常常發生在本應是最安全的地方：自己家中。

這些虐待對健康會造成顯著影響，包括身體受重傷、非自願懷孕、不安全墮胎、患上性傳播感染（如愛滋病）、引致不育甚至死亡。身體的傷痕肉眼可見，但精神創傷則是一道看不見的深疤，倖存者會感到抑鬱、恐懼、甚至想到或企圖自殺。

## 醫療護理的缺口

雖然家庭和性暴力一直被視為巴布亞新幾內亞的嚴重問題，但倖存者急需的醫療和心理社交護理需求幾乎完全被忽略。當地缺乏專科醫療服務，倖存者只會到醫療設施治療嚴重傷口，至於其他較難看見的醫療需要則被忽視，造成負面影響。巨大的醫療缺口使許多婦女得不到她們迫切需要的服務。

2005 年，巴布亞新幾內亞政府在所有公立醫院設立家庭支援中心，服務家庭和性暴力倖存者，但由於欠缺明確指引和專業醫療知識，有些中心的護理甚至無法達到最低標準。

## 無國界醫生的工作

無國界醫生是當地為倖存者提供專科醫療和心理社交護理的主要組織。我們的經驗顯示，提供具質素的專科護理是可行的，同時揭示了當地的醫療需求：除了像骨折、刀傷這類重傷外，人們也不時受到日常毆打、掌摑、腳踢、言語和情緒虐待等傷害。

無國界醫生自 2007 年起在萊城工作，在 2012 年共為 6,500 名病人提供免費和全面的醫療護理和心理輔導。我們在不久前已將項目轉交當地政府管理，但會繼續提供遙距支援。

與此同時，無國界醫生於 2013 年在首都莫爾斯比港開設了一個新項目，除了治療病人外，亦會就如何為家庭和性暴力倖存者提供綜合護理，培訓當地員工。我們計畫將項目擴大至更多市區醫療中心，令更多倖存者能就近接受治療。

無國界醫生亦自 2009 起在塔里管理一所家庭支援中心。由於暴力行為往往會帶來龐大的緊急醫療護理需求，因此隊伍在塔里醫院也提供緊急手術護理。

## Impact of Family and Sexual Violence

This often takes the form of sexual, physical and emotional abuse by a spouse, family members or friends. Most survivors who come to MSF to seek care as a result of family and sexual violence are females over the age of 18. The violence usually occurs in the place where they should feel safest – their own home.

The health consequences of abuses are significant, including serious injuries, unwanted pregnancy, unsafe abortion, sexually transmitted infections such as HIV, infertility and even death. While physical injuries can be easily identified, mental trauma like depression, phobias, suicidal thoughts and attempts can be an invisible but profound scar.

## Gaps in Care

Although family and sexual violence have long been recognised as serious problems in PNG, the critical medical and psychosocial needs of survivors are almost completely neglected. Very few dedicated services exist in PNG, so survivors will only go to health facilities to treat their serious physical wounds. Their other less visible health needs are overlooked, resulting in very negative consequences. These substantial gaps in care leave thousands of women without the services they so desperately need.

In 2005, Family Support Centres were established by the PNG government in all government hospitals, providing services for survivors of family and sexual violence. However, due to a lack of clear guidance and medical expertise, some centres have not even met minimum standards of care.



在莫爾斯比港，無國界醫生除治療病人外，亦就如何為暴力倖存者提供綜合護理培訓員工。

In Port Moresby, MSF treated patients and provided training to medical staff on integrated care for survivors of violence.

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## MSF's Presence in PNG

MSF is the main provider of specialised medical and psychosocial services to survivors of family and sexual violence in PNG. Our experience demonstrates that provision of quality, specialised care is possible. It also shows the levels of need that exist – vary from serious injuries such as broken bones or knife wounds, to the harm caused by daily beatings, slaps, kicks, verbal and emotional abuse.

MSF started working in Lae in 2007, and in 2012 MSF provided free, comprehensive medical and counselling services to 6,500 patients. We have recently successfully

handed over the Lae project to PNG government, but will continue to provide support remotely.

Meanwhile, in 2013, MSF opened a new project in the country's capital, Port Moresby, treating patients and training local staff to provide integrated care to survivors of family and sexual violence. Plans are underway to expand this project to more urban health centres so that more survivors can receive care close to home.

MSF has also been running a Family Support Centre in Tari since 2009. As there is an enormous need for emergency medical care – often after assault – the team offers emergency surgery at Tari hospital.

# 當暴力被視作平常 When Violence is seen as Normal

高志昌，香港外科醫生，於2013年3月至7月在塔里參與救援工作。他坦言，當地普遍的暴力行為確實導致許多不必要的痛苦。

「我在塔里期間，我們曾試過一個月內進行多達1,900宗診症。我在三個月裡共做了285次手術，還未包括在急症室處理的各類小手術。大部分病人都是因部族衝突或家庭暴力受傷，最常見的是刀傷和被木棍打傷。當地同事告訴我，以前夫妻會分開住在不同的房屋內，但隨著生活習慣改變，現在一家人通常都同住一屋簷下，相處時間長了，摩擦自然增加，而且當地人傾向以暴力解決問題，所以家庭暴力常常發生。」

但是，最令我震驚的是當地人竟對於各種暴力行為習以為常！這讓我既驚訝又難受……雖然要改變這種觀念非一朝一夕，但我們希望透過醫療項目，令更多人明白暴力本不應發生，對待暴力不應無動於衷。在我們醫院，每名病人出院前都要接受心理輔導，雖然並不是人人都願意開口說話，但至少幫助了一些人紓解壓力，不用獨自承受所有的傷痛。」

Dr. Ryan KO is a surgeon from Hong Kong. He completed a 3-month mission in Tari in July 2013. He tells us how the widespread violence leads to many unnecessary sufferings.

"During my stay in Tari, we once conducted as many as 1,900 consultations in a month. I performed 285 surgical procedures when I was there for three months, not including those minor surgeries conducted in emergency room. Most patients were injured because of tribal conflicts or family violence, being attacked by knives and wooden sticks. I was told by local staff that in the past, wives lived separately from their husbands in another house, but with the change of living habits, the whole family live in the same house now. More intimate they are, more frictions will arise. And local people intend to resort to violence to solve problems. Therefore, family violence is so common in the local community.

However, what shocked me most was that local people seemed accustomed to all kinds of violence! How can it be? I felt really sad about this... Though this mindset can hardly be changed overnight, we hope through our local medical programs, we can somehow help people to understand that violence should not occur and we need to step forward. In our hospital, every patient has to see a counsellor before they can be discharged. Though not everyone is willing to speak, at least we can help some of them to relieve their pressure so that they do not need to bear everything alone."



高志昌醫生在巴布亞新幾內亞參與救援期間，不時要處理暴力受害者個案。  
Dr. Ryan KO often had to deal with patients suffered from violence during his mission in PNG.  
Source: Ryan KO

## 冰山中的一角 Merely the Tip of the Iceberg

「我是丈夫的第二任妻子。他的前妻不喜歡他給我錢，於是他們起了爭執，後來他就來用棍打我，打斷了我的手臂……當我打上石膏回到家，看見他們又在打架。我躲到外面，前妻提著一把割草刀衝出來，要砍我的脖子。當我舉手去擋的時候，她打破了我的石膏。」

**蘇珊，家庭暴力及強暴倖存者**

"I am my husband's second wife. The first wife doesn't like it that my husband gives me money, so she argued with him and then he came and beat me. He hit me with a stick and broke my arm... When I went home with my arm in a plaster cast, my husband and the first wife were fighting. I went outside. She came with a bush knife and she tried to cut my neck. I put my hand up to protect myself and she cut the cast."

*Susan, survivor of family violence and rape*

「我不知道有任何其他組織提供事後防止感染的愛滋病藥物。無國界醫生是唯一的提供者，所以我知道他們會有藥物……和餘生要接受抗愛滋病毒治療相比，28 天的治療期根本不算什麼。我寧願完成這 28 天的防止感染療程，也好過一輩子都要和愛滋病抗爭。」

**喬，強暴倖存者**

"I don't know any other service provider that provides post-exposure prophylaxis. The only service provider is MSF. So I knew they had mediation there... Compare 28 days that I need to take treatment and living for the rest of my life on anti-retroviral therapy for HIV, it is just nothing to me. To complete this 28 days is better than fighting HIV for the rest of my life."

*Joe, rape survivor*



「任何人最不想看到的一件事就是在巴布亞新幾內亞，家庭和性暴力倖存者要默默忍受一切痛苦，卻得不到他們急需的必要治療。」

2012 年 11 月，時任無國界醫生（國際）主席的卡雲勒卡亞醫生（圖中右一）到訪巴布亞新幾內亞，並針對該國的家庭和性暴力問題，與政府、不同團體及其他非政府組織展開會議。

"The last thing anyone wants is for survivors of family and sexual violence around PNG to suffer in silence without essential services they so urgently need."

*In November 2012, Dr. Unni KARUNAKARA (first from the right), the then MSF International President, visited PNG and attended meetings with the government, civil society and other NGOs to discuss the continuing crisis of family and sexual violence in the country*

# 針對家庭和性暴力 倖存者的五項必要護理

## 5 Essential Services for Survivors of Family and Sexual Violence

家庭和性暴力倖存者有緊急和長期的醫療和心理社交護理需要，盡早獲得護理可令治療更有效。他們必要的五項基本護理包括：

### 1. 緊急傷口護理

任何傷口都需要立刻接受治療，而一些嚴重個案，例如刀傷等，或需要通過手術治療。

### 2. 心理急救

倖存者來到醫院時可能仍處於受驚狀態，初步的心理輔導有助穩定他們的症狀，令他們準備好接受診症。及時的心理輔導可預防發展成更嚴重的精神障礙，例如抑鬱症和創傷後壓力症候群。

### 3. 防止感染愛滋病和其他性傳播感染

倖存者可服用抗愛滋病毒藥物作事後預防，以免感染，但必須在事發後 72 小時內服用才有效，且需連續服用 28 天，若在事發 72 小時後才服藥便已經太遲。其他性傳播感染，如梅毒和淋病等，可透過抗生素來預防和治療。某些疾病如缺乏治療的話，可以導致不育。

### 4. 緊急避孕

只要強暴倖存者在事發後 5 天內就醫，就有機會透過緊急避孕以防止非自願懷孕。相關藥物可抑制排卵和阻止受精卵植入子宮。

### 5. 接種乙型肝炎及破傷風疫苗

乙型肝炎可經性接觸傳播，傳染性比愛滋病更高。倖存者只要在事發後 3 個月內注射第一劑疫苗，就能有效防止感染乙型肝炎。此外，某些傷口可能會使倖存者感染破傷風。倖存者若對破傷風沒有免疫力，或免疫狀況未能確定時，便應接種疫苗。

**Survivors of family and sexual violence have both acute and long-lasting medical and psychosocial needs. Medical care is more likely to be effective if it is accessed as soon as possible. The 5 essential services they need are:**

### 1. Emergency medical care for wounds

Any wounds need immediate medical attention and extreme cases, such as knife wounds, can require surgery.

### 2. Psychological first aid

Survivors may arrive in a state of shock. Initial counselling helps to stabilise their symptoms and prepare them for medical consultations. Timely counselling can prevent the development of more serious mental disorders like depression and post-traumatic stress disorder.

### 3. Prevention of HIV infection and other sexually transmitted infections (STIs)

Post-exposure prophylaxis with antiretrovirals (ARVs) can prevent HIV infection, but it only works if started within 72 hours of the rape, and must be taken for 28 consecutive days. If a patient arrives later than 72 hours after the rape, it is too late to prevent HIV infection. Other STIs like syphilis and gonorrhoea can be prevented and treated with antibiotics. Without treatment some STIs can result in infertility.

### 4. Emergency contraception

If a rape survivor seeks medical care within 5 days of the assault, it is possible to prevent an unwanted pregnancy with emergency contraception. The pill stops ovulation and inhibits implantation of a fertilised egg in the womb.

### 5. Vaccinations for hepatitis B and tetanus

Hepatitis B virus can be transmitted through sexual intercourse and is more contagious than HIV. Vaccines are effective in preventing infection if the first dose is given within 3 months of the rape. Also, depending on the wounds inflicted, the survivor may be at risk of contracting tetanus. If a survivor has not been previously immunised or when the immunisation status is unknown, they should receive a tetanus vaccination.

## 無國界醫生隊員在南蘇丹遇襲

# Attack on MSF members in South Sudan

8月5日，一班武裝分子在朱巴市外主要公路上，襲擊一輛屬於無國界醫生的車輛。兩名無國界醫生員工受重傷，其中一人兩天後傷重身亡。無國界醫生對襲擊事件感到憤慨。

On 5 August, a group of armed men attacked a car belonging to MSF on a main road outside Juba. Two MSF staff members were seriously injured, one of them died from his injuries two days later. MSF is outraged by the attack.

## 結束在南非的 入境者項目

# Migrant project closed in South Africa

無國界醫生於2013年3月底結束在約翰內斯堡支援津巴布韋入境者的項目。自5年前項目設立以來，入境者獲得醫療護理的情況已顯著改善。組織會繼續在南非提供愛滋病和結核病護理。

MSF's project in Johannesburg for Zimbabwean migrants closed at the end of March, 2013, as the access to healthcare for migrants has considerably improved since the project opened 5 years ago. MSF continues to provide HIV/TB care in the country.



## 在肯尼亞 開設新診所

# MSF's new clinic in Kenya

位於內羅畢基貝拉南部的新診所於2013年5月啟用，提供全面基層醫療和婦產服務，並將控制愛滋病等慢性疾病的服務整合在內。無國界醫生是基貝拉唯一提供免費醫療護理的組織。

The new centre in Kibera South in Nairobi was inaugurated in May 2013. It offers comprehensive primary healthcare and maternity services integrated with the management of chronic diseases like HIV. MSF is the only provider of free healthcare in Kibera.



## 在莫桑比克治療 卡波西肉瘤病人 **Treating Kaposi's sarcoma in Maputo, Mozambique**

在馬普托，無國界醫生正與衛生部合作，治療患有卡波西肉瘤的病人。這是一種與愛滋病有關的癌症，病人的皮膚會出現疼痛及破損。截至 2013 年 7 月初，約有 400 人在組織的醫療設施接受治療。

In Maputo, MSF is working with the Ministry of Health to treat patients suffering from Kaposi's sarcoma, a type of cancer that causes painful and disfiguring lesions on the skin that is linked to HIV. As of early July 2013, 400 patients are receiving treatment at MSF's facility.



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## 在敘利亞支援治療神經中毒病人 **Supporting treatment of patients suffering neurotoxic symptoms in Syria**

大馬士革省 3 間由無國界醫生支援的醫院報告指，於 8 月 21 日早上接收了約 3,600 名呈現神經中毒症狀的病人，其中 355 人死亡。無國界醫生已把神經中毒治療，全面納入該國所有救援項目的醫療策略。

Three hospitals in Damascus governorate that are supported by MSF reported that they received about 3,600 patients displaying neurotoxic symptoms on the morning of 21 August 2013. Of those patients, 355 reportedly died. Treatment of neurotoxic patients is fully integrated into MSF's medical strategies in its programmes in Syria.



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## 兩名救援人員在索馬里獲釋 **Two aid workers freed in Somalia**

於 2011 年 10 月在肯尼亞達達阿布難民營被擄走的塞拉和蒂埃博，被擄長達 21 個月後，已經在 2013 年 7 月中獲釋。兩人相當安全和健康，並且已經回家。

Montserrat SERRA and Blanca THIEBAUT, who were abducted from the Dadaab refugee camp in Kenya in October 2011, have been released in mid July 2013 after 21 months in captivity. Both are safe and healthy. They have already returned home.

人道救援行動遭濫用操控

# 索馬里 22 年人道行動劃上句號

**Abuse and Manipulation of**

**Humanitarian Action**

**22 Years of Medical Aid**

**Ended in Somalia**

自 1991 年已在索馬里持續工作的無國界醫生，作出歷來其中一個最痛苦的決定，於 8 月中宣布結束在該國的所有項目。此決定是基於其工作人員多番遭受嚴重襲擊，但武裝派系、有關當局和當地領袖均愈來愈支持、容忍、或縱容對人道救援人員的殺害、襲擊和擄走。

時任無國界醫生（國際）主席的卡雲勒卡亞醫生說：「過去 5 年在索馬里的一連串謀殺和工作人員被擄事件，令我們達到了極限。不過，我們離開並非因安全問題。打擊我們在索馬里工作的最後一絲希望的是，我們曾經就最低限度的安全保障與多個派系進行協商，這些派系卻容忍和接受針對人道救援工作者的襲擊。」

無國界醫生依然希望透過醫療人道援助回應索馬里的龐大需要，但當地各方人士必須透過行動展示其意願和能力，為給予索馬里人民人道援助提供便利，以及尊重人道救援人員的安全。

After working continuously in Somalia since 1991, MSF has made one of the most painful decisions in its history and announced the closure of all its programs in Somalia from mid-August. It is the result of extreme attacks on its staff in an environment where armed groups and civilian leaders increasingly support, tolerate, or condone the killing, assaulting, and abducting of humanitarian aid workers.

"We have reached our limit in Somalia with the sequence of murders and abductions over the past five years," said Dr. Unni KARUNAKARA, the then MSF International President. "But security is not the reason we left. What dashed our last bit of hope of working in the country was that the very parties with whom we had been negotiating minimum levels of security tolerated and accepted attacks against humanitarian workers."

MSF remains committed to addressing the tremendous needs in Somalia through medical humanitarian assistance. But all actors there must demonstrate through their actions a willingness and ability to facilitate the provision of humanitarian assistance to the Somali people and respect for the safety of the humanitarian aid workers.



右圖：2007年，摩加迪沙的衝突導致數以千計人流離失所。無國界醫生向有需要的人提供門診、霍亂和營養不良治療，以及分發飲用水和救援物資。

RIGHT: Violence in Mogadishu displaced thousands of people in 2007. MSF provided outpatient consultation, cholera treatment, nutritional care, and distributed water and relief items to people in need.

©Jehad NGA

下圖：於索馬里南部的賈馬梅醫院，無國界醫生向營養不良兒童提供護理。

BOTTOM: MSF provided care to malnourished children in Jamaame hospital in southern Somalia.

©Javier ROLDAN



左圖：2011年，索馬里中南部加勒加度區的古里艾醫院。以往很多國際救援人員駐守醫院工作，但礙於局勢不安全，醫院其後只能由無國界醫生聘請的索馬里本地員工運作。

LEFT: Guri-el Hospital, Galgaduud region of South Central Somalia, 2011. Many international staff were based here in previous years.

But later, due to insecurity, the hospital was completely run by Somali staff employed by MSF.

©Peter CASAER/MSF



上圖：無國界醫生於1979年首次在索馬里工作，並自1991年起長駐當地工作。1991年內戰期間，無國界醫生在備受戰火蹂躪的摩加迪沙設手術項目，並於翌年開設營養中心，對抗饑荒。

TOP: MSF first started working in Somalia in 1979 and maintained a permanent presence there since 1991. During the civil war in 1991, MSF ran surgical programmes in war-stricken Mogadishu, and in the following year it also ran nutritional centres in response to the famine.

©Carl CORDONNIER



上圖：安全一直是索馬里救援隊的一大關注，索馬里是無國界醫生聘用武裝守衛的唯一國家。

TOP: Security was always the major concern for teams working in Somalia. It was the only place where MSF employed armed guards for its protection.

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## 為生命帶來改變

# Bringing Changes to Lives

非醫生、非護士、也非助產士，但原來我也可以出一分力。想為生命帶來改變，其實只在乎踏出的那一步有多深有多遠。

塞拉利昂位於非洲西部，是全球其中一個最窮困的國家。2002 年內戰結束，但當地人仍然很害怕，他們只想過安穩的生活，擁有一個完完整整的家。

我的救援工作，在位於這個國家南部的博城開始。這裡的醫院在十數年前建成，設有婦產科及兒科。由於當地對婦產和兒科服務需求龐大，我們於年前開始籌備翻新及擴建工程，並於本年初正式動工。

### 切身的前線工作

我在這裡的工作比在香港跑地盤時更前線、更切身。釘板、扎鐵、落石屎、落震筆、起磚牆，我都想參與其中，除了希望和當地員工有知識的交流外，也想帶動隊伍更投入工作。

我的後勤隊伍由 9 名當地員工組成，他們都是很好的工作伙伴，但不太理解每個工作步驟背後的原因及重要性，所以即使同一工作重覆了 10 次，第 11 次還是會有錯漏。因此我嘗試解釋每個指令的原因，看到他們一次比一次進步，我感到很高興。

I'm not a doctor, not a nurse nor a midwife. But I can still contribute my effort. Whether one can bring changes to lives only depends on how deep and how far one takes the first steps.

Sierra Leone, located in western Africa, is one of the world's poorest countries. The civil war ceased fire in 2002, but people are still traumatised. They only want to live peacefully with their family members.

My humanitarian mission starts at the southern city of Bo. The hospital here, built more than a decade ago, has obstetrical and paediatric departments. To address the substantial needs for obstetric and paediatric services there, we planned its renovation and expansion and kick-started the work early this year.

### Hands-on work on the Frontline

My duties here are more hands-on than those I had in Hong Kong. I want to be involved in formwork, steelwork, concreting, concrete curing and building brick walls. Not only do I hope to exchange ideas with the local staff, my involvement can also motivate them to work.

There are nine local staff members in my logistical team. All of them are great working partners, but they don't really understand the reasons and importance of every single working procedure. Even if they have done the same task for 10 times, they could still make mistake in their 11th trial. So I try to explain to them the reason behind every command I make. I am really glad to see them doing better and better.



何安琪是來自香港的後勤人員，於 2013 年 7 月首次參與無國界醫生的救援任務，前往塞拉利昂的博城，協助當地的無國界醫生醫院翻新和擴建工程。  
*HO On K, Angel, is a logistician from Hong Kong. In July 2013, she set off for her first MSF mission in Bo, Sierra Leone, to help with the renovation and expansion project of an MSF hospital.*

**何安琪  
HO On K, Angel**

這個月，我們為招募員工而進行了三輪面試，心中既感嘆又難受，卻也十分感動：感嘆於一份工作對他們的生活可帶來多大的改變；難受於有多少人因內戰而失去學習的機會；感動於那一雙雙堅毅的眼睛都在告訴我，他們從沒有放棄過。

知識才能改變命運。他們都是這地盤的活寶，在有限機械、有限物資供應、有限物料質素的情況下，他們的應變能力其實比他們自知的更大，只是以前只懂天天埋頭苦幹，沒想過是在汗水中累積知識。

### 簡單的快樂

最近我作了新嘗試，就是逢星期五與小隊午飯後來個小小建築知識課。上星期第一課是學習混凝土的組成：大家都知道把鋼鐵加入混凝土能使結構更結實，卻不明白箇中原因。看著大家嘗試發表意見，用心聆聽，享受學習的過程，原來快樂可以很簡單，簡單得聽到他們的一句「謝謝你，我從你身上學到很多」，便已夠令我感到鼓舞。

非醫生、非護士、也非助產士，只是一介小小工程師，但原來我也可以在無國界醫生的團隊中出一分力。這裡的項目規模跟從前在香港的沒法相比，但將來能救助更多生命；我的一小步，希望也能為其他生命帶來更多改變。

This month, we conducted three rounds of recruitment interviews. I was overwhelmed; I felt sorry but was also moved. I was overwhelmed to know how much a job can change people's lives. I felt sorry for so many of them losing the opportunity to learn due to the civil war. Looking through their eyes, though, I was so moved to know that they have never given up amid all the hardship.

Only knowledge can change their lives. They are all treasures on the construction site. With limitations in machinery and materials, they can adapt far better than they are aware of, but they just didn't realise that they have actually grown the fruit of knowledge in their work.

### Simple Happiness

Recently, I started to give the team a construction lesson every Friday after the team lunch. In the first lesson conducted last week, I taught them the composition of concrete. They all know that adding iron bars into concrete can strengthen the structure, but they don't understand why. I looked at them trying to exchange opinions, paying attention to the class, and enjoying the learning process. My happiness can be as simple as that, as simple as hearing, "Thank you, I've learned much from you."

I'm not a doctor, not a nurse nor a midwife. I'm just a humble engineer, but I can contribute to MSF humanitarian work. The project scale here is not comparable to those I worked on in Hong Kong, but my work here can save more lives. The small steps I've taken can hopefully bring more changes in others' lives.

# 跨越國界的合作

## Collaboration across Borders

每日，超過三萬名來自世界各地的無國界醫生工作人員為有需要的人提供援助，其中86%是在項目所在地聘請的當地員工。來自雲南的潘淵是一名後勤人員，剛開始時受聘為當地員工，現在已是經驗豐富的國際救援人員。他與我們分享他如何看當地員工的重要性，以及和他們共事的心得。

1998年，我首次參與無國界醫生工作，為內地長江水災的救援項目擔任翻譯及後勤人員。團隊共有2名中國員工和3名國際救援人員，記得當我們去一些村鎮勘察時，當地政府對於無國界醫生缺乏認識，而國際人員也不夠了解當地文化。因此我的角色是一道跨越文化的橋樑，促進雙方的理解與溝通。我從那時開始意識到，即使國際人員可以帶來物資和技能，但如果沒有當地員工的支援，亦無法成事。

### 理解與尊重

與當地員工共事，最大的挑戰是如何從當地人的角度去考慮問題。因此我在出發到每個項目前，會花時間大量閱讀當地及項目的資料。在最初抵達時，我會仔細觀察當地員工工作的方式和原因，而在作出任何決定和

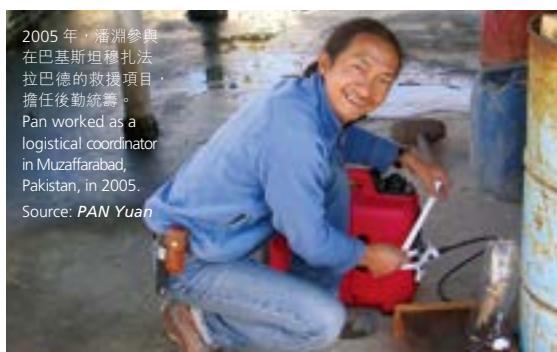
**Every day, over 30,000 MSF staff from all over the world work and provide assistance to people in need, of which 86 percent are recruited locally. PAN Yuan, a Yunnan born logistician, was himself recruited as a Chinese national staff member and has now become a veteran international field worker. He shares his view of the importance of national staff and the ways for the internationals to work more effectively with them.**

I started working for MSF as a translator and logistician for the Changjiang flood disaster relief project in mainland China in 1998. Our team consisted of two Chinese and three international field workers. I remember that when we went to local counties and villages to conduct assessments, local governments did not know our organisation, while our international staff lacked knowledge of local culture. So my role was to bridge the culture difference, improve the understanding and communication between the two sides. I realized at that time that field workers from overseas could bring resources and skills, but still nothing could be done without the support of local staff.

### Understanding and respect

The biggest challenge of working with national staff is how to think from a local's perspective. So before I myself went on any overseas mission, I would read as much background information about the place and the project as possible.

2005年，潘淵參與在巴基斯坦穆扎法拉巴德的救援項目，擔任後勤統籌。  
Pan worked as a logistical coordinator in Muzaffarabad, Pakistan, in 2005.  
Source: PAN Yuan



### 潘淵簡介

來自雲南昆明的潘淵是第一位來自中國的國際救援人員，他於1998年起先後在中國、蘇丹、孟加拉、塞拉利昂、烏茲別克和緬甸等參加救援任務，起初為後勤人員，後來擔任後勤統籌工作。他自2008年起為無國界醫生(香港)董事會成員。

### Introducing PAN Yuan

PAN Yuan was the first international MSF field worker from mainland China. He started with MSF in 1998 and has been to Sudan, Bangladesh, Sierra Leone, Uzbekistan and Myanmar as a logistician and later a logistic coordinator. He has been a board member of MSF-Hong Kong since 2008.



改變前，我會盡量詢問當地同事的意見，而非立刻妄下結論。

尊重當地的文化也十分重要。比如在緬甸，當地同事即使覺得受到委屈或認為你做得不正確，也不會直接告訴你。這是因為緬甸人本身不善於用這種方式表達自己，甚至認為大聲說話也是一種不尊重。因此，我會選擇在一些非正式場合，比如在聚會活動時，才與他們交流。

### 授人以魚，不如授人以漁

我十分注重培訓當地員工，而不僅僅吩咐他們做事，因為我認為這是國際人員可以帶給當地的最大附加價值。

在緬甸時，有一次我的兩個助手來找我，說他們遇上問題，我沒有馬上提出答案，反而鼓勵他們自己建議解決方案，討論方案是否可行。於是他們慢慢建立起自信，學會獨當一面，目光也變得更長遠。

我亦常與他們聊天，聽聽他們未來的打算，並提供一些建議。更令我自豪的是，我看到了他們的成長，比如我在孟加拉招募的一個年輕助手，幾年後已成為烏茲別克一個項目的後勤負責人員。

When I first arrived at the project, I would observe closely how local people worked and why they worked like this. I would also take advice from local colleagues before making any decision or change.

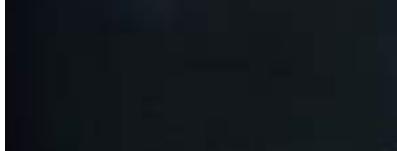
It is also important to respect the local culture. In Myanmar, local colleagues usually do not respond directly if they are aggrieved or think you did wrong, simply because Myanmar people are not good at expressing themselves in this way. They even regard speaking aloud as disrespectful. So I preferred talking to them in informal occasions and gatherings.

### Teach a man to fish and you feed him for a lifetime

I placed great emphasis on training national staff instead of only pushing them to work since I regard this as the biggest added value to bring to locals.

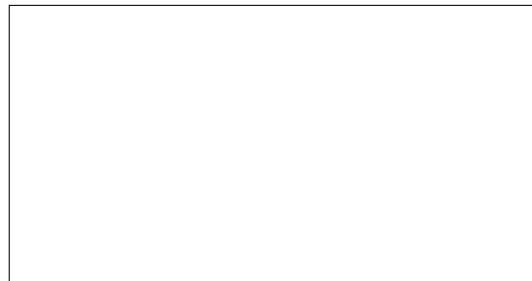
In Myanmar, one day my two assistants came to me with a problem. Instead of giving them my answer I encouraged them to suggest solutions and to discuss their feasibility. Gradually they gained more confidence, able to work more independently and develop long-term views.

I also listened to their future plans and gave them advice. It made me feel proud to see their growth and improvement. I once recruited a young assistant in Bangladesh, and a few years later he has become the person in charge of logistics in a project in Uzbekistan.



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