

# BORDERLINE 無疆

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戰爭的禍延：  
活在敘利亞衝突下的一天

THE REACH OF WAR:  
A DAY IN THE LIFE OF  
THE SYRIAN CONFLICT



Iraq © Yuri Kozyrev/Noor

## 伊波拉疫情以外 THE EBOLA OUTBREAK AND BEYOND

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動筆之時，無國界醫生正在西非全力應對伊波拉爆發。這次疫情無論是確診個案數目還是死亡人數，都是有史以來最嚴重的一次。作為醫療人道救援組織，無國界醫生目前有超過2,000名員工，在前線的5間治療中心醫治伊波拉病人。

但我們的工作不止於此。自疫情爆發以來，無國界醫生已一直響起警號，並動員各國領袖和聯合國加入救援行列。當部分國家現在願意率先回應，加入抗疫工作，其他國家亦應該跟隨。我們過去一段時間在這場戰役上已經節節敗退，在未來數月，我們必須扭轉敗局。

雖然伊波拉疫情獲得傳媒廣泛報道，但我們亦不應忽視全球其他地方正爆發的人道危機，尤其是在無國界醫生正奮力提供急需援助的衝突地區。

在局勢動盪的敘利亞和鄰近國家，敘利亞人民正飽受持續戰爭帶來的肉體和精神上的痛苦。今期《無疆》「封面故事」將透過記述前線救援人員在黎巴嫩、伊拉克和約旦一天的工作，把這場殘酷衝突對個人造成的傷害呈現於大家眼前。無國界醫生正在這3個國家，為敘利亞難民提供醫療護理。

在另一邊廂，雖然加沙停火協議已在2014年8月生效，但暴力衝突對西岸地區的居民留下了嚴重的心理影響。「圖片特寫」將揭示當地的醫療需要，以及無國界醫生應對這些需要的工作。

目前，無國界醫生隊伍正在應對於中非共和國和南蘇丹發生的多個人道危機，還有烏克蘭、敘利亞和伊波拉疫情的緊急情況，已經不勝負荷。我們能夠繼續工作，全賴救援人員和像你一樣的支持者所作出的努力。2014年是無國界醫生在香港成立20周年，在這個特別的日子，我們藉此再次向所有支持者表示謝意。多謝！

At the time of writing this article, MSF is deploying its full capacity in responding to the Ebola outbreak in West Africa, which is the most severe Ebola epidemic ever in terms of the number of confirmed cases and deaths. As a medical humanitarian organisation, MSF has now more than 2,000 staff on the ground, treating Ebola patients in five treatment centres.

But we do more than that. MSF has been ringing the alarm bells and mobilising state leaders and the United Nations to be part of the response since the onset of the outbreak. While some states are willing to lead by example and join the battle, others should follow suit. We have been losing the battle for too long and we must reverse the tide in the coming months.

Although the Ebola outbreak gets most of the headlines, it should not overshadow humanitarian crises unfolding in other parts of the world, especially in conflict areas where MSF is struggling to provide much needed assistance.

In troubled Syria and its neighbouring countries, the Syrian people are suffering from the terrible physical and mental consequences of the ongoing war. To bring the personal toll of this brutal conflict into the spotlight, the Cover Story of this issue of Borderline features a day in the life of our field workers in Lebanon, Iraq and Jordan, where MSF is providing medical care to Syrian refugees.

Meanwhile, despite the Gaza ceasefire announced in August 2014, exposure to violence has serious psychological impacts on the populations in the West Bank. The Photo Feature uncovers the medical needs there and MSF's work to respond to them.

Today, MSF teams are overwhelmed in dealing with the large volume of crises in Central African Republic and South Sudan, as well as emergencies in Ukraine, Syria and the Ebola outbreak. We are only sustaining our efforts with the enormous commitment from our field workers and supporters like you. This is a special moment of celebration for MSF's 20 year presence in Hong Kong and we want to express gratitude to our supporters. THANK YOU HONG KONG!

## 戰爭的禍延： 活在敘利亞衝突下的一天

### THE REACH OF WAR: A DAY IN THE LIFE OF THE SYRIAN CONFLICT



敘利亞戰事踏入第4個年頭，至今已有超過15萬人死亡，650萬人在敘利亞境內流離失所，另有超過280萬人成為難民。

這場戰事的影響就像疾病一樣，從敘利亞的感染源頭一直向外蔓延。來自不同背景的無國界醫生救援人員，分別在約旦、伊拉克和黎巴嫩，度過了這場殘酷衝突下的一天。

Into its fourth year, the war in Syria has killed more than 150,000 people. More than 6.5 million are displaced inside its borders, and more than 2.8 million have fled the country.

Like a disease that spreads far beyond the initial point of infection, the reach of Syria's war is visible in many places at once. MSF humanitarian workers of different backgrounds experience "a day in the life" of this brutal, relentless conflict in Jordan, Lebanon and Iraq.



阿勒瓦什醫生（左二）正在約旦的藍慕沙醫院巡房，該院治療不少來自敘利亞的衝突傷者。

Dr. Alwash (2nd from left) is doing ward round in Ramtha hospital, Jordan, where war wounded patients from Syria are being treated. © Ton Koene

阿勒瓦什醫生來自伊拉克。早上八時半，他回到約旦東北部藍慕沙的醫院上班，照顧爆炸和中槍的傷者。他說：「我們所有病人都是在近期衝突中受傷的。我們做的手術主要是為他們保命或保住四肢。」

阿勒瓦什來到14歲女孩魯卡爾的床前，她被砲彈擊中，在醫院醒過來時，才知道自己失去雙腿，母親更已過世。這女孩先後接受7次手術，明天她會接受另一次手術，以預備裝上義肢。但魯卡爾和醫生交談時，始終面帶微笑，堅信自己有一天重拾快樂。這笑容讓醫生在面對源源不絕的傷者時，仍能振作起來。

同一時間在安曼，無國界醫生的口腔頰面外科專家布斯塔尼正要進入手術室，為一名面部嚴重受傷的病人進行手術。他說：「大部分傷者都要接受多次整形外科手術。很多時候我們都不能一次做完所有療程，有時數星期或一個月也未能完成。」



### 約旦：漫長的康復道路

一天開始，兩位在約旦兩個不同地點的外科醫生正要展開工作。

他說的不只是外科護理，也包括病人的物理和復康治療。他們要重新學習使用受過傷的手腳或者義肢，康復道路注定漫長，而耐性、堅持和痛楚的舒緩都是康復的關鍵。布斯塔尼醫生說：「這裡的個案都充

滿挑戰性。除了為病人提供治療外，我們也希望減少他們的痛苦，為他們帶來希望。」

### 黎巴嫩：尋覓棲身處

同一個早上，在黎巴嫩的貝卡谷地，不少人已在無國界醫生的4間診所外輪候。不過，這些診所項目只是組織在黎巴嫩工作的一部分。

由於欠缺有組織的難民營，逃到黎巴嫩的敘利亞人都要自己尋找棲身處，例如空置校舍或監獄等。當地的醫療服務有限，沒有向聯合國註冊的難民境況就更堪虞。更糟的是，當地不時會受到轟炸。

很多時候，難民都不知道可以在哪裡獲得醫療服務，醫療人員不能只等候病人前來診所求醫。無國界醫生的社區健康推廣人員拉希爾，駕車到一個又一個難民住處，尋找有醫療需要的人。今天的第一站是阿布伊斯梅爾，拉希爾要為那裡一位孩子誕下不久就夭折的婦女檢查。

貝卡谷地的道路沿著山巒起伏，但無論無國界醫生去到哪裡，都會發現有人需要協助。



一名來自敘利亞的難民帶著孩子來到黎巴嫩，住在帳篷裏。她和丈夫在走難的途中失散。

A Syrian refugee arrived in Lebanon with her children and settled in a tent. She lost her husband on the way.

© Alla Karpenko/MSF



### JORDAN: A LONG ROAD OF REHABILITATION AHEAD

As the day begins, surgeons in two different places in Jordan have started their work.

Dr. Haydar Alwash, a surgeon originally from Iraq, works in Ramtha Hospital in northeastern Jordan. He starts his rounds around 8:30 this morning, dealing with the consequences of bombs or gunshot. "All our patients are newly injured in this conflict," he says. "Our work mainly concentrates first on surgical procedures that can save lives or save limbs."

Dr. Alwash reaches the bedside of a girl named Rukaya, 14, who was hit by a shell. She did not realise that she had lost both legs and her mother was dead until she woke up in the hospital. Seven operations followed, and another tomorrow

to prepare her for the prosthetics. Rukaya smiles when she talks to Dr. Alwash, asserting her determination to be happy again one day. Her smile helps the doctor to cope with seeing the maimed arrive one after another.

At the same time in Amman, Dr. Ashraf Bustanji, an MSF maxillofacial specialist, is stepping into the operating theatre to perform surgery on a Syrian man who has suffered extensive facial injuries. "Most of the cases here undergo multiple reconstructive surgeries," he says. "Most of the time the treatment cannot be completed in a single stage, or within a couple of weeks, or one month."

It's not just the surgery. There is also the physiotherapy and rehabilitation. They have to re-learn how to use damaged limbs or the prosthetics. Patience, perseverance, and pain management are crucial, because the road back to health from injuries like these is guaranteed to be a long one. "The cases here are challenging, but along with the medical treatment, the project is giving hope to these patients, by trying to alleviate their pain, their suffering," says Dr. Bustanji.

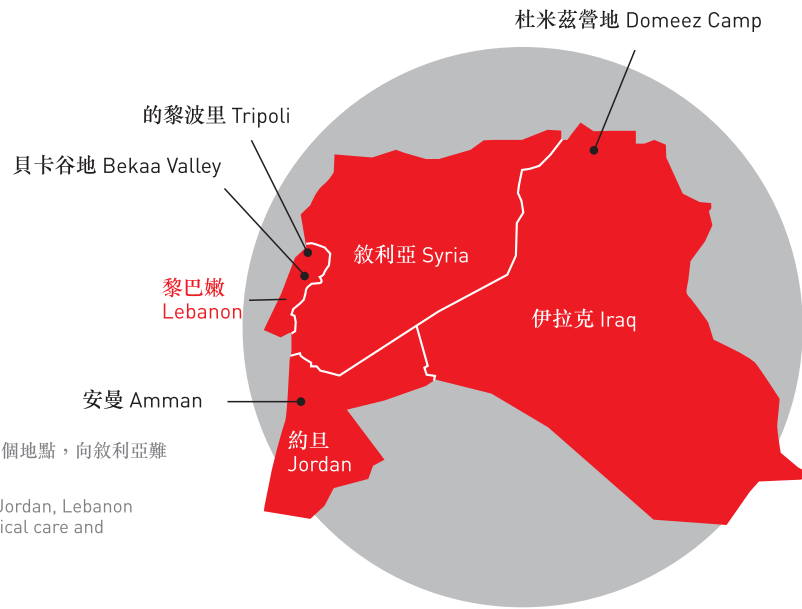
### LEBANON: THE SEARCH FOR SHELTER

On the same morning, people are already assembled outside four different MSF clinics in Lebanon's Bekaa Valley. These projects in clinics are only one facet of MSF's work in the area.

As there are no organized camps for refugees, Syrians fleeing to Lebanon have to find their own shelter, for example in empty schoolhouses or an abandoned prison. Local medical services are limited, particularly for refugees not registered with the UN. To make matters worse, the area occasionally gets hit by shellfire.

Too often, people do not know where they can access medical attention. So it is not enough to wait for people to come to the clinics. Hanane Lahjiri, an MSF community health worker, has to seek them out, driving from one refugee settlement to the next. The first stop on this day is the Abu Ismael settlement, where Lahjiri wants to check in on a woman whose baby died shortly after being born.

The roads in the Bekaa wind through valleys and hills, but wherever MSF staff travel, they find people seeking assistance.



無國界醫生隊伍於約旦、伊拉克及黎巴嫩的多個地點，向敘利亞難民提供醫療護理和人道援助。

MSF teams are working in multiple areas in Jordan, Lebanon and Iraq to provide Syrian refugees with medical care and humanitarian assistance.

### 伊拉克：煉獄的邊緣

在這個早上同樣忙碌的，是在伊拉克北部杜米茲難民營的急症科醫生哈利勒。他一踏入病房，就看到兩個男童，一個耳道和呼吸道受感染，另一個因打翻水煲而被燙傷。病房裡還有一個患上尿道炎的嬰兒，和一個手指被割傷、傷口需要縫針的女孩。哈利勒說：「這裡每個早上都是這樣忙碌。」

此外，心理健康隊伍每天會在杜米茲進行7至9節的輔導。這裡的成年人有抑鬱和焦慮等問題，而不少兒童都會發惡夢、睡眠質素欠佳或尿床。無國界醫生心理專家塞爾曼說：「這些人在敘利亞受盡苦頭，不少家庭破碎。」有很多人受傷或是失去至親和家園，他們不知道要逃難多久，也不知道當戰事結束後，他們可以往哪裡去。

### IRAQ: A PAINFUL LIMBO

It is also a busy morning for Dr. Mustapha Khalil, a specialist in emergency medicine in the Domeez refugee camp in northern Iraq. Soon after entering the ward he sees two boys, one with ear and respiratory infections, another scalded by boiling water when a pot toppled over. There are also a baby with urinary tract infection and a girl who needs stitches for a large cut on her finger. "Every morning is like this," he says.

MSF's mental health teams in Domeez also conduct seven to nine sessions per day. They hear of depression and anxiety from adults, and nightmares, problems sleeping, and bedwetting among children. "People have suffered a lot in Syria. A lot of families were torn apart," says Henrike Zellmann, an MSF psychologist who worked in the camp. Many people were injured, lost loved ones or their homes. They don't know how long they will be in exile or if there will be anything to return to should the war ever end.

夜幕低垂，在敘利亞境內外的無國界醫生救援項目，數以百計的病人正接受治療，數台手術亦在晚上進行，人們仍然要面對持續的暴力事件。無國界醫生繼續盡力應對因戰事而引發的醫療需要，並期望有一天，受戰火影響的敘利亞人的生活會變得不一樣。

*By nightfall, hundreds of patients were seen and treated in MSF's projects. Several surgeries were performed as well, while people still have to be in the face of ongoing violence. MSF will continue doing what it can in the hope that at some point in the future, a day in the life of the people affected by the war in Syria will look very different.*

瀏覽「戰爭的禍延」網站，閱讀更多故事：  
Visit Reach of War website for more stories:  
<http://reachofwar.msf.org/>

## 為洪都拉斯性暴力倖存者提供護理 CARE FOR SEXUAL VIOLENCE SURVIVORS IN HONDURAS



© Ilse Casteels/MSF

無國界醫生致力為性暴力倖存者提供免費且保密的一站式醫療及心理護理。在2013年1月至2014年6月期間，無國界醫生為1,008名性暴力倖存者提供治療，並進行了1,230次精神健康輔導。

This service aims to provide sexual violence survivors with the medical and psychological care they need in one location, in the course of one visit, for free, and with confidentiality guaranteed. Between January 2013 and June 2014, MSF provided treatment for 1,008 survivors of sexual violence and 1,230 mental health consultations.

## 伊拉克新一輪流離失所者危機 A NEW DISPLACEMENT CRISIS IN IRAQ

伊拉克北部近期的暴力衝突造成逾25萬人流離失所。無國界醫生在當地開設流動診所，提供基層醫療護理服務，主要治療患上傳染病的兒童及慢性疾病的成年人。

The recent conflict in the north of Iraq has led to the displacement of over 250,000 people. MSF runs mobile clinics in the region to provide primary healthcare services, mainly for communicable diseases in children and for chronic diseases in adults.

## 於南蘇丹治療營養不良 TREATING MALNUTRITION IN SOUTH SUDAN



© Nick Owen/MSF

2014年7月，萊爾錄得驚人的營養不良比率，當地居民因逃避衝突而躲進叢林，只能就地以樹根等作為食物。無國界醫生接收了超過1,800名兒童到流動營養治療中心接受治療。

In July 2014, alarming malnutrition rates are recorded in Leer, as the conflict forced people into the bush without anything to eat other than wild roots or whatever else could be gathered from the land. MSF admitted over 1,800 children into the ambulatory therapeutic feeding centre.

## 支援烏克蘭醫療系統 SUPPORTING THE HEALTH SYSTEM IN UKRAINE

無國界醫生自2014年5月中以來，向頓涅茨克及盧漢斯克地區的醫院提供醫療物資，以治療超過6,200名衝突傷者。

MSF provided medical materials for treating more than 6,200 war-wounded to hospitals in the Donetsk and Luhansk regions since mid-May 2014.



## 打破伊波拉迷思 BUSTING THE MYTHS ABOUT EBOLA

塞拉利昂的伊波拉治療中心內，身處低風險區的工作人員派發飯餸到高風險區的工作人員，再派給病人。

Meals are distributed over the fence from low-risk area to high-risk area in an Ebola treatment centre in Sierra Leone.

© Sylvain Cherkaoui/Cosmo

前線醫訊  
Medical Info



史上最嚴重的伊波拉病毒已奪去超過2,600人性命，其死亡率之高，令出現爆發的西非，以至其他地區均出現恐慌。雖然伊波拉是一種危險的疾病，但並非所有恐慌都符合醫學理據。

### 1. 伊波拉是否透過空氣傳播？

**不是。**伊波拉並非經空氣傳播，其傳播途徑包括：

- 接觸病毒天然宿主或感染了病毒的動物；
- 直接接觸感染者的體液，例如血液、汗液、排泄物、嘔吐物、唾液、精液和母乳；
- 接觸感染者（人或動物）屍體，因屍體上有大量病毒。

為確保工作人員安全，無國界醫生在伊波拉治療中心內嚴格執行預防感染管理措施，例如必須穿上個人保護衣物，以及在治療中心內劃分高風險和低風險區域。

### 2. 是否所有伊波拉病人都有出血病徵？

**不是。**由於伊波拉的初期徵狀並無任何獨特性，故難以診斷。常見徵狀包括突然發燒、感到虛弱、肌肉痛、頭痛、喉嚨痛和吞嚥困難。其後會出現嘔吐、腹瀉、皮疹、腎或肝功能受損。只有不足一半的病人會出現出血病徵，如流鼻血、嘔吐或腹瀉物帶血、內出血或結膜炎。

### 3. 感染者在潛伏期內是否具傳染性？

伊波拉的潛伏期，即由病原體進入身體至出現病徵的時間，是2至21日。在此期間，病人即使感染了病毒，但只要沒有任何病徵，便不帶傳染性，可過正常生活。不過一旦出現病徵，他便應立即到醫院求醫。

### 4. 伊波拉是不治之症？

雖然至截稿時，仍未有經驗證在人體有效、並已註冊可用於病人的特定治療或疫苗，但透過支援療程，例如補充病人流失的體液、控制病人含氧狀態和血壓、提供高質素的營養飲食，和處方抗生素治療任何併發感染，均有助延長病人生命，令病人的免疫系統有更多時間去對抗病毒。

The biggest Ebola outbreak in history has already claimed more than 2,600 lives. The high fatality rate has created a lot of fear not just in the affected parts of West Africa, but also outside the region. It is a very dangerous disease, but not all of the fears are medically justified.

### 1. IS IT TRANSMITTED THROUGH AIR?

**No.** Ebola is not an airborne disease. It is transmitted through:

- contact with infected animals;
- direct contact with infected body fluids of an infected patient, such as blood, sweat, excreta, vomit, saliva, sperm and mother's milk;
- contact with infected corpses (human or animal) which have high levels of virus.

For the safety of our staff, MSF implements strict infection control measures inside our medical facilities, such as the personal protective equipment and clear separation of low-risk and high-risk areas inside the treatment centres.

### 2. DO ALL INFECTED PATIENTS HAVE HAEMORRHAGIC SYMPTOMS?

**No.** Early on, symptoms are non-specific, making it difficult to diagnose. The disease is often characterised by the sudden onset of fever, feeling weak, muscle pain, headaches, painful throat and difficulty in swallowing. This can be followed by vomiting, diarrhoea, rash, impaired kidney and liver function. Haemorrhagic symptoms like nosebleeds, bloody vomit, bloody diarrhoea, internal bleeding and conjunctivitis are seen in less than 50 percent of cases.

### 3. IS THE PERSON INFECTED WITH EBOLA CONTAGIOUS DURING THE INCUBATION PERIOD?

The incubation period for Ebola from the time the pathogen enters the body until signs or symptoms first appear, is 2 to 21 days.

During this period even the patient is infected with the virus, he is not contagious as long as he does not have any symptoms and hence can lead a normal life. But once he develops any symptoms, he should immediately go to a hospital.

### 4. IS EBOLA UNTREATABLE?

At the time of writing, there is no specific treatment or vaccine available that has proven efficacy in humans and is registered for use in patients. Supportive treatment, such as hydrating the patient, maintaining their oxygen status and blood pressure, providing high quality nutrition and treating them with antibiotics for any complicating infections, can help the patient survive longer. And the extra time may be just what the patient's own immune system needs to start fighting the virus.



70歲的阿美、雅圖和兩歲大的女兒羅莎琳都是塞拉利昂的伊波拉康復者，他們高興地展示出院證書。無國界醫生的健康宣傳人員會陪同每一位康復者返家，向其家人和村民解釋他們已完全康復，不帶伊波拉病毒，不會對社群構成危險，可過正常生活。

Three Ebola survivors – Amie, 70-year-old, Jattu and her 2 year-old daughter Rosaline – from Sierra Leone, happily showing off the certificate of discharge. MSF's health promotion team sends every survivor back home and explains to their family and neighbours that he or she is Ebola free, posing no risk to the community and can go back to their normal life.

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## 佔領區下的 心靈重建 HEALING OCCUPIED MINDS

2014年夏天的加沙衝突，引發整個西岸地區數以百計的暴力襲擊和逮捕行動，造成平民傷亡。示威、衝突和拆毀房屋等事件每天發生，而人們的精神健康情況也進一步惡化。

為幫助人們克服焦慮、抑鬱、恐懼和創傷後壓力症等困擾，無國界醫生在希伯倫及周邊地區持續為病人提供心理支援。許多病人在經過治療後正逐步康復。

The conflict in Gaza in the summer of 2014 provoked hundreds of violent incursions and arrests all over the West Bank, resulting in deaths and injuries. Demonstrations, clashes and demolition of houses took place on a daily basis, and the mental health of the population has further deteriorated.

To help people overcome problems such as anxiety, depression, terror and post-traumatic stress disorder, MSF has been providing psychological support to patients in Hebron and the surrounding areas, with many of them recovering following treatment.



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### 1/

阿瑪拉（黑衣者）是無國界醫生的一名病人，居住在希伯倫南部。她的住所曾數次被以色列部隊搶掠。他們還逮捕了她的兩個兒子，其中一個兒子受了傷。

Amal (in black) is an MSF patient living in the south of Hebron. Her house was raided several times by Israeli forces. They arrested two of her sons, one of whom was injured.

© Anna Surinyach/MSF

### 2/

以色列部隊破壞希伯倫南部地區的民居，並指居民沒有權利在當地興建房屋，儘管他們在當地已居住數年。

Israeli forces demolished several houses in the south of Hebron, saying the inhabitants had no right to build there, although they had been living there for several years.

© Anna Surinyach/MSF

### 3/

15歲的侯賽恩和14歲齊亞德是一對表兄弟，居住在東耶路撒冷地區的衝突地區。他們因被控企圖刺傷以色列定居者和投擲汽油彈等嚴重罪行而被捕入獄，隨後在家軟禁。他們一直戴著由其他服刑者為他們製作的手環。

The 15-year-old Hussein and 14-year-old Ziad are cousins living in the troubled East Jerusalem area. They have been put into prison and then home detention after being charged with serious offences, like attempting to stab a settler and throwing Molotov cocktails. They keep the bracelets that the inmates made for them while in prison.

© Lali Cambra/MSF

### 4/

住在難民營的馬哈茂德說：「士兵們對著我們的房子開槍，又投擲氣彈和音爆彈，還打破了我們的門窗。我懷孕的太太和孩子都要逃走。」馬哈茂德正接受無國界醫生的心理治療。

"The soldiers are shooting at the houses. They threw gas and sound bombs, and broke our windows and doors. My pregnant wife and my children had to leave," says Nasser Muhammad Mahmud, who is now living in a refugee camp and receiving psychological treatment from MSF.

© Anna Surinyach/MSF

### 5/

無國界醫生在希伯倫的社區開展工作，提升人們對持續不斷衝突的應對和適應能力。

MSF is working in Hebron to improve the capacities and resilience of the community to deal with constant eruptions of violence.

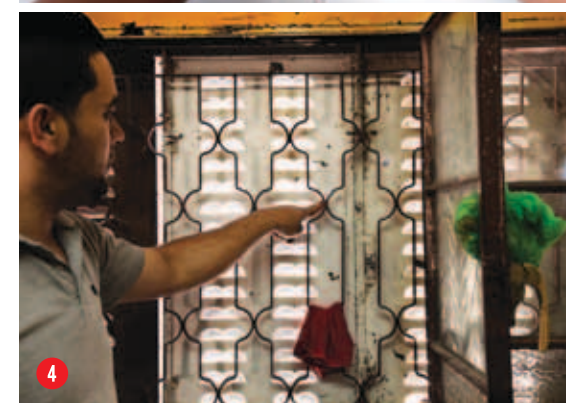
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## 貳拾成仁 無國界醫生(香港)成立20年

### SERVING HUMANITY FOR 20 YEARS MSF-HK 20<sup>th</sup> ANNIVERSARY

2014年是無國界醫生(香港)成立20年，一班把信念付諸行動的救援人員、職員和支持者，細說他們與無國界醫生的故事，道出他們對人道救援的熱誠和期盼。

2014 marks the 20<sup>th</sup> anniversary of MSF-HK. Our field workers, staff members and supporters, who transform their values into action, share their passion and expectation of humanitarian work.

## 讓理想延續理想

陳英凝

### INHERITING ASPIRATIONS EMILY CHAN YING-YANG

陳英凝 EMILY CHAN YING-YANG

1998年加入無國界醫生，曾到30多個國家進行醫療人道救援工作，2005年獲選為世界傑出青年。現為香港中文大學醫學院公共衛生學院災害與人道救援研究所所長。

Joining MSF-HK in 1998, she has worked in humanitarian projects in over 30 countries and was recognised as one of the Outstanding Young Persons of the World in 2005. She is currently the Director of the Collaborating Centre for Oxford University and CUHK for Disaster and Medical Humanitarian Response (CCOUC). © Paul Yeung



27歲的陳英凝(Emily)在2001年成為無國界醫生(香港)歷年來最年輕的董事會主席。「我把它當是一個學習和擴闊眼界的平台。說實話，當年拿傑青，是無國界醫生造就的。」

比起銜頭，讓Emily感受更深的，是多年來在 人道救援前線累積的災害評估和項目管理經驗。她深感前線救援人力的不足，於是決定執起教鞭。「亞洲是全球天災最多的地區，但人道救援的培訓卻要跑到外國去，訓練亦未必切合亞洲情況。」因此，Emily成立了亞洲首個災害與人道救援研究所，協助中國偏遠地區民眾提高防災意識和抗災能力，並藉此訓練更多人道救援的新血。

開山劈石做先鋒，從來不是件容易的事。「但當中最值得驕傲的，不是研究所發表了甚麼研究，而是有學生告訴我，畢業後籌辦了自己的項目，用所學的去幫人。這就是承傳。」

In 2001, Emily Chan Ying-yang became the youngest president of MSF-HK at the age of 27. "I regard MSF-HK as the platform where I learnt and broadened my horizons," Emily said. "To be frank, it was MSF-HK which brought me the award as one of The Outstanding Young Persons of the World."

Compared with that award, Emily treasures her experience in disaster assessment and project management obtained from the front line more. Realising the lack of human resources in humanitarian work, she decided to take the responsibility for nurturing more talent. "Asia is a disaster prone region, but training for humanitarian workers usually takes place in western countries. And that training may not fit the Asian context either." Therefore Emily established the first humanitarian response research centre in Asia to raise the awareness of disaster preparedness and response among the Chinese population living in remote areas, and to nurture more humanitarian workers.

Being the pioneer is never an easy task. "What makes me proud is not the results the research centre has achieved, but the moment when my students tell me that they make use of their knowledge to help the others, and establish their own humanitarian projects upon graduation. To me, that is the inheritance," Emily said.

## 椅伴十五年

龍鎮華(華叔)

### A MAN ON HIS 15-YEAR-OLD SEAT LUNG CHUN-WA (UNCLE WA)

龍鎮華(華叔) LUNG CHUN-WA (UNCLE WA)

1999年加入無國界醫生成為辦事處義工，服務至今。

As an officer volunteer, he joined MSF-HK in 1999 and is still serving the organisation. © Paul Yeung



在無國界醫生辦事處的義工作間，有一張黑色木摺凳，背後有一份尊敬，還有一份濃濃的人情。

木摺凳的主人，是無國界醫生的資深義工龍鎮華(華叔)。「他們好好，知道我老人家喜歡坐硬板凳，其他椅子坐不慣，特地留給我，寫明華叔專用。」15年來，每次辦事處搬遷，職員都堅持要帶走這張木摺凳。

華叔已經76歲，退休後來到無國界醫生當義工。辦事處剛成立的頭幾年，人手不多，華叔在捐款部負責拆信和分類，捐款者寄來的信，大部分都經過華叔雙手。現在華叔的主要工作包括貼郵票、寄發宣傳單張和收據，一星期五天都見他的蹤影。「如果不回來工作，實在很悶，去哪裡才好呢？」多年來這裡彷彿如他的第二個家。

為了表揚華叔的貢獻，無國界醫生在2014年特地頒發「15年服務獎」給他。「不要講到那麼偉大，我做的事其實很平凡。不過呢，我孫女也知道我有幫忙。」說畢，他高興地笑了起來。

In the volunteer area in the MSF-HK office, there is a black wooden folding chair. Not only does it hold the weight of a person, but also respect and high regard.

The chair belongs to Mr. Lung Chun-wa [aka Uncle Wa], a dedicated volunteer of MSF-HK. "The staff members are so nice to me. They know that I only feel comfortable sitting on a hard wooden chair but not the others, so they leave this chair for my exclusive use," Uncle Wa said. Over the past 15 years of Uncle Wa's presence, MSF-HK office has been relocated but the staff members never forgot to bring this chair to the new location.

Aged 76, Uncle Wa has become MSF-HK's volunteer since his retirement. In the first few years of the establishment of MSF-HK, when manpower was limited, Uncle Wa worked for the Donor Services Unit and was responsible for opening and sourcing letters. He processed most of the letters from our donors. Nowadays his duties include stamp sticking as well as mailing leaflets and donation receipts. Uncle Wa goes to MSF-HK office on every working day. "I feel bored if I do not come to work. Where should I go otherwise?" To Uncle Wa, MSF-HK is his second home.

In 2014, MSF-HK gave Uncle Wa the "15-Year Service Award" for his contribution to the office. "What I do is just ordinary and should not be boasted about. But I am glad that my granddaughter also knows about my work," said Uncle Wa, with a satisfied smile on his face.

# 貳拾成仁

## 從本心出發

龍欣欣

### START FROM THE HEART

ANNE LUNG YAN-YAN



#### 龍欣欣 ANNE LUNG YAN YAN

1997年加入無國界醫生，現為香港辦事處最資深的職員。  
Joining MSF-HK in 1997, Anne is currently the longest-serving staff member. © Paul Yeung

18年前，龍欣欣（Anne）來到無國界醫生的香港辦事處當義工，職員給她看了一條短片。「原來緊急救援也可以如斯有組織性和動員力。」她說短片直指了她的本心：「當知道世界某地有人經歷如此苦難，便會懂得如何選擇。」這就是Anne對人道精神的信念。

當了半年義工後，辦事處剛好缺人，Anne轉為職員，負責籌款工作，撰寫各類通訊期刊。期刊寄出後，往往收到不少支持者的積極回應。「做籌款，寫單張，當然有個目的。但我想我得到的不只是錢，我還得到了他們的心。」

「大家都認為香港是個很功利的社會，無國界醫生的理念是異數，但我相信有很多人也像我一樣，想對人道工作有更深的了解。」從義工到職員，18年間，Anne讀了很多有關人道理念的資料，同事們都叫她做無國界醫生的移動百科全書。「雖然我現在負責倡議的工作，但我希望我所傳達的，不是某個醫療議題，而是一些更高的價值。」

18 years ago, Anne Lung Yan-yan joined MSF-HK as an office volunteer. The staff members showed her a video clip. "I got to know how organised and mobilised emergency relief could be," said Anne, adding that the video touched her heart. "When you learn that people over the world are living with misery and suffering, then you would know how to make a choice." That is what Anne believes as humanitarian spirit.

Anne became a full time staff member when there was a vacancy. She was responsible for fundraising and writing newsletters. Every time they were mailed to supporters, Anne received a lot of positive feedback. "We wrote newsletters and carried out fundraising activities for a clear objective. But not only did I get the money, but also people's hearts."

"Many people regard Hong Kong as a ruthless utilitarian society. What MSF believes may not be widespread, but I believe that many people, just like myself, would like to know more about humanitarian work," Anne said. From a volunteer to a staff member, Anne has read countless information about humanitarian spirit in the past 18 years, and her colleagues in MSF-HK call her a "moveable encyclopedia of MSF". "Although I am now responsible for advocacy work, I hope what I advocate is not limited to particular medical issues, but carries a message of some noble ideas."

「繼續人道工作是一種自我提醒，盡自己所能，幫助那些比我們弱勢和不幸的人。」

— 宋法德醫生，第一位經香港辦事處招募的救援人員

「我希望自己不只是一個過客，而是有承擔的。」

— 劉蘊玲，1999年加入無國界醫生，共執行5次救援任務

「當無國界醫生，這光環背後所犧牲的其實不少。但還是有人認同背後意義而堅持去做，這一點很觸動到我。」

— 莊梅岩，舞台劇《留守太平間》編劇，該劇以無國界醫生的工作為藍本

「我不是醫生，又不是護士，可以用我的專長付出、服務社會，勞力背後其實有一份喜悅，我很感激。」

— 孔繁泰，香港定向總會推廣及發展秘書，13年來一直協助無國界醫生舉辦野外定向比賽籌款

*"To continue in humanitarian work is a way to remind myself that I am doing the best I can with my profession – to continue to help and support those who are less privileged and less fortunate than us."*

- Dr. Edwin Salvador, the first field worker MSF-HK recruited

*"I hope I will not be a passerby, but someone who is committed."*

- Elaine Lau Wan-ling, joined MSF in 1999 as a nurse and worked in five humanitarian missions © Paul Yeung



*"Behind the aura of being an MSF field worker, there may be a lot of sacrifice. Nevertheless, many people still think it is worth it to keep working. Their devotion really reaches me."*

- Candace Chong Mui-ngam, playwright of "Alive in the Mortuary", a drama based on MSF's work

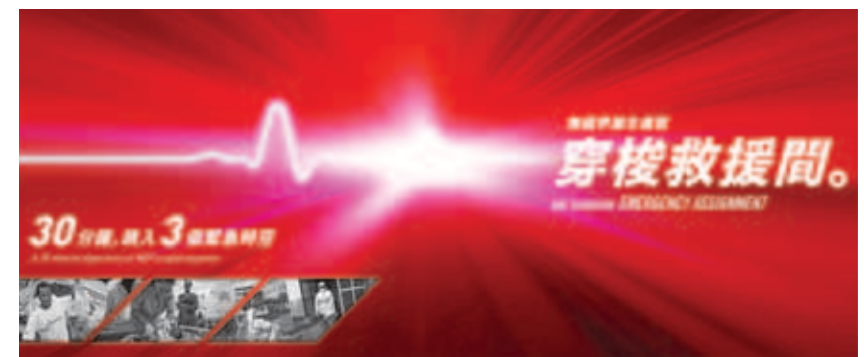
*"I am neither a doctor nor a nurse. But I can make use of my profession to serve the community. I feel joyful and grateful in spite of the hard work."*

- Barry Hung Fan-tai, Promotion & Development Secretary of the Orienteering Association of Hong Kong, which has been co-organising the MSF Orienteering Competition for 13 years © Paul Yeung



無國界醫生（香港）將於10月21日起，在全港5個地點，舉行「穿梭救援間」展覽，參觀者可以親身體驗前線人員在3個緊急救援時空的工作，包括前線急症室分流站、婦產及營養治療部門和伊波拉治療中心。活動網頁：[www.msf.hk/ea30](http://www.msf.hk/ea30)

Starting from 21 October 2014, MSF-HK is organising the Emergency Assignment exhibition in five venues. Visitors can experience how MSF works in three emergency settings, including the triage of a front line emergency room, a maternal and nutrition unit, as well as an Ebola treatment centre. Exhibition website: [www.msf.hk/ea30](http://www.msf.hk/ea30)



**21-26.10**

(12nn - 8pm)  
九龍公園廣場  
Piazza, Kowloon Park

**27.10-5.11**

(12nn - 8pm)  
石硤尾賽馬會創意藝術中心  
Jockey Club Creative  
Arts Centre (JCCAC),  
Shek Kip Mei

**7-12.11**

(12nn - 8pm)  
中環愛丁堡廣場  
(大會堂對出空地)  
Edinburgh Place, Central  
(Open Space outside City Hall)

**15-16.11**

(11am - 6pm)  
香港科學園廣場  
The Square,  
Hong Kong Science Park

**18-21.11**

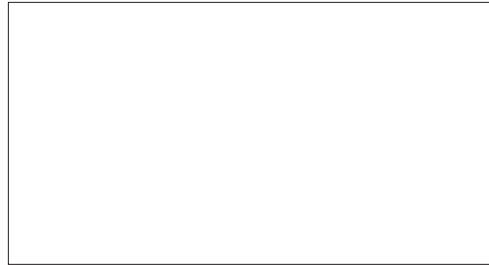
(11am - 6pm)  
香港大學(本部大樓對出空地)  
The University of  
Hong Kong (Open Space  
in front of Main Building)





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**Bulk Economy**



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《無疆》已上載網站“Borderline” is online at [www.msf.org.hk/bulletin](http://www.msf.org.hk/bulletin)

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