



SANS

FRONTIERES

二〇〇七年第二期  
2007 Issue 2

© Misha Galustov/agency.photographer.ru 車臣 / Chechnya



E	POSTAGE PAID	Permit
	HONG KONG	No.
	PORT PAYE	1600

**Bulk Economy**



無國界醫生是國際醫療人道救援組織，我們的宗旨是無分種族、宗教、政治背景或性別，為有需要的人提供醫療援助，並致力引起大眾對危困中人群的關注。  
MSF is an international medical humanitarian organisation, committed to two objectives:  
providing medical aid wherever needed, regardless of race, religion, politics or sex and raising awareness of the plight of the people we help.

香港德輔道西410 – 418號太平洋廣場22樓 22/F, Pacific Plaza, 410 – 418 Des Voeux Road West, Hong Kong  
電話 Tel. : (852) 2959 4229 傳真 Fax : (852) 2337 5442  
香港網址 Hong Kong website: [www.msf.org.hk](http://www.msf.org.hk) 電郵 E-mail: [office@msf.org.hk](mailto:office@msf.org.hk)



## 編者的話

香港回歸，政府鋪天蓋地宣傳愛國情懷，時刻告訴港人：你是中國人。若有一天，你的政府不宣傳愛國，不承認你是她的國民，情況又會如何？

信奉伊斯蘭教的少數族裔羅興亞人民，被緬甸政府拒絕承認國民身分，還施行各種剝削，包括強迫勞動、限制出入、不准結婚生育、沒收土地等。受不了的羅興亞人，紛紛逃往鄰國孟加拉尋求庇護。

可惜，離開祖國，他們也無法開拓新天地：獲難民身分的，只能窩居於難民營內，過著監獄般的生活；不獲難民身分的，則只能當黑工，居於環境惡劣、在沼澤地上搭建的簡陋營房，還要面對孟加拉政府的打壓和逼遷。

羅興亞人民逃往孟加拉已經十五年，但情況似乎毫無改善，「國」、「家」，對羅興亞人民來說，似乎遙不可及。

## Editor's Note

On this anniversary of the establishment of HKSAR, the government actively promotes national sentiment. People in Hong Kong are constantly reminded of their Chinese identity. However, what if one day the government stops promoting this identity and deprives people of their citizenship?

In Myanmar, Rohingya Muslims, a minority group, are denied their citizenship and human rights. Violations against this minority group include forced labour, restricted movement, denials of the right to marriage and reproduction, and confiscation of land. Unable to stand this situation, Rohingyas have taken refuge in neighbouring Bangladesh.

However, their situation did not improve after they left their home country. Those who are lucky enough to obtain refugee status are living in refugee camps in prison-like conditions; those who fail to obtain refugee status are working in the illegal labour force. Living in simple structures built in marshland, their conditions are appalling. They also suffer intimidation and forced displacement by the Bangladeshi government.

It has been 15 years since the Rohingyas fled to Bangladesh, however their conditions remain desperate. For the Rohingyas, their country and home remains a vision that is out of their reach.

# 創傷未癒的剛果民主共和國

## DRC: The Trauma is Not Over Yet

**非**洲剛果民主共和國東南面加丹加省的戰事雖已結束，因戰亂而流離失所的平民亦開始重返家園，然而，醫療需求仍非常龐大，而對於許多在衝突中倖存的人來說，也亟待心理輔導。

泰蕾瑟在杜比鎮為無國界醫生工作了一年半，最初在流離失所者營地當看護，現為心理與社會輔導助理。

她聽過最令人匪夷所思的故事：「有人被捉拿，給砍成數件、煮熟，然後被吃掉。真可怖！人吃人！另外有些人被迫到樹林執拾柴枝去生火，然後被人掉進火裡，活活地被燒死。」

### 討論助修復心理創傷

居於其中一個營地的流離失所者克拉拉說：「我

見過很多暴力事件。我也曾被三個士兵強姦，我感到很羞恥，沒有把這事告訴任何人，包括我丈夫。因我怕他知道了會把我趕走。」

而許多在暴力衝突中受傷創的人跟克拉拉一樣，都希望忘記過去，重過新生活。克拉拉坦言：「這件事仍然困擾我，我常常夢見士兵在追我，夢見又開戰了，我們又在逃亡。」

除了提供醫療服務，無國界醫生亦在杜比鎮及鄰近地區，提供心理與社會支援。泰蕾瑟說：「我發覺跟他們討論很有用。很多受傷創的人都抑壓情緒和啞忍，反造成精神緊張。把事情談開了，有助他們往前看。透過談論往事，有助修復心理創傷，令他們重拾信心，推動他們積極的活下去。」



© Nicky Lewin

即使在戰爭中倖存，人們的心靈創傷尚未復原。  
Although they survived the war, the displaced have not recovered from their trauma.

**T**he violence in Katanga, a province in the southeastern part of the Democratic Republic of Congo (DRC) has ended. Although the displaced population has started to return, enormous medical needs remain and people have not recovered from their trauma.

Many of those who survived the horrors of the war between the rebels and the government army desperately need psychological counselling.

For the past year and a half, Thérèse has worked with MSF, first as a caretaker in the camps, and now as a psychosocial assistant.

She heard the most hallucinatory stories. "People were seized, cut in pieces, cooked and eaten. Terrible! Eating someone! Others were forced to carry wood through the jungle, and then make a fire with the wood on which they were burned alive."

### Discussions as Psychosocial Help

"I have seen a lot of violence," said Clara, one of the displaced in the camp. "I myself was raped by three soldiers. Feeling ashamed, I did not tell anyone, not even my husband. I'm afraid that he will send me away."

Just like Clara, many of those who are traumatised wish to forget the past. "This still bothers me. In my dreams I see soldiers chasing me. I dream that the war is happening again and we have to flee," Clara added.

In addition to providing medical care, MSF offers psychosocial help to those in Dubie and surrounding areas. "We help many through discussions. Many traumatised individuals tend to keep their emotions to themselves. This often leads to tension," said Thérèse.

"Discussions are very helpful in the recovery process. Eventually, we help individuals to restore their confidence and motivation, so they can do something useful with their lives," Thérèse concluded.



© Andrea Pontiroli / MSF

杜比鎮附近一條村莊，遭叛軍搶掠一空；村民要重建家園，十分困難。  
A village near Dubie looted by the rebels. There is little for the displaced villagers to return to.



© Brendan Bannon

結核病治療價格高昂，猶如將發展中國家的病人拒諸門外。  
Tuberculosis treatment is unaffordable for patients in the developing world.

**結**核病每年奪去近二百萬人性命。隨著各種抗藥性菌種的出現和愛滋病毒蔓延，結核疫情愈加嚴重，已難以現有的診治工具遏止。當前標準療法中最新的藥物，也早於上世紀六十年代研製；斷症的方法更無一適合在窮困偏遠的地區使用——實在需要研發簡便的診斷工具，毋須倚賴大隊實驗室技術人員和高科技儀器。

### 商業利益阻礙發展新療法

然而，目前有關結核病的研發活動，遠未能符合實際需要。商品市場不夠大的疾病缺乏研究開發，這是又一例證。醫藥企業常常鼓吹知識產權是激勵投資開發新藥和試劑的唯一途徑，但是，發展中國家的病人往往付不起專利帶來的高藥價，也等不及二十年專利期到期。

難道一定要把醫藥創新與病人獲取醫藥這兩者對立起來？無國界醫生等許多組織，現正敦促各國政府在不損害病人獲取醫藥的情況下獎勵創新。建議包括獎勵醫藥研發的稅制和獎金、界定研發出的新醫藥產品為公共物品的公私營合作計劃等，以及設立全球醫藥研發框架的條約，使各國政府公平合理地分擔醫藥創新的費用，並保證價格可負擔的醫療衛生用品能供應不斷。

急需進行療法研發的結核病，理應成為新機制的首個項目。

# 急不容緩： 研發價格可負擔的新療法 No Time to Wait:

## Developing New Treatments that People can Afford

**T**uberculosis (TB) kills nearly two million people per year. With multi-drug-resistant and extensively-drug-resistant strains of TB appearing and HIV fuelling the TB epidemic, this disease cocktail is becoming ever more deadly. The epidemic simply cannot be stemmed with current diagnostic and treatment tools. The latest novel TB drug in today's standard therapy was developed in the 1960s, and none of the existing tests are good enough to detect TB in poor or remote settings: simple tools that don't require an army of lab technicians with high-tech equipment have to be developed.

### Commercial Interests Hamper Drug Development

Yet current TB research and development (R&D) efforts are no match to actual needs - this is just another example of insufficient R&D into diseases for which there is little commercial market. Companies promote intellectual property as the only possible incentive for investment in R&D for new medicines and tests, however patients in developing countries cannot afford the high drug prices that come with patents, nor the 20-year wait before patents expire.

Can we stop pitching innovation against access? MSF and many others are urging governments to consider rewarding innovation in a way that doesn't happen at the expense of access to

medicines. Proposals include taxes and prize funds to reward pharmaceutical R&D, public-private partnerships that aim to make new pharmaceutical products public goods, and a global R&D framework treaty to let all governments contribute equitably to medical innovation while ensuring the availability of affordable health products.

TB, with its acute needs, should be made the pilot for such new mechanisms.



© Donald Weber/Atlas Press

在烏茲別克的結核病治療中心，無國界醫生的護士正準備病人的藥物。  
In the tuberculosis treatment centre in Uzbekistan, an MSF nurse carefully prepares pills for each patient.

# 無國界醫生全球工作 MSF Worldwide Work

## 六月 無國界醫生在乍得救援流離失所者的行動受阻

在乍得東部，多次致命襲擊令約十五萬人被迫離開家園。他們聚居於臨時營地，缺乏食物、食水和醫療服務。當地的多個救援組織只集中協助蘇丹的達爾富爾難民，而忽視了乍得國內的流離失所者。無國界醫生於該區工作，但縱使多番要求，仍未能得到授權開設一間兒科醫院。

## June Hindered from Helping Internally Displaced Persons (IDPs) in Chad

Deadly attacks in eastern Chad have forced around 150,000 people to flee their homes. They found refuge in camps but lack food, water and medical care. The assistance provided by many organisations in Chad was focused on the refugees arriving from Darfur, Sudan and neglected the IDPs in Chad. MSF is present in this region, but, despite repeated requests, has been obstructed from obtaining authorisation to open a paediatric hospital.



© Olivier Jobard/Sipa Press

被當地叛軍多次襲擊後，數以百計的人逃離位於乍得東部巴路鎮的家園。  
Hundreds of people from Baro town, eastern Chad fled from their homes because of repeated attacks by local rebels.



© Ton Koene

無國界醫生在中非共和國成立流動醫療中心，為衝突中的受害者提供救援。  
In the Central African Republic, MSF runs mobile clinics for the local population suffering from conflict.

## 六月 無國界醫生後勤志願人員於中非共和國被殺

六月十一日，二十七歲的志願人員莎法斯在中非共和國西北部進行一項評估工作時遭炮火擊斃。無國界醫生譴責今次慘劇，而叛軍派系PARD已為今次慘劇承認責任。無國界醫生在該區的所有流動醫療活動經已暫停。

## June MSF Logistician Killed in Central African Republic

MSF volunteer Elsa Serfass, 27, was killed by gunfire on 11 June, during an assessment mission in the northwestern part of Central African Republic. MSF condemns this murder and the Popular Army for the Restoration of Democracy (PARD) has acknowledged liability for this tragic event. All mobile clinic activities in that area are suspended.

## 六月 柬埔寨爆發登革熱

透過蚊傳播的登革熱是柬埔寨的風土病，其中以茶膠省的情況最為嚴重。為了應付疫情，無國界醫生已加派人手，並運送物資如注射針筒、浸劑及補充體內水分的藥包予茶膠省醫院。

## June Dengue Outbreak in Cambodia

The Takeo province was the most severely hit by this mosquito-borne disease, which is endemic in the country. MSF provided additional staff and offered medical supplies, such as needles, infusions and rehydration kits to Takeo Provincial Hospital to fight the epidemic.

## 七月 無國界醫生於巴基斯坦評估水災情況

六月廿六日，一個颱風吹襲位於巴基斯坦南部的俾路支省的海岸，估計約有八萬至二十萬人受颱風引發的豪雨影響。無國界醫生已派出救援隊伍到俾路支省評估災情。

## July Assess the Situation in Flooded Areas in Pakistan

On 26 June, a cyclone hit the coast of the Baluchistan province in southern Pakistan. It is estimated that between 80,000 and 200,000 people are affected by the torrential rain brought by the cyclone. MSF teams were sent to the province to assess the situation.



© Juan Carlos Tomasi

無國界醫生位於蒙羅維亞的醫療中心，每日都會有大批孕婦候診。  
Every day, many pregnant women wait in the MSF health facility in Monrovia to receive mother and child health care.

## 救援實錄 Frontline Sharing

# 不經歷風雨怎能見彩虹

## 首位來自中國大陸的醫生分享

# No Rainbow Before a Storm

## Sharing of the First Mainland Chinese Volunteer Doctor

離鄉別井，遠赴不熟悉的地方，在簡陋的醫療設備下進行複雜的手術，心情會怎樣？對首位參與無國界醫生救援工作的中國大陸醫生屠錚來說，這是一個鍛煉工作能力、磨煉意志力和體現團隊合作精神的挑戰。以下是她於非洲利比里亞首都蒙羅維亞擔任婦科醫生的深切感受。

**第**一次出國行醫，第一次踏上神秘的非洲，第一次與來自不同國家的同事一起工作……許許多多的第一次匯聚成我首次的無國界醫生救援任務。每一個第一次的背後都有著難忘的故事……

那是一個陰鬱的下午，我和來自菲律賓的外科醫生一起進行子宮切除手術。由另一個省遠道而來的病人兩年前曾進行過子宮肌瘤切除手術，現在復發並且有嚴重的痛經症狀。經診斷後，證實是子宮肌瘤和子宮腺肌症，還有繼發性貧血。

### 器官黏連令手術添難度

在手術探查過程中，我們發現病人過往的手術，導致子宮增大，並與膀胱和腸管黏在一起。若繼續進行切除手術，將有機會對其他器官造成損害；而在這個相對簡陋的醫療環境中，若手術後出現併發症，則很容易危害病人性命。外科醫生建議我放棄，但是我仔細觀察後發現，器官黏連的區域並不大，極可能只在上

次手術的子宮癒合位置，如果從黏連處的子宮漿膜或子宮肌層下切開，就可以保證在不損害其他器官下切除絕大部分子宮。使用這個方法的代價是留下了薄薄的、沒有血液供應的子宮肌層，以及增加手術中的出血量，但是有望安全地完成這次手術，解除病人的痛楚，我還是希望一試。

### 手術成功有賴團隊支持

手術室裡的當地護士和麻醉師都沈默不語，靜靜地聽著我和外科醫生的討論，但是我看得出他們期待的眼神。終於我說服了外科醫生支持我繼續進行手術。經過兩個多小時的奮戰，我們成功完成了手術。當地的護士和麻醉師紛紛對我們這兩位來自亞洲的醫生表示祝賀和讚許，笑容洋溢在每一個人的臉上。

經過兩星期的休息，病人逐漸康復，亦沒有後遺症，出院前還特意到我們的辦公室道謝。

現在回想起來，我一方面由衷地感謝外科醫生和手術室其他工作人員對我的支持和信任，沒有他們的鼎力相助，這次手術將會是一個完全不同的結局；另一方面，透過處理這些病例，我的工作得到了鍛煉，也磨煉了意志力和堅忍不拔的精神。相信在這次救援任務中，自己會在風雨中變得堅強起來……

如欲了解更多前線救援故事，請登入[www.msf.org.hk](http://www.msf.org.hk)。

What does it feel like to do complicated operations with basic medical facilities half way across the globe? For MSF's first Mainland Chinese volunteer doctor, Dr. Zheng Tu, this experience was a challenge to her professional skills, mental determination and team work. The following is her experience in her first mission in the Liberian capital of Monrovia, where she works as a gynaecologist.

**T**his is my first time to practice in a different country, my first time to visit Africa, and my first time to work with people from different countries. All these "first times" combined in my first MSF mission. Every new experience has a memorable story ...

It was a cloudy afternoon. I performed a hysterectomy with a Filipino surgeon. The patient, who travelled a long way from a different province to reach the clinic, underwent a fibroidectomy, surgical removal of a uterine fibroid, two years ago. But the fibroid relapsed and the patient also suffered from serious menstrual pain, adenomyosis and anemia.

### Adhesion Among Organs Increases Risk

During the operation, we discovered that the patient's previous operation had led to an enlargement of the uterus, causing adhesion of the urinary bladder and intestines. By continuing the operation we risked damaging other organs. Also, it was possible that complications would result in fatality because of the lack of advanced medical facilities. The surgeon suggested that we abort the operation. However, under my careful observation, I found that the area of adhesion, which was probably located where the previous operation had been, was not large at all. It was possible to cut through the perimetrium or the myometrium of the uterus, which would result in no organ damage and the safe removal of most of the uterus. The only drawback was leaving a thin layer of useless myometrium after the operation and an increase in blood loss during the operation. It was worth trying because it would eliminate the pain that the patient was experiencing.

### Support from the Team Led to Success

All the local nurses and anaesthetist quietly listened to us as we discussed what to do next. From their eyes, I could see that they all hoped to continue the operation. Finally I was able to convince the surgeon. It took us two hours to complete the operation – successfully. We all had happy faces at the end and we, the two Asian doctors, were glad to receive congratulations and praise from local nurses and the anaesthetist.

It took two weeks for the patient to fully recover, and no complications occurred. She came to our office to express her gratitude before she was discharged from the hospital.

I have to thank the professional team of medical workers for their support. The operation would not have been possible without them. Through this experience, I have grown professionally and developed even more determination to succeed. There is no rainbow before a storm, I am sure I will grow stronger in this challenging mission.

For more sharing from MSF field workers, please visit [www.msf.org.hk](http://www.msf.org.hk).



Photo Source: Zheng Tu

婦科醫生屠錚，正為一名孕婦進行剖腹產手術。  
Zheng Tu, a gynaecologist, is doing a caesarean operation.

# 救援足跡 They are with MSF Hong Kong

古露嘉 - 精神健康主任 / 中國廣西南寧  
Jessie Kurnurkar - *Mental Health Officer, Nanning, Guangxi, China*

奧衛年 - 項目統籌 / 中國湖北襄樊  
Wai-lin Oo - *Field Coordinator, Xiangfan, Hubei, China*

巴施簡雲 - 後勤人員 / 剛果民主共和國盧布圖  
Dilipkumar Bhaskaran -  
*Logistician, Lubutu, Democratic Republic of Congo*

胡誠 - 化驗室技術員 / 埃塞俄比亞  
Ryan Jose E Ruiz - *Laboratory Technician, Ethiopia*

查卡博 - 醫生 / 印尼安汶  
Rhitam Chakraborty - *Medical Doctor, Ambon, Indonesia*

魏麗萍 - 項目統籌 / 印尼巴布亞省  
Sweet "C" Alipon - *Field Coordinator, Papua, Indonesia*

狄純娜 - 醫生 / 印度珀德拉杰勒姆  
Natasha Ticzon - *Medical Doctor, Bhadrachalam, India*

李曼寧 - 精神健康主任 / 印度克什米爾  
Marlene Lee - *Mental Health Officer, Kashmir, India*

馬嘉蘭詩 - 財務管理人員 / 印度新德里  
Ezequiela Macaranas - *Financial Controller, New Delhi, India*

陳梓欣 - 外科醫生 / 伊拉克  
Clement Tzu-hsin Chen - *Surgeon, Iraq*

羅永時 - 矯形外科醫生 / 約旦安曼  
Vijaymohan Sreedharan Nair - *Orthopedic Surgeon, Amman, Jordan*

陳慧芝 - 醫生 / 利比里亞蒙羅維亞  
Gigi Wai-chi Chan - *Medical Doctor, Monrovia, Liberia*

屠錚 - 婦科醫生 / 利比里亞蒙羅維亞  
Zheung Tu - *Gynaecologist, Monrovia, Liberia*

芭特娜 - 外科醫生 / 利比里亞蒙羅維亞  
Jasmin Batara - *Surgeon, Monrovia, Liberia*

黎珊達 - 財務管理人員 / 馬拉維  
Marianne P. Layzanda - *Financial Controller, Malawi*

彭廷何 - 醫生 / 馬拉維多克  
Hemant Pangtey - *Medical Doctor, Doa, Malawi*

格林根 - 醫生 / 緬甸布迪當  
Erwin Lloyd Guillergan - *Medical Doctor, Buthidaung, Myanmar*

蘇涓璐 - 後勤人員 / 緬甸實兌  
Rita Endrawati - *Logistician, Sittwe, Myanmar*

潘淵 - 後勤統籌 / 緬甸仰光  
Yuan Pan - *Logistics Coordinator, Yangon, Myanmar*

林秀清 - 護士 / 尼日利亞哈科特港  
Florence Siew-ching Lim - *Nurse, Port Harcourt, Nigeria*

彭荔瓊 - 行政及財務管理人員 / 蘇丹北部埃爾法舍爾  
Imelda Palacay - *Administrator / Financial Controller, El Fasher, Northern Sudan*

易關道 - 後勤人員 / 蘇丹北部埃爾法舍爾  
Bagus Emir Ikhwanto - *Logistician, El Fasher, Northern Sudan*

晏林 - 醫生 / 蘇丹北部凱卜卡比耶  
Ashrafal Alam - *Medical Doctor, Kebkabjia, Northern Sudan*

李海燕 - 助產士 / 巴基斯坦阿格拉  
Hi-yeen Lee - *Midwife, Agra, Pakistan*

辛定高 - 後勤人員 / 巴基斯坦伊斯蘭堡  
Arnold Santiago - *Logistician, Islamabad, Pakistan*

彭魯馬 - 項目統籌 / 巴基斯坦克什米爾巴格  
Ronnie Palomar - *Field Coordinator, Bagh, Kashmir, Pakistan*

雅蘭柳 - 醫生 / 塞拉利昂博城  
Gemma Arellano - *Medical Doctor, Bo, Sierra Leone*

馮玉薇 - 護士 / 塞拉利昂博城  
Florence Yuk-mei Fung - *Nurse, Bo, Sierra Leone*

洪達 - 項目統籌 / 索馬里  
Tidal Hudda - *Field Coordinator, Somalia*

郭勝 - 醫療統籌 / 索馬里  
Morpheus Causing - *Medical Coordinator, Somalia*

扎哈妲 - 婦科醫生 / 索馬里喬哈爾  
Damayanti Zahar - *Gynaecologist, Jowhar, Somalia*

白雲黛 - 麻醉師 / 南蘇丹博爾  
Rowella Bacwaden - *Anaesthetist, Bo, Southern Sudan*

何紫君 - 醫生 / 南蘇丹博爾  
Carmen Tze-kwan Ho - *Medical Doctor, Bo, Southern Sudan*

華澤隆 - 後勤人員 / 南蘇丹琼萊州  
Parthesarathy Rajendran - *Logistician, Jonglei State, Southern Sudan*

蘇樂利 - 後勤人員 / 南蘇丹朱巴  
Aurangzeb Sulehry - *Logistician, Juba, Southern Sudan*

駱帆亭 - 化驗室技術員 / 南蘇丹皮博爾  
Abelardo Jr. Pechuanco Lavente -  
*Laboratory Technician, Pibor, Southern Sudan*

古樹南 - 後勤人員 / 南蘇丹皮博爾  
Vinod Krishnan - *Logistician, Pibor, Southern Sudan*

王寶蘭 - 財務管理人員 / 蘇丹  
Nicole Po-lan Wong - *Financial Controller, Sudan*

閔鐸 - 行政及財務管理人員 / 斯里蘭卡科倫坡  
James Mondol - *Administrator / Financial Controller, Colombo, Sri Lanka*

范寧 - 外科醫生 / 斯里蘭卡瓦武尼亞  
Ning Fan - *Surgeon, Vavuniya, Sri Lanka*

祁樂夏 - 項目統籌 / 泰國  
Andrais Karel Keiluhu - *Field Coordinator, Thailand*

彭蘭 - 精神健康主任 / 烏干達帕德爾及基特古姆  
Daisy Plana - *Mental Health Officer, Pader & Kitgum, Uganda*

查坦娜 - 護士 / 贊比亞卡皮里  
Imee J. Japitana - *Nurse, Kapiri, Zambia*

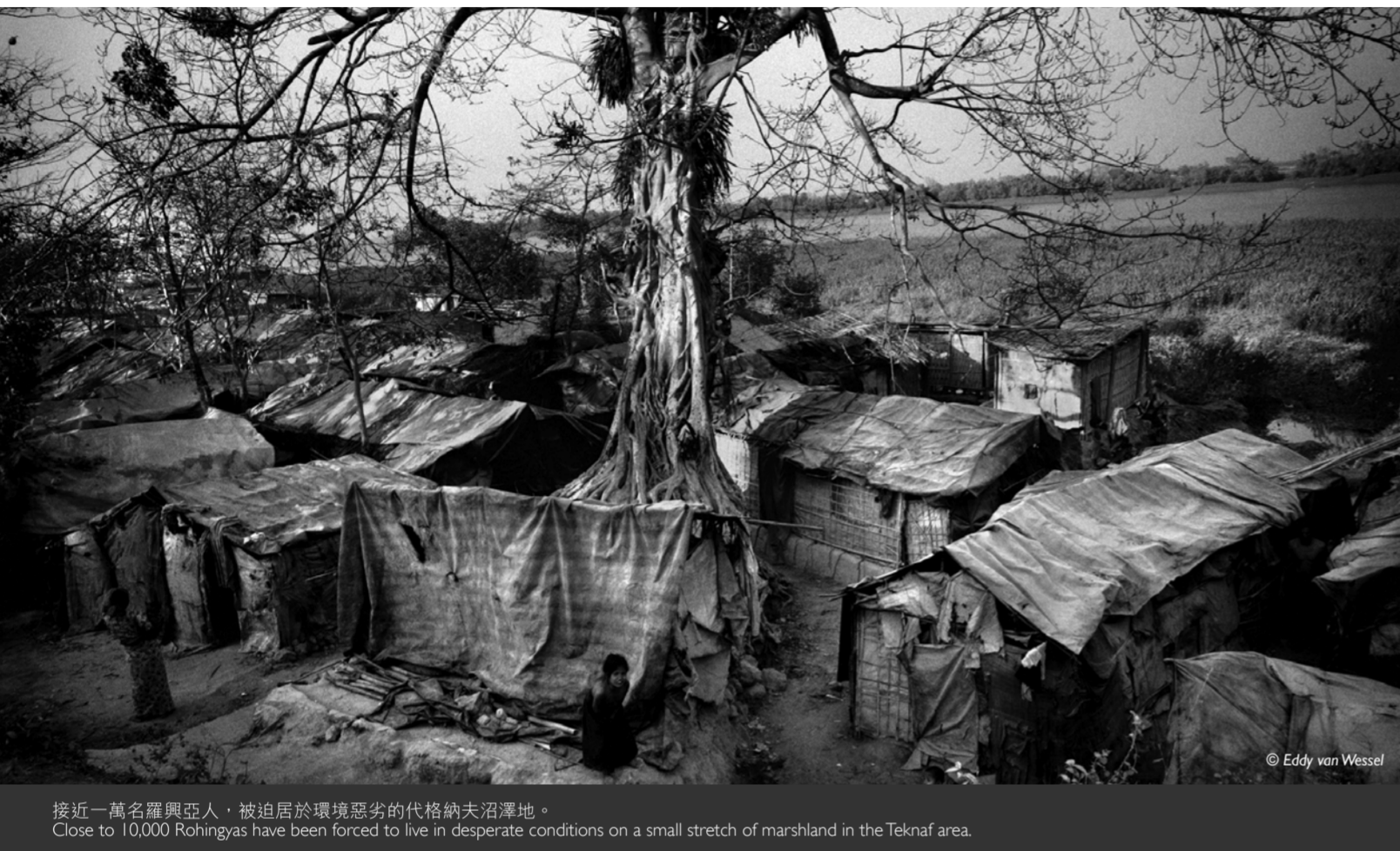
李淑芬 - 藥劑師 / 津巴布韋布拉瓦城  
Janice Soo-fern Lee - *Pharmacist, Bulawayo City, Zimbabwe*

司徒多嬋 - 後勤人員 / 津巴布韋哈拉雷  
Juanita "Cathy" Theodora - *Logistician, Harare, Zimbabwe*

(截至二零零七年七月七日 As of 7 July 2007)

# 非人生活 — 流徙到孟加拉及泰國的緬甸人

## No One Should Have to Live Like This Burmese Migrants in Bangladesh and Thailand



接近一萬名羅興亞人，被迫居於環境惡劣的代格納夫沼澤地。  
Close to 10,000 Rohingyas have been forced to live in desperate conditions on a small stretch of marshland in the Teknaf area.

為了逃避政府的嚴苛剝削，包括限制出入、強迫勞動、沒收土地及財物、暴力對待及隨意拘捕，很多緬甸人由自己的祖國緬甸流亡到鄰近國家。

可惜，他們為了生存不惜離開自己的國家，但只有很少機會重過新生活。在孟加拉和泰國，大部分緬甸人被困於孤立無援的境地，連像樣的居所也沒有。他們再次成為被剝削的對象。

**羅興亞人**是緬甸的少數回教族裔，被緬甸政府剝奪了公民權利。在一九九一至一九九二年期間，為了逃離國家持續的侵害人權和暴力事件，約二十六萬名來自緬甸若開邦北部的羅興亞人逃到孟加拉。

這麼多年來，大部分羅興亞人已返回緬甸，同時仍有一些人繼續前來。今天，超過二萬六千名難民拒絕返國，而居於科克斯巴扎爾南部的兩個政府難民營，還有部分的羅興亞人，居於鄰近緬甸邊境的代格納夫。

### 難民營中監獄般的生活

雖然大量難民湧入孟加拉已是十五年前的事，兩個難民營的環境仍猶



© Miranda Choy/MSF

在代格納夫，無國界醫生的診所每天最多可接見一百名病人。  
The MSF clinic in Teknaf has the capacity to see up to 100 patients per day.

如緊急時期一般：他們不准自由進出難民營、被局限於過份擠擁及緊迫的空間、缺乏食水和避難所，很少受教育的機會。他們不能出外工作，只能依靠援助，將來似乎暗淡無望。

### 代格納夫極度痛苦的生活

但對於分散在代格納夫一帶的羅興亞人而言，他們的生活更苦。他們靠辛勤工作賺取微薄收入，居住環境則極度不堪。超過七千五百名尋求庇護的羅興亞人，當中有男、有女，亦有小孩，居住於只有八百米長、三十米闊的彈丸之地。據調查所得，現時約有七千六百人居於近一千六百個避難所內。

「當你進入一個只有三米長、兩米闊的避難所，你會不斷嗅到潮濕泥土、廁所和排泄物混在一起的污濁氣味。你不能想像共有五個人住在這裡。活在這裡根本沒有私隱、寧靜和尊嚴。」一位無國界醫生的護士說。

### 惡劣的食水及公共衛生情況

營地內沒有鑿井，所以無法提供潔淨飲用水。食水的主要來源是距離營地二百至五百米的五個水壩。當無國界醫生還未給予援助時，泰爾營地內並沒有廁所。

居於這種惡劣環境，人們較容易感染呼吸道的疾病、腹瀉及皮膚病。由於營地的空間非常有限，根本沒有土地可以騰空出來耕種及畜牧，令他們難以自給自足。在二零零六年的下半年度，共有六百六十五名小童因嚴重營養不良，被送進無國界醫生的營養治療中心。

自二零零六年五月，無國界醫生開始為羅興亞人提供基本醫療服務、營養治療、潔淨飲用水及衛生設施。不過，這些措施不足以解決問題。他們不被緬甸及孟加拉政府所承認。除非他們能到一個可以稱為「家」的地方，否則他們將繼續過著沒有國家、漂泊困苦的生活。

為提高對羅興亞難民的關注，無國界醫生香港辦事處將於九月底舉辦圖片展，透過攝影鏡頭，描摹這群由緬甸逃至孟加拉南部，現居於兩國邊境的羅興亞人的生活面貌，與及介紹無國界醫生在當地的醫療人道工作。屆時將備有導賞團，歡迎學校及團體預約參觀。欲知展覽詳情，敬請密切留意無國界醫生網頁 ([www.msf.org.hk](http://www.msf.org.hk)) 公佈。

In order to escape from severe abuse such as restriction on movement, forced labour, land and assets confiscation, violence and arbitrary arrest by the government, many Burmese live in exile from their native country Myanmar.

Unfortunately the survival drive that motivated them to leave their country was met with only few opportunities to start a new life. In Bangladesh and Thailand, the great majority of them are stuck in limbo without a decent space to live. They are yet again subject to exploitation.

**T**he Rohingyas are a Burmese Muslim ethnic minority group that are deprived of citizenship rights in their native country of Myanmar. From 1991 to 1992 approximately 260,000 Rohingya refugees from Northern Rakhine State (NRS) in Myanmar fled due to ongoing gross human rights violations and violence to Bangladesh.

Over the years, most of them have been returned to Myanmar while others have continued to come. Today, more than 26,000 refugees who refused to go back remain in the two official camps south of Cox's Bazaar; and an unknown number of Rohingyas are living in the Teknaf area, near the border with Myanmar.

### Prison-like Life in Official Refugee Camps

Although it has been 15 years from the time of the big influx, the refugees in the two official camps still live in emergency-like conditions. Not allowed to leave the camp freely, they have been confined to overcrowded, tight spaces, with insufficient water, inadequate shelter and few educational opportunities. They depend on aid and cannot go and work outside the camp; their future looks bleak and hopeless.

### Excruciating Misery in Teknaf Area

But for the Rohingyas scattered across the Teknaf area, it is even harder. They survive doing hard work for little money and their living conditions are undesirable. Now, more than 7,500 Rohingya men, women and children have sought refuge in "Tal camp", which is only a stretch of land 800 metres long and 30 metres wide in the Teknaf area. It is found that around 7,640 people are now living in 1,589 shelters.

"Your nose is constantly assaulted by the foul smells of the mud at low tide, latrines, and various other wastes...when you enter a two by three meter shelter...it seems impossible that a family of five has the space to live. People survive in these conditions every day with no privacy, no peace, no dignity," an MSF nurse said.

### Water, Sanitation and Hygiene Condition are Dangerous

There are no boreholes in the camp with potable water. The main sources of

portable water for the population are five dams that are 200 – 500 metres from the camp. Before MSF intervention, there were no latrines in Tal Camp.

Living in such conditions, people are easily infected by respiratory diseases, diarrhoea and skin diseases. Since space in the camp is extremely limited, there is no more land available to grow food or raise animals, so it is very hard for them to be self-sufficient. In the second half of 2006, a total of 665 children suffering from severe malnutrition were admitted to the MSF therapeutic feeding centre.

MSF has supported the Rohingyas in Tal Camp by providing basic health care, nutrition services, potable water and sanitation facilities since May 2006. However, such actions do not solve the problem. These people are denied by Myanmar and Bangladesh authorities and until they can go to a place which they can call home, they remain stateless and vulnerable.



© Greg Constantine

很多棲身於泰爾營地的兒童均營養不良。一名醫生在營養治療中心為一個羅興亞兒童看診。  
Many children in the "Tal Camp" are malnourished. An MSF doctor gives consultation to a Rohingya child in the MSF feeding center.

To raise the awareness of the Rohingya refugees, MSF Hong Kong will organise a photo exhibition at the end of September, portraying the faces of the Rohingyas who fled from their homes in Myanmar to southern Bangladesh. We will also introduce how we provide medical humanitarian assistance to the people trapped between the borders of the two countries. Guided tours will be available for schools and groups. More details will soon be announced on MSF HK website ([www.msf.org.hk](http://www.msf.org.hk)).



© Johannes Abeling

在泰爾營地，許多家庭棲身於用破爛布料和竹搭成的小屋。雨水及河水上漲經常損毀及破壞營地。  
In the "Tal Camp", families live in huts made of rags and bamboo. Rainfall and rising waters from the river frequently damage and destroy the camp.



# 從迫害到剝削——泰國境內的緬甸移民

## From Persecution to Exploitation – Burmese Migrants in Thailand



© Gloria Chan / MSF

夏日。泰國。對旅客而言，這裡是天堂般的國度。但對於逃避迫害、暴力，及不想再被強迫勞動的緬甸人來說，泰國絕對不是一個休閒勝地。在攀牙灣省——一個位於泰國南部旅遊名勝布吉旁邊，於二零零四年十二月被海嘯嚴重衝擊的省分——這樣的工作營隨處可見。

Summer. Thailand. This country is well known to be a paradise for tourists. But for migrants fleeing from persecution, violence and forced labour in Myanmar, Thailand is definitely not a place for leisure. Working camps like this can easily be found in Phang Nga, a province bordering the tourist spot of Phuket in southern Thailand. The area was hit hard by the tsunami in December 2004.



© Gloria Chan / MSF

這對夫婦現時與其他工人一起住在山上的橡膠園工作營。居住地點偏遠，使孕婦及其他人難以前往醫院。為接近有醫療需要的人，無國界醫生在工作營附近設立了基本健康護理站，並派遣流動醫療隊上山。

This couple is now staying in the rubber plantation work camp in the mountain with other workers. This geographical remoteness makes it difficult for pregnant women and others to travel to hospital. In order to reach those in need of medical care, MSF sets up primary health care units near the work camps and sends mobile teams up the mountains.



© Gloria Chan / MSF

於無國界醫生攀牙灣省項目中工作的邰利雅 (Thet Lyar Myint) 醫生，一直有跟進這些緬甸移民的健康狀況。她說泰國境內的移民及其家人非常需要基本健康護理，由治療傷風、呼吸道感染、腹瀉，到結核病及登革熱都有。

邰利雅醫生指出了不少沒有合法身分的緬甸移民所面對的挑戰：「他們沒有醫療卡，他們沒有交通工具，他們害怕被警察抓到。基於語言障礙，他們無法與公共醫療機構內的醫護人員溝通。他們尋求醫療照顧時亦遇到很大的財政困難。」

Dr. Thet Lyar Myint, doctor working in MSF Phang Nga project, keeps track of the pathology of migrants. She said that migrants and their families in Thailand are in need of primary health care, from treatment of the common cold, respiratory infection, diarrhea, to tuberculosis and dengue hemorrhagic fever.

"They don't have a health card. They don't have transportation. They are afraid of being caught by police. Due to language barriers, they cannot communicate with medical professionals in the public health structure. They also have financial problems if they go and seek for medical care," Dr. Thet Lyar Myint addressed a number of challenges faced by undocumented Burmese migrants.

來自緬甸的移民大都以捕魚、在建築地盤工作，或收採橡膠維生。雖然他們是攀牙灣省廉價勞工的骨幹，但他們大部份都無法得到合法身分，被拒於公共醫療體系以外。他們每天都過著朝不保夕的生活，時刻擔憂會被拘捕。

Most of Burmese migrants in Phang Nga find jobs in fisheries, construction and rubber plantation sites. Although they form the backbone of the low-paid labour force there, most of them cannot obtain the legal documents that provide them with health care. They remain undocumented, and their precarious status means lives led in constant fear of arrest.



© Gloria Chan / MSF

現在，昂永已沒有被強迫勞動了。他在一個橡膠園工作，每晚由午夜忙到早上，辛勞極了。

懷有三十七周身孕的儀素，跟昂永一樣，被驗出感染了愛滋病。對愛滋病全不了解的儀素說：「我實在很害怕，我想我快要死了。」她現正接受無國界醫生提供的免費預防母嬰感染治療。她說：「我只希望孩子能健康成長。」

Aung Lwin is no longer a forced labourer. He works in a rubber plantation and his busy life starts every midnight. Work is hard and tiring.

Ei Soe is now 37 weeks pregnant. She tested positive with HIV, like Aung Lwin. "I was very scared and I thought I would die soon," said Ei Soe who knew nothing about HIV/AIDS. She is now receiving the prevention of mother to child transmission (PMTCT) treatment for free from MSF. "I hope my baby will be healthy," said Ei Soe.



© Gloria Chan / MSF



© Gloria Chan / MSF

海嘯之後，為使攀牙灣省恢復成為旅遊點，四處都在重建豪華的多層渡假屋、酒店、按摩和水療中心，而許多緬甸移民正在這些建築地盤工作。在舒適的旅遊設施背後，外地民工只能住在用鐵片蓋成的臨時簡陋營房。他們默默為地區重建貢獻，卻無法享受經濟增長的成果。

A number of Burmese migrants in Phang Nga also work in construction sites to rebuild luxurious multi-story resorts, hotels, and massage and spa centres after the tsunami to bring this province back as a tourist destination. Under the shadow of these tourist comforts, migrants live in makeshift camps under corrugated iron with poor living conditions. Migrants who contribute to the reconstruction cannot enjoy the fruits of the growing economy.

作為人道醫療救援組織，無國界醫生全力支援政府醫院及健康中心，並為緬甸人提供翻譯、輔導及社區支援。一位無國界醫生輔導員在醫院認識了三十二歲的昂永 (Aung Lwin)，以及較他少十歲的女朋友儀素 (Ei Soe)。

MSF supports governmental hospital and health stations by providing translation to Burmese people as well as counseling and social support. An MSF counselor met 32-year-old Aung Lwin and his 22-year-old girlfriend Ei Soe in the hospital.



© Veronique Terrasse / MSF



© Gloria Chan / MSF

當昂永還在緬甸土瓦時，他一家被指控與反政府組織有聯繫。「我媽媽因為義務教小朋友讀書，結果得到昂山素姬 (緬甸的非暴力民主倡導者) 頒發了一張證書給她。」這正是昂永一家在緬甸遭受打壓的開端。

他的父親被多次拘捕，村民都對他們寄以歧異的目光；後來，他更被抓去建鐵路，多年來被強迫勞動，不曾獲發一毛工錢。抱著尋求新生活的希望，九年前他逃離緬甸，來到看似較自由的泰國。他在攀牙灣省認識了在建築地

盤工作的同鄉儀素。被後父性侵史的經歷，令儀素根本不想回去緬甸。

Aung Lwin and his family in Dawei, Myanmar, were accused of being affiliated with an anti-governmental party. "My mother was a volunteer teacher and Aung San Suu Kyi (pro-democracy activist in Myanmar) had given a certificate to her." This started the oppression of Aung Lwin's family in Myanmar.

Aung Lwin's father was arrested several times, the family was ostracised in their village, and Aung Lwin was later forced to be an unpaid rail labourer. Nine years ago, he escaped from Myanmar and fled to this seemingly free Thailand to pursue a better life. He met Ei Soe, also a Burmese migrant who worked in a construction site in Phang Nga. Ei Soe was reluctant to return home because she was sexual assaulted by her step-father in Myanmar.



© Gloria Chan / MSF

邰利雅醫生總結說：「無論這些緬甸移民決定離開家園的原因是甚麼，無論他們將來會如何，作為一個人——一個努力工作的人——他們至少值得在生活的地方得到醫療照顧。」

"No matter why these Burmese migrants decided to leave their country, and no matter what their future will be, as human beings and as human beings who work hard, at least they deserve to have access to health care where they are staying," concludes Dr. Thet Lyar Myint.