



BEACON COLLEGE

KENNETH LAU

HONG KONG ADVANCED LEVEL EXAMINATION 2009

USE OF ENGLISH AS-LEVEL SECTION E
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Contents

Page

1.	Email from your Editor	2
2.	Mind Map for the organisation of the article as a whole	3
3.	MSF Article 1	4
4.	2005 Allocation of MSF-Hong Kong Funding for Relief Work by Country (HKD)	5
5.	Organisation Structure of MSF	5
6.	The Nobel Peace Prize 1999	6
7.	MSF Hong Kong Home Page	7
8.	MSF Leaflet	8
9.	MSF Article 2	8
10.	Elain Lau's Experience	9
11.	Edwin Salvador's Experience	10
12.	Underreported Humanitarian Stories of 2006	11 – 12

Email from your Editor

Date: Thursday, January 11, 18:32:04
To: Iris Lam <ilam@beacon.com.hk>
From: Kenneth Lau <klau@beacon.com.hk>
Subject: MSF Article

Hi Iris,

While you're working hard on the MSF article, I'd like to remind you of several things. The title of the article will be *Médecins Sans Frontières — the Saviour of the Hopeless*. Since this title suggests that we appreciate the work done by MSF, you will have to write in an appreciative tone. I'm attaching a mind map to help you organize the article.

Also please note that owing to the space limit, you should write no more than 600 words. There's no need to present many hard facts or plain figures. Otherwise, we'll bore our readers to tears. For those who want to understand more about MSF, they can visit its website. So mention the website address of MSF (www.msf.org) at the end of the article.

Finally, you are not allowed to copy word for word. Instead, you should use your own words so that we'll not be accused of plagiarism.

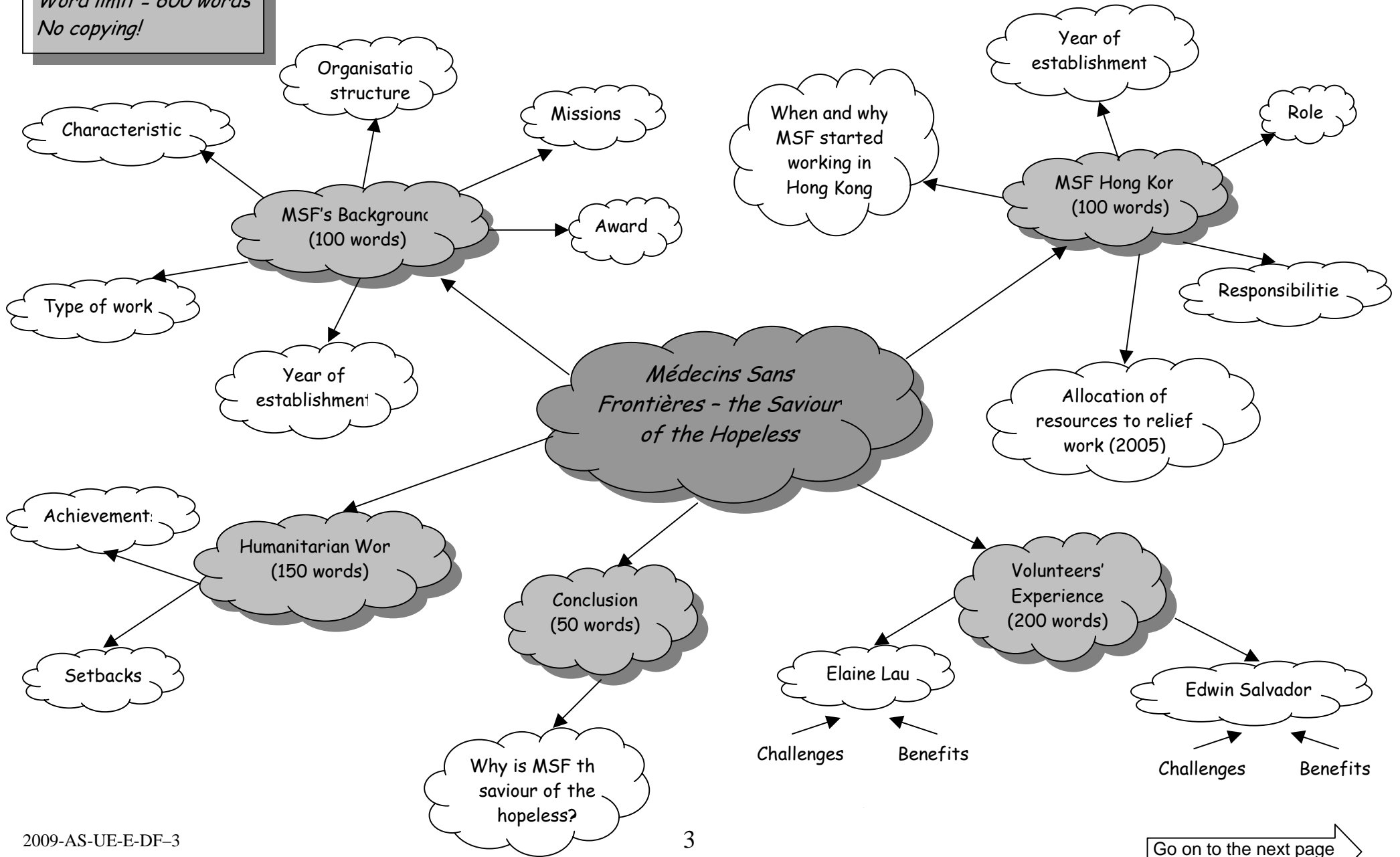
Thanks for your endeavours!

KL

Reminder:

Word limit = 600 words
No copying!

Mind Map for the organisation of the article as a whole



About MSF: The MSF role in emergency medical aid

Médecins Sans Frontières (MSF) is an international humanitarian aid organisation that provides emergency medical assistance to populations in danger in more than 70 countries.

In countries where health structures are insufficient or even non-existent, MSF collaborates with authorities such as the Ministry of Health to provide assistance. MSF works in rehabilitation of hospitals and dispensaries, vaccination programmes and water and sanitation projects. MSF also works in remote health care centres, slum areas and provides training of local personnel. All this is done with the objective of rebuilding health structures to acceptable levels.

Raising Awareness

In carrying out humanitarian assistance, MSF seeks also to raise awareness of crisis situations; MSF acts as a witness and will speak out, either in private or in public about the plight of populations in danger for whom MSF works. In doing so, MSF sets out to alleviate human suffering, to protect life and health and to restore and ensure respect for the human beings and their fundamental human rights.

Only a small percentage of the populations that find themselves in a situation of danger gain the attention of the media. MSF teams travel to places that many people have never heard of, to assist those who have fallen victim to natural or man-made disasters. MSF volunteers have a story to tell when they return from their missions, and they use their experiences to speak of what they have seen. For MSF, raising awareness for these populations and the situations they are in is an important task. Whenever possible, MSF volunteers give interviews and make presentations. MSF offices worldwide facilitate the organisation of gatherings, for individuals and groups who want to speak in their home communities. MSF also mounts exhibitions and, from time to time, releases publications, with the aim of raising awareness.

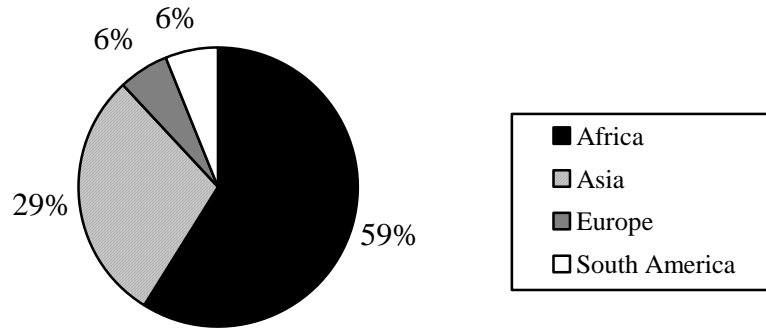
It is part of MSF's work to address any violations of basic human rights encountered by field teams, violations perpetrated or sustained by political actors. It does so by confronting the responsible actors themselves, by putting pressure on them through mobilisation of the international community and by issuing information publicly. In order to prevent compromise or manipulation of MSF's relief activities, MSF maintains neutrality and independence from individual governments. The organisation also tries to ensure that the majority of funds raised for its work comes directly from contributions from the general public. In this way, MSF guarantees equal access to its humanitarian assistance.

MSF has been setting up emergency medical aid missions around the world since 1971.

Source: http://www.msf.org/msfinternational/invoke.cfm?objectid=130CB2BA-E018-0C72-097046C7C42A8573&component=toolkit.indexArticle&method=full_html

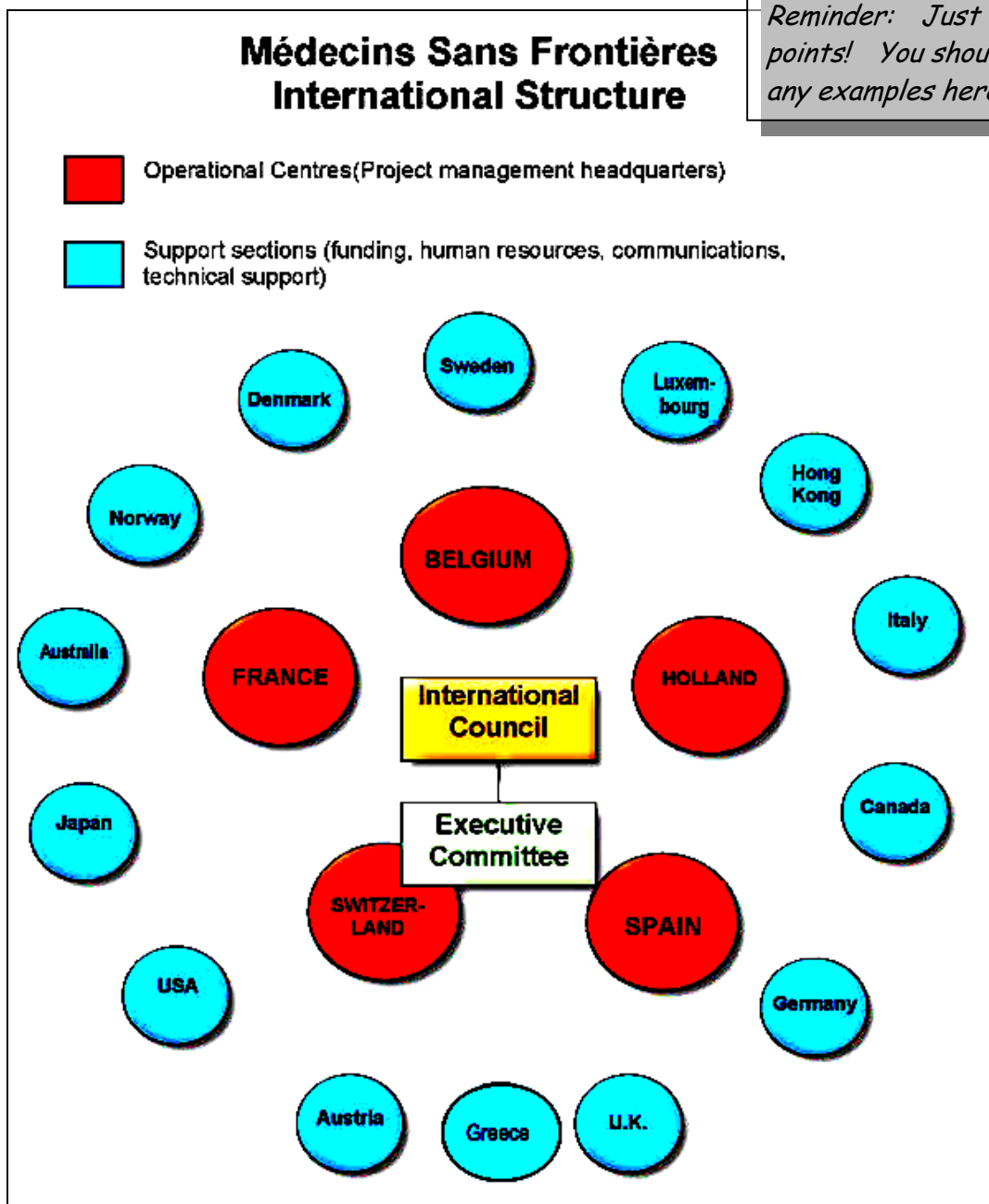
2005 Allocation of MSF-Hong Kong Funding for Relief Work by Country (HKD)

Reminder: Don't give exact figures here. I want you to interpret the figures.




Organisation Structure of MSF

Reminder: Just the main points! You shouldn't give any examples here.



MSF Hong Kong Home Page

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MSF started working in Hong Kong in 1988 during the height of an influx of Vietnamese Boat People, with 18,300 arriving that year, followed by another 34,000 the year after. By then over one hundred thousand Vietnamese had landed in Hong Kong since the fall of Saigon in 1975, and due to the international community's slow resettlement process tens of thousands were stuck in refugee camps.

Asylum-seekers arriving after 15 June 1988 were denied automatic refugee status according to a screening policy adopted by the government, and while those screened-in as refugees were housed in open camps awaiting resettlement, those screened-out were put in detention camps and repatriated to Vietnam.

For 10 years, MSF provided medical services in refugee camps in Shamshuipo, Tuen Mun and Pillar Point, and detention camps in Whitehead, High Island, Chi Ma Wan and many other sites, in conjunction with UNHCR, the Hong Kong Government and other NGOs. MSF ran outpatient clinics with medical referral services, offered antenatal care and extended programmes of immunisation, launched psychological support programmes, gave health education which focused on the prevention of HIV/AIDS and other sexually transmitted diseases and conducted a harm reduction needle exchange programme for heroin addicts.

Opposing the forced repatriation of the Vietnamese Boat People, MSF requested to be present during such operations and had acted, from 1994 onwards, as an independent monitor to report any abuse on human rights. MSF stayed in the camps until all the Vietnamese Boat People were properly resettled or repatriated, in early 1998.

MSF-Hong Kong was set up in 1994. It is one of 19 partner sections of the international movement.

Since its establishment, over 40 field volunteers have been sent to join MSF humanitarian missions. Donations from the Hong Kong public exceeded HKD58 million in 2002, supporting relief work in 47 countries.

MSF Leaflet

Haiti

Widespread politically motivated and criminal violence remain a daily reality to people in Port-au-Prince. High-powered weapons often produce serious injuries amongst the civilians. Since its operation in Port-au-Prince started in December 2004, the MSF trauma centre has treated over 8,000 people. Many of them were gunshot victims.

Sierra Leone

Giving birth is a life-threatening gamble in Sierra Leone. Many women die during delivery and many babies do not survive infancy. About 165 out of 1,000 new born babies die at birth. MSF surgeons provide emergency surgical treatment to prevent pregnant women from dying due to difficult delivery.

Pakistan

Over 76,000 people died and more than 80,000 were wounded after the earthquake in October 2005. Many suffered from bone fractures or internal hemorrhage due to chest or internal organ injuries, and were in urgent need of surgical treatment. Many hospitals collapsed or were severely damaged. MSF set up an inflatable hospital soon after the earthquake, providing a sterilized environment for patients to receive surgical treatment.

Liberia

After 14 years of civil conflict, a lot of infrastructure in Liberia was destroyed. Without the central supply of electricity, people have to rely on domestic generators to keep their daily lives running. These diesel-driven generators are very dangerous, causing many fires, and sometimes explosions. Hence, MSF dedicated the Mamba Point Hospital to treat patients with emergency surgical and medical needs, such as serious burns.

MSF Article 2

29/12/2006

MSF is Extremely Concerned About the Security of Medical Staff and Safety of Patients After a Week of Intense Fighting in Somalia

MSF is gravely concerned for the safety of our staff and patients following a serious incident occurring in an MSF medical facility in Dinsor (Bay region, Somalia) on December 27. After taking control of Dinsor, representatives of military forces entered the MSF medical facility, pressured the Somali medical staff employed by MSF, and confiscated all in-patient medical files. These files, confidential by nature, do not include any information concerning the patient's nationality, in accordance with MSF medical practice.

MSF headquarters have officially complained to the Ethiopian government and the Transitional Federal Government of Somalia about this clear violation of international humanitarian law, and has requested the immediate return of the patient medical files. Furthermore, MSF urges all warring parties to respect international law and guarantee the safety of health structures, including patients and staff, in a context where access to vulnerable populations in need is gravely reduced.

Source: http://www.msf.org.hk/news/press_detail.php?id=435

Elain Lau's Experience

Elaine LAU – Nurse / Medical Leader

(South Sudan Jun–Dec 1999, Kosovo Feb–Aug 2000, Afghanistan Oct 2002–April 2003, Hong Kong SARS project Apr–May 2003)

1. Your experience working in a multi-cultural team with international and national staff (professionally, culturally, socially...)

You can learn from their different background and this is a good experience. These people are your work partners, life partners, you work with them, you live with them, you eat with them. You rely on them emotionally so you develop close relationships, especially during high security situations, you will help each other because nobody else will.

National staff and the local populations are one of the channels to understand the culture and the population. Staff in Afghanistan told me what they experienced in the war and this was a way to learn about their country.

2. Your experience coming from an Asian culture.

I think Asians are more introvert, we are relatively quiet. We come from a background where we listen before we speak and voice out our opinion. I think this can be good for the team to have a variety of personalities. Imagine if all the team members had the same characters, there may be team conflict and by having passive and calm people can sometimes reduce some of the tension.

3. What were the toughest times for you on the field?

Security. MSF puts you in a context where there is not much comfort zone. You are in an unstable, unpredictable context. Like Sudan for example, you don't know if there will be shootings and bombings and when you are in the bush, this is tough, even for experienced field workers. When you feel secure, you can predict, but in the field, you cannot predict and it is mentally very stressful.

4. What has changed you as a person after this experience?

I think it opens your horizons. If I live in Hong Kong, I will understand the world through the media, but if you work for MSF, you will know the reality of the world through your participation and proximity with the population. I think this has changed me a lot and I think you become more mature and human. MSF works in difficult contexts and if you don't know what is happening in these places, you think the world is good, the world is perfect and only think of the positive sides. But, when you see the daily lives of the people, you become more compassionate towards them. Friends and family certainly think I know more than before, it also allows you to mature and to manage stress.

5. How difficult is/was it integrating back into your home society after your mission?

It's more psychological than physical, because there is a huge difference in Hong Kong and places like Sudan and Afghanistan. I am always swinging between 2 sides, it is a process of attachment and detachment. When I come back, it takes a while to detach my life from the field because you know you cannot live in the same way back home, so you try to attach yourself to your own society again, but detachment itself is painful sometimes.

6. What personal qualities do you see are essential for a field volunteer?

Cultural sensitivity because you are working in different cultural contexts. Flexibility, because you need to live in different types of conditions and be ready to have a different and an unexpected lifestyle. You don't know what will happen and you will find it very insecure and uncontrollable so flexibility is important, not only to work, but also in the relationship you have with your team. Outgoing personalities help, the more outgoing you are, the more you can involve yourself in a team.

Source: http://www.msf.org.hk/working/3_2.htm

Edwin Salvador's Experience

Edwin Salvador – Medical Doctor/Project Coordinator

(Kenya Feb–Apr, May–Nov 1994, Somalia Apr–May 94, Vietnamese refugees camp HK Sept 1995–Jan 1998, South Sudan Mar–Nov 2002)

1. Your experience working in a multi-cultural team with international and national staff

Everyone has his or her own beliefs, characters and habits of course. It is never easy considering that although we as part of the international staff coming from all over the world, we have to give a “unified” stance or message to our national staff. To work with national staff is also a challenge, because we will always be visitors to a place or a project, but national staff work in their homeland.

2. Your experience coming from an Asian culture.

Sometimes, there is a stereotyped perception that we find it difficult to speak our minds and ideas because we are Asians and we tend to be “respectful” in nature. I have learned over the years, if you do not speak out indeed, people tend to think that either we agree to what is happening or we do not have anything to contribute to the discussion. We must be prepared to speak our ideas, discuss them and even “defend” our points of view when asked if we want to “make” a small difference in the world.

3. What were the toughest times for you in the field?

When there were disagreements of opinions and ideas. I think the way forward in any project is to be able to discuss freely with your seniors and teammates in the field the different scenarios, plans and ideas that everyone has. That way, everyone will understand why everyone is coming from different directions.

4. What has changed you as a person after this experience?

I have learned more to actively seek solutions to any situations or problems than before. I have learned more to rely on myself rather than others to help me. I do not wait for things to happen anymore, but rather I make things happen. I think the simple set up of the field, i.e. no electricity, no telephone, no amenities that I was used to in Hong Kong has awoken my need to use my “hands” more in most things I do.

5. What personal qualities do you see essential for a field volunteer?

Flexibility, adaptability, willing to listen actively and communicate his ideas when needed and always ready for the unexpected.

Source: http://www.msf.org.hk/working/3_1.htm

Underreported Humanitarian Stories of 2006

Fleeing violence in the Central African Republic (CAR)

In 2006, civilians in the Central African Republic (CAR) once again fell victim to horrific violence in the latest bout of conflict in a string of coups and rebellions that have plagued the country since it achieved independence from France in 1960. And once more, the plight of the country's 3.6 million people went largely unnoticed. Since November 2005, fighting has occurred between government troops and various rebel groups in the country's northwest. Civilians suspected of supporting one side or the other are targeted or caught in the crossfire.

MSF started working in northwest CAR in November 2005 and steadily increased activities throughout 2006, providing primary and secondary healthcare in and around Kabo, Batangafo, Paoua, Markounda and Boguila to people who had no access to basic health services. In 2006, MSF performed more than 200 surgical interventions every month. Several MSF mobile teams in the area provided medical care to people who had fled to the forests, carrying out an average of 1,800 consultations per week.

Increasing human toll taken by tuberculosis

While many people in the West consider tuberculosis (TB) a disease of a bygone era, the devastating human toll taken by the disease is increasing worldwide, particularly in developing countries with high HIV prevalence. Every year, TB kills nearly two million people while an estimated nine million develop the disease. An additional 450,000 new cases of multi-drug resistant (MDR) TB are seen every year.

This frightening situation became even worse in 2006 when a survey of 544 TB patients in Kwazulu Natal, South Africa, found 10 per cent had developed extensively drug resistant tuberculosis (XDR TB) (The XDR-TB emergency will require new strategies and new tools: business as usual would be fatal), a strain of TB that is resistant to both first-line antibiotics as well as to two classes of second-line drugs. Almost all of these patients died, and the extent of the outbreak remains unknown.

"That TB destroys millions of lives around the world every year shows that the current approach is just not working," said Dr. Tido von Schoen-Angerer, Director of MSF's Campaign for the Access to Essential Medicines. "The tools we have to treat and diagnose TB are woefully inadequate and outdated, and we're not seeing the necessary urgency to tackle the disease."

Consequences of bitter conflict in Chechnya

The conflict in Chechnya and its consequences on civilians has been almost entirely hidden from the rest of the world. While it may be decreasing in intensity, for many people who lived through the ebb and flow of this bitter 12-year war, physical and mental scars remain. The majority of Chechens displaced to neighboring Ingushetia during the worst phases of the conflict have now returned home.

The past year also saw an increase in violence in the neighboring republics of Ingushetia and Dagestan, but international aid workers, observers and journalists still have limited access to the region. MSF continues to provide much needed medical and psychosocial care to the most vulnerable Chechens, both in the TACs and in impoverished rural areas where the local health infrastructure is nearly absent.

Civilians under fire in Sri Lanka while assistance is limited

Civilians in Sri Lanka have borne the brunt of major fighting that resumed in August 2006 between government forces and the Liberation Tigers of Tamil Eelam (LTTE), especially in the country's east and northeast. Bombing has been intense in war-affected regions, leading to the displacement of tens of thousands of people. Others are trapped and cannot flee.

After having to evacuate in October, MSF was again able to provide surgical care to people in the northeastern town of Point Pedro by the end of December. But insecurity and limitations placed on humanitarian organizations continue to make it increasingly difficult to deliver aid to people most affected by the conflict. Several regions, particularly in the east, are entirely cut off from outside assistance.

Effective strategies for treating malnutrition not implemented

Nutritional emergencies are usually thought to be associated only with conflict and displacement, but acute malnutrition is highly prevalent in politically stable countries wracked by poverty. Recent strategies, though, to treat large numbers of malnourished children who have no other medical complications in their homes with relatively new ready-to-use therapeutic products (RUTF), like the milk and peanut-butter paste Plumpy'nut, offer important new promise. The outpatient strategies allow for the treatment of large numbers of children.

In the past two years in the impoverished central African nation of Niger, this outpatient treatment that relies on RUTFs has allowed MSF to successfully treat more than 150,000 children for moderate and severe acute malnutrition.

Congolese endure extreme deprivation and violence

In early 2006, fighting between the Congolese army and the Mai Mai rebel forces in southeastern Katanga province were responsible for the displacement of tens of thousands of people. People forced to live in overcrowded conditions in and around the town of Dubie had virtually no access to their fields for cultivation or to clean water. With little assistance arriving, they fall prey to hunger and disease.

MSF repeatedly responds to outbreaks of meningitis, malaria, cholera and measles throughout the country, indicating how an already weak public health system has been shattered by more than a decade of war. The consequences are even seen in some areas not affected by current fighting: MSF recently began supporting a hospital in Maniema province, where the mortality rate was nearly three times the emergency threshold.

Source: http://www.msf.org/msfinternational/invoke.cfm?objectid=06616F5A-5056-AA77-6CE49B621A0C195D&component=toolkit.report&method=full_html

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