



3 Questions: Mr Walter Leung on providing emergency support at mobile health clinics in Bangladesh

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Mr Walter Leung
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Mr Walter Wai-yin Leung is a senior nurse who has been actively participating in various forms of overseas relief missions in Pakistan, Philippines, Nepal, and Liberia since 2010. He has also engaged in long term poverty alleviation efforts, such as carrying out health promotion and disease prevention project within the slum areas of Manila, the Philippines, and looking after the sick and the destitute in their final days in Calcutta, India. In 2017, he was honoured the Hong Kong Humanity Award for his relentless service for the vulnerable.

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Earlier, we spoke to Dr Eliza Cheung, a clinical psychologist of Hong Kong Red Cross, on her experience in offering psychosocial support service in Bangladesh. .



According to Leung, the children are at risk of severe malnutrition at Cox's Bazar, Bangladesh. Photo credit: Hong Kong Red Cross

In this 3 Questions interview series, we speak to a volunteer of the Hong Kong Red Cross who has just departed to Bangladesh in September 2017 to provide medical service to the affected people—Mr Walter Wai-yin Leung, a senior nurse and also one of the awardees of the Hong Kong Humanity Award this year.

(The Hong Kong Red Cross appeals for donations to support our humanitarian relief service. The donations will be used for emergency relief, reconstruction or disaster preparedness for people in Bangladesh who are affected by floods, cyclones and violence, as well as people in Myanmar who are affected by violence. Please click here to donate online. For inquiry, please email to relief@redcross.org.hk.)

MIMS: Can you describe your work at Cox's Bazar, Bangladesh?

Leung: Currently, our mobile health clinics are offering medical treatment services at Hakimpara, one of the few larger makeshift settlements at Cox's Bazar, accommodating approximately 50,000 people fled from Myanmar

Every day, our team would be divided into two, with each heading to different location to provide services. Yet, we can only offer medical care to these people for roughly three hours – as it takes us around four hours in total to travel back and forth from Cox's Bazar to the camp. Within the three hours, we can usually offer care to approximately 120 to 150 people, with the maximum up to 170 people.



Makeshift settlements at Cox's Bazar, Bangladesh. Photo credit: Hong Kong Red Cross

Our mobile health clinic consists of a wide range of healthcare professionals, including doctors, nurses, midwives, translators and other volunteers. Just few days ago, the midwife volunteers in our team helped deliver a newborn baby in the camp. We were really glad that both baby and mom were fine.

Although we have seen cases of gunshots on children and elderly when they were fleeing from Myanmar, most of them are not of critical conditions. Since these people are unable to go out from their camp to see doctors, our most important mission is to visit these camps and offer our services to as many people as possible. For the common cases, we offer them treatment and medicine. For more severe ones, we would refer them to our field hospital with better facilities and equipment.

MIMS: What are the daily challenges you and the team encounter?

Leung: The weather is not making things easier for us. Although we run a mobile health clinic, it doesn't mean the transportation can send us directly to the camp. More often than not, we need to walk for 30 to 45 minutes uphill under the hot weather of about 35 degrees Celcius. This becomes worse whenever rains. Since the camp was just temporarily built, there is not really a road to the camp – and it becomes even more difficult for us to climb the mountain and walk down the slippery and muddy road when we leave the camp.



The muddy road becomes slippery after heavy downpour. Photo credit: Hong Kong Red Cross

Such unpredictable weather is also leading to respiratory diseases which are now very common among women and children, here. And since there is no sufficient water to clean, on top of the poor environment, the hot weather is also causing skin disorders to the people living in the camp.

Other than the weather, the influx of people within a short period of time is another major challenge. Although Red Cross and Red Crescent Societies have been monitoring the water quality – trying to improve the water facilities – resources are somehow limited. And, diarrhea has now become a common symptom here due to the unhygienic environment. At the moment, we are supplying women and children with cholera vaccines to try to avoid any outbreak.



People lining up for clean water. Photo credit: Hong Kong Red Cross

Next, we plan to explore and reach out to other makeshift settlements here in Hakimpara. Tomorrow, we will head to a camp with approximately 7,000 people. Prior to providing any medical services, we will need to examine the environment and coordinate with other teams to set up shelters and equipment that we need.

MIMS: Can you share with us some of your most unforgettable experiences?

Leung: I remember there was a three-year-old kid and his father, whose wife and their other five children were all killed in the outbreak of violence in Myanmar. After our conversation, we decided to refer him to the Red Cross Psychosocial Support team for further psychosocial assessment and support.

There was another case whereby a 20-year-old mother holding her baby, who came to us with a three-year-old child and an elderly woman [who I believe is her mother.] The baby was suffering from diarrhea and skin problems at that time. What's more heart-wrenching was that the woman told us her husband had been killed before they successfully made it to Bangladesh.



Mobile health clinic at the makeshift settlements. Photo credit: Hong Kong Red Cross

Indeed, not only these two cases, we have witnessed many of these similar cases since we got here. Therefore, apart from solely offering medical treatment, our team here also provides psychosocial and emotional support, which is equally important to these affected people.

Besides these cases, we also see a large number of unaccompanied minors here. For these children, we would refer them to the child safe space so volunteer teams or the local authorities can take good care of them. MIMS

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