

# The World Is Their Emergency Room: Doctors Without Borders

BY MIRANDA SPENCER

**O**n December 31, 1999, while most Americans were welcoming the new millennium with parties, champagne, and fireworks, Dr. Benjamin Ip was otherwise engaged. The 33-year-old family practitioner was canoeing into a remote part of Nigeria to treat pregnant women and children trapped in a life-threatening malaria epidemic.

"At least," says the wry, soft-spoken Ip, "I didn't have to worry about the millennium bug."

At 33, he was on his fifth mission for Doctors Without Borders, the world's largest nonprofit medical relief agency. Doctors Without Borders (which prefers to be known by the initials MSF from its French name, Médecins Sans Frontières) annually sends 2,000 courageous, resourceful volunteers from around the world—including 135 Americans last year—to the sites of wars, epidemics, and natural or man-made disasters. Often they are the first to arrive at times of crisis and the last to leave. Last October, the organization was awarded the 1999 Nobel Peace Prize for its commitment to universal humanitarian assistance.



Ip aboard a plane about to drop food in the famine-wracked South Sudan, April 1999; (right) as a child with his younger sister, Joanna



**F**ounded in 1971 by a group of French doctors who had worked for the Red Cross in the break-away Nigerian province of Biafra, MSF today is active in more than 80 countries—some forgotten, a few industrialized. The MSF founders, frustrated by bureaucratic red tape in Biafra, decided it was critical to mobilize quickly and impartially. So while the organization tries to enter countries through established channels, such as the U.N., it's been known to come in through back doors, as well.

Once there, the challenges MSF doctors, nurses, and other health professionals may encounter would boggle the mind of practitioners accustomed to sanitary conditions and cooperative officials. The MSF doctors may require novel means of transportation to reach their patients—ranging from canoes to horses. Local authorities may challenge them, medicines may disappear into the black market, and hygiene may be appalling (at Ip's site in the Niger Delta, for example, local residents used a nearby river for drinking water as well as a bathtub and toilet). Their safety can be problematic and their lives in danger.

Then there's the psychic toll. Last year, Ip spent a month in Macedonia caring for refugees of the Kosovo bombing, and he remains haunted by his memories. "There was the young translator who told me that she was sleeping in bed with a knife and contemplating suicide in case the Serbs came to rape her; another who told me that she was working with a photojournalist and suddenly realized the body lying in the picture was that of a good friend. Being there made me realize that little separated me from the refugees. It was just a matter of where I was born."

Still, he recognizes that the challenges are also part of MSF's appeal. "I don't want an ordinary, boring life," he told *Biography Magazine*. "I have been dirty, dusty, and freezing cold. I have also been angry, frustrated, depressed, close to the verge of tears, and sometimes absolutely terrified—but those were the times I felt most alive."

**I**n contrast to his present surroundings, Benjamin Ip's life began in relative affluence. He was born October 10, 1966, in Singapore into a family of Chinese ancestry that had produced a long line of physicians. He enjoyed a "somewhat sheltered" early life as the elder child of a doctor father and a lawyer mother (his sister now works in international law). As a child, Ip says, he was "very fat and dumpy" and "ran the gamut of wanting to be everything from a priest to a fighter pilot." When



Ip examining a patient on a makeshift table last January in the Nigerian village of Odi

## Qualifications to be a Volunteer

It's one thing to want to do good, it's another to have the credentials to do so. These are a few of the basic requirements for participating as a medical professional on a Doctors Without Borders mission:

**EXPERTISE** The majority of volunteers are physicians, general surgeons, anesthesiologists, nurses/nurse practitioners, physician assistants, nutritionists, epidemiologists, midwives, and occasionally psychiatrists

**AVAILABILITY** Missions generally last 9 to 12 months and advance notice is short (about four weeks)

**VALID LICENSE TO PRACTICE**

**AT LEAST TWO YEARS POST-GRADUATE PROFESSIONAL WORK EXPERIENCE**

**PRIOR WORK OR TRAVEL IN DEVELOPING COUNTRIES OR WORK EXPERIENCE IN REMOTE PARTS OF NORTH AMERICA**

**COLLABORATIVE ABILITIES** Volunteers live and work as a team under circumstances that include long hours, primitive living conditions, and little privacy

**INTERPERSONAL SKILLS** Working with people of other nationalities and cultures requires social sensitivity, good diplomatic skills, and an interest in teaching

**FOREIGN LANGUAGE SKILLS** Having a second language, especially French, Spanish, Portuguese, or Arabic, increases your chances of acceptance

**ABILITY TO COPE WITH STRESS** Often projects are posted in or near areas of war, conflict, and natural disaster; they target populations that are large and in distress; and the environment can be unstable

Source: Doctors Without Borders



Ip (third from left) with his clinic team in Macedonia, July 1999



he was 14, the family immigrated to Las Vegas and young Ben became more focused (and eventually a U.S. citizen). An academic whiz, he was valedictorian of his high school class and attended the University of California at San Diego as a chemistry major. From there, it was on to medical school at Baylor College in Houston, Texas. By then he had formed some pretty firm ideas about the value of money: "Making a lot of money for money's sake," he says, "would not make me a happier or more contented person." And he meant it. "When he graduated from medical school," recalls his mother, "we surprised him with a flashy sports car and he rejected it."

Ip, who says he was influenced by watching his father do after-hours pro bono work with indigent and elderly patients in Singapore, began exploring ways he could do volunteer medical service. Then, almost by accident, MSF found him. A tour guide he met in Paris told him about the organization, he applied, and soon after was sent on a mission to Tibet.

There he found himself high in the Himalayas, sleeping on floor mats in a hut, and spending his days training local "bare-foot doctors" to meld Western medicine and traditional practices. The patients were Tibetan nomads, whose main source of both food and fuel—yaks—were starving to death in the minus-40-degree temperatures. Once, he had to give emergency IV treatment to a colleague suffering from severe dehydration at 12,000 feet.

Ip wound up spending 10 months in Tibet, and his work included everything from assessing snowstorm conditions to helping coordinate emergency shipments of food. But the hardships aren't what he recalls. Instead, it's the generosity of the people. Once, when visiting a rural family, his hostess used up almost a week's supply of fuel to welcome the doctor into the family's tent and serve him tea. "What impressed me most was their generosity and kindness," he says. "They did not hesitate one bit before making a fire for me, a complete stranger."

In contrast, Ip's next MSF mission put him face to face with hostility. In 1998, he spent nearly six months in Galkayo, Somalia, where he was assigned to rehabilitate a hospital and train the local staff. The region was clan-controlled, the country had no central government, and the life expectancy was only 47. When Ip arrived, an MSF doctor in another part of the country had recently been assassinated, vitally needed medicine had vanished, and babies were dying as a result of malpractice. He even had to be escorted on his rounds by armed guards. But by making incremental changes—and occa-

## How You Can Help

To understand the nuts and bolts of Doctors Without Borders' services, it helps to look at exactly how donations made through the organization aid people. (Last year 87% of the organization's expenditures went to program activities, with 13% going to administrative costs.)

**\$20** Provides infection-fighting antibiotics for 10 seriously-wounded people

**\$30** Supplies 52 gallons of water for 40 refugees a day

**\$70** Provides two basic suture kits to repair minor shrapnel wounds

**\$100** Vaccinates 100 people against meningitis, measles, or polio

**\$220** Supplies a specialized surgical kit to perform six lifesaving amputations a day for the length of an entire mission (about one year)

**\$500** Provides one cholera treatment kit, which saves over 50 people

**\$1,000** Brings emergency medical supplies to aid 5,000 disaster victims for an entire month

**\$23,000** Provides a cholera kit containing all the medical, sanitary, and logistical materials for a 625-person cholera camp

### For more information:

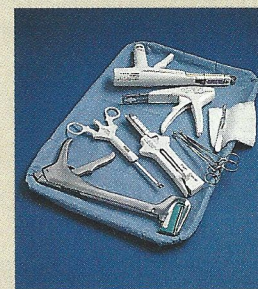
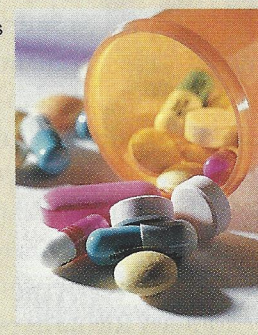
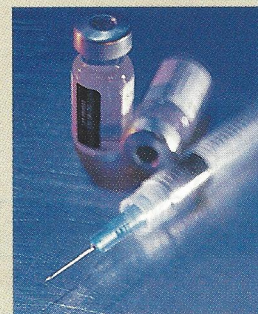
Visit the Doctors Without Borders Web site at

[www.doctorswithoutborders.org](http://www.doctorswithoutborders.org)

Call 888-392-0392

Write to Doctors Without Borders USA, Inc., P.O. Box 2247, New York, NY 10116-2247

Source: Doctors Without Borders



sionally bending the rules—Ip and his team managed to make the local hospital nearly self-sufficient.

Last year, Ip was off to the famine-racked South Sudan to fight a cholera epidemic. Conditions there "were even more basic."

In his latest assignment, starting up a community-based medical program in Nigeria, Ip encountered still more challenges, thanks to a complex political situation with an intricate power structure. "I never before had to address a person as his royal highness or honorable commissioner," he says. And since oil company workers in the region had been kidnapped, MSF staff had to "make it clear we were here to help people, not extract oil."

Although Ip hopes to marry some day, he says he's decided romantic relationships are next to impossible right now because of his MSF assignments. And when not on a mission, he takes more medical courses, most recently in tropical medicine and treating populations in crisis.

"This is our dream candidate," says MSF Medical Recruiter Chris Nadori, a nurse who has completed six missions. "He's

ready and willing...He says 'Where do you need me?' and he's packed."

MSF volunteer doctors are, on average, between 30 and 40 years old, with men and women represented equally. But no one is typical. Says Ip, "Each person is a piece of a puzzle that makes up the whole picture. Each one of us brings to a particular project his or her own voice, and each voice will be different."

And those voices will also be heard. MSF, in contrast to other relief organizations, is also committed to having its volunteers "bear witness" to injustices that interfere with medical care. This means the physicians may also become unofficial human rights advocates and speak out—to reporters or even Congress. (In 1985 the organization was tossed out of Ethiopia when it accused the government of diverting aid from starving citizens.)

As for Ip, he's thinking about studying for a Master of Public Health degree, which would fit in nicely with his long-term plan to work for the National Health Service, perhaps on an Indian reservation.

Until then, he'll go anywhere he's needed. •

MIRANDA SPENCER IS A CONTRIBUTING EDITOR OF THIS MAGAZINE.