Dr. James Orbinski
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Dr. James Orbinski: Thank you. Eminent Chancellor, Mr. President, and a special thanks to Leslie Church, to Shannon MacEwan, and to Sean McMahon for your very kind and excellent introduction.

I also want to thank the organizing committee, Doug Weir, and Nancy Hannemann of the International Centre for their care and hospitality over the last couple of days. It has been nothing less than superlative. And I also want to thank the choir, the mixed and the children's choir for their singing. Absolutely beautiful. Thank you so much.

This evening I want to talk about the work and the principles that guide MSF's actions. The reality of MSF today is in our therapeutic feeding centres for children in Ethiopia, in the Congo with women and girls who are victims of rape as a weapon of war, in Cambodia and Guatemala with sex workers and street children pulverized by poverty, in Kosovo, in Sudan, in Timor, in Belgium, in France, and in Italy, and in more than 400 projects in 80 countries around the world.

In talking about these with you tonight, I want to talk about specifically humanitarianism in war -- or situations of violent conflict -- and what humanitarianism is and what it is not.

I also want to criticize what has recently been called the "new humanitarianism" and in arguing against this new humanitarianism, I want to highlight basic humanitarian principles and responsibilities and to very, very carefully distinguish these from the other vitally important work that takes place through human rights advocacy.

I also want to talk about some of the other work that we do, which is to provide medical assistance to people in need in non-conflict situations -- in, for example, situations
where people are in crisis because they do not have access to, among other things, basic health care.

I'm also speaking here, for example, of people's right to access essential life-saving medicines, and the obscenity that is the AIDS epidemic and the double obscenity of both market and political failure to address this and other epidemics.

MSF works in war zones and situations of violent conflict in many parts of the world. In the fall of '92, I was working in Baidoa, Somalia, a city that then had become known around the world as the "City of Death". Baidoa was then the very epicentre of the famine and civil war in Somalia at that time.

One late afternoon I saw a man who has stayed the fixed in my memory since. He was about 45 years old and had walked 120 kilometers through the Somali desert to a feeding centre we were running in a town named Burakaba. He had walked this distance with his 13-year-old boy on his back, and made the journey with about four litres of water, all of which he had fed to his son. The boy was his last child and weighed not more than 25 kilometers. The boy was dying of starvation and malaria. Every one of this father's other children was dead. His three boys had been mutilated and shot. His wife and two daughters had been raped and their bodies stuffed in their family well for them to drown. This man had arrived in the feeding centre that afternoon, joining some 500 other people who each had a similar story. We were providing medical assistance in that area alone to 22 feeding centres, running 13 clinics and running two hospitals, one that we built. I saw the boy that night, and I knew that he would die within hours. He died early into the night. And what did the father do? He waited at the feeding centre with his dead son for me. What for? To thank me. He waited at the feeding centre with his dead son, to thank me for trying to help his last boy, for not walking away from the horror that was Somalia in 1992, and for the fact that MSF was telling the world about the reality of suffering and need in the hell that was his country. He knew this fact, and made a particular point of thanking me for it.
He has stayed as an irrevocable fixture in my mind since, because he was the first person outside of MSF who actually described to me what our work meant to him.

Some days later, outside one of our feeding centres in Baidoa, I watched in a stupefied horror as a war-lord's armoured personnel carrier literally drove over the bodies of women and children sitting outside the feeding centre waiting for food. The scream and the terror of those people, macerated and carved up under the wheels of the APC are with me today.

But what stays with me most firmly is the vivid, almost technicolour image that not one of the men on top of that APC turned their heads to see where the cries were coming from. They didn't even flinch behind their Vuarnet sunglasses; they didn't even aim their Kalashnikov machine guns or squirm in their Mickey Mouse t-shirts. They sat in cold defiance of the terror beneath them. This is brutality. This is inhumanity. And this is criminal.

Months after the UN Humanitarian Agencies had pulled out of Somalia, the UN would return under the banner of humanitarianism, and the US-led Operation Restore Hope. Initially the US-led UN enforcement intervention restored law and order and protected the delivery of humanitarian assistance. But months later, as the UN military operation turned to state-craft, thousands of Somali citizens were killed "collaterally" by UN forces, as US marines attempted to -- in their words -- "hunt down" Mohamed Farha Aidid, the clan leader responsible for the earlier death of 27 Pakistani Peacekeepers. And many other civilians would be beaten, brutalized, tortured, or killed by individual acts of barbarity and racism by Canadian, Italian, French, and other Peacekeeping Soldiers -- all operating under the official guise of humanitarianism.

All this effectively ended on October 6, 1993 when 17 U.S. rangers would be killed by Somali militia, and the now famous image of the U.S. marine, naked and dead, being dragged through the streets of Mogadishu would de-facto end George Bush's New World Order.
For humanitarian NGOs, they too had to effectively pull out of Somalia. Why? Because humanitarian NGO's had inadvertently come to be seen as a part of a UN military enforcement operation that had gone badly wrong. Humanitarian NGO's were tarred with the same political and military brush and were seen as accomplices to that failure to establish peace in a viable state.

Humanitarian NGO's have since returned slowly and cautiously to Somalia, having learned a great number of important lessons. Among them the necessity of keeping humanitarian objectives and actions specifically decoupled from other sometimes essential and legitimate international political and military objectives in such political crises.

These and other lessons are being misconstrued -- or simply forgotten -- under what Fiona Fox and Joanna McRae at the Overseas Development Institute in Britain have recently called the "New Humanitarianism". This is what they have -- and I think with a certain sarcasm -- called "a new humanitarianism for a new millennium". This is a relatively recent phenomenon -- the last ten years or so -- and it's a goal-oriented humanitarianism that since the late '80s considers long-term sustainable development within the remit of humanitarianism in war.

It is human rights based, and seeks to use humanitarian assistance to transform violence and to support a peace process. In response for the call for humanitarian assistance to "do no harm" the New Humanitarianism seeks to apportion aid not simply on the basis of the universal right to relief based on need, but will withhold aid if this could prolong a conflict or undermine human rights.

It rejects neutrality as morally repugnant, and as unachievable in the complex political emergencies of the post-Cold War world. It can arguably be seen as an NGO response to shifting donor government support away from development assistance and toward humanitarian assistance in the last 10 or so years.
And it represents, I think, not a new humanitarianism, but a deep confusion about the crucial differences between humanitarianism in war, human rights work in peace, and the inherently political dimensions of peace work and development.

It also represents -- and dare I say it -- a pretentious overestimate of what humanitarianism, human rights and development NGOs can accomplish in the face of a growing political vacuum.

Here, powerful states now show little political interest or responsibility toward political stability or crises in states peripheral to their direct national interests.

As the reality of Somalia illustrates, humanitarianism in war is no easy task. It is by definition, a struggle to create that space -- humanitarian space -- required to provide assistance and to seek protection for civilians in a situation of armed conflict.

There are at least three time-tested principles that make this task achievable. The first is universality -- that all victims are worthy of assistance and protection wherever they may be.

The second is impartiality -- that assistance and protection is given to all victims of a conflict, no matter which side they are on, regardless of race, religion, political or other affiliation, and that this is given strictly and proportionately according to need, and need alone.

And the third is independence. That humanitarian actors remain independent of political or other affiliations whose interests may impinge on universality and impartiality. A fourth principle is neutrality -- the traditional view that humanitarian actors must stand apart from the political issues at stake in a conflict. MSF departed from this traditional view of neutrality, and in fact, it was this departure that was the genesis of the MSF movement.

Let me tell you a little about our history.
It's instructive, in that it tells why we are who we are, why we do what we do, and in particular, it illuminates our particular stance on neutrality. We were founded in 1971 by a group of French doctors and journalists. In 1968 some of these same doctors had worked for the Red Cross in Biafra, Nigeria, where civil war and government oppression led to massive famine.

On one particular day, the doctors were working in a small Biafran medical clinic. On that day, the clinic was overrun by villagers fleeing Nigerian soldiers. The doctors notified Red Cross headquarters and were ordered to abandon their posts. They refused, and in staying, witnessed wholesale carnage as Nigerian troops slaughtered unarmed men, women, and children. The doctors quit the Red Cross, and when they returned to France, they told the world of what they had witnessed.

Three years later in 1971, MSF was formed by a group of French doctors and journalists who were outraged at the fact that the Red Cross's interpretation then of International humanitarian law prevented them from speaking out against what was effectively a state policy of forced starvation and migration. It was a reaction to the same view of neutrality that led the Red Cross to remain silent in its knowledge of the Nazi extermination camps used in the Holocaust of World War II.

For many, silence has been confused with neutrality, and has been presented as a necessary condition for humanitarian action.

From our beginning, MSF was created in opposition to this assumption. We refuse to remain silent in such circumstances. We refuse to remain silent in the face of the egregious violations of international humanitarian law, and in the face of war crimes or crimes against humanity. We do stand apart from the political issues at stake in a conflict, and on the political processes or military actions that seek -- successfully or unsuccessfully -- to resolve these political processes.
We continuously assert people's right to humanitarian assistance and protection. And we are vocal in insisting that humanitarian actors have a primary responsibility to continuously assert and demand that all belligerents respect these rights, and that all states assume their political responsibility to ensure that these rights are in fact respected.

In the last 30 years, Médecins Sans Frontières has been, and is, irrevocably committed to this ethic of refusal -- an ethic that demands that we constantly challenge the apparent futility of the way the world is.

Over the years since 1971, MSF has told the world about atrocities that local governments have tried to hide. In 1979 for example, we told the world about thousands of Vietnamese fleeing their country in small fishing boats, many of whom drowned at sea before we could assist them. In 1985, MSF alerted the world to famine in Ethiopia, even though this meant that we would be and in fact were expelled from the country. And in 1991 we proved that the Iraqi government was using chemical weapons on Kurdish villagers. We have taken these and many other actions -- in an ethic of refusal.

This ethic affirms MSF's commitment to universal medical ethics; to our understanding that all people -- regardless of state borders or existing interpretations of international law -- be it humanitarian law, human rights law, or law governing trade in intellectual property rights, or any law -- that all people have a right to exist as human beings.

We adhere to impartiality, and vigorously protect our independence from political or other actors or interests. To this end, 74 percent of our funding comes from private citizen donations from around the world. We set our own operational priorities and make our own operational choices. More than anything else -- at the heart of our work, is an irreducible respect for human dignity.
Bringing direct medical action to bear, and doing so without regard for borders or other artificial barriers, this is the heart of MSF's work. It is at its root a commitment that sees human beings not as a means, but as an end in themselves.

It affirms that how human beings are treated anywhere, concerns everyone everywhere. And it demands that this irreducible human dignity be at the center of any political project.

Indeed -- and here's an apparent paradox for you -- for MSF, humanitarianism is the most apolitical of all acts, but if its actions and morality are taken seriously, it has the most profound of political implications.

What is this "humanitarianism in war" and what is it not? I was MSF's Head of Mission in Kigali during the genocide in Rwanda, when only the ICRC, MSF, and UNAMIR remained. One night in Kigali, after many long hours of surgery, from the hospital balcony I watched packs of dogs that were roaming the streets. They were fat, hungry, and vicious, and virtually wild with the taste of human flesh. They were fighting with each other over the remains of a corpse that lay in the street, and were threatening to attack a man who had ventured outside the hospital fence in search of firewood.

Later that night, among the thousands of people we either treated or gave shelter to at the hospital, a little girl of about 9-years-old told me through an interpreter how she escaped murder at the hands of the Interyhamwe killing squads.

She told me that -- and I quote "My mother hid me in the latrine. I saw through the hole. I watched them hit her with machetes. I watched my mother's arm fall into my father's blood on the floor, and I cried without noise in the toilet".

During that time, around Rwanda, Tutsis and moderate Hutus were being butchered in a systematic, and rational way. People were killed in their homes, or after being assembled in churches, schools, and hospitals, or bussed or marched to mass graves where they were not shot, but had their hands and feet cut off -- bleeding to death and
being unable to climb out of the graves. People often begged -- and paid -- to have their children shot, rather than to suffer this particular horror. Over a million people died in Rwanda over that 12-week period.

It's very hard to describe this to you. I rarely talk about this. But you have to know this. This is what happens in genocide, and this is where our responsibility as citizens lie. We must stop this from happening again.

Let me continue.

In early June of '94, I went to an orphanage in Kigali to give medical care to a group of Tutsi children. This was no easy task. The ICRC, MSF and UNAMIR had spent nearly a full day negotiating a temporary cease-fire to allow passage through RPF strongholds, and the check points of Interhamwe and RGF soldiers that were committing the genocide. I had been to the orphanage the day before and there been about 360 children. The day before I had tried to persuade the Interhamwe commander to let us take the children across the front line to our hospital where we had established a temporary orphanage as well. In the course of our conversation, I asked him if he had children. He was a father of four. He also went on to tell me that "these children here, these are not children, they are 'Tutsi inyenzi' -- insects." He said, "They're prisoners of war and will be crushed like insects."

When we arrived that next day, inside there were only some 120 children alive. The night before more than 200 children had been butchered, and now lay covered by a blue plastic tarp, in a heap of limbs and clothes, and blood that made a brown-red mud of the soil beneath them. My most stark memory of Rwanda is not of mass graves or the political theory underlying the International Convention in the Prevention and Punishment of Genocide, but of small sausage-like fingers -- severed fingers -- lying in the mud beside that blue plastic tarp.
As doctors, we could not stop a genocide. Genocide is a political crime that by definition defies the very essence of humanity and the most basic principles of humanitarianism in war.

In genocide, there is no humanitarian space. Stopping genocide is not a humanitarian act. MSF publicly called for armed UN military intervention to stop the genocide, and we insisted on staying with our patients to the extent we could.

OXFAM supported this call, and for the first time in their history, the Red Cross with whom we were working closely inside Rwanda, spoke out too. Unlike the little girl in the toilet, we had a voice and could not watch in silence. Nor could we turn away in acquiescence, and nor could we become complicit by reducing our presence to a simple, silent (technical) medical act of Band-Aids for bullet wounds, or an offering of sutures to a rationalized savagery. In Rwanda we demanded a military intervention to stop the genocide.

After World War II, Churchill called the systematic extermination of Jews under the Nazi regime, "the crime that has no name". Rwanda's was the first genocide where the international community had the political freedom to act to prevent and stop genocide, and the first demonstration in unequivocal terms of a moral political failure to stop genocide.

As the world watched on television, the Security Council equivocated on its responsibility, and outside powers manoeuvred to maintain influence in the African Sub-Saharan region. The genocide was essentially over before the UN Operation Turquoise was launched, and as we know, acts of revenge in its name, in the name of genocide, followed in Rwanda and in neighbouring Zaire in 1996 and 1997. And they continue today.

Humanitarianism is not a tool to end war, to create peace, or to salve the conscience of political indifference. It is a citizen's response to human suffering and to the political failure that creates it or allows it to go unchecked. It is an immediate, short-term act
that cannot erase political responsibility for public security at the national or international level.

Our responsibility as human beings -- and as what Albert Camus called "doctor as witness" -- was and is to speak out, to witness authentically to the reality of inhumanity, and to speak out against the moral hollowness of political inaction. When confronted with this, there can be no moral neutrality about what is "good". The only crime equal to willful inhumanity is the crime of 'indifference, silence, and forgetting'.

This is its own kind of inhumanity. We are not certain as MSF that speaking out can always save lives political but we are certain that silence can kill. It kills today, and it will kill tomorrow. If there is silence, there can be no justice, and revenge -- which is the lowest form of justice, but a form of justice nonetheless -- is the only certainty.

This is why we continue to press worldwide for the arrest of the alleged perpetrators, why we press for the ratification of the international criminal court, and why we press for investigations into the culpability of the United Nations and individual governments who have avoided their political responsibility in '94.

And nor have we remained neutral on the failure of the UN in Srebrnica in 1995. 7,000 men and boys were massacred in Srebrnica while UN peacekeepers were present, but while de-facto, humanitarian space was absent.

We and others have demanded accountability from the UN and its member states and slowly, every so slowly, we are getting it. Again, no humanitarian can stop genocide. No humanitarian can stop ethnic cleansing. These are political and not humanitarian imperatives. They are crimes -- crimes against humanity, war crimes, and political crimes that demand responsibility and direct action from the international political community.

Can humanitarianism in war be a part of a peace process, or a broader political framework? Is this, according to the principles I have talked about, a task for
humanitarian actors? There's a tendency now in Afghanistan and Sierra Leone and elsewhere, to make humanitarian action in war part of a broader strategic framework that includes the restoration of peace, respect for human rights, and economic reconstruction.

This effort groups humanitarian action with peacekeeping, the restoration of democracy, and human rights. The word "humanitarianism" then has come to mean all things to all actors. It can be a comforting approach, because it obscures the relatively modest impact of humanitarian action in war by integrating it with a grander design of conflict restoration and the restoration of peace and again a broader political framework.

Here, humanitarian organizations that witness massive crimes in war need only convey the information to human rights organizations. In doing so, they avoid the difficult choice between denunciation at the risk of expulsion, and silence at the risk of complicity. However, this kind of approach blurs the nature of each organization's responsibility. Public statements made by humanitarian NGOs address not only the violations of human rights, but also and more importantly the quality of relief actions in the field and the obstacles placed in their way. This discreet cooperation between humanitarian and human rights organizations is not necessarily synonymous with greater security for aid workers. Indeed, in a context in which human rights are an element of international diplomacy, giving confidential information this way may be seen by belligerents as clandestine and subversive. Moreover, and most importantly, it may make humanitarian assistance and protection to the population concerned conditional on a specific diplomatic agenda that links peace to human rights conventions.

Human rights conventions state general or normative principles for the treatment of individuals by governments, and are applicable in peace but can be suspended by governments in war. Humanitarian law on the other hand is concerned specifically with armed conflict and goes far beyond general normative principles. Specifically, it sets limits on the use of violence in war. It provides minimum rights in conflict that help guarantee the survival of vulnerable populations in situations of conflict. It authorizes
and regulates the relief action, and gives responsibility for such action to independent organizations.

It sets out specific, pragmatic operational definitions and requirements regarding Humanitarian protection and assistance to precise categories of vulnerable people -- civilians, the sick, the wounded, and those deprived of freedom in situations of armed international or internal conflict. It also defines the rights conferred upon the ICRC and impartial humanitarian organizations to provide assistance independently of governments or warring parties.

This distinction between normative human rights conventions in peace, and operational international humanitarian law in war is vitally important.

To make humanitarian assistance in times of war contingent on human rights law that applies in peace -- a reality that by definition does not exist in war -- is to make such assistance and protection contingent on hope or faith alone that a peace process, or a broader strategic political framework will be successful.

But what happens then to the right to humanitarian assistance and protection when a nation is politically isolated as in Afghanistan, or when a peace process fails or takes a warlike turn, as it has so often in Sierra Leone?

For these reasons, independent humanitarian actors cannot link their assistance and protection role, or be seen to link these, to any peace process or broader strategic framework.

Finally, on the subject of the "new humanitarianism", let me choose just one issue from the NATO bombing from the Kosovo crisis to illustrate the importance of the principle of independence for humanitarian actors. Many western NGOs that worked in the Kosovo region during the NATO bombing were heavily funded by western governments -- governments that, in fact as members of NATO, were bombing in the former Yugoslavia. Are such NGOs independent of western foreign policy objectives when in many cases
they would not have been operational there without Western government funding? Can they be seen -- by all parties to the conflict, and by all civilian victims of the conflict, Serb and Kosovar alike -- as legitimate impartial humanitarian actors? How are they seen, and how will they be seen if further political crisis and conflict occurs in the region? These questions become particularly relevant when a war is sold as a "humanitarian war", as it was in Kosovo. Are humanitarians now the new warriors, or are the warriors now the new humanitarians? This kind of ambiguity -- or more clearly, doublespeak -- is extremely dangerous. There is no such thing as a humanitarian war -- in Kosovo or elsewhere -- no matter how apparently noble or just the cause.

I've talked about Somalia, Rwanda, Srebrenica, Kosovo, Sierra Leone, and Afghanistan. And from these I think we can draw some clear lessons, and hopefully return to a more essential understanding of what humanitarianism in war is, and what it is not, and why the "New Humanitarianism" represents an unwelcome lack of clarity. It is clear that there are specific responsibilities and specific limits to humanitarianism in war.

It must adhere to basic humanitarian principles of independence, universality, impartiality and neutrality, and in neutrality that is neither silent nor morally neutered. Just as no humanitarian can make war, no humanitarian can make peace. Again, these are political, not humanitarian imperatives. Humanitarian principles and action cannot be subordinated to political or military goals, however legitimate these goals may be. For if they are, this is potentially, and more actually is to the detriment of both. It is however conditional on political responsibility to ensure that humanitarian space can exist in situations of conflict. The rights that exist under international humanitarian law are not the same rights that exist under human rights conventions, and the responsibilities of the humanitarian organization are not the same responsibilities of the human rights organization. Humanitarian action in war is not development, it is not peace building, it is not enforcement by military means, and nor can it be a substitute for politics by other means.

Let me repeat what I said a few moments ago -- that the humanitarian act is a most apolitical of all acts, but if its actions and morality are taken seriously, it has the most
profound of political implications. Today those political implications cannot be seriously examined without acknowledging the impact of globalization. And here, before I close, I come to the second domain -- for lack of a better word -- that we work in: situations of non-violent crisis where people are not able to exercise their basic human rights, like the right to access health care.

Globalization is not new, nor is it good, and nor is it bad. It simply is. A hundred years ago the pattern of trade, overseas investment and immigration was today's globalization without the telecommunications revolution, that cheaper and faster computers and the Internet have brought, and without the accelerated speed and scope of trade and travel that cheap airfares and transportation have brought. Chris Patton recently gave one of the BBC Reith Lectures. In it he noted that what makes globalization different today is that the triumph of liberal economic ideas has combined with technology to lower the cost, and to speed the impact of the movement of goods, money, people, and ideas to an unimaginable degree. He argued that for the majority, it has produced improvements in the standard of living that do not require a sacrifice in the quality of living. To Patton's last point -- and to return to the daily reality of MSF's work in non-conflict situations -- I must firmly disagree.

More than one billion people are unable to secure food and water, the most basic measure of health prevention. Two billion people live and survive on less than $2 a day. Today's new buzzword is "poverty" -- either its alleviation or its eradication. Well, let's be clear. Ours is a time of unprecedented wealth. As former President Clinton said only a few months ago, There is more wealth today than at any time in human history and yet politicians and their patrons tell us ceaselessly that we live in an era of limited resource. Reality today, however, is that we live in a social order that excludes, that marginalizes, and that literally leaves open to sacrifice the lives of billions of people -- men, women, and children -- in the name of some future economic benefit that will apparently trickle down to the world's poor, given enough time.

Let's also be clear about what some of the problems are. The single most important global health issue today is the right -- the human right -- to access health care. Here,
access to effective treatment for infectious diseases is among the biggest issues. 16 million people live with active tuberculosis around the world today, 8 million people are now developing active tuberculosis every year, and 2 million people now die from tuberculosis every year.

Treatable infectious diseases are the leading cause of death worldwide. 17 million people die every year in the south, and only -- if you can put it that way -- 150,000 die every year in the north of treatable infectious diseases.

Some -- not all -- but some of the reasons that people die from diseases like AIDS, TB, sleeping sickness and other tropical diseases is that essential life-saving medicines are too expensive because of patent protection, because existing drugs are no longer produced, because there is not an adequate return on investment, or because there's virtually no new research and development for priority global diseases.

Since the beginning of the AIDS epidemic, 19 million people are dead, 34 million people now live with HIV worldwide, and 90 percent of these people are in the South. Let there be no mistake. What happens to adults, impacts on children. There are 11 million AIDS orphans today in Africa alone.

AIDS is rampant and is literally out of control. 5.6 million people were infected last year. And India and Asia stand on the brink of a potential HIV explosion. It is not just an epidemic. It is a global catastrophe that is already a rival to the Black Plague of the Middle Ages. And yet unlike the Black Plague, it is a treatable infectious disease. Yet 32 of the 34 million HIV positive people have no access to anti-retroviral therapy, the existing treatment for HIV. Why? Because patent protection makes these drugs unaffordable and therefore inaccessible. The majority of people with this disease do not exist on the balance sheets and profit calculations of the major pharmaceutical producers. And access is essentially denied as spurious arguments over intellectual property rights allow profit to be privileged over the most elemental human right -- the right to exist -- for millions of human beings. Poor people have need, but with an
income of less than $2 a day, they're not a market. And so they're dying, not of HIV, but of market and political failure. This is obscene. There's no other word for it.

Language is determinant. How we phrase the problem defines the solutions we seek and the solutions we get. If we define the AIDS epidemic as a "public health issue with trade and intellectual property rights overtones," then we will get the same pasteurized and meaningless response from governments and the pharmaceutical industry. Drug donations or price reductions for the few will follow -- buying off public pressure by oiling the squeaky wheel of "concern". The AIDS, the TB, the malaria, and the sleeping sickness epidemics are not simply global public health concerns -- they are obscene and morally repugnant examples of political negligence that cannot go unchallenged.

Unjust use of trade law around intellectual property rights for pharmaceuticals, the political process around their application, the defication of profit over people's right, and the fact that trade has become a barrier to the health of literally billions of people -- these are no longer acceptable or defensible from any moral, human rights or public health perspective.

The world's poor are not a market. They are people who have need, but not enough money. It is that simple. And nor is state or private sector charity the answer. States have a duty to protect, to promote, and to ensure people's right to access basic health care. This is not an act of privilege, as charity is, but a responsibility, a duty of states that cannot be ignored.

But what is in fact under challenge today? Well, yesterday in Pretoria, 39 pharmaceutical companies have brought a court challenge to the South African's government's legislation that seeks to legalize the importation of generic anti-retrovirals from countries like Brazil, India, and Thailand. These generic anti-retrovirals are cheaper by orders of magnitude than patented anti-retrovirals sold in South Africa. Now this is a landmark case. The South African government has signed the WTO TRIPS agreement, and its legislation is consistent and fully compliant with the TRIPS agreement, which allows
governments to take such measures when it is in the public interest to do so, such as in a public health emergency.

4.5 million people live with HIV and without access to anti-retrovirals in South Africa, and the government's Medicines Act is trying to remedy this. This case begins a process of determining, if, when, where, and how governments can act in the public interest under the TRIPS agreement. It will also determine on a very pragmatic level, whether the privilege of profit takes priority over the right to life and to the right to access health care.

MSF and OXFAM are calling on the Canadian government and all governments to publicly support the South African government in its efforts to meet its obligations to the public interest. We and other NGOs have been campaigning on this issue, and particularly the broader issue to access to essential medicines for nearly two years now. MSF, Health Action International, Act Up, OXFAM, Treatment Access Campaign of South Africa, The Access Network of Thailand and many, many others will not give up this fight until it is won. I can guarantee you that.

Some may say that this is simply wishful thinking. Well, to those who do, I challenge you to look at the history of social movements. We know in looking at these -- and particularly for example the movement against slavery, the labour rights movement, the women's suffrage movement, the civil rights movement, the human rights movement, and for example the environmental movement, that each of these began in a confrontation of sources of power -- be they political or economic powers that seek to maintain a particular balance of power and interests.

This confrontation then moved on to interaction with sources of power, to partnership, and then to co-optation of the principles of values that gave birth to the movement in the first place. Such co-optation after -- and not before this process -- is a good and favourable outcome. Why? Because it means that deeply held principled ideas that were initially in the margins of social thinking and values, are now the dominant ideas that are codified in law, constitution, and everyday social discourse.
But we know that social change is rarely if ever a straight linear process, or that its process can be easily located on the rather simplistic continuum I have just painted of "confrontation, interaction, partnership, and co-optation."

We know, too, that rights achieved must be defended, and that constant vigilance is required to maintain hard won gains -- and here the slave trade in Sudan today, the status of African Americans in the United States today, and the human rights of women that are not yet won the world over -- these are examples where gains must be constantly defended, reasserted, and new gains constantly demanded.

The challenge is to insist that those who are responsible be responsible. This vision must not be blurred by short-term gains with either the state or the private sector. The challenge is not to displace the role and responsibility of the state, through, for example, charity, or to become charity-based co-managers of misery with the state, or to allow a public relations coup for the private sector to override a long term commitment to equity and to justice. The challenge is not simply to achieve a technical standard for the few, but to demand that each human being's dignity be at the center of any political project - - a political project that is just, equitable, and accountable.

I have talked about humanitarianism in war, what it is and what it's not. I've argued against the "new humanitarianism" and I've talked about the right -- the basic human right to exist and to access health care around, for example, the AIDS epidemic. And I hope you've found my talk interesting.

Embedded in my talk tonight has been the responsibility -- the imperative to stand against injustice. The economist, Amartya Sen has argued that poverty and the injustice that often accompanies it, is not simply about economics, but more deeply, about a fundamental lack of freedoms.

It's also about the choices of we who are free, or more simply put, it's also about how we use our liberty. We here in this room are free to use our liberty in whatever way we
choose. And I'm particularly delighted that there are so many students here tonight -- students of all stripes and disciplines. Why? Because through your action or inaction, through your voice or through your silence, you will shape the world around you.

And I ask you -- and particularly the students -- to use your liberty and the skills you have gained and will gain in future training, to act and to insist that the basic dignity of the excluded, the marginalized, the unprotected be acknowledged in their full humanity. This is the man who carried his son to a feeding center in Somalia. These are the women and children crushed under the wheels of the APC. This is the 9-year-old girl who cried without noise in the toilet. These are the millions of people without access to anti-retrovirals, and this is every man, woman, and child who may fall prey to disease, infirmity, or political oppression or negligence.

Use your liberty to be who you are: Free people who can knowingly choose to make life more bearable for the other. For "the other", is not some anonymous object to be ignored with indifference and not as Jean Paul Sarte put it, "(Your) hell", but the other is your brother and your sister who shares in our common humanity. Do not be paralyzed by fear and do not be anaesthetized by false hope -- by illusory dreams. But do live what is possible through courage, choice, and irreducible respect for human dignity.

Fear and false hope are overcome by what we do, which can be in defiance to the apparent futility of reality. It takes courage to face fear, to overcome false hope, to be, and to do. And if you look, you will find courage in the most unlikely of places -- you will always find it -- your own courage or theirs -- in the eyes of the other. In doing this, we can only but acknowledge, grow, and enrich our own humanity. Thank you.

[ Applause ]

Dr. James Orbinski: Thank you very much.