Crossing borders, challenging boundaries

Morten Rostrup

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Delivered by Dr. Morten Rostrup, President, Medecins Sans Frontieres International Council

It is a great pleasure to be here today, and I must say, to be introduced by George, a Liberian who worked with MSF during the very difficult times in Liberia back in 1993, is an honor. During the civil war in Liberia, many of our local Liberian staff, took courageous risks in order to save lives and relieve suffering. We both know too well the consequences of war, the fact that in the wars of today, more than 90 percent of those who suffer are civilians, innocent people. Meeting George, of course, also brings my thoughts back to my mission in Liberia, one year ago. The situation is still fragile and difficult, but despite of this; the spirit, commitment and humor of the Liberian people, I will never forget.

One month ago, I was back in West Africa, in the neighboring country Guinea, where we today face one of the worst current refugee crises. I met with terrified refugees, refugees desperately trying to escape escalating fighting, searching their way through the dense forest, - women and children. They had all fled from the civil war in Sierra Leone, they had crossed the border into Guinea because they thought they were safe there. Now the war had overtaken them again. The feelings of not being safe and not being home, the sense of fleeing, are not emotions we experience in our privileged part of the world, and they are difficult for us to comprehend, but these feelings exist and today there are more than 22 million refugees in the world, in addition to several millions internally displaced people, refugees in their own country.

"I want to go home", one of the Sierra Leone refugees in Guinea told me. He was standing under a small shelter in a transit camp. His three sons and his wife were listening in the background. "I know it is not safe in Sierra Leone, but it is better to be unsafe in my own country, than unsafe in a foreign country".
"I don't care for food. Don't give me food, but get me out of here", another refugee told me, a woman feeling desperately unsafe in a refugee camp close to the frontline in South-Eastern Guinea.
Crossing borders for these people should have given security. It turned out that being close to the borders themselves was the most insecure place to be.

Borders. A word with many facets, characterizing restrictions, isolation, boundaries, barriers and lack of access, but also security, protection and hope, - for those who are within the right borders.

The experience of borders meaning lack of access for humanitarian actors was one of the starting points for Medecins Sans Frontieres. It was especially the frustrations of a group of young French doctors working for the Red Cross during the cruel war in Biafra in 1968 that became an important contributor to the rise of our movement, a movement which is now acting in almost 90 countries and which in 1999 was awarded the Nobel Peace Prize. For MSF the humanitarian act is to seek to relieve suffering, to seek to restore autonomy, to witness to the truth of injustice and to insist on political responsibility. As such humanitarian action is more than simple

generosity, simple charity. In addition to cover needs, we aim to enable individuals to regain their rights and dignity as human beings. MSF has a clear intent both to assist, to provoke change and reveal injustice.

Moreover, humanitarian action is by its definition universal. Humanitarian responsibility has no frontieres. What the French doctors experienced in Biafra was denied access to suffering individuals due to borders and the necessity of agreements between the warring states and the Red Cross. How can you accept being a doctor, facing a patient and then being refused to treat him? Such a situation does not only violate general medical ethics, but human nature, it is unacceptable, and should always be so. For MSF it became pretty clear that we had to challenge these borders, in fact, we had to do more, we had to cross them. When it came to humanitarian action, borders were indeed irrelevant. All people – regardless of state borders or existing interpretations of international law – be it humanitarian law, or law governing trade in intellectual property rights, or any other law or barrier – all people have a right to exist as human beings. More than anything, bringing direct medical action to bear, and doing so without regard for borders or other artificial barriers, this is the essence of MSFs work.

So what is the medical humanitarian "action" of MSF today? Concretely, it is in our therapeutic feeding centers in Ethiopia. It is in the Congo with women and girls who are victims of rape as a weapon of war. It is in Sierra Leone with unaccompanied children and in our surgical units for people who have had their hands and feet cut off in order to force their political submission. It is in Angola with people who starve and suffer in war while the government tries to keep the illusion that "all is normal". It is in Cambodia and Guatemala with sex workers and street children pulverized by poverty. It is in the Sudan and Chechenya where people has suffered indiscriminate bombing by government forces. It is in Afghanistan where 80 000 refugees and displaced people are gathered in a cold and harsh environment nearby Herat, where children freeze to death. It is in Guinea where more than hundred thousand refugees are trapped in a war zone, loosing the only right they had left, the right to flee. It is in Timor, Belgium and Italy, and in over 80 countries around the world.

But , for MSF, the medical humanitarian action comprises more than medical aid. The French doctors who worked for Red Cross in Biafra were also outraged by the fact that international humanitarian law prevented them from speaking out against what was effectively a state policy of forced starvation and migration. The original MSF doctors refused to remain silent, even in the face of restrictive international humanitarian law. They decided to challenge these boundaries or restrictions. This ethic of refusal was the genesis of our movement, and remains today at the heart of who we are. We often say: "We don't know if speaking out save lives, but we know for sure that silence kills".

But, despite our good intentions and even the recognition from the Norwegian Nobel Committe, MSF is not perfect. We do not pretend to be, and should we ever pretend to be so, it would be the end of what has been and is today a fluid , dynamic and decentralized movement of people committed to humanitarian principles, and most importantly, to practical humanitarian action. And you are not perfect, or nor will you ever be, despite the years of studies behind you and before you. Our action is by definition fraught with paradox, dilemmas and uncertainties. Indeed we know only too

well, that there are often no right answers, but only what are so obviously wrong answers, actions, and postures that acquiess to reality – or to futility of the way the world is.

Even so, we need to act. Wherever in the world there is distress, the humanitarian must respond. Moreover, we have as humanitarians a right to provide assistance. But it has to be linked to the humanitarian act which is impartial and apolitical, and not be part of a politically agenda, nor any military operation. We must reaffirm with vigor and clarity the principle of an independent civilian humanitarianism. This is getting more and more important. The 1990s saw a harsh re-definition of long-held political beliefs. In the humanitarian field, this resulted in the blurring of the traditional distinction between foreign policy and humanitarian assistance, with negative consequences for both. From Kurdistan to Kosovo, Western political leaders have embraced humanitarian adventurism with gusto. Troops have been deployed for "active humanitarian service", more often than not, to disguise a dismal lack of political vision in tackling the crises at hand. Humanitarian assistance has become a cheap form of foreign policy bringing short-term public relations gains to politicians.

Former president Bill Clinton launched a humanitarian fundraising appeal for "non-governmental organizations" (NGOs) live on American television as NATO, in Kosovo, embarked upon active combat for the first time in its history, in the name of 'humanitarian principles'. Once again, the blurring of these distinct avenues – the political and military, versus the humanitarian – was to create a deadly ambiguity on the ground. In Albania, refugee camps built and partly managed by NATO became military targets. The NGOs working closely with NATO saw their ability to work in Serbia severely curtailed. The collaboration between non-governmental organizations and one of the warring parties in Kosovo will have serious implications far beyond the region. With such little respect for humanitarian principles in the White House, should we be surprised at the lack of respect for civilians and aid workers on the frontline of today's wars, from Sri Lanka to Burundi and West-Africa? We must criticize such interventions called "military-humanitarian". The humanitarian action exists only to preserve life, not to eliminate it. It is in the humanitarian action's independence from military and political powers, we can challenge borders and boundaries and demand access. If we mix the roles, the means and the approaches, we will loose. In fact in this context MSF doesn't challenge boundaries, quite the opposite we call for them and we want to reinforce them, - the boundaries between political interventions and humanitarian assistance. It is only with such clearly defined boundaries we can act, and I will say it is only with them humanitarianism can survive.

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So what is the reality today?

Which borders do we encounter, which barriers stop us from giving medical aid?

Our problems today are many.

After the end of the cold war and the traditional East-West conflicts, we face the problems of complex emergencies in which the state systems are dysfunctional or not functioning at all, in which we find the cruel reality of civil war, in which the respect for independent humanitarian work is deteriorating, in which humanitarian workers may be targeted, in which several armed groups operate at the same time, shifting alliances, attitudes, behavior and policies. In the midst of such chaotic situations, civilians are suffering the most, and access to them is often limited. One of

our dilemmas being, what risks should we as humanitarian workers take in order to help our fellow human beings?
I remember very well one of my first missions with MSF. A mission in which we faced barriers and inaccessible areas. I was in Goma in Congo in 1996. Hundreds of thousands of refugees who had fled from Rwanda two years before, left their camps and returned to their country in one of the largest mass movements the world has ever seen. However, not everybody. Some of the refugees along with military groups responsible for the genocide in Rwanda in 1994, fled into the dense rainy forest of Congo, being hunted by Kabilas forces.
We roughly estimated that about 200 000 refugees tried to escape this way, most of them being innocent civilians, many women and children. I was member of the MSF team in Goma and worked in a small field hospital. I remember one morning I came to one of the tents in our hospital. On a plastic sheet a young women was lying. She was conscious, but did not speak, she did not communicate, she was severely malnourished . She had been found the evening before in a pile of dead bodies, people who had been massacred. The armed group that committed this gruesome crime thought she was dead, this was the reason why she survived. It took days before she overcome this terrible psychological trauma and started to eat and talk. We got reports from local people that thousands of refugees were suffering in the forest. At the same time there was a war situation. We tried to get access to the area, but we were stopped by military forces. They did not want foreigners to witness the killings. The international community found it convenient to deny the existence of these refugees. Realizing their existence would hamper political agendas in the region. For us, the situation felt desperate and we were deeply frustrated. Being denied access and at the same time witness the total neglect from the international community, were almost too much. Some of us discussed the possibility of getting into the rainy forest on foot, bypassing the military troops and the frontline, but the MSF responsible for the operations in the field found it too dangerous. However, even today I am not sure this was the right decision. What we got to know months later, was that most of these people died while fleeing, or they were deliberately massacred.

Two years later, in 1998, I was in South-Sudan working in a small field hospital and therapeutic feeding centers during the famine. There was a fragile cease fire in the province. My patients at our nutritional center told about people still starving across a river in a no go inaccessible territory. This time we decided to go, partly by canoes, partly on foot through deep swamps in order to assist families which were to weak to make their way to our health centers.

Today we also face the problems of totalitarian regimes in which humanitarian aid easily can be manipulated to support a system that in the first place gave rise to the misery. We were the first independent humanitarian organization to gain access to North Korea in 1995. However, we chose to leave in the fall of 1998. Why? Because we came to the conclusion that our assistance could not be given freely and independent of political influence from state authorities. We found that the most vulnerable were likely to remain so, as food aid is used to support a system that in the first instance creates vulnerability and starvation among millions. Our humanitarian action must be given independently, with a freedom to assess, to deliver and to monitor assistance so that the most vulnerable are assisted first. This was not the case in North Korea, and leaving was for us the least of bad options.

And when I told you about the French doctors being stopped from treating patients due to state borders in 1968, we today find ourselves in a similar situation, not being able to treat patients, because the medicines are simply not there, not because of physical borders lined with check points and soldiers, but because of invisible barriers that stop us from giving medicines to the poorest, to the people that suffer most. Barriers that are linked to international trade agreements, a neo-liberal order that excludes, that marginalizes, and that literally leaves open to sacrifice the lives and dignity of millions of people in the name of some future economic benefit that will "trickle down" to the poor, given enough time.

Let us be clear about what some of the problems are. Treatable infectious diseases are the leading cause of death world wide. More than 90 % of all death and suffering from infectious diseases like malaria, tuberculosis, sleeping sickness and HIV/AIDS, occurs in the developing world. One of the reasons that people die from diseases like AIDS at an early stage, is that life prolonging essential medicines are too expensive because of patent protection. Since the beginning of the AIDS epidemic, 16 million are dead, now 36 million people live with HIV world wide, 90 % of these are in the South, and 83% of all AIDS deaths are in the South. The vast majority of the people living with HIV/AIDS, approximately 95% of them, do not have viable access to patented life prolonging medicines – medicines for the treatment of HIV itself. This is not because the drugs do not exist, but because, in part, the majority of people with disease do not exist on the balance sheet and profit calculations of the major pharmaceutical producers. And where have our governments been on these issues? Who have they represented? Certainly not the majority of people with HIV/AIDS. The AIDS epidemic is out of control, and its reality today is nothing short of a profound political failure – a failure that is obscene. There is no other way to describe it.

Sleeping sickness is another example. The production of one of the best drugs developed to treat this deadly disease, was stopped because the patients who needed the drugs could not pay for it. They were too expensive and the patients were too poor. The world's poor are not a market. They are *people* who have need, but not enough money. Its that simple. Will I as a doctor tell my patients, "I am sorry, but you are dying of market failure"? You can bet your bottom dollar that I won't accept this.

Thus, intellectual property rights and patent systems, equal prizing all over the world constitute borders that excludes the poorest from access to health. MSF together with other NGOs and engaged individuals are now challenging these borders. We have launched an international campaign to address this issue and to put it high on the political agenda. We challenge politicians, pharmaceutical companies, WHO and many others. We need to find solutions to this problem and in fact, - there are solutions. There are certain possibilities in trade regulations for poor countries to produce their own drugs or parallel import cheaper generic drugs and thereby bypass the patent rights. These possibilities should be encouraged. But what is the case today? On Monday this week a trial in the High Court in South Africa started. Forty-two pharmaceutical companies and their trade organisations brought suit against the Government of the Republic of South Africa because the government wanted to promote the use of generic medicines and permit parallel import of drugs to treat patients with HIV/AIDS. This is the only way the government can get affordable drugs for the millions who are infected and who will face an early death. Can we accept that the interest of some companies should prevail over the lives of millions?

As for the drug against sleeping sickness, a solution has been found. The drug will still be produced by a pharmaceutical company. "Luckily", the drug that would save

the lives of hundreds of thousand patients in Africa, happened to be an effective drug for removal of unwanted facial hair in women. So, there was a market after all: Western women with facial hair, and the production could continue. Sometimes you just have to stop and think, how absurd does this world have to be.

When MSF received the Nobel Peace Prize in 1999, the question many people inside the movement asked themselves was: Why did we receive the peace prize, we are not working for peace? This is correct. Humanitarianism is not a tool to end war or to create peace. It is a citizens response to political failure and cannot erase the long-term necessity of political responsibility. Achieving peace is always a part of a political process and a political responsibility. But bringing medical aid to people in distress is an attempt to defend them against what is aggressive to them as human beings. Our action aims to bring normalcy in the midst of what is profoundly abnormal. And it shows solidarity. People's hostile behavior may change as an unintended consequence of our humanitarian medical action. I remember some years ago I visited an MSF project in the slum areas of Rio de Janeiro, the so called *favelas*. In some of these areas violence was abundant, fighting occurred, people were killed and terrorized. MSF started a health post in the midst of this scenario, providing health care, acting as pure humanitarians, thus showing a different attitude. By doing this you also to a certain extent passively intervene, and your presence and behavior may contribute to changes in the people's own attitudes and behavior. Violence was eventually reduced, we observed more normalcy, and the humanitarian presence may have contributed to this change. Nonetheless, we are not peace makers, as we are not politicians.

Still, the demand for peace is universal and deeply internalized in the human being. But what is peace? I have been confronted with this question many times since we received the Nobel Peace Prize. In my opinion there are two dimensions of peace, the individual, personal dimension and the dimension related to the relationship between people, factions or states. These dimensions are closely linked. If we consider a context of individuals, different groups of individuals or states peace may be defined as a state of co-existence based on mutual tolerance, trust and respect. It is not purely a co-existence, but a *state* of co-existence, a way of existing together. Tolerance is crucial as a basis of peace, but also trust. The point is that a notion of trust is mandatory for the individual feeling of peace, the second, individual dimension of peace, which is a state of mind, the feeling of safety and freedom of action. This state of mind is nonexistent among the refugees trying to flee the combat zones in Guinea at this very moment. When you are there and you see the faces, you realize this very clearly. Being a humanitarian aid worker is exposing yourself to your fellow human beings who suffer. It is being there, close and direct.

I never forget a small kid admitted to our field hospital in Goma. He was suffering from cerebral malaria, a deadly infectious disease. He was in coma and had frequent seizures. For several days we fought for his life, given drugs and fluid intravenously. On the forth day he woke up from his coma, some days later he was ready to leave. But I kept him a few more days in the hospital, just to have him there as a living symbol of what we can achieve, when we at the same time were facing all the misery and our less successful attempts to save lives or to get access to refugees suffering in the dense forest.

To challenge the borders and boundaries there and then, was however the last part of a personal process. Firstly, we have to challenge the boundaries in our own minds. The boundaries that say that we cannot make a difference, the boundaries that say it is too difficult to do something, the boundaries that say it is too dangerous or too unpleasant, - the boundaries that are created to our convenience as excuses not to act, not to engage ourselves but to live our lives as if nothing is happening out there. These boundaries must be challenged by you today, and tomorrow, - they must be challenged continuously. And if you allow your self to challenge them and then cross some borders, the same way as many of MSFs volunteers and local staff are doing in this very moment and as our 30 years history has told us, you will be amazed to see what actually is possible for you to do and the impact you can have. In doing this, you can only but acknowledge, grow and enrich your own humanity. Good luck, and thank you.