

The Bernard Kouchner Project

Compassion Without Borders



“Mankind’s suffering belongs to all men.”

-Bernard Kouchner

Foreword

Many citizens of the United States consciously live lives of luxury and prosperity. Most of those same people are also aware of impoverished nations in which the standard of living is depressingly low; unfortunately, few tend to act in improving the situation. In the 21st Century there exists no excuse for ignorance. The media bestows upon us the ability and inherent responsibility to become informed of the global status. With a mouse or remote in our hand, a window on-looking any area of the world resides readily at our fingertips. Appalling information reveals that, in many nations, resources are certainly not plentiful and rights are far from inalienable.

The same diseases and illnesses that are effectively tempered by medicine and technology in America run rampant and unchecked throughout third world countries. Is it just for a nation to hold the cure to the disease of which an indigent child dies because his country lacks sufficient technology and funding? Dr. Bernard Kouchner founded Doctors Without Borders (Médecins Sans Frontières) in 1971 to address this question and more, believing that all people deserve medical care and that “the needs of these people supercede the respect for national borders.”

Oppressive government represents a disease that attacks the rights of the individual. Just as technological capacity limits the ability of the developing world to fight ravishing diseases, foreign policy curbs the ability of the developed world to remedy a humanitarian crisis. The right of a nation to judge another and possibly intervene offers a topic of heated debate, particularly in regard to America’s present involvement in Iraq. As a believer of “Humanitarian Intervention”, Dr. Kouchner feels a nation has a responsibility to intervene on behalf of the oppressed.

Money and politics forever hamper worldwide compassion. Bernard Kouchner, an enduring humanitarian, holds the rights of an individual superior to these worldly objectives. The magnitude of global crises intimidates the average person, convincing him that he can make no significant impact. Dr. Kouchner is oblivious to such boundaries. He has improved the overall health of the world by doctoring impoverished humans one patient at a time and has influenced worldwide policy by championing “Humanitarian Intervention.” His work provides hope for humanity and inspires *compassion without borders*.

With hope,

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Timeline

- **Teacher Workshop and Curriculum Orientation**

October 30th, 2003

Curriculum guides will be distributed to teachers on this day at the Great Aunt Stella Center downtown on Elizabeth Avenue.

- **Art and Writing (English and French) Contests Deadline**

Contest Forms are Included in the Appendix

December 12th, 2003

Any student wishing to compete in one of the six art and writing contests needs to have their submission to the Echo Foundation no later than 5:00 pm on this date.

- **Tolerance Day**

January 28th, 2004

Tolerance Day serves as a precursor to the Student Dialogue Day. There will be both large and small breakout sessions with students throughout the county mixing together to discuss the issues that Dr. Kouchner feels strongly about.

- **Student Dialogue Day**

February 24th, 2004

Students will come to Butler to hear a presentation by Dr. Bernard Kouchner followed by a question and answer session. Students are encouraged to have two *appropriate* questions written on note cards to ask Dr. Kouchner.

Bernard Kouchner: The Man *Bernard Kouchner: L'Homme*

- Biography
- Map: Biafra
- Map: Kosovo
- Bernard Kouchner Quotations
 - Online Speeches

Biography

It all began in Biafra. You may not know of Biafra, in fact, I would be thoroughly surprised if you do. Biafra is a region in the south-east of Nigeria which is dominated by the Ibo tribe, that of Wole Soyinka, the poet and playwright noted for his humanitarian work. During the 1960s, a time in which Nigeria had been thrown into chaos by a series of coups, thousands of Ibo living in the north were killed or sought refuge in their homelands in the south-east. As a result, relations between the northern-dominated federal republic and the Ibo deteriorated severely. In May of 1967, the federal government announced their intention to split the Eastern Region of Nigeria, where the Ibo were the majority of the population, into three states. This would leave the Ibo without access to the sea and cut them off from the oil-rich areas of the region. The Eastern Region, taken to the brink, seceded and formed the Republic of Biafra (map on page 7). Civil war erupted and lasted for over two years, causing wartime food shortages. Over one million noncombatants died as a result of the starvation which ensued.

Enter Bernard Kouchner, a charismatic young doctor working with the Red Cross from 1968 to 1970 in the appalling conditions of the Biafra war. The unwillingness of many agencies to surmount legal and administrative obstacles by providing medical aid to those in need led Dr. Kouchner and other French doctors to form *Medecins Sans Frontieres*, proclaiming it the world's first non-governmental organization specializing in emergency medical assistance. This team of dedicated doctors would soon realize how they could shape public opinion through the enormous power of the media.

Dr. Kouchner's experiences in Biafra and South-east Asia proved to be the first steps on a long personal journey. Drawing on his years of witnessing the fall-out of human conflict with MSF, in 1987 he published "*Le Devoir d'Ingerence*" - "*The Duty to Intervene*". This book expanded his long-held view that liberal democracies not only have a right but are morally obliged to override the sovereignty of another nation in order to protect human rights. This idea would later justify the NATO bombing of Yugoslavia.

Throughout the 1970s and 1980s, Dr. Kouchner became an increasingly well-known figure in France as he used his position at the helm of MSF to highlight the horrors of war. He has taken teams of doctors to Cambodia, Thailand, El Salvador, Rwanda, and worked secretly in Afghanistan.

Dr. Kouchner quickly became known for his telegenic performances and his scathing criticisms of the west's reluctance to intervene. He is well-connected to the media through his famous journalist-wife Christine Ockrent, though some of his appearances have courted controversy. In 1992 he was criticized after he posed on a Mogadishu beach carrying a sack of rice during the flawed UN

humanitarian intervention on Somalia. Perhaps mindful that no publicity is bad publicity, he has not allowed criticism to be an impediment.

In "A boat for Vietnam", the hospital ship "l'île de Lumière" was sent to Bidong Island in Malaysia and the Anambas Islands in Indonesia to assist the boat people. Similar interventions "A boat for Lebanon" and "A plane for the refugees from El Salvador" followed. "International Committee against piracy" and "Rice for Somalia" continued this work.

On leaving the day-to-day running of MSF, he headed four ministries as a member of France's recent socialist governments and won an equal number of international prizes for his humanitarian work. Dr. Kouchner has played an important role on the French political scene for the past 20 years, holding a number of ministerial positions in different French Governments. Most recently he served as France's Minister of Health, and before that as Minister of State for Humanitarian Action and Minister of State for Social Integration.

It was in 1999 that Dr. Kouchner was hand-picked by Secretary-General Kofi Annan as his Special Representative for Kosovo (map on page 8), placing him as the Interim Civil Administrator for the United Nations Mission in Kosovo. He served until 12 January 2001, at which time he became the Minister Delegate at the Ministry for Employment and Solidarity with responsibility for Health back in his home country of France.

Most influential people commit their thoughts to paper, but Kouchner has done so more than most. He has managed to publish, on average, a major book every three years while contributing substantially to newspapers and magazines. But on the basis that he appears capable of always doing at least three things at once, he has at the same time written numerous screenplays and television series under the pseudonym of Bernard Gridaine. He also co-founded the news magazines "L'Evenement" and "Actuel".

Never has Kouchner allowed any task to defeat him. Many think one man can only accomplish so much, but Dr. Bernard Kouchner has shown that one man can do so much more. Humanitarian, Politician, Author, Administrator, Kouchner takes them all in stride and all in modesty. He exemplifies a man whom we all wish to be - a man who has never let obstacles stand between him and his aspirations.

Bernard Kouchner Quotations

- “Now is the time to act, and not just denounce (poor health conditions).”
- “Mankind’s suffering belongs to all men.”
- “Some say ‘How can we treat all of them? It’s too costly.’ The long history of medicine shows us we must start one by one, then thousands by thousands. No one deserves to die of a curable disease because he is poor.”
- “To give medical care and keep quiet, to give medical care and let children die, for me it was clearly complicity. Neutrality led to complicity. The duty to interfere was born.”
- “Disease no longer knows any frontiers, any borders. In protecting the poor, we protect the rich. This is selfish, but effective reasoning.”
- “To send doctors all over the world is magnificent. We must carry on. But this is not enough. It will take five, ten, or thirty years, but we must imagine a world health insurance: Patients Without Borders.”
- “We know what measures need to be taken so that everyone has access to basic health services. We know that it is necessary to create sanitation programs. We know what needs to be done to promote access to potable water and to reinforce the fight against disease, from AIDS to dengue fever. We know that we need to be able to rely on clean energy sources in order to reduce the diseases caused by fossil fuels. We know almost everything, except how to convince people in the luckiest countries and give them a taste for the adventure of this century: giving all inhabitants of earth an equal chance by loaning them what they won’t reimburse in cash, but in pride.”
- “Patients Without Borders is not a slogan, but a necessity, leading us to a reality: hope without borders.”

Online Speeches

Bernard Kouchner is a very out-spoken man, and rightfully so. Below are a few excellent hyperlinks to some of those speeches that can now be listened to online.

Iraq: The International Dilemma

03/14/2003

In another Harvard speech, Dr. Kouchner discusses the current situation in Iraq and the dilemma associated with it.

<http://www.hsph.harvard.edu/iraq/webcast.html>

TheConnection.org

03/10/2003

Bernard Kouchner insists the voices that need to be heard belong to the people in Iraq. War and medicine. The controversial remedy of intervention.

http://www.theconnection.org/shows/2003/03/20030310_b_main.asp

France is at an Impasse

03/03/2003

Dr. Kouchner, in this translated speech, speaks of his beliefs on the current war in Iraq and the position of France in opposition to the United States.

http://watch.windsofchange.net/themes_45.htm

Access to Care as a Global Challenge

05/17/2001

In this Harvard speech, Dr. Kouchner addressed issues of crises in international health and human rights and the role of the activist physician.

<http://www.hsph.harvard.edu/kouchner.html>

Nightline: The Boss and the Billionaire

10/18/1999

In a Nightline special, Bernard Kouchner is highlighted along with George Soros as being one of the few so dedicated to success in Kosovo. You can view the entire video on the right-hand side of the page.

<http://abcnews.go.com/onair/Nightline/nl991018.html>

Bernard Kouchner: The Doctor *Bernard Kouchner: Le Médecin*

- The Nobel Peace Prize 1999 Presentation Speech
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 - The HIV/AIDS Pandemic by the Numbers
 - “French Minister Admits Mercy Killings”

The Nobel Peace Prize 1999 Presentation Speech

Your Majesties, Your Royal Highness, Excellencies, Ladies and Gentlemen.

Few aims can be more praiseworthy than to combat suffering: to help those in the most desperate situations, whatever their race and wherever they may be, to return to a dignified life. Some persons even have the necessary strength and drive to live up to this ideal. We welcome a few of them today. We do so humbly, recognizing that they are representatives of a much greater number of self-sacrificing men and women all over the world. Our thoughts go not least to those who, at this very moment, are working under the most difficult conditions, often putting their own lives at risk, in scenes of the profoundest suffering and degradation.

Every year, Médecins Sans Frontières send out over 2,500 doctors, nurses and other professional helpers to more than 80 countries, where they co-operate with a good 15,000 local personnel. They go where need, suffering and hopelessness are greatest, indeed often catastrophic in nature, regardless of whether the catastrophes are human or natural in origin. We find them in the world's countless refugee camps, as well as among Chinese peasants, Russian prisoners, or the western world's modern city slum-dwellers. They are present in large numbers in Africa – the forgotten continent.

The modest beginnings of Médecins Sans Frontières go back to the early 1970s, and a small group of French doctors formed under the leadership of Bernard Kouchner. What triggered them was their experience of emergency aid work in two disasters, one natural – the great flood in East Pakistan (later Bangladesh) – and one man-made – the cruel conflict in Biafra from 1967 to 1970. Some of the doctors who provided emergency aid in those disaster areas were frustrated at finding their work impeded by complicated procedures and principles of neutrality. The new organization would have to be unbureaucratic, flexible, and willing to take risks.

Médecins Sans Frontières blazed new trails in international humanitarian work. The organization reserved the right to intervene to help people in need irrespective of prior political approval. The essential points for Médecins Sans Frontières are to reach those in need of help as quickly as possible, and to maintain impartiality. They demand freedom to carry out their medical mandate, and to decide for themselves whom to help according to purely humanitarian criteria. What is more, they insist on making human rights violations known. In addition to helping, in other words, they also seek to draw attention to the causes of humanitarian catastrophes. To alleviate distress one must also get to its roots. These were new principles in the field of aid, and have not been uncontroversial. Some said that this was to confuse the issues in ways which might block access to

suffering people. Médecins Sans Frontières have been called emergency aid rebels.

The first Nobel Prizes were awarded in 1901, nearly a hundred years ago, at the beginning of the century which will draw to a close in less than a month's time. The first Peace Prize went to Henri Dunant, founder of the Red Cross, who shared it with the peace activist Frédéric Passy. Dunant was goaded into action by happening to be an eye-witness to the incredible carnage at the battle of Solferino in northern Italy in 1859. The award to Dunant came in for criticism. Humanitarian work was not relevant to peace, ran the argument, but simply «humanized» war. There were, however, grounds for the decision in Nobel's will, which mentions «fraternity between nations» as one of the criteria for the Peace Prize. What better or more direct expression can there be of this idea of fraternity than to hold out a helping hand to a sufferer, regardless of identity or party?

The peace Alfred Nobel was thinking of when he established the prize was a peace that is rooted in men's hearts and minds. By showing each victim a human face, by showing respect for his or her human dignity, the fearless and selfless aid worker creates hope for peace and reconciliation. That brings us to the heart of the matter, to absolutely fundamental prerequisites for peace. The decision to award the first Peace Prize to humanitarian work was one of the most important decisions in the history of the prize. That we are continuing, at the end of the century, and the millennium, to recognize humanitarian work confirms that the course plotted then was the right one.

But in the meantime, the world has changed. We constantly have to face new challenges. The historian Eric Hobsbawm has labeled the century which is now ending «The Age of Extremes». What he has in mind is this century's totalitarian regimes. We have witnessed man-made catastrophes that spread far beyond the battlefields, systematic violations of human rights, ethnic cleansing and genocide. We have been forced to acknowledge the close connection between war or the threat of war and those systematic breaches of human rights. The threat to peace, to real peace, was more extensive than the peace campaigners had imagined at the beginning of the century.

This way of thinking began making itself felt in international work after the second world war, but only slowly. Measures against violations of human rights necessarily present challenges to the established principle of non-intervention. This principle has for a long time been regarded as fundamental to peace work, and is still current, although today it is being confronted ever more strongly by demands for intervention against breaches of human rights. The Norwegian Nobel Committee made its first purely human rights award in 1960, to Albert Lutuli of South Africa. Since then this has been a major criterion for Peace Prize awards, as can be seen from the awards to Martin Luther King, Andrei Sakharov, Lech Walesa, Aung San Suu Kyi, and Carlos Belo, among many others. Those

awards, too, were criticized for not being relevant to peace. Many of them gave rise to disputes and protests, principally from the Laureates' home countries, as amounting to intervention in internal affairs.

A characteristic feature of Médecins Sans Frontières is that, more clearly than anyone else, they combine in their work the two criteria we have mentioned, humanitarian work and work for human rights. They achieve this by insisting on their right to arouse public opinion and to point to the causes of the man-made catastrophes, namely systematic breaches of the most fundamental rights. The award to Médecins Sans Frontières is first and foremost a humanitarian award, maintaining the tradition that goes back to the first award, but it is also a human rights award, and as such it links up with more recent developments in the history of the Peace Prize.

Like the Nobel Committee's human rights awards, the exposures by Médecins Sans Frontières of violations of human rights began during the cold war, when they were chiefly aimed at the brutality of communist regimes. Since the end of the cold war, the need for humanitarian intervention has certainly not diminished; meanwhile, however, the situations have grown more complex, more chaotic. «War» has turned into something other, and much less clearly definable, than a struggle between the armed forces of identifiable nations. Military units have been dissolved into armed bands. It is often difficult to name those responsible, or to find anyone to negotiate with. And the victims of these wars are not first and foremost the soldiers, as at Solferino, but the civilian populations, the women and the children.

The changed nature of war requires reassessments of strategies for peace. Humanitarian interventions, with or without peace-keeping or other forces, are figuring ever more prominently in such strategies today. Humanitarian interventions have also become important features of the foreign policies of many states. In this connection, voluntary organizations (NGOs) are finding ever more important parts to play. But the politicization of aid work, with voluntary organizations integrating ever more closely with governments, is creating new problems. Situations may easily arise in which motives are unclear and the allocation of functions can be questioned.

On the other hand, we hear talk of «the humanitarian trap». How can you help the victims without at the same time helping their executioners? There have been cases of military groups imposing starvation on a region and then stealing the aid when it arrives. There are brutal regimes which deliberately exploit the aid organizations. Knowledge that someone will care for them swells the flood of refugees – which can contribute to ethnic cleansing. For these reasons, Médecins Sans Frontières have on one or two occasions withdrawn from involvement. The genocide in Rwanda in 1994 led to a huge influx of refugees into the neighboring state of Zaire. Médecins Sans Frontières were on the spot throughout, but for a time the organization withdrew from the refugee camps in Zaire, in protest

against the abuse of aid and the terrorizing of refugees by extremists. Médecins Sans Frontières followed their protest up with an appeal to world opinion. That was also the first occasion on which the organization called for military intervention to put a stop to brutality.

Médecins Sans Frontières are generally highly critical of humanitarian intervention by military force. They believe experience has shown them how a humanitarian/military alliance can introduce the logic of war and break down the humanitarian aspect of a mission. In some cases it also increases the risk to the humanitarian aid workers themselves, as happened in Iraq, Somalia and Bosnia. Médecins Sans Frontières do not want military protection, and all their vehicles are clearly marked with a symbol showing that they are unarmed: a submachine-gun with a heavy cross painted over it.

Henri Dunant imagined that there was a neutral zone, which lay outside the spheres of interest of the warring parties and which one could therefore enter with humanitarian aid. Today we see such «humanitarian zones» invaded by both sides, obliging aid organizations to make political choices and take positions on complicated moral issues. It is precisely in such situations that it becomes especially necessary to preserve one's independence. Médecins Sans Frontières are among the organizations which attach the greatest importance to independence, insisting among other things that half their revenues must come from private donors.

A large number of aid organizations are extensively and selflessly engaged in alleviating suffering all over the world. They all deserve our gratitude and our attention. Médecins Sans Frontières have a distinctive profile, and have managed to preserve many of their original virtues. They are frequently the first to arrive at the scene of a disaster. The organization remains pervaded by idealism and willingness to take great risks. It has kept its independence, and seeks systematically to draw attention to violations and distress.

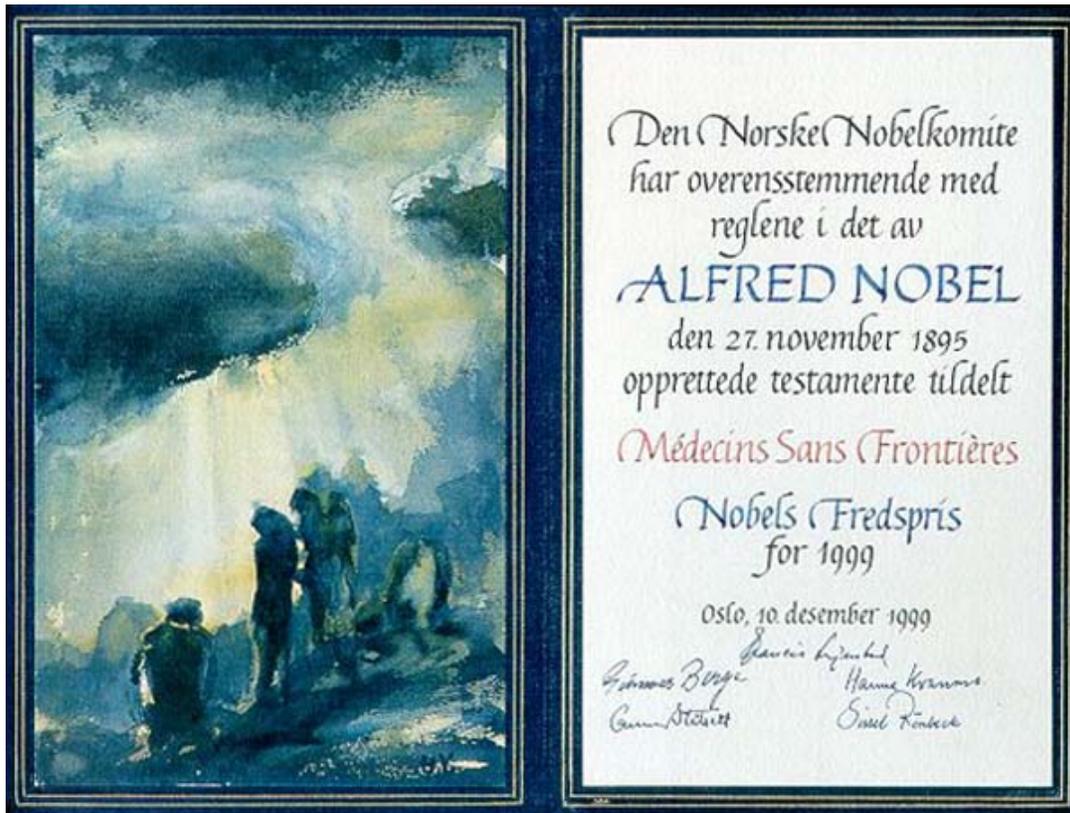
Equally important is the fact that Médecins Sans Frontières have indicated, more clearly than any other organization, how burdened aid work is in our chaotic world with political and moral dilemmas. The organization has tried in various ways to adapt to this, and has, sometimes through provocative initiatives, set in motion an absolutely essential discussion of the problematic nature of humanitarian interventions, not only in their aims but also and chiefly in their consequences. Good deeds are important, but they should also lead to good results. Here as so often in life, a balance has to be found between an ethics of conviction and an ethics of responsibility. Through their strategy and their initiatives, Médecins Sans Frontières have unquestionably influenced the whole development of international aid work.

Let us in conclusion remind ourselves that, however chaotic a situation may be, or however difficult the choices one faces, one consideration remains paramount.

That is to reduce distress and alleviate suffering. Médecins Sans Frontières provide professional assistance – efficiently – to people who are suffering or in need. The organization stands for an open helping hand, extended across borders, through conflicts, and into political chaos. It is by never compromising over this paramount mandate that one can achieve outward legitimacy and inner inspiration. This self-sacrificing commitment kindles in us all the belief that the next century may be better and more peaceful than this century's age of extremism. It is this self-sacrificing effort which we honor here today.

From Les Prix Nobel 1999

<http://www.nobel.se/peace/laureates/1999/presentation-speech.html>





What is Doctors Without Borders/Médecins Sans Frontières?

Providing Medical Relief Worldwide

Médecins Sans Frontières (also known as Doctors Without Borders or MSF) delivers emergency aid to victims of armed conflict, epidemics, and natural and man-made disasters, and to others who lack health care due to social or geographical isolation.

MSF was founded in 1971 by a small group of French doctors who believed that all people have the right to medical care regardless of race, religion, creed or political affiliation, and that the needs of these people supersede respect for national borders. It was the first non-governmental organization to both provide emergency medical assistance and publicly bear witness to the plight of the populations they served.

A private, nonprofit organization, MSF is at the forefront of emergency health care as well as care for populations suffering from endemic diseases and neglect. MSF provides primary health care, performs surgery, rehabilitates hospitals and clinics, runs nutrition and sanitation programs, trains local medical personnel, and provides mental health care. Through longer-term programs, MSF treats chronic diseases such as tuberculosis, malaria, sleeping sickness, and AIDS; assists with the medical and psychological problems of marginalized populations including street children and ethnic minorities; and brings health care to remote, isolated areas where resources and training are limited.

MSF unites direct medical care with a commitment to bearing witness and speaking out against the underlying causes of suffering. Its volunteers protest violations of humanitarian law on behalf of populations who have no voice, and bring the concerns of their patients to public forums, such as the United Nations, governments (in both home and project countries), and the media. In a wide range of circumstances, MSF volunteers have spoken out about forgotten conflicts and underreported atrocities they have witnessed – from Chechnya to Angola, and from Kosovo to Sri Lanka.

MSF is an international network with sections in 18 countries. Each year, more than 2,500 volunteer doctors, nurses, other medical professionals, logistics experts, water/sanitation engineers, and administrators join 15,000 locally hired staff to provide medical aid in more than 80 countries.

Bearing Witness and Speaking Out

"We are by nature an organization that is unable to tolerate indifference. We hope that by arousing awareness and a desire to understand, we will also stir up indignation and stimulate action." -- Rony Brauman, MD, Former President, MSF

Bearing witness to the plight of populations at risk is part of MSF's mission, in the United States and worldwide. Whether giving testimony at the United Nations or conducting an educational campaign aimed at schoolchildren, the organization works to raise awareness of the plight of the populations it serves. Through its Access to Essential Medicines Campaign, MSF is confronting the difficulties faced by people in the developing world in obtaining affordable, effective treatments for infectious diseases. The organization has also launched public education projects to raise awareness of the trauma faced by children in a war zone, the devastation caused by malnutrition, and the plight of refugees.

Volunteerism

MSF is an organization based on volunteerism. In helping to relieve the suffering of others, the MSF volunteer not only gives freely of his or her humanity, but creates a link of solidarity from his or her own community to a population in need. At times the sole international witness to a crisis situation, the MSF volunteer plays a critical role in the communities where he or she works. It is the independent nature of the volunteer's commitment that gives special legitimacy to the testimony provided by MSF and that ensures the organization's continued dynamism.

<http://www.doctorswithoutborders.org/about/>

The Impact of Doctors Without Borders

Doctors Without Borders has volunteers currently servicing (map on next page):

Africa

Algeria
Angola
Benin
Burkina Faso
Burundi
Cameroon
Central African Republic
Chad
Congo-Brazzaville
Democratic Republic of Congo
Eritrea
Ethiopia
Guinea
Ivory Coast
Kenya
Liberia
Madagascar
Malawi
Mali
Mauritania
Morocco
Mozambique
Niger
Nigeria
Rwanda
Sierra Leone
Somalia
South Africa
Sudan
Tanzania
Uganda
Zambia
Zimbabwe

The Americas

Bolivia
Brazil
Colombia
Ecuador
El Salvador
Guatemala
Haiti
Honduras
Mexico
Nicaragua
Panama
Peru

Asia

Afghanistan
Armenia and Nagorno-Karabakh
Azerbaijan
Bangladesh
Cambodia
China
East Timor
Georgia
India
Indonesia
Iran
Iraq
Kazakhstan
Kyrgyzstan
Laos
Mongolia
Myanmar [Burma]
North Korea
Pakistan
Papua New Guinea
Philippines
Sri Lanka
Tajikistan
Thailand
Turkmenistan and Uzbekistan

Europe and the Middle East

Belgium
Bosnia
Bulgaria
France
Italy
Lebanon
Luxembourg
Palestinian-Occupied Territories
Romania and Moldova
Russia/Chechnya
Spain
Ukraine
Yemen
Yugoslavia/Kosovo

<http://www.doctorswithoutborders.org/news/>

“Kouchner Calls for Global Healthcare”

By Alvin Powell



Doctors Without Borders founder Bernard Kouchner issued a call for a new force in global health care last Thursday (March 6) in the form of global health insurance that would ensure access to basic health-care services for the world's poor.

In a speech laced with vignettes of starving children and memories of tortured colleagues, Kouchner cited global health ills including AIDS, tuberculosis, malaria, hunger, and polluted water as he built his case for a new intervention by the world's wealthiest nations. We already know how to treat AIDS, he said, we know how to cure tuberculosis, we know how to provide sanitation and clean water - all that is lacking is the will to do so.

"In our day, no one deserves to die of a curable disease because he is poor," Kouchner said. "We know almost everything except how to convince people in the wealthiest countries to give all the inhabitants on Earth an equal chance."

Inaugural Mann lecture

Kouchner issued the call during the first Jonathan Mann Lecture on Health and Human Rights at the School of Public Health's Snyder Auditorium. The lecture was established in memory of the late Jonathan Mann, the School of Public Health (SPH) professor who died in the 1998 crash of Swissair Flight 111. Mann, who insisted that human rights are an essential part of the fight for global health,

was a founder and first director of the School's Francois-Xavier Bagnoud (FXB) Center for Health and Human Rights.

Swissair Flight 111 crashed Sept. 2, 1998, en route from New York to Geneva while trying to make an emergency landing in Halifax, Nova Scotia. Mann, who was traveling to a World Health Organization meeting on AIDS in Geneva, and his wife, Mary Lou Clements-Mann, were among 229 who died in the crash.

The lecture is sponsored by the FXB Center and by Harvard Medical School's Department of Social Medicine.

School of Public Health Dean Barry Bloom said he couldn't think of anyone who exemplifies Mann's spirit better than Kouchner. Kouchner and a group of physicians founded Doctors Without Borders in the early 1970s after becoming frustrated by the neutrality they had pledged in order to gain access to patients in developing world conflicts and disasters.

The doctors' new organization discarded neutrality and claimed the right to intervene on behalf of victims, to provide medical aid, and to act as witnesses to human rights violations. Doctors Without Borders won the Nobel Peace Prize in 1999.

Kouchner has also served as France's minister of health and as special representative of the United Nations secretary-general in Kosovo. He is a visiting professor at the SPH through March and a fellow at the FXB Center.

FXB Center director Stephen Marks, the Francois-Xavier Bagnoud Professor of Health and Human Rights, introduced Kouchner. He said Kouchner and Mann blazed similar trails that linked health care and human rights, and shared the courage to question authority.

Roots in Biafra

In his speech, Kouchner described Doctors Without Borders' inception during the Nigerian civil war over secessionist Biafra in which more than a million are thought to have died, many from starvation. He spoke of treating bloated, malnourished children who came back to life "like dry plants finally watered." He would send them home only to see them return again and again because of the Nigerian army's food blockade until "they would all perish, so light, so frail, in our hands."

"To give medical care and keep quiet, to give medical care and let children die, for me it was clearly complicity. Neutrality led to complicity," Kouchner said. "The duty to interfere was born."

Kouchner's speech was sprinkled with such vignettes, backing up his arguments for improved global health and world health insurance with firsthand accounts. He spoke of fellow doctors tortured and killed by Saddam Hussein's army in

Iraq, of Somali children dying of hunger, of Vietnamese boat people being raped by pirates and drowned, of a Salvadoran boy among rebel forces, coughing up blood from tuberculosis as he prepared to fight the Salvadoran army, whose ranks included his brother.

Paul Farmer, Maude and Lillian Presley Professor of Social Medicine at the Medical School, responded to Kouchner's speech, affirming the need for a new vision and a new movement in order to aid "patients without numbers, patients without limits."

"The borders are always tricks to ensnare us," Farmer said. "They're not respected by bacteria or viruses. They're not respected by bombs or bombardiers. There's no reason why they should be respected by the forces of good."

Patients Without Borders

The fight for world health insurance, which Kouchner dubbed "Patients Without Borders," will be difficult, he acknowledged. Already, people have argued that the task is impossible, that it is too expensive, and that the needy don't have roads, hospitals, or the infrastructure to take advantage of insurance even if they had it.

"Some said 'How can we treat all of them? It's too costly,'" Kouchner said. "The long history of medicine shows us we must start one by one, then thousands by thousands."

Kouchner said he has been working on problems surrounding the idea during his stay at the School of Public Health and will continue work in coming talks with the World Bank and into the future. Though it may take 15 years, he said, the problems are known, the health-care solutions are known; it just remains to do it.

"Now it is time to act, and not just to denounce [poor health conditions]," Kouchner said. "Disease no longer knows any frontiers, any borders. In protecting the poor, we protect the rich. This is selfish, but effective reasoning."

Kouchner sketched out the beginnings of a plan of action, including defining a package of basic and preventive care. He said the program would work mainly through women in local communities and will probably start in two African countries.

"[Patients Without Borders] is not a slogan, but a necessity, leading us to a reality: hope without borders," Kouchner said.

March 13th, 2003

<http://www.hno.harvard.edu/gazette/2003/03.13/11-kouchner.html>

Discussion Questions / Writing Topics:

1. Why did Bernard Kouchner decide to “discard neutrality” with the creation of Doctors Without Borders in 1971?
2. Do you think all the people of the world deserve access to healthcare?
3. What conflict directly led to the creation of Doctors Without Borders?
4. Why do some people believe world health insurance is impractical? How does Kouchner respond to such opposition? Do you think world health insurance is a realistic goal?
5. Describe an ethical dilemma when it comes to healthcare?

“Uninsured in the Middle”

Editorial and Response

St. Petersburg Times Editorial

The number of Americans without health insurance jumped to 43.6-million last year, the largest increase in a decade, but the more ominous story is inside these numbers. More than half the increase came from households with incomes between \$25,000 and \$74,999, and slightly less than half are people who work full-time. One in five middle-class families had no insurance.

In other words, the face of medical neglect in America is growing more economically diverse. The implications, both politically and medically, are enormous. As Ron Pollack, executive director of Families USA, puts it: "This is no longer an issue of altruism on behalf of a discredited and disadvantaged population. It is now a concern of self-interest for middle-class and working families."

Health and Human Services Secretary Tommy G. Thompson was quick to respond to the U.S. Census Bureau report, calling the medically uninsured "a complex problem that requires a comprehensive solution." But he is kidding only himself when he asserts that President Bush offers "an ambitious plan" to combat it. His tax credits and tax-free medical savings plans are more of the same, and states are already beginning to reverse the gains that were made in Medicaid health coverage.

Presidents and Congresses alike have long ignored the medically uninsured, hoping emergency rooms will quietly take care of the problem. But that's callous and self-defeating. People who have no health insurance are six times more likely to show up at the emergency room, according to the Kaiser Commission on Medicaid and the Uninsured, and uninsured adults are 2.5 times more likely to miss early diagnosis of treatable cancers and 25 percent more likely to die from heart attacks. Babies born to uninsured low-income mothers are 60 percent more likely to die in their first month of life. The total cost of care for uninsured patients reached \$98.8-billion in 2001, and, given the reimbursement squeeze by Medicare and private health plans, hospitals have few ways to cushion the financial impact.

The trend inside the numbers of the latest Census report defies the usual patterns of poverty. Private health premiums jumped 28.5 percent in the past two years, and even large companies, long the bedrock of American health care insurance, are being priced out of the market. Congress may be focused on prescription drugs for the elderly, but working-class families are desperate as well.

Letter to the Editor in Response to St. Petersburg Times Editorial
By Tommy G. Thompson, secretary, U.S. Department of Health and Human Services

The recent release of the latest numbers of uninsured Americans show the nation must do more to increase access to health care. For too many families, health care costs too much, and too many people in America have no coverage at all. That is unacceptable in a nation as *compassionate* as ours.

You dismiss the president's agenda for providing health coverage as "more of the same" (Uninsured in the middle, editorial, Oct. 5.) More of the same of what? More of the same innovative proposals from the president that should be approved by Congress to bring badly needed health care and coverage to millions of families? If that is what you meant, we agree.

President Bush is deeply committed to expanding access to health care to American families. Since he took office, we at the Department of Health and Human Services have given states infinitely more flexibility to provide coverage through their Medicaid and State Children's Health Insurance programs. Our waivers have expanded access to health coverage for more than 2.5-million people and expanded the range of benefits offered to 6.7-million other Americans.

Our aggressive approach to providing health coverage for families already has helped provide access to health care - particularly for children - and eased the impact of the economic slowdown. This is demonstrated by the fact that the percentage of children with health insurance held steady at 88.4 percent and the number of Americans with health insurance increased by 1.5-million in 2002, according to the Census Bureau report.

But we must do more, through health credits to offset the cost of health insurance, by expanding access to health insurance for children and families and building new Community Health Centers, which provide health care for people regardless of their ability to pay. The president has proposed a comprehensive approach that includes these and other innovative programs.

Unfortunately, naysayers and big thinkers - such as those on the St. Petersburg Times editorial board - are too quick to say "Not enough" or, more laughably, that's just "more of the same." That is a sad, cynical approach to policymaking that President Bush, to his credit, soundly rejects.

October 5th and October 8th, 2003
http://www.sptimes.com/2003/10/05/Opinion/Uninsured_in_the_mid.html
http://www.sptimes.com/2003/10/08/Opinion/President_works_for_b.html

Discussion Questions / Writing Topics:

1. What is unique about the most recent increase in Americans without healthcare?
2. Why do you think the uninsured are six times more likely to visit the emergency room?
3. Why does Secretary Tommy G. Thompson regard President Bush's healthcare initiatives as a success?
4. Do you think there exists a problem with health insurance in the United States? Why or why not?

Cover The Uninsured Week • March 10-16

Her mom gets cancer.
They find the tumor early.
Her mom is OK.

<or>

Her mom gets cancer.
She's diagnosed too late.
Her mom is gone.

When you're uninsured, life turns out differently.

There are 41 million Americans with no health insurance.
March 10-16 is *Cover The Uninsured Week* in your community. Get involved—and help get America covered.

**CoverThe
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www.CoverTheUninsuredWeek.org

U.S. Chamber of Commerce • AFL-CIO • The Business Roundtable • Service Employees International Union • Healthcare Leadership Council • American Medical Association
American Nurses Association • Health Insurance Association of America • Families USA
Blue Cross and Blue Shield Association • American Hospital Association • Federation of American Hospitals • Catholic Health Association of the United States • AARP • United Way of America
The California Endowment • W. K. Kellogg Foundation • The Robert Wood Johnson Foundation

The Uninsured in the US by the Numbers

Number of the Nonelderly Who Were Uninsured in 2001: **40.9 Million**

Number of the Nonelderly Who Were Uninsured in 2000: **39.6 Million**

Number of Children Who Were Uninsured in 2001: **9.2 Million**

Percentage of Nonelderly Uninsured Who Have Gone Without Coverage for a Period of at Least 2 Years, in 2000: **59**

Percentage of Nonelderly Uninsured Who Are Part of a Family With One or More Full-Time Workers, in 2001: **72**

Percentage of Young Adults Aged 18-24 Who Were Uninsured in 2001: **29.9**

Percentage of Nonelderly Adults Who Were Uninsured in 2001: **18.5**

Percentage of the Nonelderly Uninsured Who Were Under 200% of Poverty Level in 2001: **65**

Percentage of the Nonelderly Who Were Covered by Employment-Based Health Insurance in 2001: **64.7**

Percentage of Nonelderly Uninsured Who Are American Citizens, in 2001: **79**

Relative Risk of Death Between Uninsured Adult White Men and Adult White Men With Employer-Based Coverage, Over Period of 1982-1987: **1.2** Times More Likely Risk of Death for Uninsured

Likelihood that an Intermittently Uninsured 51-61 Year Old Will Experience Major Decline in Health Status Relative to Continuously Insured, From 1992-1996: **1.4**

Likelihood that a Continuously Uninsured 51-61 Year Old Will Experience Major Decline in Health Status Relative to Continuously Insured, From 1992-1996: **1.6**

Average Annual Monthly Premium for Employer-Sponsored Health Insurance Family Coverage in 2002, in Dollars: **7954**, Up From **7053** in 2001

http://www.kaisernetwork.org/static/spotlight_uninsured_facts.cfm

The MSF Campaign for Access to Essential Medicines

What is the MSF Campaign for Access to Essential Medicines?

Many people believe that modern medicine is continuing to significantly improve global health. Polio has been nearly eradicated, smallpox eliminated, and it will only be a matter of time before cures for all other diseases are found. However, this confidence is misplaced and based more on history than reality. Today, one-third of the world's population lacks access to essential medicines; in the poorest parts of Africa and Asia this figure rises to one-half. Too often in the countries where MSF works, we cannot treat our patients because the medicines are too expensive or they are no longer produced. Sometimes, the only drugs we have are highly-toxic or ineffective, and nobody is looking for a better cure.

As a medical humanitarian organization, it is fundamentally unacceptable to MSF that access to essential medicines is increasingly impossible, particularly for the most common global infectious diseases. Since 1999, MSF has been campaigning internationally to find long-term, sustainable solutions to this crisis. The Campaign is pushing to lower the prices of existing medicines, to bring abandoned drugs back into production, to stimulate research and development for diseases that primarily affect the poor, and to overcome other barriers to access.

Why don't people have access to life-saving medicines?

Many factors influence access to effective medicines, including: quality of diagnosis; accurate prescribing, selection, distribution and dispensing of medicines; drug quality; capacities of health systems and budgets; lack of research and development (R&D); and price. Through its field projects, MSF is working on the local and national levels to address many of these issues. Internationally, the Campaign is focusing on addressing the lack of R&D, and affordability and availability of effective medicines.

What are the solutions?

Essential medicines should be accessible and affordable to developing countries. Therefore, MSF is advocating for a combination of policies to lower drug prices on a sustainable basis; these strategies include encouraging generic competition, voluntary discounts on branded drugs, global procurement, and local production. MSF is also pushing for increased research into neglected diseases – such as tuberculosis, malaria, sleeping sickness, and leishmaniasis – through increased funding, investing in R&D capability in developing countries, and supporting alternative models for R&D. To address the issue of abandoned drugs, MSF is calling on companies and governments to find solutions to bring unprofitable but medically necessary drugs back into production. To make sure that all of these solutions are long-term and sustainable, MSF is supporting

developing countries in implementing legislation that prioritizes access to medicines, and is demanding at the international level that trade policies give the highest level of protection to public health.

Who is responsible?

MSF believes many actors have a role to play in addressing the access crisis. On the ground, healthcare providers have the responsibility to demand the best possible level of care for their patients. At the local and national level, governments have the responsibility to give priority to public health through strong, pro-health legislation. At the international level, organizations such as the World Health Organization, World Bank, UNAIDS, UNICEF, and other UN agencies, should adopt and advocate for policies that give the highest level of protection for public health. In the private sector, pharmaceutical companies should contribute to long-term solutions, such as cutting their prices for developing countries in a transparent and predictable way, and supporting increased R&D for neglected diseases. International donors should fund drug purchase and treatment programs, in addition to funding disease prevention. Finally, civil society has the responsibility to monitor and hold accountable all of these actors, and to expose failure and demand change when necessary.

<http://www.accessmed-msf.org/campaign/campaign.shtm>

Discussion Questions / Writing Topics:

1. Modern medicine continues to significantly improve global health. Defend, oppose, or qualify this statement.
2. What policies does MSF advocate in order to lower drug prices on a sustainable basis?
3. What is meant by “neglected diseases”?
4. What are two things MSF is doing to ensure their goals are long-term and sustainable?
5. What is the responsibility of civil society in the “Campaign for Access to Essential Medicines”?
6. How can you impact access to healthcare in your own community?



“Generic Drug Makers Hope to Profit in Poor Countries”

By Alan Clendenning

Inside a laboratory in Brazil's coffee-growing region, scientists painstakingly replicate brand-name drugs and oversee mass production of cheap copies to treat ailments ranging from Parkinson's disease to AIDS.

In three decades, Laboratório Cristalia has grown from a tiny company making one cloned antihyperactivity medication to a firm with 1,200 workers churning out 150 drugs, illustrating the exponential growth of the generic drug industry in countries like Brazil and India.

Now Cristalia and its competitors are trying to figure out how to profit from the World Trade Organization's recent agreement allowing impoverished nations to bypass big pharmaceutical companies and import copied patented medicines to fight killer diseases.

Big Money

Although there are challenges that might make the medication plan unworkable, getting the business could be a big moneymaker for Cristalia, founded in 1972 by Dr. Ogari de Castro Pacheco to make cheaper drugs for patients with mental illnesses at his private clinic next to the drug lab.

Before the decision, Cristalia was free to sell its copied versions of patented drugs in Brazil and ship them abroad after the patents expired.

But the agreement opened a huge potential new market by allowing generic drug makers to export drugs still under patent protection to treat diseases such as

AIDS, tuberculosis and malaria when needy countries declare they can't afford prices charged by multinational pharmaceutical firms.

Millions of patients need the drugs, and tens if not hundreds of millions of dollars in sales are possible. Despite doubts from the pharmaceutical industry that the developing world's generic drug makers can handle the demand, Pacheco said it would be easy for him to increase production.

"If they asked me for the level of consumption in Brazil for the AIDS cocktail, I could deliver it in three to six months," said Pacheco, Cristalia's chief executive and principal shareholder. "For what's consumed in all of South America, I'd need a little more time."

But Pacheco and his counterparts in Brazil and India face potential political, bureaucratic and financial obstacles that could prevent them from selling a single dose of a lifesaving AIDS medication. Under the WTO deal, poor countries that want the drugs must prove they don't have manufacturing capability, then issue a special license to a generic drug maker.

Notification to the WTO is mandatory, and the drug maker must then obtain an export license from its government. Each country that embarks on the effort must review its generic importation process annually.

Not Simplified

Experts say poor countries will have to negotiate first with the patent holders to try to get the drug companies to slash prices, and may end up using the threat of deals with the generic drug makers as bargaining leverage.

The WTO agreement has "not simplified things, it's been complicated and only the large companies benefit," said Yusuf Hamied, chairman of Cipla, one of India's largest generic makers. "Who wants this red tape? We need predictability for supply. We don't want the headaches and the litigation."

Pacheco and AIDS activists insist generic drug makers can ramp up production quickly.

"Brazil could play a big role with exports, but Brazil also has the knowledge and the technology to help other countries to start production sites and their own programs," said Ellen 't Hoen, a Doctors Without Borders spokeswoman.

Pacheco figures he would only be able to make thin profit margins because AIDS groups will make sure generic drug makers provide the crucial antiretroviral drugs used in the AIDS cocktail at the cheapest cost possible. So the secret to making money: big volume.

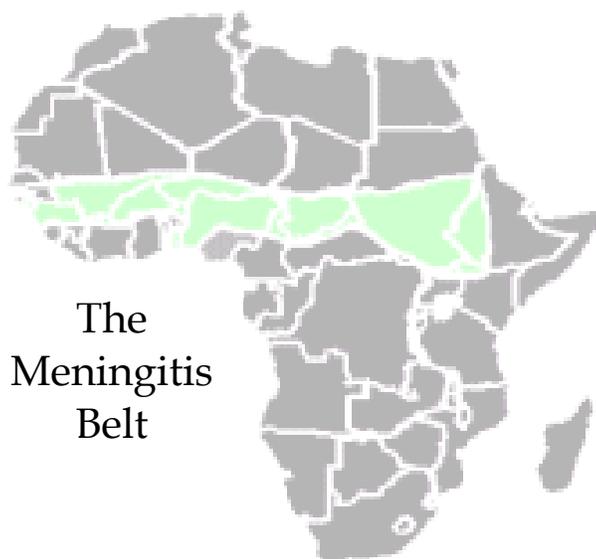
"Meeting Africa's needs with antiretroviral drugs may be a dream, but it's possible," Pacheco said.

Discussion Questions / Writing Topics:

1. How does the recent agreement of the World Trade Organization open a huge potential new market to generic drug makers?
2. How do generic drug makers differ from large pharmaceutical companies?
3. On what conditions does the WTO allow nations to purchase from a generic drug maker?
4. Why is "big volume" the key to drug maker's financial success?

“Opportunity to Fight Meningitis in Africa Thwarted by Funding Gap”

Doctors Without Borders Press Release



The
Meningitis
Belt

The international medical humanitarian organization Doctors Without Borders/Médecins Sans Frontières (MSF) warns that thousands of lives could be lost in Africa if donors fail to fund the production of a new meningitis vaccine in the next two weeks. Prompt action is needed to ensure supplies will be available when the next meningitis epidemic season begins in Africa in late 2003 or early 2004. So far, MSF is the only organization to allocate funds (€ 1 million) to purchase the vaccine.

The emergence of a new meningitis strain, W135, was confirmed in countries belonging to the African meningitis belt in 2002 when it infected over 13 000 people and killed 1500 in an outbreak in Burkina Faso. At the time, no vaccine against the new strain was available in adequate quantities and at an affordable price, which led to vaccination campaigns in Burkina Faso being interrupted because the traditional bivalent vaccine was not effective against the new strain.

Negotiations led by the World Health Organization (WHO) resulted in GlaxoSmithKline (GSK) developing a new vaccine for African countries. Licensed and introduced in early 2003, two million doses of the new trivalent (ACW135) vaccine were used with success in another meningitis outbreak in Burkina Faso in 2003.

Responding to requests from WHO and other organizations involved in meningitis control in Africa, such as MSF, GSK is committed to continuing the production of the new vaccine and to making it available at a differential price (€ 1 per dose) for use in the next epidemic season, but this requires an order of 6 million doses by the end of September 2003 in order to meet delivery schedules as the vaccine manufacturing process takes a minimum of three months.

MSF announced it will buy one million doses of the new vaccine. "This is one emergency that can be averted if action is taken now. We are putting € 1 million on the table but this needs to be matched by other contributions in the next two weeks," said Dr Bernard Pécoul of MSF. "If donors only start reacting once an epidemic is there, it will be too late as immunization needs to be begun at the very outset of an epidemic to be effective."

"GSK has done the right thing: the appropriate product is there, at a differential price," Dr Pécoul said. "But where are the buyers?"

Emergency preparedness is a government responsibility. MSF is calling on developed country governments to immediately allocate funds to secure an adequate meningitis vaccine supply for African countries.

MSF has been working to curb meningitis epidemics in Africa for the past ten years and vaccinates 3 to 5 million people against the disease every year.

September 25th, 2003

<http://www.doctorswithoutborders.org/pr/2003/09-25-2003.shtml>

Discussion Questions / Writing Topics:

1. What occurred when a new meningitis strain, W135, emerged in Burkina Faso in 2002.
2. How is GlaxoSmithKline attempting to fight meningitis in the upcoming epidemic season?
3. What is the responsibility of large pharmaceutical companies to impoverished nations?

“Forum Urges Action in War on AIDS”

By John Donnelly

The world's fight against the AIDS pandemic has remained at a virtual standstill for two years and will fall far short of goals set by 189 member states of the United Nations unless countries take dramatic action, the UN reported yesterday.

The evidence of inaction was sobering: With the exception of Botswana, less than 1 percent of HIV-infected pregnant women in heavily affected countries received treatment to prevent transmission of the virus to their children, though the drug is free; and 50,000 people at the end of 2002 had access to antiretroviral treatment in Africa, where 4.1 million people need the life-extending medication.

"Today's reports are a dramatic wake-up call to the world," said Peter Piot, UNAIDS executive director, in New York.

Yet as those findings were being released at a special UN session on AIDS and here at the 13th International Conference on AIDS and Sexually Transmitted Infections in Africa, the Nobel Prize-winning group Doctors Without Borders reported that it has found reason to hope that treatment for those suffering from AIDS can be expanded.

Drawing upon its experience over the last two years in AIDS clinics in 10 countries, the group found that competition among generic drugmakers will reduce prices and that doctors can simplify treatment -- two critical factors in rapidly expanding access to antiretroviral drugs.

The group said nations have been able to lower the price of the drugs to as low as \$277 per patient annually -- antiretroviral treatment costs up to \$15,000 in the United States -- and that doctors can visually diagnose a patient's progress with the drugs. The latter finding, which is also supported by research in Haiti by the Cambridge-based nonprofit group Partners in Health, means there could be less reliance on laboratory results, removing a potential obstacle for many poor rural areas that offer only basic health care.

In another positive finding disclosed yesterday, HIV-infected patients in several African countries are taking their twice-a-day medicine as directed, and in fact are adhering to doctors' orders at a higher rate than Americans who are taking antiretrovirals.

Two years ago, the US Agency for International Development director, Andrew S. Natsios, expressed strong doubt in a *Globe* interview that Africans should take antiretroviral medicines because he said few own watches and wouldn't know when to take the drugs. The studies, however, showed that 95 percent of patients in Uganda took their medicine properly, and 90 percent in Malawi. In Haiti,

adherence has also been reported at more than 90 percent. Roughly 75 percent of US patients take the medicine as directed, according to the new studies.

Daniel Berman, coordinator of Doctors Without Borders' Access to Essential Medicines project, said that many countries now need to set up national systems to purchase drugs from generic manufacturers. Since 2000, for example, Cameroon has set up a central purchasing system, and the price has dropped to \$277 annually for a patient, according to a report on the project.

Berman said doctors in several clinics run by the groups infrequently check a patient's CD4 count -- which measures the strength of the immune system -- "and we are finding good results with a simplified model." In Western countries, doctors regularly measure CD4 counts to test a person's response to the harsh medicines.

Asked if that strategy was risky for the patient and the efforts to scale up programs, Berman said, "We think it's dangerous not to simplify care if we are serious about reaching 3 million people by 2005. You have to be realistic. It doesn't mean we are just throwing drugs out there. We are looking to simplify in a smart way."

The World Health Organization has set a goal of treating 3 million people in the developing world with antiretroviral medicine by 2005. Its new director, Jong-Wook Lee, pledged yesterday in New York to deliver the antiretroviral drugs on a large scale. He said the failure to do so thus far has created a "global health emergency." Lee pledged that WHO would use the same skills shown in controlling the SARS outbreak last year to fight AIDS, by providing emergency response teams in highly affected countries to any government that asks for help.

Here in the Kenyan capital, Badara Samb, WHO's head of AIDS programs in Africa, said in an interview that his organization agreed with the call by Doctors Without Borders to rapidly look for ways to simplify treatment regimens. He noted that there was one new CD4 test that required only a microscope and chemicals and cost just 17 cents.

The new UN report, produced by UNAIDS as a way of measuring promises made during a historic session before the General Assembly in 2001, found several bright spots in Africa. But they were mostly isolated, and the overall findings were extraordinarily grim -- especially concerning HIV-infected pregnant women. In Botswana -- now in the midst of a \$100 million project run by the Bill & Melinda Gates Foundation, Harvard University, and Merck, the drug manufacturer -- 34 percent of HIV-infected women received services to prevent the transmission of the HIV virus to their children. But elsewhere in Africa, no other heavily infected country had treated more than 1 percent.

September 23rd, 2003

http://www.boston.com/news/world/articles/2003/09/23/forum_urges_action_in_war_on_aids/

Discussion Questions / Writing Topics:

1. Outside of Botswana, what percentage of HIV-infected pregnant women receive antiretroviral treatments? What percentages of those in need of the antiretroviral treatment received it in 2002?
2. What does Doctors Without Borders consider as the two critical factors in rapidly expanding access to antiretroviral drugs?
3. Compare the price of AIDS-fighting drugs in the US with the price of those in Africa.
4. Many impoverished Africans lack wrist watches. Why is their rate of adherence to treatment schedules ironic?
5. Why do doctors in impoverished nations measure the strength of the immune system with less frequency than their counterparts in the United States?
6. What goal has the World Health Organization set for the year 2005?



The HIV/AIDS Pandemic by the Numbers

People living with HIV/AIDS, worldwide, end of 2002: **42 million**

People living with HIV/AIDS, U.S., end of 2001: **850,000 to 950,000**

People newly infected with HIV, worldwide, 2002: **5 million**

People newly infected with HIV, U.S., 2001: **40,000**

Cumulative AIDS deaths, worldwide, end of 2002: **28 million**

AIDS deaths, worldwide, in 2002: **3.1 million**

New adult/adolescent HIV infections among women, worldwide, 2002: **48%**

Adults/adolescents living with HIV/AIDS who are women, worldwide, end of 2002: **50%**

People newly infected with HIV who are under age 25, worldwide, 2001: **58%**

Young people living with HIV/AIDS, ages 15-24, worldwide, end of 2001: **12 million**

Children who have lost one or both parents due to HIV/AIDS, worldwide, end of 2001: **14 million**

New HIV infections among African Americans in the U.S. (and their percentage of the U.S. population), 2001: **54% (12%)**

New HIV infections among Latinos in the U.S. (and their percentage of the U.S. population), 2001: **19% (14%)**

New HIV infections among whites in the U.S. (and their percentage of the U.S. population), 2001: **26% (68%)**

Estimated spending on HIV/AIDS prevention, care, and support in low and middle income countries, 2003: **\$4.7 billion***

Estimated dollars needed to address HIV/AIDS prevention, care, and support in low and middle income countries: **\$6.5 billion in 2003, \$10.5 billion in 2005, \$15 billion in 2007**

Total pledges to the Global Fund to Fight AIDS, Tuberculosis, and Malaria to date: **\$4.6 billion over 8 years**

Total U.S. spending on HIV/AIDS, FY 2003: **\$16.6 billion****

U.S. spending on HIV/ AIDS in low and middle income countries, FY 2003: **\$1.47 billion (prevention, care, research combined; without research, the total is \$1.2 billion)****

* represents actual expenditures in that year

** represents dollars appropriated by Congress and Agency estimates in FY 2003, not all of which may be spent in that year

SOURCES: Global Fund to Fight AIDS, Tuberculosis, and Malaria; Kaiser Family Foundation; UNAIDS; U.S. Centers for Disease Control and Prevention; U.S. Bureau of the Census

http://www.kaisernetwork.org/static/spotlight_hivoids_factsataglance.cfm

“French Minister Admits Mercy Killings”



Kouchner's remarks are expected to spark a debate

The French Health Minister, Bernard Kouchner, has admitted he practiced euthanasia when he worked as a doctor.

In an interview with the Dutch weekly magazine *Vrij Nederland*, Mr. Kouchner said he practiced mercy killings during the wars in Lebanon and Vietnam, injecting people who he said were suffering too much.

Mr. Kouchner - a founding member of the Paris-based medical aid agency, *Medecins sans Frontieres (MSF)* - said passive euthanasia, where doctors suspend treatment of dying patients, occurs frequently in France.

The Netherlands will become the first country in the world to legalize euthanasia when a new law allowing mercy killing comes into effect this autumn.

Dutch doctors help around 4,000 patients to die each year, but they still face prosecution if they do not follow strict guidelines.

BBC correspondent Geraldine Coughlan says Mr. Kouchner's remarks are expected to spark a debate in other countries on euthanasia.

Sensitive issue

Mr Kouchner said he had helped various people to die during his career, injecting with morphine rather than administering pills.

"When people were suffering too much pain and I knew in advance they would die, I would help them," he said.

But euthanasia is a sensitive issue in France, and Mr. Kouchner says he has no intention of introducing legislation to allow it.

He said if there is to be discussion on any changes to the practice it will focus on protecting the patient.

"Euthanasia contradicts medical ethics," he said. "Doctors exist to protect life, not to end it. But if someone says he wants to die, society has to take that into account."

Mr. Kouchner has a reputation as an outspoken critic of human rights abuses throughout the world

This reputation was first acquired during relief work in the Biafra war in the late 1960s, in which he criticized aid agencies for failing to overcome administrative obstacles, and his work for MSF since the 1970s.

But he is perhaps best known for his stint as UN administrator for Kosovo in the late 1990s.

July 24th, 2001

<http://news.bbc.co.uk/1/hi/world/europe/1455521.stm>

Discussion Questions / Writing Topics:

1. What nation has legalized euthanasia? How many patients does this affect?
2. Why does Kouchner feel justified in practicing mercy killings? Do you believe euthanasia is acceptable?
3. Do you believe euthanasia is acceptable? Why or why not?
4. Does the United States have the right to judge other countries on their policies dealing with euthanasia?

Bernard Kouchner: The Peacekeeper
Bernard Kouchner: L'Artisan de la Paix

- “Establish a Right to Intervene Against War, Oppression”
 - “Humanitarian Intervention: Two Views”
 - “2 Envoys Urge West to Stay Course in Balkans”
 - “Kouchner Awaits Leveling of Hussein”
 - “Kouchner: Iraqi Voices Remain Unheard”

“Establish a Right to Intervene Against War, Oppression”

By Bernard Kouchner

Can we dream of a 21st century where the horrors of the 20th will not be repeated? Where Auschwitz or the mass exterminations that took place in Cambodia under the Khmer Rouge, and later in Rwanda, and the killings in Kosovo, cannot happen again? The answer is a hopeful yes--if, as part of the emergent world order, a new morality can be codified in the "right to intervention" against abuses of national sovereignty.

Talk of a "right to intervention" has naturally alarmed many people, especially those in the developing world who see it as another guise of the old imperialism. Let me assure those who accuse the emergent humanitarian army of acting on the basis that "might makes right." On the contrary, we are trying to protect the weakest and the disinherited, not the strong.

The right to intervention arises in another era than the past one of colonial-style invasions. Humanitarian intervention will never be the action of a single country or of a national army playing policeman to the world, as the U.S. did in Latin America or France did in Africa. Humanitarian intervention will be carried out by an impartial, multinational force acting under the authority of international organizations and controlled by them.

The charge of "human rights imperialism" against local cultural norms is also not a valid argument against the right to intervene. Everywhere, human rights are human rights. Freedom is freedom. Suffering is suffering. Oppression is oppression.

If a Muslim woman in the Sudan opposes painful clitoral excision, or if a Chinese woman opposes the binding of her feet, her rights are being violated. She needs protection. To argue that such oppression is a part of some inviolable cultural identity is complete and utter nonsense. When a patient is suffering and desires care, he or she has the right to receive it. This principle also holds for human rights.

In a world aflame after the Cold War, we need to establish a forward-looking right of the world community to actively interfere in the affairs of sovereign nations to prevent an explosion of human rights violations.

All over the world today, people are fighting against each other. They have for too long been kept silent or under constraint. They have often lived separated from family and friends by borders drawn by the hands of dictators. Now they want everything, and they want it now. They are tired of waiting. As a result, many parts of Eastern Europe and central Asia and half of Africa are devastated by civil wars punctuated by massacres. The stream of refugees converges in a sea of humanity.

What can be done?

Since 1988, the United Nations has established that humanitarian volunteers, such as the Red Cross or Medecins sans Frontiers (Doctors Without Borders), should be guaranteed free access to victims through "humanitarian corridors" protected by the U.N., possibly by force.

However, in our brave new world, that is not enough. Now it is necessary to take the further step of using the right to intervention as a preventive measure to stop wars before they start and to stop murderers before they kill. The relevant U.N. resolutions clearly state that the world body has the right to interfere in the internal affairs of any country if it is the only way to stop murderers before they kill.

We knew what was likely to happen in Somalia, Bosnia-Herzegovina and Kosovo long before they exploded into war. But we didn't act. If these experiences have taught us anything, it is that the time for a decisive evolution in international consciousness has arrived.

To that end, the decision-making processes of the U.N., now centered in the Security Council, must much more closely involve the less-developed nations so that interference is not seen as an imperious whim of the permanent members.

Laws and institutions are more perfectible than men. That is one of history's undeniable lessons. When the right to intervention is at last established, then perhaps man himself will no longer be the worst enemy of humanitarianism.

October 18th, 1999

<http://www.latimes.com/news/comment/19991018/t000094246.html>

Discussion Questions / Writing Topics:

1. Why is the "right to intervention" a controversial topic?
2. How can humanitarian intervention avoid creating a single country that plays "policeman to the world"?
3. What does Kouchner mean when he says, "Freedom is freedom. Suffering is suffering. Oppression is oppression."?
4. What does Kouchner feel that the UN Security Council should do in order to make interference more acceptable?

“Humanitarian Intervention: Two Views”

By Ian Williams and John R. MacArthur

Intervene with Caution

By Ian Williams

Three years ago, U. N. Secretary General Kofi Annan asked, "If humanitarian intervention is, indeed, an unacceptable assault on sovereignty, how should we respond to a Rwanda, to a Srebrenica -- to gross and systematic violations of human rights that affect every precept of our common humanity?" It was a good question. A year ago the Canadian-sponsored International Commission on Intervention and State Sovereignty tried to answer Annan's question. The commission's report, "A Responsibility to Protect," described intervention as self-evidently dangerous and susceptible to abuse, and went on to lay down strict "precautionary principles" to prevent perversion of the concept.

Anticipating such dangerous precedents as Iraq, the Canadian report concludes:

Military intervention for human protection purposes is an exceptional and extraordinary measure. To be warranted, there must be serious and irreparable harm occurring to human beings, or imminently likely to occur ... large scale loss of life, [or] ethnic cleansing.

There were indeed grounds for such intervention in Iraq in the '80s, but at that time the United States and United Kingdom were supporting the Iraqi regime.

In the recent Iraq war, by contrast, one of the worst misdeeds that George W. Bush committed, in collaboration with Tony Blair, was to bring humanitarian intervention into disrepute. By invoking Saddam Hussein's tyranny as a pretext for attacking Iraq, as he did in his speech to the United Nations last September, the President reached fairly spectacular depths of hypocrisy, since it was his country, his party and indeed his father who had supported Saddam when he was perpetrating these crimes.

Sadly however, many so-called leftists have shown a similar lack of principle. Their answer to Annan's question is to deny that Rwanda or Srebrenica happened, or to justify them, or, more chillingly, to argue that such atrocities are the price that has to be paid to maintain the principle of (U. S.) nonintervention. It is difficult to understand why any genuine socialist would defend, especially on principle, the inalienable sovereignty of Saddam Hussein, Idi Amin, Pol Pot or Slobodan Milosevic, since that would have required them to defend the Argentinean and Chilean juntas, and, indeed, the Apartheid-era leaders of South Africa. Surely a left or internationalist response to events such as those in Rwanda, East Timor, or currently in the Congo should be to demand more timely intervention, not to deny the principle. However, the part of the political spectrum that used to preach proletarian internationalism and the impending

demise of the bourgeois nation state is now all too often the most resolute defender of national sovereignty, no matter how objectionable the rulers of a country may be.

Today, Cuba preaches the doctrine of national sovereignty to cover its executions and its imprisonment of dissidents, but its practice in Africa and Latin America was somewhat different. Che Guevara was killed while engaged in some deeply serious interference in the internal affairs of Bolivia, for which he had Havana's direct support.

There are indeed serious grounds to worry about the prospects of world peace if any nation were to claim an inalienable right to intervention. But until George W. Bush recently got dangerously close to espousing that concept, no one did. Even so, we should not let the President's misappropriation of humanitarian intervention alienate the concept from its natural owners, the left.

Let's consider the origins of humanitarian intervention. Historically, international law has been based upon the premise that what countries did to their own citizens, inside their own borders, was no one else's business. And until very recently, if you were a head of state, you were deemed to have total impunity for any crimes committed in your name. On the face of it, this cannot be a good thing -- unless you are a head of state with murderous tendencies.

Although the U.N. Charter is based upon the sovereign equality of member states and noninterference in each others' affairs, U.N. resolutions against South African Apartheid back in the '40s showed that members themselves thought there were some limits. And in 1948, the Universal Declaration of Human Rights created at least moral obligations upon every member of the United Nations to respect human rights.

The first recent invocation of the concept of humanitarian intervention was the confused moves in the '80s to protect the Kurds in Northern Iraq. The Western allies, reluctantly dragged in by popular pressure following TV coverage of what the Baathists were doing, imposed a no-fly zone over northern Iraq. At the time, according to the United Nations' legal department, the only precedent they could find for "humanitarian intervention" was Adolf Hitler's invocation of the plight of the Sudeten Germans as an excuse to attack Czechoslovakia.

Since then, humanitarian intervention has been driven largely by popular opinion. In the '90s, the public began to clamor for political leaders to "do something" about Somalia, Bosnia, Haiti, Rwanda, Kosovo and East Timor. In most of these cases, if politicians took any action, it was usually a reluctant and half-hearted response to the polls.

To those who complain that the Western powers have been too eager to intrude in the internal affairs of sovereign nations, I say there has not been enough intervention. Firmer action by the international community in Bosnia would

have stopped ethnic cleansing affecting millions and prevented some 200,000 deaths in Bosnia. In 1994, the United States vetoed any attempt to reinforce U.N. troops in Rwanda, leaving 800,000 to die on the altars of national sovereignty and Western indifference. In the cases of Cyprus, Western Sahara, East Timor, and the Occupied Territories, the United Nations should have intervened more forcibly. In so doing it would merely have been acting to reverse occupations already condemned by the Security Council.

Like the Canadian Commission, most proponents of humanitarian intervention see it as a tool to be used only very sparingly, and then only with the strictest safeguards against abuse by the unscrupulous such as Bush. There are not that many situations where the perils of intervention outweigh the benefits; arguments about when and where to intervene should not be about absolutist (and often expedient) principles but about practical outcomes.

Ironically, some on the left, not content with letting atrocities happen in the name of non-interference, now also join with the far right in their suspicion of international courts and tribunals that threaten justice against the perpetrators. We hear that the international tribunals are "victor's justice," or imperialist kangaroo courts. One just has to look at the eclectic group of defenders of Slobodan Milosevic, many of whom also saw the better side of Saddam Hussein when he fell out with the United States. To use one of their own classic formulations, "objectively" those who deny the applicability of international humanitarian laws are supporting impunity for Kissinger and Pinochet as well.

In the end, if they think about it, I'm sure that most readers are happy that men like Ariel Sharon or Robert Mugabe now have to check with their lawyers before calling their travel agent. But they would be happier if their crimes were stopped at an earlier stage.

Against Liberal Intervention
By John R. MacArthur

During the early phase of the Anglo-American invasion of Iraq, I came across a scathing critique of the war in a surprising locale, written by the unlikeliest (or so I thought) accuser of the Bush-Blair axis of imperialism.

The publication was Conrad Black's militantly right-wing, pro-war British weekly, *The Spectator*, and the author was named Hitchens – not the putatively "leftist" one named Christopher, but his supposedly "reactionary" brother, Peter.

In its high rhetorical pitch the essay was pure Hitchens, regardless of given name. But there was no confusing the brothers after the first paragraph. Operation Iraqi Freedom, according to Peter Hitchens, was a "left-wing war," a destructive enterprise that provided "the excuse for censorship, organized lying, regulation, and taxation," a "paradise for the busybody and the narc" that

"damages family life and wounds the Church, all the while polluting the minds of millions with scenes of horror and death."

Remarkable, especially coming after my old ally C. Hitchens' celebrated defection from the leftish, anti-American peace camp to the bipartisan war party. But a left-wing war? Cheney, Rumsfeld, Wolfowitz et al. in the same ideological basket as Eugene Debs, William Sloane Coffin, and Michael Moore?

At first glance, Peter Hitchens' thesis was preposterous – the application of raw, unilateral military power (and the subsequent war profiteering by big business) seems a rather authoritarian idea more in keeping with the brutal dogma of Richard Nixon and Ronald Reagan than with nice liberal notions of international cooperation, humanitarian aid, and peaceful disarmament. But on closer examination I realized that Peter Hitchens was on to something, for if you think that namby-pamby niceness is all the liberal left has been pushing the last two decades, you haven't been paying attention.

Indeed, liberals have been lobbying since the early '80s for more aggressive "humanitarian" interventions that would override the niceties of international law, the sovereignty of nations, and even U.N. peacekeeping efforts. To the extent that the Bush-Blair doctrine of pre-emptive war encompasses human rights and the "right" to overthrow tyrants, this one was very much a "left-wing" war.

Of course, I don't buy George Bush's human rights rationale for Gulf War II any more than I bought his father's epiphany in 1990 that Saddam Hussein was the new Hitler. Too many murderous American clients, including Saddam, have gone in and out of favor since 1898 (the year we "liberated" Cuba from Spain) for me to take seriously the altruistic prattle emanating from this White House.

But a surprising number of liberals did take Bush at his word (as they had his father) whenever he turned misty-eyed about Baathist atrocities (real and fabricated), as well as the urgent need for "liberating" the Iraqi people. Behind their dovish compassion lay a ferocious streak of Wilsonian hawkishness that had first presented itself during the Bosnia crisis in the early '90s.

It was then that human rights hawks adopted the principle of "liberal intervention" laid down in the '80s by two Paris-based intellectuals, the international law professor Mario Bettati and the physician-activist Bernard Kouchner. Eventually, as Ian Buruma recently wrote in the *New York Review of Books*, the rhetorical grandstanding by Kouchner – "the day will come ... when we are able to say ... 'Mr. Dictator, we are going to stop you preventively from oppressing, torturing and exterminating your ethnic minorities'" – took hold and nice liberals started sounding like nasty, pre-emptive militarists.

I recall a hair-raising speech by the currency speculator-turned-human-rights-promoter George Soros, in which he argued for creation of a U.N. rapid

deployment military force that could intervene anywhere in the world on a moment's notice to prevent the powerful from killing the weak – by killing the powerful. Around the same time, it became fashionable on the left (especially in the neighborhood inhabited by Susan Sontag and David Reiff) to denounce the U.N. peacekeepers in Bosnia for not being sufficiently anti-Serb, the Serbs being ultra-nationalist "fascists." At a human rights group board meeting I heard a well-known U.S. television journalist actually refer to the blue-helmeted soldiers in Sarajevo as "capos in a concentration camp," who functioned as oppressors, not protectors, of the noble Bosnians.

"Liberal" military interventions by the United States and its allies followed in due course. Bush had already played the human rights card by promoting the fake baby incubator atrocity in Kuwait, a brilliant maneuver that undermined both the "no blood for oil" and the "no more Vietnams" lobbies. Then came Somalia, which was a disaster for Americans and Somalis alike; Haiti, where the United States intervened in support of the sometimes repressive Bertrand Aristide; and lastly, Kosovo, which achieved reverse ethnic cleansing of Serbs on behalf of the Kosovo Liberation Army. Like Saddam, Slobodan Milosevic was alternately denounced by do-gooders on the left as a Hitler-like fascist and "the last Stalinist," first cousins to Christopher Hitchens' "Islamic Fascists."

Kosovo was the clearest assertion of the new doctrine of liberal intervention, a legal and moral template for the overthrow of Saddam. According to its critics, the NATO bombing campaign was a pre-emptive war in clear violation of international law (Kosovo was legally part of Serbia, which had attacked no other country). But liberals were happy because the 78 days of aerial mayhem led to the eventual removal of Milosevic from power.

"Leftists" more radical than Kouchner, like Paul Berman, now seek to expand the concept of liberal pre-emption by claiming Abraham Lincoln as their patron saint. Lincoln, they say, was bent on liberating the whole world, not just the southern states – a foolish exaggeration about a practical politician who nearly wrecked his career by opposing America's imperialist invasion of undemocratic Mexico in 1846 (and who initially wanted to send the slaves back to Africa). It's no coincidence that President Bush has chosen the USS Abraham Lincoln for his welcome-home photo op.

Where does all this leave the liberal constitutionalists like me, who opposed all the aforementioned interventions? I certainly subscribe to the principle of universal human rights, just as I support the corrupt and imperfect United Nations. But I understand that the Enlightenment ideals codified by the United Nations stem from the (thus far) historically unique Nazi terror. And I suspect that all attempts to compensate for the lack of pre-emptive intervention against Hitler are essentially symbolic. Look how virtuous and tough we are, says Berman, compared with those weak-kneed French and British appeasers of the '30s.

The problem with symbolic military gestures is that they kill innocent bystanders as surely as do acts of naked aggression that are devoid of good intentions. Total the many thousands of civilian dead (or just dead women and children) in the first Gulf War, Somalia, Kosovo/Serbia and Gulf War II, and you already have a pretty good argument against liberal intervention.

Moreover, war unleashes death in unpredictable ways; I think, for example, that the NATO bombing led to the death of more Albanians than would have died from nonintervention – by sowing panic and granting the Serbs a pretext for settling scores with the KLA. (It's forgotten that Milosevic had agreed to U.N. monitors in Kosovo, just not in Serbia proper).

As a liberal, I wish the French had invaded the Rhineland in 1936 when Hitler remilitarized the region in violation of the Versailles peace agreement. But as an American liberal, I also wish that my fellow citizens believed that charity begins at home; I wish the United States had taken in millions of persecuted Jews before Hitler could liquidate them; I wish we had offered a haven to tens of thousands of Bosnians – Muslim, Orthodox Christian, and Catholic – for we could certainly have afforded it. And I wish that we had listened to a liberal Swedish internationalist named Blix, instead of a right-wing Texas nationalist named Bush.

Liberal interventionism has given moral cover to the ugliest, most undemocratic impulses seen in this country since Woodrow Wilson signed the Espionage Act (which put Eugene Victor Debs in jail for opposing the war) and unleashed his attorney general's infamous "Palmer raids" against "subversives" (John Ashcroft must envy the free hand of Alexander Mitchell Palmer). Worse still, Liberal interventionism has defaced the Constitution with the forged signature of Lincoln, written in the blood of Arabs who will never stroll on the Mall.

August 1st, 2003

<http://www.alternet.org/story.html?StoryID=16532>

Discussion Questions / Writing Topics:

1. Why is humanitarian intervention a controversial issue? Why should countries intervene with caution?
2. In Ian Williams opinion, how has President George W. Bush been hypocritical in regard to our continuing involvement in Iraq?
3. How does the "*Universal Declaration of Human Rights*" (Appendix C) indirectly encourage humanitarian intervention.
4. According to Williams, what was the result of the United States' refusal to reinforce UN peacekeepers in Rwanda in 1994?
5. Why did Peter Hitchens label "*Operation: Iraqi Freedom*" a "left-wing" war?

6. What remark did a well-known US television journalist make about peacekeepers in Bosnia? Why is this disturbing to John R. MacArthur?
7. Why does MacArthur criticize “more radical leftists” for adopting Abraham Lincoln as their “patron saint”? Do you think President Bush’s choice to land on the USS Abraham Lincoln was a coincidence?
8. Do you agree with MacArthur’s accusation that pre-emptive intervention stems from the historically-unique Nazi terror?
9. What is your view on humanitarian intervention?
10. What area of the world do you feel needs “intervention”? Plan a humanitarian intervention project of your choice.

“2 Envoys Urge West to Stay Course in Balkans”

By Elaine Sciolino



War and bloodshed are much more riveting than peace, a basic fact of geopolitics that haunts the land that once was Yugoslavia.

So with the United States focused on Iraq and Afghanistan, the two ex-diplomats most identified with peacemaking — and publicity-getting — in the Balkans swooped into the region to plead long-distance with the United States not to cut and run. They pressed Europe to pay attention and the Balkan leaders themselves to get on with meaningful reform.

For most of the 1990's, the world was riveted by four wars and the worst bloodshed in Europe since World War II, claiming close to 250,000 lives. But the American-led campaign against terrorism, the postwar trauma of Iraq and Afghanistan, even the intensifying crisis between Israelis and Palestinians, have shifted the attention of the United States away from Europe.

Just as bad for the Balkans, the expansion of the 15-country European Union eastward to admit 10 new countries — most of them post-Communist nations that once admired a much more developed Yugoslavia — will leave the region behind, deepening a black hole smack in the middle of the Continent. Preoccupied with absorbing these new members and writing a constitution, European countries have little energy, attention or largesse for laggards.

"We don't need you," Bernard Kouchner, the Frenchman who once administered Kosovo for the United Nations, said in Sarajevo. "You need us."

It would be hard to find two more hard-charging and media-shrewd envoys than Mr. Kouchner, the doctor who spent two years here, and Richard C. Holbrooke, the former American ambassador to the United Nations who negotiated the 1995 Dayton peace agreement for Bosnia.

On their five-day visit to the region via private jet, which was underwritten by two private foundations, the diplomats charmed and cajoled, lectured and hectored their various audiences, locking arms and proclaiming their friendship a la Casablanca along the way.

For Mr. Holbrooke, the most important issue was to keep America in the Balkans.

"Our troop numbers in Bosnia and Kosovo are relatively small, but their symbolic importance is great," Mr. Holbrooke told the legislative assembly of Kosovo on Monday. "Withdrawal would put the policies we embarked on four years ago at risk and send the wrong message to Afghanistan and Iraq: that Americans, impatient as always, do not finish the job."

In a less guarded moment, Mr. Holbrooke said an American withdrawal would encourage enemies in places like Iraq and Afghanistan to kill even more Americans. "The Bush administration is profoundly wrong," he said. "I want to take them on."

For some, Mr. Holbrooke had a personal agenda as well. "He's bringing back Dayton. He's bringing back himself," said Ivan Vejvoda, executive director of a new Balkan project under the German Marshall Fund, one sponsor of the trip. Still, Mr. Vejvoda added, "he is the major figure in the U.S. who can raise the Balkans."

The United States has about 130,000 troops in Iraq but only 5,000 in the Balkans, including 1,700 of 12,000 foreign troops in Bosnia and 2,500 of 21,000 foreign troops in Kosovo.

But that Western presence is profoundly symbolic in a place like Serbia, where the reformers who ousted President Slobodan Milosevic three years ago this week are still suffering the aftereffects of assassination of Prime Minister Zoran Djindjic in March.

After 13 years of Mr. Milosevic's rule, Serbia is still caught between the desire to be embraced by Europe and the United States and a dependence on organized crime and war criminals, as well as a determination to hold on to Kosovo, Serbian in name but primarily Albanian in population, that make the embrace impossible.

There is widespread disbelief and resentment that historically less developed countries like Bulgaria and Romania, which still send farmhands to work the Serbian potato fields, are far ahead in the queue to join the European Union .

"We will have to stay in the black hole of Europe until we change the final status of Kosovo," said Mladjan Dinkic, an economist who returned to post-Milosevic Serbia from a well-paid job in London to help — and this year was squeezed out of his post as head of the Central Bank.

The "State Union of Serbia and Montenegro," which has replaced what remained of Yugoslavia, is also a problem — its two parts are not even integrated economically, a precondition for joining the European Union.

There is no national flag, no national anthem, and the name is so long that people refer to it as "Sam." "It's a disaster," Mr. Dinkic added. "Nobody screams for 'Serbia and Montenegro' at soccer matches."

In Bosnia, ethnic rivalries have subsided eight years after the war, but large-scale unemployment and corruption cripple the landlocked country. A bureaucratic structure created by the peace agreement divides political power and the military among the Muslims, Serbs and Croats but is so redundant that its sometimes functions like a Saturday Night Live skit.

"Mr. President, Mr. President, Mr. President, it is very moving for us to be back in Sarajevo," was how Mr. Holbrooke opened the news conference after his meeting with the three co-equal presidents of Bosnia.

Mr. Holbrooke acknowledged just how flawed the Dayton agreement was, but noted that it was all that was possible in 1995 — and that it could now be altered, if the will was there. Suleiman Tihic, the Muslim president, complained about the multiple armies; Mr. Holbrooke replied, "I agree with that — it was the biggest mistake of Dayton." But the multiple military structure was a NATO demand, he said.

Farther south, it has been four years since the NATO bombing campaign turned Kosovo into a United Nations protectorate that has afforded the Albanian majority the freedom denied under Mr. Milosevic.

But here as elsewhere, the end of bloodshed has not built strong state structures or healthy economies. No matter how many billions of dollars and how much effort and how many troops are poured into the region, without political commitment on all sides, the investment has only partly paid off.

In Bosnia, for example, per capita spending by foreign donors hovers at about \$1,400 a year (compared with \$54 a year in Afghanistan). Nonetheless, said Paddy Ashdown, the Briton who administers Bosnia under the Dayton

agreement: "We failed to extend the rule of law. Criminality infects every fiber and cell and bone marrow in the country."

In Kosovo, the ethnic Albanian majority has become increasingly frustrated over the inability to control its own affairs. The Serbian minority, meanwhile, charges that it is the victim of revenge ethnic cleansing by the Albanians.

When Mr. Holbrooke told Oliver Ivanovic, a leader of the Serbs in Kosovo, that Serb leaders in Belgrade were beginning to discuss in private the possibility of partitioning the province, Mr. Ivanovic balked.

"Can I speak to you honestly?" Mr. Holbrooke then asked Mr. Ivanovic. "You are living in the past. You are a very smart man. We take you seriously and will continue to take you seriously. But history is going to sweep you aside. The Serbs have changed. They want to join Europe."

Mr. Holbrooke appeared to make little impression on Mr. Ivanovic. But the American envoy's combination of pressure and flattery of all sides was on display throughout the trip – making it easy to understand why he is appreciated by some here.

In Pristina, for instance, there is a bar named "Tricky Dick" in his honor. "Some people win prizes," he said. "I have a bar named after me."

October 8th, 2003

<http://www.nytimes.com/2003/10/08/international/europe/08BALK.html>

Discussion Questions / Writing Topics:

1. What current events in both US and Europe have shifted attention away from the Balkans?
2. How might American action in the Balkans affect relations with Afghanistan and Iraq?
3. Why is "political commitment on all sides" essential to an overall solution in Kosovo?
4. Why do you think Kouchner and Holbrooke chose to draw attention to Kosovo at this particular time?

“Kouchner Awaits Leveling of Hussein”

By Bernard Kouchner

The Kurdish and Shiite populations in Iraq are still suffering. Bush’s position is not mine, nor is Chirac’s.

My first visit to Iraq was in 1974 with Doctors Without Borders...and my first vision of Saddam Hussein’s attitude and practice was the machine gun going off among the refugees on the road with a French helicopter and certainly American weapons. We counted five dozen victims on this road. Saddam Hussein was already not only a murderer but a vice president....

Year after year we’ve been involved, and we did our best to help this population.... When we are, as Mr. Bush, all the international community, looking for mass destruction weapons, you certainly remember that they have been used, chemical weapons, against the Iraqi population, in Halabja in 1988.

In March 1988, I went there, three times. In one second, 5,000 persons died of chemical bombing in addition to some let’s say classical bombing came in the morning. So they know about Mr. Saddam Hussein, and about mass-destruction weapons....

[Ethnic cleansing] started just after the Halabja bombing...and is still going on. I was in Kurdistan close to three months ago, and I saw with my eyes, as I have several times in my life, families coming out of Kirkuk – the rest of the families, because some others have been killed. It’s full of oil, so it’s still occupied by the Iraqi army....

You know that in this country, Iraq, and Iraq like the other countries in the area – Saudi Arabia, Iran, Syria, Lebanon – we were the colonialists at that time, we have drawn the borders ourselves, at the Berlin conference, Versailles conference, and we organized the country and we gave them a kingdom and a king, in Jordania, Iraq, Saudi Arabia, etc. They’re all artificial countries like all the countries in Africa. We set up the country. We built, we invented these countries. But they exist. And more than all of them, certainly Iraq exists, because of the long story of the Assyrians coming from Mesopotamia, etc. A huge very important area of culture and involvement of the people, despite all the military coups, the killing. But to replace a king by another, to kill the first one, was the way.

And Mr. Saddam Hussein himself was known as a killer, because at the age of 20 years old, he came to Tikrit and he assassinated a man under the auspices of his own country, who was a member of the Nazi party, and he killed a guy with just one bullet in the forehead. He’s a good shooter, and his reputation came from this particular performance. So he’s responsible for three bloody coups d’etat....

Let's go to the Shiite people. They are at least 60 percent [of Iraq's population], and they have been against the government, the government was too much linked to the Brits and to the colonization...we don't have to come back to this period of history. But we have to know that according to the human rights research, between 50,000 to 250,000 died in the marshland of the south....

So, in 1991, [the first Gulf War] is over. So we forgot about all this area and Saddam Hussein for years and years. The Kurds were still suffering, the Shiites more than the Kurds, but we were not interested, as if Mr. Saddam Hussein was the legitimate representative of these people. We never asked them. Never. We were not interested....

I am certainly not in favor of what Mr. Bush [has] proposed. This is your problem. You elected him. Sorry to say. This is a democratic country. What surprised me as a visitor, and with all due respect, his is a sort of biblical way to speak. I'm a bit surprised. So he decided, and nobody understood. Of course, I have to think about the major attempt on September 11th. You received this brutal attempt, and we did not. And even if we were close to you at that time, I was writing in that time, we are all Americans.... We were with you. But in a way some began thinking that the Americans, they are too rich for us, and they are the kings of the world, so in a way was it their own fault?...

And you went to war, searching for Osama bin Laden and we were absolutely in agreement with you, and we went to Afghanistan and there are still French soldiers in Kabul. No problem for us. But you didn't find Mr. Osama bin Laden, and suddenly the attention was transmuted from Kabul to Baghdad. Why? Nobody understood. So the reasons were offered to the international community by President Bush, two main reasons. One, the links between Saddam Hussein and Osama bin Laden. This has not been proven at all. This is absolutely, I believe, completely untrue. On the contrary we know the opposite. One is a republican! I don't know if it is better to be tortured by a republican, but he's a republican, he's not under the power of the religion.... He's a republican murderer, but he's a republican. His relationship with Osama bin Laden has never been proved. Remember, one said there was a meeting between one person and the other in Prague, and Mr. Vaclav Havel himself denied it. He is not the intelligence service but he's the president.

Second reason, weapons of mass destruction. Okay, but why now? And certainly it was partly true, I don't know, so this was the reason Mr. President Bush offered us, and in a way imposed on us, for a movement of troops at the same time, sending troops to the area as if the war was already decided. So it was a bit difficult even for the allies to understand, and I was against – and I'm still against the war – because for me it was not a good reason....

Yes, from Kabul to Baghdad, it's a big jump. And if you know the state now, the actual conditions in Kabul and the rest of Afghanistan, we better take care of

them first, because it has not been achieved at all. I was also a doctor in Afghanistan. So we discovered they were not interested in the human condition.

The first round of the French diplomacy I supported in that time, and I think it's a necessity not to go to war in the name of the international community alone. It's impossible for a country to decide alone who is a good government or a bad government, a bad guy and a good guy. There's a structure for that and it is the UN system....

March 4th, 2003

<http://www.worldpaper.com/2003/march04/iraq2.html>

Discussion Questions / Writing Topics:

1. Why does Kouchner call African and Middle-Eastern countries "artificial"?
2. What is Kouchner's opinion on President George W. Bush? What is Kouchner's opinion of Saddam Hussein?
3. What is one major difference between Saddam Hussein and Osama bin Laden?
4. Who, in Kouchner's opinion, should distinguish between the "good guys" and the bad guys"?

“Kouchner: Iraqi Voices Remain Unheard”

By Alvin Powell



Calling himself a traitor to France's peaceful position on Iraq, yet not on board for America's looming war, Doctors Without Borders founder Bernard Kouchner said it is the Iraqi people - machine-gunned, gassed, and murdered by the hundreds of thousands - who are forgotten in the debate.

Kouchner, a visiting professor at the Harvard School of Public Health and a fellow at the François-Xavier Bagnoud Center for Health and Human Rights, squarely straddled the line between war and peace Friday (March 14) during a speech before several hundred in a packed Snyder Auditorium.

"Nobody is taking into account the Iraqi people. They are the only ones who can say yes or no to the war," said Kouchner, who has also served as France's minister of health and as the United Nation's administrator of post-intervention Kosovo. "I am not supporting Mr. Bush, I am not supporting [French President Jacques] Chirac. I will support to the end of my days the victims, and they are the Iraqi people."

Kouchner, in a talk called "Iraq: The International Dilemma," made a convincing case for the ouster of Iraqi dictator Saddam Hussein. He described Hussein's brutality toward his own people in anecdotes culled from Doctors Without Borders' years of working in the Middle Eastern nation.

Kouchner described victims of the 1988 Iraqi gas attacks on Kurdish villages, the piles of bodies left after Iraqi troops machine-gunned a crowd from helicopters, and described the continuing stream of refugees from razed villages in Hussein-controlled Iraq into the independently run Kurdish zone in the north.

"Still they're suffering and they have not been taken into account," Kouchner said of the chemical attack victims from Halabja in northern Iraq.

Despite the ongoing brutality, however, Kouchner said he also knows the brutality that war brings and said he does not support an American war on Iraq. He criticized both sides in the ongoing international debate, saying there is a small window of time in which to avoid war, but only if international powers begin to work together.

Kouchner said it is still possible to force Hussein from power, given the ever-tightening noose of American military force. That could be used to expand the no-fly zones in Iraq's north and south, coupled with increased aid to the Iraqi people and unified international pressure.

But even Kouchner didn't seem hopeful that would happen. He repeated his opposition to war several times in his half-hour speech and during a subsequent question-and-answer session. Yet even as he said the Iraqi people's voices should be considered, he also said he's sure some would approve of their nation being bombed if it meant being rid of Hussein.

"I know some of them will accept the bombing. They have a right to say so and be delivered," Kouchner said. "I believe that thousands and thousands of Iraqis are waiting for deliverance."

Kouchner was also critical of peace protests, saying he supported their goals but that they were forgetting Hussein's brutality. He counseled protesters to include anti-Hussein slogans among their banners and signs in the future.

The questions following the speech explored different facets of the Iraq debate, with one School of Public Health faculty member saying he thought Kouchner was "being used" by those who support a war in Iraq. The aim of supporters of the war, said James Robins, professor of epidemiology and biostatistics, is not to help the Iraqi people, but to redraw the Middle East's geopolitical map.

Kouchner also handled a question about America's thirst for Iraqi oil, saying though there may be some interest in Iraqi oil fields, he didn't believe the problem was that simple. Oil, he said, doesn't explain a similar American intervention in Kosovo, which has no oil. It also doesn't take into account the deep shock to the American psyche done by the Sept. 11 terrorist attacks.

Two Iraqi expatriates also spoke, one thanking Kouchner for finally bringing the Iraqi people's voice into the debate and the second saying Kouchner's "No to Saddam, and no to war" stance was really no stance at all.

"You cannot have it both ways; you have to say we have to remove Saddam Hussein," said Harvard Medical School Assistant Professor Jamil Kirdar. "There is no alternative to this war."

Saddam should have been dealt with, Kouchner said, after the first Gulf War, but instead the withdrawal of international forces when the Iraqi people were ready to rise up amounted to supporting Hussein's repression of dissent.

"It should have been done years and years before," Kouchner said. "We were stupid. No, we were not stupid, we were guilty of complicity."

The voice of the Iraqi people, though not heard so far, is beginning to be raised, he said. British Prime Minister Tony Blair has been talking about human rights in Iraq, Kouchner said, and stories from Iraqis have begun reaching France.

"The French opinion is going to change. It is changing already," Kouchner said.

March 20th, 2003

<http://www.hno.harvard.edu/gazette/2003/03.20/11-kouchner.html>

Discussion Questions / Writing Topics:

1. How does Kouchner disagree with both French and American views of the war with Iraq?
2. Who does Kouchner believe should have the greatest input on all possible solutions to the conflict?
3. How is Kouchner critical of peace protests?

Appendices

Les Appendices

- Trading Away Health
- Top 10 Most Underreported Humanitarian Stories of 2002
 - State of World Population 2003
- Health Insurance Coverage in the United States: 2002
 - The Universal Declaration of Human Rights
 - About the Echo Foundation
 - About Butler High School
 - Art and Writing Contests

The Universal Declaration of Human Rights

Preamble

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world,

Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law,

Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger freedom,

Whereas Member States have pledged themselves to achieve, in cooperation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,

Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,

Now, therefore, **The General Assembly** *proclaims*

This Universal Declaration of Human Rights

as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

Article I

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

Article 3

Everyone has the right to life, liberty and security of person.

Article 4

No one shall be held in slavery or servitude; slavery and the slave trade shall be prohibited in all their forms.

Article 5

No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 6

Everyone has the right to recognition everywhere as a person before the law.

Article 7

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

Article 8

Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted him by the constitution or by law.

Article 9

No one shall be subjected to arbitrary arrest, detention or exile.

Article 10

Everyone is entitled in full equality to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.

Article 11

(1) Everyone charged with a penal offence has the right to be presumed innocent until proved guilty according to law in a public trial at which he has had all the guarantees necessary for his defence.

(2) No one shall be held guilty of any penal offence on account of any act or omission which did not constitute a penal offence, under national or international law, at the time when it was committed. Nor shall a heavier penalty be imposed than the one that was applicable at the time the penal offence was committed.

Article 12

No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, nor to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.

Article 13

(1) Everyone has the right to freedom of movement and residence within the borders of each State.

(2) Everyone has the right to leave any country, including his own, and to return to his country.

Article 14

(1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.

(2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Article 15

(1) Everyone has the right to a nationality.

(2) No one shall be arbitrarily deprived of his nationality nor denied the right to change his nationality.

Article 16

(1) Men and women of full age, without any limitation due to race, nationality or religion, have the right to marry and to found a family. They are entitled to equal rights as to marriage, during marriage and at its dissolution.

(2) Marriage shall be entered into only with the free and full consent of the intending spouses.

(3) The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

Article 17

(1) Everyone has the right to own property alone as well as in association with others.

(2) No one shall be arbitrarily deprived of his property.

Article 18

Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in community with others and in public or private, to manifest his religion or belief in teaching, practice, worship and observance.

Article 19

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 20

(1) Everyone has the right to freedom of peaceful assembly and association.

(2) No one may be compelled to belong to an association.

Article 21

(1) Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.

(2) Everyone has the right to equal access to public service in his country.

(3) The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

Article 22

Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.

Article 23

(1) Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment.

(2) Everyone, without any discrimination, has the right to equal pay for equal work.

(3) Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection.

(4) Everyone has the right to form and to join trade unions for the protection of his interests.

Article 24

Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.

Article 25

(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

(2) Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.

Article 26

(1) Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.

(2) Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms.

It shall promote understanding, tolerance and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

(3) Parents have a prior right to choose the kind of education that shall be given to their children.

Article 27

(1) Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits.

(2) Everyone has the right to the protection of the moral and material interests resulting from any scientific, literary or artistic production of which he is the author.

Article 28

Everyone is entitled to a social and international order in which the rights and freedoms set forth in this Declaration can be fully realized.

Article 29

(1) Everyone has duties to the community in which alone the free and full development of his personality is possible.

(2) In the exercise of his rights and freedoms, everyone shall be subject only to such limitations as are determined by law solely for the purpose of securing due recognition and respect for the rights and freedoms of others and of meeting the just requirements of morality, public order and the general welfare in a democratic society.

(3) These rights and freedoms may in no case be exercised contrary to the purposes and principles of the United Nations.

Article 30

Nothing in this Declaration may be interpreted as implying for any State, group or person any right to engage in any activity or to perform any act aimed at the destruction of any of the rights and freedoms set forth herein.

G.A. res. 217A (III), U.N. Doc A/810 at 71 (1948)

*Adopted on December 10, 1948
by the General Assembly of the United Nations (without dissent)*

<http://www.udhr.org/UDHR/default.htm>

About Butler High School

David W. Butler High School, founded in 1997 and located on 74 acres in Matthews, is a comprehensive high school that has quickly established itself as a leader both academically and on the athletic field. The building itself is a modern single floor brick structure with over 500 networked computers and state of the art technology in the classrooms. From the beginning Butler has met its ABC goals, earning "School of Progress with High Achievement" distinction in 2002, the only high school in CMS to do so. In addition, we were named by Newsweek as one of 100 best high schools in a feature story about the Advanced Placement Program in 2000. Currently we offer 23 AP courses, as well as Pacesetter English and Mathematics and a full complement of pre-AP courses. Twenty-two of the 23 AP teachers have completed AP training, and we lead the system with the number of teachers with National Board Certification. A strong Career and Technical Education program is in place, with advanced levels in those courses of study. The Medical Science, Parenting / Child Development and Teacher Cadet classes provide field experience for students. There are also opportunities for international travel, as we are paired with a high school in Charlotte's sister city of Limoges, France.

Over 80% of Butler's students committed to continuing their education beyond high school in 2002, and they earned more than \$3 million in scholarships, including the prestigious Morehead Scholarship to UNC and the Bob Allen Scholarship to Appalachian. Butler has also distinguished itself on the athletic field, winning a number of conference championships already and receiving the Christopher Goode Award for sportsmanship in 2001. We are dedicated to the principle of the "Scholar/Athlete."

Butler was named for David W. Butler, an outstanding CMS teacher who perished in a house fire while saving the lives of his family.

