

Doctor Joanne Liu, International President of Médecins Sans Frontières (MSF),

to be new Cleveringa lecturer at Leiden University

Word of welcome by Rector prof. Carel Stolker

Leiden, 25 November 2016

Dear professor Liu,

Re-reading the famous opening lines of Charles Dickens' *A Tale of Two Cities*, it struck me how well they apply to our own time and age. Let me read them to you:

“It was the best of times,
it was the worst of times,
it was the age of wisdom,
it was the age of foolishness,
it was the epoch of belief,
it was the epoch of incredulity,
it was the season of Light,
it was the season of Darkness,
it was the spring of hope,
it was the winter of despair, ...”

Dickens was, of course, writing about the age of the French Revolution and the Jacobin Reign of Terror that eventually followed. Our current global situation is different in many ways. And still, this is both the best of times and the worst of times, both the spring of hope and the winter of despair.

Your own work and the work of your organisation, Médecins sans Frontières, Doctors without Borders, is a wonderful example of the best that humanity has to offer. You help people who need it most, often in situations where other organisations do not even dare to tread. And you do so without favouring any faction or any ethnic group, and without serving any specific political agenda. It certainly is the best of times when such an organisation receives widespread recognition and appreciation, including the 1999 Nobel Peace Prize, "in recognition of the organization's pioneering humanitarian work on several continents".

In his presentation speech then, Professor Francis Sejersted of the Norwegian Nobel Committee said of the MSF doctors, nurses and other professionals:

“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.”

MSF's presence in Africa put your organisation in the frontline of the horrific West African Ebola

outbreak that claimed thousands of lives in Liberia, Sierra Leone, Guinea and other countries. For six long months, while the epidemic was spreading like wildfire, your people were among the very few professionals in the region who continued to deal with the growing catastrophe.

Afterwards, you described how the failure to convince other organisations of the urgency of this Ebola outbreak was 'a trauma' for you and for MSF. A quote from you on the MSF website expresses this clearly:

"We must all learn from this experience to improve how we respond to future epidemics and to neglected diseases.

This Ebola response was not limited by lack of international means but by a lack of political will to rapidly deploy assistance to help communities. The needs of patients and affected communities must remain at the heart of any response and outweigh political interests."

In the case of Ebola, there is some hope that the vaccine that has now been developed may help to contain future outbreaks, but there are many other dangerous diseases and many countries without the level of healthcare and medical science we take for granted here; countries where MSF is often one of the few reliable providers of rational healthcare, a spring of hope amidst a winter of despair.

Your organisation provides healthcare for patients across the globe and contributes to the international battle against deadly and debilitating infectious diseases such as malaria, tuberculosis, sleeping sickness, HIV / AIDS and many others. Politics and the economy often contribute to the severity of these problems. MSF advocates access to medication for everyone and tries to combat malnutrition, especially in children, because it makes them more vulnerable to deadly diseases and because malnutrition can have a devastating effect on the developing brain. And there are other major global problems impacting on public health and quality of life. You have personally addressed the issue of the growing refugee crisis and the importance of humanitarian values over petty political or economic considerations.

A hopeful development is the use of information and communication technology to spread knowledge and improve the quality of local health care. You contributed to and wrote about the use of telemedicine in low-resource settings. MSF has invested in the development of a store-and-forward telemedicine network that enables local MSF professionals to consult colleagues all over the world. An MSF physician in Congo or Kazakhstan can upload a question about a patient and within hours, an expert from Toronto, Sydney or Leiden may provide a practical answer.

You were involved in a study on the quality of paediatric advice using this network, showing that the network does contribute to better paediatric care. The study also provided several recommendations for improvement, such as the importance of feedback to the specialist to keep her or him motivated and improve the quality of advice. With improving mobile networks in many countries where MSF is active, telemedicine could be a great way to provide better care in low-resource settings and to actively monitor and improve the quality of care. Is it the best of times?

Unfortunately, a major threat to the work of your organisation is emerging: deliberate military attacks. More than a year ago, the MSF Trauma Centre in the city of Kunduz, Afghanistan, was

repeatedly bombed by a United States Air Force gunship, killing 42 people, including 14 MSF staff members. The attack was carried out in spite of clear notifications of the hospital's coordinates to all warring parties. The facility was not just a 'field hospital' as some media reports would have it, but a full-fledged trauma centre treating thousands of people. In 2014 alone, 22,000 patients of all ages were treated at the facility, and more than 5,900 operations were performed.

In the wake of the event, there were confusing and conflicting statements by the US military. An independent investigation has never been conducted, in spite of your repeated requests. As you told the United Nations Security Council in September of this year:

“Attacking hospitals and medical workers is a non-negotiable red line. As such, it must be set out – in clear and simple terms - in all military manuals, rules of engagement and standard operating procedures. Too often, unverified intelligence, or opaque claims that a hospital is a *quote* 'command and control center', is justification enough for an attack. At the time of the airstrike on MSF's hospital in Kunduz, the operating theatres were in use – there were patients on the tables being attended to by surgeons and anaesthetists. To stop attacks of this nature, there must be accountability. There must be credible investigations. And not just by the perpetrators.”

In the same address to the Security Council, you mentioned other, more recent deadly air strikes on MSF facilities in Yemen and many other hospitals in Syria. You said:

“In both Yemen and Syria, four of the five permanent members of this council are implicated in these attacks. In an age when counter-terrorism shapes war, a licence to kill has been issued.”

You reminded the members of the Security Council of their own resolution 2286, condemning the bombing of the Al Quds Hospital in Aleppo. But alas, the horrors of the wars you mentioned continue even in the present day, backed by the most powerful militaries in the world. The bombing of hospitals in Aleppo is in the news every day. It is, in many ways, what Charles Dickens would call the 'winter of despair'. I see a small glimmer of hope in the impressive and courageous way with which you address the states that are responsible for these cruelties, reminding them of the Geneva Convention and other international treaties.

It is the same courage, albeit under other circumstances, that we honour in our esteemed colleague Professor Cleveringa. One of the most poignant parts of his famous lecture on November 26th 1940 deals with the unlawfulness of the actions of the German occupational force, removing his teacher Professor Meijers from office because of his Jewish ancestry. He reminded those present of the fact that the Dutch constitution gave equal rights to all citizens, including the right to hold the office of professor. And he added that occupying forces had to respect the law of occupied countries, according to the Regulations concerning the Laws and Customs of War on Land, the result of the 1899 Hague Convention. In short, he pointed out that the actions of the Nazi Reichskommissar were not only immoral, but also illegal. You may understand why we are so honoured to have you here delivering the lecture that carries Cleveringa's name.

Esteemed Professor Liu,

You are at home in many different environments. You studied at the internationally acclaimed

McGill University School of Medicine in Montreal, Canada, the country of your birth. After graduating in 1991, you specialized in paediatrics at Sainte-Justine hospital, Montreal. Now, you are an associate professor at the Université de Montréal and a professor in practice at McGill. You hold a fellowship in paediatric emergency medicine from New York University School of Medicine and an International Master's in Health Leadership from McGill.

In the two decades that you have been active within the Médecins sans Frontières organisation, you have worked as an MSF doctor in many countries in Africa, Asia, Europe and Central America. You must have seen thousands of patients, often under truly harrowing circumstances. You know the threat of war and deadly infections from close by.

Operationally, you have contributed to comprehensive medical care for survivors of sexual violence and to the telemedicine platform I described earlier. You have always advocated anchoring MSF's identity in field-based, quality-driven patient care. You've also served your organisation at headquarters and in governing boards until your election as president in 2013. You have received many awards, including the Royal College of Physicians and Surgeons of Canada's Teasdale-Corti Humanitarian Award 2013 and Officer of the Government of Quebec 2015.

This may well be Dickens' "age of wisdom", as more and more people recognise the wisdom of your words and admire your calm manner and the almost palpable passion for humanity in your speeches and interviews. I deeply hope that your example will inspire colleagues, students and people all over the world to end the age of foolishness in which we are also living.

In the seclusion of this academic senate, I extend a warm welcome to you.
