

Book Review:

Peter Redfield “Life in Crisis: The Ethical Journey of Doctors Without Borders”
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Humanitarian action has attracted increased anthropological interest in the past decade. *Life in Crisis* is a significant addition to this literature: the first book-length ethnographic monograph of a medical humanitarian non-governmental organization. It is the product of nearly ten years' reflection on the medical aid group Médecins Sans Frontières (Doctors Without Borders or MSF). Since 2003 Peter Redfield has spent time in MSF's projects in Uganda and at various international offices. His work draws on these experiences, as well as in-depth reading of reports, press materials and reflections by and about the organization.

MSF defies easy definition. With five headquarters and a complex assembly of national offices and interventions MSF is a loosely coordinated—yet highly professional—medical collective. Redfield asserts that, despite its decentralized and often disordered nature, the movement is united by its secular humanitarian belief in the sacredness of human life. Encapsulated in the assertion ““people shouldn't die of stupid things”” (p. 65), MSF's self-justified mandate is to witness and act (quickly, modestly, medically, materially) to prevent human suffering. For Redfield, this “ethic of life” and call to urgent action creates a moral and political discourse wherein “action itself stands for virtue” (p. 1). Experiences of the body, illness and health are universals we all relate to; the medical act—particularly when performed in moments of extreme suffering and under the media glare—has a redemptive quality. The emancipatory promise of medical humanitarianism is one of Redfield's core fascinations. The question of salvation

underpins Redfield's analysis: who is being saved, who is doing the saving and to what ends?

The first two chapters examine these foundational constituents of the MSF worldview: emergency and the ethic of life. Chapter 1 delves into concepts of crisis and emergency while Chapter 2 traces the history of how human life came to be seen as sacred. Drawing on the work of Foucault and Agamben, Redfield asserts that contemporary emergencies are characterized as a "state of exception", that suspends social norms in favor of minimalist interpretations of life. Custom, individuality, biography and dignity are subordinated to the bare essentials of biological survival. This transformation makes human life amenable to MSF's medical-technocratic intervention, what Redfield calls "minimal biopolitics". Yet, he insists, medical humanitarianism is in contrast to other technocratic interventions: it ventures to sooth individual pain, not address structures. MSF's humanitarianism is not a recipe for individual or social welfare, but a refusal to view individual human beings as political instruments. Redfield traces this view to secular enlightenment thinkers. To the enlightenment mind, human misery could be senseless, without spiritual, moral or philosophical merit. Thus attempts to prevent suffering could be intrinsically moral, a form of secular redemption. This notion of secular sacred life would take root in European philosophical-moral tradition. The sentiment would color the creation of the Red Cross, medical missionary movements, human rights discourse and post-colonial "discovery" of the "third world". It would also drive the Cold War-emergence of Médecins Sans Frontières as a globalized,

borderless, media-savvy movement that practiced a “secular faith of medical care” (p. 59).

Chapter 3 examines what Redfield characterizes as “vital mobility”: the central importance of speed and self-sufficiency in the wake of emergency. Redfield traces an iconic aspect of MSF’s mobility: the “humanitarian kit,” modular, prepackaged essentials for medical care. Far more than standardized drug lists, MSF’s kits are pre-packaged infrastructure for every aspect of an aid intervention. There are cholera kits, surgical kits, camp kits, vehicle kits; a kit’s components might fit an overnight bag or fill several freight containers. Listed in a catalogue, stored in a central warehouse, a selection of kits can be dispatched globally, within a matter of hours, to fit the specifics of a given crisis. A “portable map of frontline medicine” (p. 89), Redfield links the kit with Bruno Latour’s notion of an immutable mobile, a distillation of knowledge into material objects, a universal template that permits order to be imposed over chaos. Yet standardized medicines do not make for standardized bodies or standardized interventions. In most humanitarian settings crisis is essentially open-ended—poverty is rife, threats to health and security are many—the kit might make for speed and self-sufficiency in intervention, but cannot determine when intervention should end.

In Chapter Four Redfield considers MSF’s moral stance as a witness to suffering. Medical practice gives unique insight and authority. But making public denunciations can be politically and ethically complex. In moments when it may be risky for doctors to speak as advocates for patients, it may still be possible to make facts speak for

themselves. In MSF, Redfield asserts, facts can speak in two ways: through voices of patients, in the form of testimonials, or through the use of statistics and research to demonstrate the quantitative impact of health crisis. Words (people telling of experience), pictures (making suffering visible) and numbers (to quantify and validate the extent of suffering) combine to make a powerful argument. These forms of evidence, separate and combined, "... seek to establish the facts of suffering and thereby to make a moral claim" (p. 114). The trend within MSF is to an increasingly central role for descriptive data, epidemiology and research. As the organization more frequently engages with governments, pharmaceutical corporations and the medico-scientific establishment, hard data comes to be more effective than passionate denunciation. In this way, MSF occupies the role of a "less modest witness," an engaged but reliable party that puts forward a truthful representation of reality—direct, objective, verifiable—alongside a moral discourse on human decency.

Chapters Five and Six highlight a core paradox in MSF's action. MSF claims to value all human lives equally, yet equality cannot be borne out in practice. The ambiguity inherent in organizational roles is the subject of Chapter Five. With an intervention model of mobility and temporality, footloose singles are those most readily able to adapt to the demands of the institution. However, MSF relies primarily on staff drawn from the local population—medics, drivers, administrators—who come with their own family ties, local loyalties and attachments. There is often acute imbalance in wealth and status between (often young, inexperienced) expats and long-term local staff. In a similar vein, Chapter Six uses the concept of triage to show how practitioners ration resources, ration care, and

ultimately make choices about who lives and who dies. Because MSF cannot be everywhere, the organization consciously seeks extremes as a means to maximize humanitarian impact. In practice, this means occasionally closing existing, stable projects to open new programs for populations considered to be in more present danger. Redfield argues that MSF's choices are pragmatism informed by principles. Both chapters highlight how difficult it is to practice human universality: the paradox that while the institution rejects people's instrumentalization in principle, in practice it must differentiate and discriminate between categories of people.

In a link with Chapters One and Four, Chapter Seven examines MSF's growing engagement with chronic disease and pharmaceutical governance. Chronicling MSF's pioneering work in the 1980s with sleeping sickness (human African trypanosomiasis) and later with antiretroviral treatment for HIV/AIDS, Redfield showcases how emergency presence can expand into chronic necessity, as some diseases blur the distinction between emergency and normality. MSF's initiatives embrace research alongside operations and expand the organization's "well thought-out disobedience" (p. 190) to the realm of pharmaceutical manufacture, supply chains, markets and protocols. This has the effect of creating a moral economy for pharmaceuticals alongside a market economy making patient access to medicines a humanitarian issue. However, MSF's expansion into chronic disease confronts programs on the ground with a key dilemma: how to manage chronic crisis? The cost and intricacy of the medical programs makes them unwieldy to handover to state actors or other health non-governmental organizations

(NGOs), who lack MSF's resources and expertise. These ethical questions link Chapter 7 with Chapter 8.

Chapter 8 presents a short history of MSF in Uganda. Redfield's narrative exposes an ontological unease he labels the "verge of crisis": a place where poverty, illness and suffering are constant but not perilous, where health systems flounder, but never fold entirely. MSF's brand of medical humanitarianism is geared to detect and react to emergency. Crisis offers clarity: clear need makes for a clear and moral path to action. In a liminal zone that is not-quite-crisis MSF's "ethic of refusal" is confounded. What happens when crisis becomes institutionalized by a quotidian grind of misery, insecurity and ill health? In this situation, medicine might lose its salvational clarity; MSF's key challenge becomes not how to react to crisis, but how to identify it in the first place. This casts MSF as part of a larger, morally uncertain industry at the crossroads between development and emergency, public health and poverty. In this context, an outright rejection of the politics of instrumental life is untenable. MSF becomes one mediator among many in the complex terrain of health, scarcity, security, accountability and culpability.

The summary paragraphs in Chapter 9 are insightful and elegant. Despite the minimalist clarity of its call to action, there are no solutions to the problems MSF addresses. Beyond MSF's ethic of person-to-person care, "success" is illusive and hard to define. Thus MSF acts without expecting resolution. Characterized by an angry realism and a rejection of grand ambitions, daily practice remains the focus of a moral and

medical minimalism that itself projects a larger notion of care: people should not die from “stupid things”. Outside of this, “Simply put, MSF has no plan” (p. 236). MSF's action thus remains simultaneously humane, discontent and provocative. It implies, as Redfield notes, “surely there is more to life than saving it” (p. 243).

In total, Redfield's book is broad and ambitious. His core aim is to chart MSF's historical and ethical trajectory. To this end, his chapters and analysis are as wide-ranging as the organization itself. In a way Redfield aims to produce an ethnographic monograph in the classic sense—the complete account—while simultaneously acknowledging the impossibility of comprehensive description. Ultimately, Redfield draws one central theme from his narrative: the difficulty of collective, ethical, secular medical care in contemporary settings that are largely indifferent (or at times, actively hostile) to notions of justice and equanimity that underpin the medical act.

Readers acquainted with Redfield's work will find much that is familiar in this monograph. Most chapters rework previously published material. Yet the book is not old hat. In ten years MSF has changed, and Redfield along with it. His reflection on MSF's scientific advocacy, for example, has expanded in relation to the group's own increased reliance on descriptive data and scientific forums. Redfield acknowledges the “untimeliness” of some vignettes, but notes that the long, backward gaze has analytical strength. Yet Redfield's reliance on a decade's worth of “overlapping histories”, despite their careful re-examination, is also the monograph's key weaknesses: the chapters at times feel disjointed or the author's voice distant. This is partly the result of circumstance

and partly the author's choice. It is a consequence of reworking a decade's standalone essays under a single cover. Yet it is also a product of the research process: humanitarian emergencies tend to preclude prolonged, uninterrupted ethnographic presence. So too can academic workloads. By his own admission, these practical realities, coupled with the size and diversity of the MSF endeavor, made Redfield reliant on printed matter, electronic exchange and headquarters interview to supplement his Ugandan fieldwork. Thus Redfield's ethnography unfolds from site to site, summer to summer, interview to interview. Instead of continuous narrative he presents snapshot vignettes carefully recollected. Afforded years for reflection, Redfield remains our cool and modest witness throughout. Many things he saw must have viscerally confronted him, but we rarely hear about it. Instead, we get a view to the moral perplexity of others.

None of this diminishes the insight or earnestness of Redfield's book. In addition to its broad ethnographic ambitions, the work highlights several themes that anthropologists can follow in future analysis. Redfield's use of Foucault's work, in particular the concept of biopower, remains a powerful lens on humanitarianism. This is in no small part due to the fact that Foucault was part of the same philosophical and historical moment that brought MSF in existence. Related to this, the activist roots of MSF and the organization's "ethic of refusal" invite comparison with recent transnational, collectivist protests (for example, the Occupy movement) that would, at first glance, seem to share tenets of direct action, decentralized autonomy and skepticism of formal political mechanisms. Redfield highlights a very different form of activism though the use of scientific data as an advocacy tool. This opens the door to the

possibility of a deeper analysis of the role of data—it's production, interpretation and dissemination—in medical humanitarian crises. Finally, Redfield's work highlights the need for more and thicker description of humanitarian NGOs in action. Given the circumstances of their collection, ethnographic descriptions of humanitarian action are scarce. Despite their snapshot nature, Redfield's vignettes are valuable and rare.

For those who study humanitarians and humanitarianism, *Life in Crisis* will be a landmark contribution: an important ethnography, a retrospective on MSF and a map to future research. For those whose central research concerns are elsewhere, Redfield's book is nevertheless an eminently readable examination of the ethical and practical motivations of one of the world's most significant non-governmental medical actors and a window on humanitarianism as a moral force at large.