



THE UNBEARABLE LIGHTNESS OF EX-PATS: Double Binds of Humanitarian Mobility

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From the perspective of anthropology, claims about globalization have raised as many questions as they have resolved. One of the starkest divides falls between people who travel easily and people who do not. At the most literal level, those equipped with funds and the right documents pass lightly over borders, whereas the poor and undocumented incite security concerns. Anthropologists, historically and politically predisposed to study rooted lives, prefer their people geographically located and embedded in communities (Gupta and Ferguson 1997; Malkki 1992). When addressing human mobility, they focus on disadvantaged travelers (migrants, refugees, asylum seekers), revealing the deep imbalance of international relations, detailing greater and lesser injustices and indignities endured by those holding the wrong passport or visa, or lacking state sanction at all (e.g., Robins 2009; Ticktin 2011). With a few exceptions (e.g., Fechter 2007) the easy passage of the privileged largely escapes notice. Ex-patriates embody foreign expertise in many international aid programs as well as international business, thus representing the antithesis of ethnographic authenticity. Moreover, such travelers also elicit deep political suspicion. Does not the global moment resemble a second coming of empire? Are not advantaged transients its prime agents, the new traders, administrators, and missionaries? Any properly anticolonial conscience goes on red alert.

Leaving aside the complexities of actual historical comparison, I extend the analogy long enough to note that scholarship of European empire engages deeply with those colonizing as well as those colonized, and not just because they left a

record. Approached through the intimacy of detail, the lives and logics of those ruling at a distance reveal pathos as well as power (e.g., Cooper 2005; Stoler 2002). A system capable of crude brutality also appears contingent and incomplete, as well as ever dependent on local intermediaries. Both its maintenance and its collapse grow less assured, a matter of small practices as much as major events. So too, I suggest with the present global situation (Tsing 2000). To grasp its shifting field of tensions, possibilities and limits, one must explore the details of its enactment as well as its imagination. This includes the form of “actually existing cosmopolitanism” (Robbins 1998) exemplified by the figure of the expatriate, and the quite real transnational networks maintained by NGOs (Appadurai 2000).

This article considers the micropolitics of national origin amid global circulation, focusing specifically on human resource issues in the organization Médecins Sans Frontières (MSF, or Doctors Without Borders), a major actor in the humanitarian end of international aid.¹ From its beginnings in 1971 as a ragtag, French alternative to the Red Cross, MSF has grown into a large, transnational NGO sponsoring a variety of medical projects worldwide. Although professionalizing its operations along the way, it has sought to maintain a restless, oppositional ethos, emphasizing private fundraising and claiming independent, ethical motivation. Although undeniably part of the aid industry (de Waal 1997) and the larger “emergency imaginary” of humanitarian action (Calhoun 2004; Fassin and Pandolfi 2010), it does not wish to operate like a routine charity, let alone a regular business, engaging in forms of witnessing, internal debate and public advocacy (see Fassin 2008; Redfield 2005, 2006). Thus, MSF is far from typical of nonprofit agencies at large. Nonetheless, it offers a particularly apt case for considering global circulation in human terms, given the group’s emphasis on mobility and the expansive vision expressed by its very name.

MSF originally focused on short-term, emergency medical relief. Even though the group has expanded to sponsor a much broader array of missions, including work in AIDS and psychosocial care, this history continues to shape its ethos. It consequently retains a general aversion to the practice of “development,” wishing to avoid substituting for state services, and extended entanglements with other agencies. To be able to intervene worldwide, MSF shuns commitment to place. Unlike, say, Partners in Health, it defines itself through the idiom of temporary crisis, not enduring relationships. Lengthy presence in some problem areas notwithstanding, it always expects to leave eventually, shifting resources as its assessment of global conditions might dictate. As an independent, secular entity, sufficiently rich to be

relatively independent from donors, it ultimately answers to its own collective conscience.

The messy details of actually running projects, however, have raised a complex of continuing questions for the organization's ambition of operating *sans frontières*. Here, I concentrate on human problems of circulation, particularly the appropriate role, motivation, and remuneration of different categories of staff. As it grew, MSF developed two distinct bodies of personnel, one composed of "international volunteers" circulating between missions, and the other of "national staff" hired in support roles at specific project sites. By the turn of the millennium, the latter group was much larger than the former, and yet rarely appeared in the organization's media profile or its internal governance structure. Recognizing echoes of historical injustice, MSF began a push to "decolonize" its operations, not only expanding the diversity of its ex-patriate personnel but also seeking to improve conditions of employment and increase involvement among its national staff. These efforts encountered mixed success, revealing distinctions that run through the everyday details of lives, and haunt even ostensibly simple questions such as appropriate levels of pay.

Although my approach is largely descriptive, I make reference to one literary allusion and one wandering theoretical landmark. In his novel, *The Unbearable Lightness of Being*, Milan Kundera (1984) takes up the Nietzschean theme of eternal return, contrasting the certain significance of repetition—alternately reassuring or terrifying—with the haunting prospect of contingency. Here I reorient the allusion to describe states of relative locality and mobility. What degrees of social and material gravity extend through citizenship? Materially heavy and socially light, the ex-patriate appears ever contingent, swept away by distant concerns. Materially light and socially heavy, the national staff member remains stolidly set, a repetitive actor in local history. The contrast may remain too ephemerally neat to anchor analysis, but it provides a suggestive set of metaphors to illustrate different conditions of mobility. Beyond the structural extremes of an emergency organization, unequal states of motion can trouble the dreams of slower aid workers, activists, and anthropologists alike.

For a more conventional point of reference I turn to the eclectic anthropologist and polymath Gregory Bateson, and the condition he labeled a "double bind." In the middle of the 20th century, Bateson and several colleagues introduced a novel theory about schizophrenia. Suggesting that the condition derived from communicative breakdown, they posited a scenario in which a "victim" repeatedly faced contradictory injunctions posed by an valued interlocutor, neither of which

could be satisfied without failing the other. Calling this impossible position a “double bind,” they linked it to the schizophrenic’s psychotic inability to process conventional order in the world (Bateson 1972; Gibney 2006). Double bind theory has enjoyed an extended life well beyond mental illness. In anthropology it has enjoyed a recent renaissance, particularly for thinking through new permutations of political forms and disputes (see Cattelino 2010; Fortun 2001; Mertz and Timmer 2010). Here I engage it to consider MSF’s travails over how to recruit and deploy people around the world. The double bind, it is important to note, is not quite the same as a structural binary, a dialectic, or even a dilemma. It lacks stability and motivates by a desire to satisfy competing injunctions, thus precipitating a problem of choice, rather than necessity. Furthermore, it produces turmoil and results in continuing distress. As Anthony Wilden and Tim Wilson explain:

A true double-blind—or a situation set up or perceived as one—requires a choice between two states which are *equally valued* and so *equally insufficient* that a self-perpetuating oscillation is engendered by any active choice between them. . . . It is the result of the fact that one must choose, and moreover choose between incompatible alternatives. [Wilden and Wilson 1976:276; see also Fortun 2001:13, 363]

The reference to double binds proves useful in this case, I suggest, because MSF remains both a relatively free agent and deeply suffused with moral affect. First and foremost, it responds to a humanitarian imperative, seeking to alleviate suffering and preserve human life. Its work is therefore emotionally charged and ethically inflected, sometimes in dramatic fashion. The resulting ethos of choice favors passion as much as much as reason (“the heart is a very big engine in MSF,” an adherent once assured me in Geneva).² Action is of the essence, fueled by moral outrage and directed at a universal form of humanity. From this secular, biomedical perspective, human life should be equally valuable, and thus the organization stays mobile to work worldwide, responding to the latest emergencies. Should this form of action grow routine, however, or appear to involve personal interests, it threatens the humanitarian sense of moral commitment. Should it appear to reinforce the very inequities that inspire outrage, the result is heartfelt ethical conflict.

**“IN MY FORMER LIFE I WAS AN UNSHAVEN,
CIGARETTE-SMOKING FRENCHMAN”**

Like many NGOs, MSF emerged in the heat of a moment, without a master plan. The group’s founders gave little thought to the future, assuming conditions

would mirror their present. Because their initial vision emphasized professional volunteers passionately pursuing a part-time cause, the larger trajectory of an individual life cycle played little role. Their collective sensibility was proudly young at heart, unfettered by family ties or social obligations. Moreover, in 1971 the medical profession was largely the preserve of men. The few women who made their way into emergency adventures were exceptions who mastered the rule; even if accepted, no one expected them to be there. Despite all the surrounding upheaval of decolonization, this was at first an emphatically French, and later European vision, within which volunteers would move out from metropolitan centers to serve those suffering in former colonies. Little thought was given to the possibility of other geographic trajectories, or to the implications of “volunteering” across unequal economies.

In the 1970s, no one gave much heed to issues of retirement, or of placing couples—let alone children—in the field, or the inequities of highly qualified individuals remaining facing limited prospects in their home country, or the problems of what to pay them if they ex-patriated. Instead, MSF quickly produced a stereotype of its own self-image: The essential *médecin sans frontières* was a cowboy doctor; tireless when fueled by alcohol, coffee, and tobacco; fiercely independent; and loudly arrogant. Like most stereotypes, it played on recognizable elements, and in this case one could certainly find historical examples that resemble the caricature. That said, the image distorts current reality: in statistical terms MSF is no longer a collectivity of doctors, or of men or even really of Europeans.³ Nonetheless, such a reputation dies hard; as an Asian American former volunteer once commented sardonically to me, surely in her former life she had been “an unshaven, cigarette-smoking Frenchman.”

By the time I began research in 2000, this phantom past appeared mostly in jokes and the memories of older veterans. However, it also lingered deep in the basic structure of the organization, and its original emphasis on emergency. MSF’s assumption at the outset was that its volunteers would be eagerly and effortlessly mobile. Unencumbered by social obligations at home, the medical humanitarian should likewise acquire few in the field, living lightly on the landscape, and always ready to leave once urgency passed. The work might claim deep human passion and fundamental empathy, but its original form would permit few sustained engagements or long-term commitments. In this regard the colonial antecedent of such emergency aid work lay as much in the explorer or crusading adventurer as the medical missionary. MSF’s project sites represented temporary outposts—encampments, rather than homesteads—and their relations with the surroundings were potentially intense but categorically short-lived. Given the initial vision’s

emphasis on transience, the strongest sense of community emerged within the organization itself, amid its brotherhood of medical arms. In casual classification of conversation, people became “MSF” or “not-MSF”; subsequently identified, if necessary, by their primary section lineage or loyalties.

At the same time, the emergency ethos distinguished sharply between mobile volunteers (whose presence would only last for the duration of the crisis) and the local population who ordinarily lived there. Beyond the solidarity of their concern and resources, the volunteers had little attachment to place or history. In conditions of conflict, moreover, they might claim greater freedom of movement and access precisely because they had no ties. MSF restructured itself as it grew, deciding to pay its volunteers a modest stipend and increasing its professional standards. Controversial at the time, these policy shifts reflected a change of vision to emphasize operational effectiveness, and make the organization something more than doctors on a noble holiday.⁴ Nonetheless it retained a fundamental commitment to direct representation by mobile personnel in the field.

At the same time, further evolution of the organization’s actual practice made other forms of human connection and difference harder to ignore. MSF’s missions now spanned a range of health issues beyond emergency care in refugee camps. Its volunteer staff included citizens of many countries, some retired and some with children. Many were women, and quite a few hailed from nonmedical professional backgrounds. Some approached humanitarian work as a career in itself, bolstered by institutionalized training programs, degrees, and certificates. One could chart a professional trajectory across organizations, moving from a shoestring start-up to an established player like MSF, and graduating to the relative comfort of the Red Cross or UN agencies with their better pay and benefits. Alternatively, one might remain within the larger MSF ensemble, shifting between sections and roles while accruing greater responsibility. For volunteers maintaining personal relationships or raising children, lifestyle considerations became major factors in determining which posts to accept or pursue. Even for male doctors—the most direct inheritors of the original, volunteer vision—their continued involvement in humanitarian medicine could involve career decisions, the relative cost of living in their home country alternatively rendering an MSF post a sacrifice or an opportunity.

The growth of MSF’s projects and their instrumental capacity also meant that they increasingly relied on local personnel to supply their labor needs. Explicitly recruited as employees, rather than volunteers, these staff pursued their own career trajectories, often working for one aid organization after another. In settings with limited alternative forms of employment, such as refugee camps or aid economies,

NGO positions represented steady pay, at least while the project lasted. Although vital to day-to-day operations at mission sites, locals remained relatively invisible in the group's public profile, in contrast to the international participants who enjoyed ample media attention. This absence was not entirely surprising, given MSF's historical and nominal focus on biomedical doctors, and their moral calling to operate *sans frontières*. Most local staff filled support roles, serving as drivers, cooks, watchmen, interpreters and assistants after all. The respective official designations of the two groups as "national" and "expatriate" reflected the continuing taxonomic power of the nation state within this global ethic: only those who had crossed a national boundary could appear unquestionably "without borders." Nonetheless, with MSF's metamorphosis into a relatively large and wealthy NGO, the sheer number of support staff proved hard to ignore. When noted, it incited anxieties both inside and outside the organization about colonial legacies. If not strictly accurate, particularly in non-African settings, these references reflected enough of a larger truth to prove discomfiting (Shevchenko and Fox 2008).

THE GRAVITY OF LOCAL ATTACHMENT

My first visit to an MSF field site, as it happened, occurred entirely in the company of national staff. The project, the tail end of a long-running venture to combat sleeping sickness in the north of Uganda, had acquired research objectives, which outlived its clinical justification. By the time I arrived MSF's epidemiological subsidiary, Epicentre, was in charge, and had relegated the remaining data collection to a Ugandan nurse and her driver, supported by a team of field assistants.

As the only non-Ugandan in the vehicle, I attracted shouts of children (*muzungu! muzungu!*) when we drove through remote hamlets, as well as the curious and expectant gaze of their elders: surely the white man in the white car would be in charge. The team's actual leader, an energetic Ugandan nurse, Grace,⁵ stoically negotiated the tensions of being a younger woman instructing older men. Originally from the area herself, she was intimately familiar with local languages and regional culture, a fact that she found a mixed blessing. She was glad to be working at least one district away from where most of her kin and classmates resided. Indeed, she eventually confided that her goal was one day to work for an NGO elsewhere—*anywhere* that was not a rural hospital in northwestern Uganda—because she found there were problems with operating locally:

I know the people here and they know me. They expect me to be just like them and to listen to their problems. At the same time the NGO wants you

to perform a certain way. In town there would be nurses who were ahead of me; if I were in charge of them they wouldn't like it. It's much easier if you're from somewhere else and they don't know you.

It had been difficult at first for Grace to take control of the remaining program. The staff, used to international leadership, failed to show up on time and ignored direction, to the extent that one driver had to be fired. By now she had garnered sufficient respect to exert authority, but still found it a constant effort. Following this explanation, I better understood her manner in public settings, a forceful presence that I—used to a consumer-oriented model of health care, alternately obsequious or indifferent—found startlingly authoritarian. She spoke in commanding tones and frequently in English, the national language of education. Her dress was inevitably “smart” in the British idiom. Like many Ugandans employed by MSF and other NGOs in positions of professional responsibility, she looked the part, in marked contrast to the casual, camping aesthetic favored by international volunteers. To perform her role she had to demonstrate formality and distance.

The driver, Mohammed, had fewer qualms about his occupation or local status. Older than Grace, he had raced cars during the Amin years, a period he remembered fondly. After the fall of the regime he joined the exodus to Zaire, where he continued to make his living behind the wheel, driving trucks and working for a large landowner. With the end of the Mobutu dictatorship he returned to Uganda, where he found a job as a replacement driver for MSF and then a regular post. A large man with a self-assured manner, Mohammed easily filled the ambassadorial and guardian roles of his position. Fluent in multiple languages, he could gather information along with any necessities when we passed a small market outpost, or banter with patients and their relatives. He could also out-shout a woman who belligerently demanded a ride, or simply lean protectively against the vehicle, keeping the overly inquisitive at a distance. He clearly enjoyed the authority that came with the driver's seat.

Nonetheless, Mohammed did have reservations about his current job and ambitions for the future. He outlined some to me one night over dinner in one of the two worn bars in town. Money was a constant concern; his five children, living in the regional center, stretched his salary thin. Being stationed in his home district, he no longer received a lunch allowance because the project had dwindled into its research phase, a fact that struck him as a significant injustice.⁶ He was still driving long distances, after all. Did they expect him to drive home for lunch? He would happily work for MSF elsewhere, particularly back in the Congo.

Mohammed doubted the organization would send him, however, as crossing the border would reclassify him as a more expensive ex-patriate. He would be glad to travel farther if the opportunity arose (“I’m a man of all weathers!” he proudly proclaimed), especially if it offered financial gain. There had been one possibility to travel to New York, but the visa had not come through in time. His real dream, he confessed, was to work someplace like the United States, where he had heard a trucking company might pay as much as \$5,000 a month. With such a sum he could purchase a small business like the one where we sat. Nothing special, perhaps, but an assurance for his future to buffer the prospect of old age.

Although both impressed me as exceptional individuals, neither Grace nor Mohammed were atypical members of MSF’s national staff. The conditions of relative autonomy they enjoyed hardly relieved the burden of expectations surrounding them. Indeed, in Grace’s case it at times even made some aspects of her job harder. I later learned that she preferred not to have a key to the safe at the main office in town, as it only exposed her to potential demands and suspicions. Surrounded by needy kin, national staff remained at risk of appearing selfish as well as corrupt. Money was a continued source of tension from every direction, distinguishing volunteers from employees, and both from the population they sought to serve.

The director of MSF’s garage in Kampala, an ex-patriate Bernard, recounted stories of unauthorized entrepreneurship. On one notorious occasion, an employee for another aid organization had actually run a private bank with the group’s funds, loaned out at high interest. For years there had been a lucrative trade in used vehicles, and even now Bernard had to consider carefully how to sell or give away used parts so that no one felt slighted. A Frenchman enjoying an unusually long posting, he had nursed the workshop for years, felt deeply attached to Uganda and held strong views about the need to understand a locale and its economy. He regularly trained mechanics who subsequently left for higher paying jobs in commercial garages. He did not blame them but, rather, advocated paying motivational bonuses, to encourage and reward hard work. This suggestion, however, encountered resistance from his superiors, who felt it went against MSF’s volunteer ethos. “Mechanics aren’t here for humanitarianism,” Bernard said brusquely. “They’re here to make a living.” Although passionately loyal to MSF, he disagreed with many of the group’s employment policies, which he found willfully naive. Treating everyone equally only worked if conditions were equal; otherwise it simply distorted reality. In the past someone like Mohammed might quietly receive a posting in the Congo without being designated an ex-pat. Now such a

move would require raising his salary far beyond any of his peers. In Bernard's view individual good fortune inspired only jealousy, while further distorting the local economy and diverting funds. Noting that one Ugandan "volunteer" for another NGO had managed to build a three-story house in the city, he favored recognizing a scale between national economies. "A Ugandan in China—now that would be an expat!" he proclaimed. "He would deserve \$1,000 a month. Or a doctor who's studied in Europe, who has skills . . . but a Ugandan driver in the Congo?" He shook his head.

Bernard's views about the crucial line of motivation dividing national and expatriate staff resonates with a 2006 incident involving another project in Uganda. When national medical staff in a therapeutic feeding center for malnourished children demanded better wages, MSF refused. The head of the Dutch mission wrote a formal response, stating: "I would wish [that] MSF is not seen as an employer but, rather, as a movement and a nonprofit organization where we together as a team have a wish to assist others who are disadvantaged, living in distress, lacking a perspective."⁷ When the staff subsequently went on strike, she fired them. As she later told me:

We had to terminate 15 staff members. They were upset about conditions and went on strike. That was OK, but they actually let children die and threatened those who wanted to work. Now we have to re-employ all those positions, finding new clinical officers and counselors. MSF is looking at itself more critically as an employer. On a daily basis we confront corruption, theft and threats. That makes it more difficult to empower national staff. It's especially hard in Uganda because national staff has all the training and ability you could ask for. . . . The main difficulty is to have a trusting relationship.

The key to such a trusting relationship, the administrator indicated, lay in a common commitment to humanitarian ideals. Providing care to suffering people should take precedence over any other motivations. When the strikers had reportedly allowed children to die, they had broken with MSF's fundamental rationale.

Demonstrating proper humanitarian commitment, then, came most naturally to those who could occupy the status of volunteers. "The real MSF," one veteran once said to me, "is people who give a lot to MSF and the mission and who don't expect a lot." He was speaking generally, not about national staff in particular. But differing economic facts of employment disrupted such a moral vision. To be a true member of the group one had to demonstrate passion, devotion, selflessness and a rebellious spirit—all driven by a concern for others, not self-interest. A

proper humanitarian likewise deferred obligations to kin to care for strangers. Such transcendent dedication was difficult for national staff to demonstrate, weighed down as they were by their local connections.

THE LIGHTNESS OF MOBILITY

The only problem with MSF is the *muzungus* (white people).

—joke among national staff in Uganda, related by an ex-patriate

Beyond the residual sleeping sickness program, ex-patriates figured prominently in the MSF programs I subsequently visited. If outnumbered by their local colleagues, they occupied core positions in every project team; whether or not the mission responded to an emergency or a slower form of crisis, the organizational structure remained resolutely temporary. When not working, the ex-pats usually congregated at their collective residence. Although hardly opulent compared to some other agency outposts, these compounds occupied the higher end of any local comfort scale, with solid walls and a roof. The furniture ranged from monastic simplicity to flea market whimsy, and included communal items such as hammocks or a sofa. In towns there were usually more of it, as well as means to play music and watch entertainment. The volunteers ate together and often spent what free time they had socializing with each other. Personal property varied but dress was invariably casual, starting with the field uniform of white T-shirts featuring the organization's logo.

Such details acquire greater significance when placed in relation to MSF's larger problem of fostering a temporary, mobile form of community. As a guidebook issued by MSF-France's Human Resources department suggests, "in the particular context of missions, behavior that would normally seem insignificant can in fact have consequences on the unity of the group and how the team functions."⁸ Volunteers therefore should be considerate about such habits as smoking, playing music, shopping and venturing out on the weekends. They should also watch their choice of language, for while it might be normal to lapse into a native tongue after a day of laboring in a foreign one, it remained imperative that every member of the team feel included. The guide likewise encouraged rest and recuperation to stay "in good physical and mental shape"—observing time off on weekends and taking a week away every three or four months, preferably in country. At the same time volunteers should keep mission objectives in mind, and minimize contact with family and friends at home, effectively cutting "the 'umbilical' telephone/Internet cord." Instead the goal was "to get to know and understand the values of the people

around you” not only to ensure a more fulfilling personal experience but also to further the mission and its security. Good relations with local people often proved crucial in a crisis, the booklet noted, and required adapting individual behavior to the surrounding environment (MSF 2003:18–23).

The concern about local knowledge expressed in the guidebook was in part a generational development, reflecting a growing realization of cultural errors present and past. Like other international NGOs the group had weathered its share of minor as well as major embarrassments, recounted in conversation by people inside and outside the group with either regret or glee. As a consequence, the organization had produced a longer line of briefing documents, such as one from the 1990s I found in MSF’s New York office offering cultural advice to U.S. volunteers departing for rural Africa (under women’s dresses: “something your grandmother likes!”). Two additional developments also affected the connection between ex-pats and their field environment. Changes in communications technology meant that teams were now far less isolated than they had been in the past. Whereas once a posting meant a year over the horizon, now people expected computer and phone links, both to the organization and to their nearest and dearest. As the head of logistics at MSF’s Brussels office told me in 2003: “We have to explain again and again that the picture from Grandma is too large, and can become a problem.” Along with new technology, the growth of both MSF and the general humanitarian milieu had produced a daunting array of protocols and restrictions. Many reflected heightened anxieties over security, and consequently restricted the movement of ex-pat staff in settings where they might be vulnerable to attack or kidnapping. As a result the organization began to worry anew about the connection of its field teams to their locale.

The various tensions related to ex-pat disconnection converged into the term *proximity*. The Dutch section held a workshop on that theme in 2002, which included a quiz featuring questions like “how much do tomatoes cost at the local market” and “who is the most popular local musician in the country?” Most members of the group with whom I discussed the issue quickly pointed out its awkward fit with experiential reality. One noted that “proximity” was more of a perpetual problem of relation across difference than a defined thing: “In Sudan you are an extraterrestrial, what to do with them? Go to a bar?” Another veteran dismissed the term as “jargonizing and lexicalizing,” suggesting that “what it really means is being a fucking human being.” To emphasize his point he told me a joke about the international aid worker who finally climbs out of a hulking, air-conditioned vehicle, prompting one local to comment to another: “I didn’t know those people

had legs.” In contrast, this veteran made a point of taking time to talk to people in and outside of his work, sharing pictures of his own life and family as well as asking about theirs. Such gestures might hardly compensate for inequality, but at least they recognized the possibility of exchange. Older members of all sections tended to rail against bureaucracy and new security concerns, fondly recalling the years of improvisation and more casual interaction.

Clumsy as the term *proximity* might be, it named a fundamental problem for any humanitarian organization that prized mobility. How to demonstrate common human feeling—let alone achieve any sort of “solidarity”—when people were always coming and going? Compared to national staff, ex-pat members of MSF floated free. They would arrive in a flurry of eager energy and new ideas, carrying a delicate web of connections beyond the horizon. They lived their lives only partly in place, and then they were gone, leaving behind a thin residue of artifacts and memories. Their departure might be quietly mourned or celebrated by those who remained behind (who in either case invariably marked the occasion with a ritual party). But as projects opened and closed they built few monuments or lasting legacies in the countries where they worked. Moreover, their foreign status partly insulated them from the outcome of both local politics and individual risk; in the event of direct threat or personal emergency they would receive evacuation (Fassin 2011:223–242).

Mobility also held consequences for the flow of knowledge within the organization. The state of disconnection that allowed ex-pats to stand strategically outside local alliances, also assured a degree of ignorance about the settings in which they operated. Beyond a rapid briefing, few arrived equipped with much historical background to the project, and fewer still spoke anything other than international languages. This was hardly a personal failing; in a place like Uganda, with mutually unintelligible vernaculars in different project sites, the difficulty of working across even one country grew abundantly clear. However, in practice it placed a premium on translation and the mediating skills of local (and not just national) staff. The steady stream of new ex-pats likewise assured a need for constant orientation. Although effectively guarding against stasis and ossification, the turnover rate also assured an overabundance of initiatives. As Bernard observed, “The biggest problem is new expats: each one wants to change everything. Either the house has to be changed, or the office or some procedure.” Consequently he, like the national staff, greeted the new arrivals with some trepidation (“It’s like the lottery, you never win” went one joke). Some personalities were wonderful, others disastrous, but all had ideas. The French head of mission at the time recognized this problem

of overpollination and sought to alleviate it by involving the national team more in turnover and briefings. “They have to adapt themselves to us and that is not very good,” she noted. “Rather the reverse would be better, but it’s not always easy to achieve.” Indeed, in most meetings I observed that ex-pats spoke freely, whereas national staff rarely said a word unless directly queried. Given that many occupied nonmedical support roles, this was not always a surprise, but it made the imbalance of relations doubly clear.

The problem of proximity only grew more acute as MSF expanded beyond emergency missions. Whereas emergency medicine or surgery generally emphasized speed and distanced technique, other forms of medical care presumed a slower and deeper relationship between doctor and patient. Treating a chronic condition such as HIV/AIDS required more stability and intimacy than responding to a gunshot. The sensitive nature of the condition, as well as the remarkable political advocacy related to it both indicated not only a longer mission frame but also a greater degree of involvement. Similarly, MSF’s provision of services for psychological trauma fit awkwardly with its mobile structure. In both cases the mediating role played by members of the national staff took on new importance; counselors and clinical officers equipped with requisite language skills and a greater measure of cultural familiarity shouldered much of the work. As with emergencies, recruitment of personnel who combined professional certification with true local knowledge, however, was not always simple.⁹

Longer-term missions permitted greater variation within ex-pat life. Even as amplified technology and security concerns further distanced the ex-patriate experience, some volunteers developed attachments to particular locales, returning for another tour with a different section or taking a job with another organization to remain in place. A few married, acquiring the geographic obligations of kin ties, and a larger number fostered less formal alliances. Perhaps the most poignant I observed took the form of quietly paying school fees for individual Ugandan children. This last gesture—a hallmark of a particularistic charity, rather than rebellious humanitarianism—at least offered the solace of human connection. At the same time ex-pats rarely severed all ties to country of origin or profession; passports still in hand they remained potentially mobile.

LA MANCHA: PROBLEMS OF “DECOLONIALIZATION”

Are we the churches of neocolonialism now?

—speaker at MSF-USA General Assembly, 2003

In 2005, the different sections of MSF convened a once-in-a-decade meeting to take stock of their shared dilemmas and discuss a common path forward. Whereas earlier iterations had followed periods of intense internal conflict, this time relations were comparatively peaceful across the wider movement. Entitled “La Mancha” in a tongue-in-cheek reference to Don Quixote’s wistful idealism, the event mixed serious reflection with a festive effort to inspire renewed sense of purpose and community. In addition to gathering a significant collection of position papers from former and current members of MSF and outside commentators alike, the group also encouraged discussion among all its field staff in the run up to the meeting. The larger goal was to produce a new common accord that would “clarify MSF’s role and limits” while improving governance.¹⁰

The status of national staff had emerged as a major issue well before La Mancha. Two years before, when I attended a national assembly of adherents to the U.S. section held in New York City, the topic had already received heated attention. One speaker denounced the “colonialistic attitude” of some ex-pats, calling for the integration of national staff within each team, while encouraging promotion and ex-patriation. Another argued that the term *neocolonial* was really at issue, because the problem lay in the present, not the past. Yet another responded that he hoped there weren’t too many actual neocolonists associated with MSF, “as to me it’s a strong term, like pedophile.” He urged making a distinction between “culturally unaware, eyes-closed behavior” and intentional domination. References to colonialism clearly disturbed some participants, and also defied easy resolution, beyond advocating an enhanced role for national staff in the organization’s work.

Indeed, the pages of MSF’s various newsletters recounted awkward incidents and denunciations attesting to the larger problems of history and perceptions of human difference. For example, in 1998, MSF-Norway launched a publicity campaign under the eye-opening theme “Africa needs more white men.” When MSF-France protested, the director defended the decision by countering that the French failed to grasp the Norwegian context and were themselves thus guilty of cultural imperialism. “Better to be a neo-con than an old-style colonialist,” he retorted. Beyond matters of representation, the larger questions of decision making and motivation weighed heavily. Should national staff be involved more directly in decisions? If working for money, would they still exhibit the right humanitarian motivations? Conversely, of course, one could ask similar questions about ex-pat volunteers themselves, as several of them pointed out to me. In response to the term *colonialism*, an Italian nurse working for MSF observed: “There’s a status of color in much of Africa, your authority and knowledge are rarely questioned when

you're white. That can lead people into despotic behavior, particularly if they're insecure." She also noted lingering double standards for women, who had more difficulty playing the role of assertive, independent traveler.

Similar points were made by a Ugandan doctor, Ruth, who had worked for MSF on several missions in the 1990s before returning home to a post with a development organization. During that time she found MSF's recruitment of ex-patriate European staff woefully lax. Although Ruth considered the medical personnel very professional, the administrators struck her as "more half baked," particularly the French, sometimes wondering if they were simply taken "just off the streets of Paris." In particular she resented specific moments of confrontation: accusations of national staff when money had gone missing from a safe, and inappropriate design of buildings by arrogant foreign amateurs who ignored local advice. She felt her racial status had weighed more heavily than gender on her trajectory through the aid world, and therefore favored long-term, explicitly "South to South" connections like those her current employer sought to foster.

The varying geography of the vaguely defined "global South," however, presented its own conundrums. By the time of my research, it had become common to encounter ex-pats arriving from countries well beyond Europe, not all of them rich. In Uganda I met volunteers not only from Japan and Australia but also such places as Cameroon, the Philippines, Ethiopia, Malawi, Croatia, Kenya, Tanzania, and Argentina. All could translate MSF's volunteer stipend—modest by Western European standards—into sufficient wages.¹¹ Did they continue to embody the proper MSF spirit amid this circulation? Bernard, the garage director, had his doubts, calling it "completely crazy" to send Cameroonian doctors to Uganda while simultaneously sending French doctors to Cameroon. Moreover, there were long-standing concerns about fostering a "brain drain" exodus of professionals from the places that sorely needed them. And yet in its most literal sense, the phrase "sans frontières" inspired a vision of precisely such human mobility. If only some were free to travel and others held in place, the maps of aid organizations would uncomfortably resemble those of empires.

Staying with the organization for an extended period of time took more than just the right humanitarian spirit; it also required an ability to accept a lifetime of displacement.¹² Beyond questions of potential kin obligations, career advancement, and eventual retirement, there was the simple matter of the relative value of money between different economies. This was particularly acute for medical personnel. In professional terms, the organization offered doctors and surgeons from wealthy countries a vivid and highly moralized experience of practicing in poor ones.

Extending that experience into a career, however, held varying costs—including monetary—depending on country of origin. Bernard told me how he had lived in the same house with a Russian, a French, and an American doctor. The last was there for just three months, and when his French colleague challenged the brevity of such a stay, the American answered that with medical school debt it was all he could afford. The others, who had enjoyed state-subsidized training, listened in silence.

On occasion MSF has generated specific initiatives that sought to upend its central tenet of mobility altogether. For example at the beginning of the 1990s—a time when most of the organization shunned involvement with HIV/AIDS—the Swiss section responded to it by sponsoring the creation of two explicitly Ugandan entities. One of these, known as THETA (Traditional and Modern Health Practitioners Together Against AIDS), ventured beyond biomedicine to involve rural healers in a counseling network. The explicit ambition, one of the founders stressed to me, was to build something more “durable” than most MSF projects, and also to reverse the “colonial” legacy of always staying in charge. As he noted caustically, “It’s like saying, ‘Here I come. I want to teach you how to drive my car, but never let you sit in my seat. We stay in that car for a year and then my brother comes to teach you again.’” THETA indeed survived, as a modestly shoestring operation with an admirably Ugandan staff.¹³ Like many NGOs in poorer countries, however, it remained largely dependent on donor funding from foreign sources. It also embodied a distinctly different, nonemergency interpretation of “*sans frontières*.”

These examples suggest the larger anxieties surrounding references to colonial history. For MSF it was not just a question of specific pasts and their aftermaths—the legacy of the Belgian Congo for the section based in Brussels, for example. Rather, it was the larger problem of the foreigner cast in the role of expert, rather than guest or traveler. Whether obnoxious or sympathetic, the MSF ex-pat was ever an outsider who exerted control. Moreover, the shadow of race loomed large. This was particularly true in an African context, the heart of MSF’s operations and imagery. There, physical appearance sharply distinguished the majority of ex-pats from the surrounding population. Any hint of paternalism or cultural arrogance threatened to open old wounds.¹⁴

Within this charged symbolic terrain, the real issue was the status of national staff and their relation to the larger enterprise. The by-product of MSF’s commitment to running programs that were simultaneously operational, directly controlled and temporary, this category of personnel had once appeared so natural

as not to merit statistical mention. Now, however, the organization perceived it as a problem. A small cartoon in MSF's official internal newsletter from the La Mancha conference summarized this realization. Beneath the bold pronouncement that "90 percent of all staff are national staff" a white figure responded nervously, fingers in his mouth: "You're telling me that almost all MSF people are black?" The crux of the problem lay not with color, however, but, rather, with the confession of a deeper ignorance, as the accompanying text makes clear. Although the organization generated data about its ex-patriate volunteers, the national staff remained an embarrassing cipher: "We have never tried to understand who they are and the nature of their relationship with MSF."¹⁵ The motivation behind this sudden curiosity grew clear at the end of a list of draft points for discussion a few pages later. Here, under the heading "diversity and inclusion," the organization acknowledged that national staff actually performed the majority of "acts of humanitarianism" and recognized that it might have failed to provide equal opportunity "based on individual competence and commitment rather than mode of entry."¹⁶ The document proposed urgent efforts at engagement, while still preserving the "spirit of volunteerism." The group should encourage national staff to seek membership in MSF's formal association, and if launching new sections, focus on "underrepresented" regions, in other words, not Europe or other rich quadrants of the globe.

MSF's newfound desire for diversity encountered little resistance. The organization was enjoying a period of relative harmony between its sometimes-combative different sections. Moreover, ideals of equality and reflexive anticolonialism were, if anything, moral norms both within the organization and across its intellectual milieu. Ultimately MSF considered itself to be an association, or set of associations, composed of individuals dedicated to a common cause. The only real requirement for membership was experience with the organization; otherwise everything should be "sans frontières." Thus, agreement was easy in principle.

In practice, however, the matter of altering the status of national staff proved more difficult. Only a year after the La Mancha meeting, a senior member of MSF professed disappointment to me. He feared that momentum was fading, and that the initiative—like so many within MSF—would ultimately generate far more talk than action. On the more local ground of Uganda, efforts to further engage national staff met with little response. Although exceptional individuals like Grace might hope to ex-patriate, few national staff showed any interest in pursuing the association membership now open to them while staying in place. Out of the handful who had, a member of the Swiss team told me with regret, two already thought of leaving. They confessed to him they saw no particular benefit in it,

particularly if they went on to work for other organizations.¹⁷ In the local arc of their lives such symbolic identification carried little weight.

MSF did achieve tangible progress in some areas of reconceiving of “staff” as a singular category.¹⁸ Belated efforts to improve health benefits for national staff finally corrected what many members of the group had recognized as a scandal: that one might work for a medical organization now committed to combating AIDS, and still not automatically receive treatment. The sections also agreed to work toward standardizing their stipend and pay scales to address imbalances between them. But they could not overcome the fundamental divide between traveling ex-patriates and the much larger pool of workers circulating through a local job market. Even if both occupied temporary posts, they traveled through different expectations and possibilities beyond the borders of the organization. Since MSF came and went, so did its national staff, not always at the same rhythm. To retain them permanently would require a fundamental reorientation away from mobility. It would also entail embracing humanitarianism as a routine enterprise, rather than an exceptional act of volunteerism. The more MSF defined itself as an employer—even a good one—the less it stood apart from any other business, operating at a global scale.

DOUBLE BINDS SANS FRONTIÈRES

Who can move, and at what cost? This simple question yields a thorny, unraveling answer when posed with respect to humanitarian action. The specter of colonialism that MSF confronted at La Mancha stemmed from world history. Nonetheless, it also arose from within the organization, as a by-product of its very existence. To operate “without borders” implies mobility, the movement of both personnel and funds. But as people and money cross borders they expose the differences between parts of the globe, and tensions between them. The very quality of distance that might allow an outsider to operate more freely, or serve as a recognized witness, simultaneously created a need for “proximity.” The very ties that rendered a local knowledgeable, or an appropriate political representative of interests, could also make it difficult to move or manage. When relative immobility took shape in settings haunted by past exploitation it conjured colonial imagery.

In attempting to “decolonize,” MSF faced contradictory demands and difficult questions. If providing its volunteers with a stipend, how large should it be? Should it matter where they came from, or the economic landscape their relations inhabited? To what extent should MSF accommodate the personal lives of its personnel? What sort of salary and benefits should it offer its international veterans? If too small,

they would have difficulty remaining with the organization; if too large it would appear unseemly. How much should the organization pay support staff hired for mission sites? If the gap between national and international personnel grew too large, it would replicate and highlight existing inequities. Yet paying excessive wages would distort the local economy, making it harder to build alternative institutions. Moreover, if people took up humanitarian work simply as a form of livelihood, what effect might that have on the organization's moral purpose? Encouraging motivated national staff to ex-patriate helped alleviate some of MSF's cosmopolitan parochialism, but hardly erased the larger imbalance. At every turn economy encountered moral economy.

When considering its human resources, then, MSF confronted a series of double binds. Humanitarian virtue should float free of money; the organization should treat all staff equitably. Response should be rapid and worldwide; project staff should build relations with local populations. Concern for life should transcend human differences; delivery of aid should not replicate colonialism. To ensure independence and authenticity the group should run operations directly; projects should be under local control. Aid work should give way to state services; projects should be sustainable. Humanitarianism should stay free of professionalism; aid workers should enjoy career security. The list goes on and on, expanding from the condition of mobility. To engage "without borders" remains a paradoxical ambition.

Revisiting Bateson's communicative schizophrenic, I underscore one aspect of the original theory that sometimes goes overlooked. A double bind entraps its victim precisely because he or she wishes to answer *correctly* to each injunction. The anxieties of a transnational organization are hardly identical to those of a psychiatric patient. But as MSF confronts its own turbulent array of exhortations and prohibitions, it shares this predicament of caring with Bateson's communicative victim. As a collective entity it wishes to behave ethically, to "do the right thing" in response to each injunction. Its resulting failure may not produce schizophrenia, but it does generate continuing discontent. Beneath lurks the unsettling realization that good will itself offers no simple remedy.

Aihwa Ong suggests that the contemporary conjuncture produces "mutations" in classic liberal citizenship, arguing that we should recognize "zones of political entitlements and claims" that escape national boundaries (Ong 2006:499). The figure of the global ex-patriate helps to map one such zone, outlining the capacity for cosmopolitan dislocation. MSF's example is one extreme variant, hypermobile and ethically defined. The anxieties it evokes, however, can serve as a barometer

for the enduring power of mundane details, as well as persistent thresholds of inequality. Even the lightest travelers carry a shadow.

ABSTRACT

This article addresses legacies of national origin within global forms. Focusing on tensions related to human resources, I consider the case of the humanitarian organization Médecins Sans Frontières (MSF, or Doctors Without Borders). Since 1971, MSF has grown into a large, transnational NGO sponsoring a variety of medical projects worldwide. Amid recent efforts to “decolonize” its human profile, MSF has debated the appropriate role, motivation and remuneration of both international volunteers and local support staff it hires at mission sites. Given the different degrees of ease with which situated persons can travel, the organization’s conflicting impulses place it in a classic double bind: to remain mobile it must limit local attachments, while to achieve equality it must embrace them. The figure of the ex-patriate thus suggests a mundane but precise measure for the threshold of inequality. [humanitarianism, ex-patriates, NGOs, globalization, Uganda]

NOTES

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1. In organizational terms, MSF is actually a federation of 19 national sections, plus several branch and international offices. Historically five of these have been independently operational (France, Belgium, Holland, Switzerland, and Spain), and did not always see eye to eye. Recent years have witnessed some international reorganization and involvement of “partner” sections in running operations. For the purposes of this article, I generally treat the wider group as a single entity, in keeping with its public profile. I draw on ethnographic research at the organizational offices of different sections in Europe and project sites in Uganda (conducted largely between 2001 and 2006), as well the vast and ever-expanding archive of the group’s documentary and electronic production. For more background on the early years of MSF see Vallaeys (2004). For more on humanitarianism see Barnett (2011), Bornstein and Redfield (2011), Fassin (2011), Feldman and Ticktin (2010), and Wilson and Brown (2009).
2. Although humanitarianism has had an evolving history before its current tie to emergency intervention (Calhoun 2008), the connection to sentiment runs deep, potentially nurtured by shifting practices such as novel reading, mourning and even the practice of capitalism itself (Laqueur 2009; Haskell 1995).
3. To quote an internal summation from 2005: “Statistically MSF looks like this: a malaria patient receiving a consultation from a Congolese doctor who is supervised by a 34 year old nurse, recruited through a partner section and in the field for about 7 months.” MSF, *La Mancha Gazette*, May 2006, p. 7. The line clearly intends to disrupt stereotypes, and should be read in that light. Typically under a third of MSF’s ex-patriate volunteers are doctors, the rest being nurses or other medical professionals as well as nonmedical staff in charge of logistics and administration.

4. The decision to compensate volunteers (in French to change status from *bénévole* to *volontaire*) was one of the background issues for the schism within MSF at the end of the 1970s, when Bernard Kouchner departed to found Médecins du Monde (Vallacys 2004:299).
5. All names are pseudonyms.
6. See Geissler (2010) on the general tensions surrounding transport allowances in a research setting, and Kelly (2010) for an extreme example of bodies in place.
7. See Apunyo 2006.
8. MSF-France, “Carnet de Route” 2003, p. 19.
9. In many settings where MSF works—particularly across the sub-Saharan African heartland of humanitarianism—biomedical personnel remain in short supply because of limited training opportunities or out-migration (for a study of tensions surrounding medical education in Malawi see Wendland 2010, and for a longer historical study for East Africa see Iliffe 2002). This is particularly true in remote, rural regions. For example one of the clinics associated with the sleeping sickness program had been waiting for a doctor for over a year. At another project I visited along the country’s northeastern border, most government health staff came from elsewhere in the country and lived a largely segregated existence within their own walled compound.
10. MSF, “La Mancha Gazette,” May 2006, p 1. See also preparatory volume *My Sweet La Mancha* (MSF 2005).
11. Specific stipend and per diem policies varied at the time between MSF sections; for the purpose of this article, the reader can think in terms of \$1,000 per month.
12. See Dauvin and Siméant (2002) for a more comprehensive study of motivations and trajectories of volunteers in French humanitarian NGOs.
13. For current information see THETA website: www.thetaug.org.
14. For more on the larger volatile colonial legacy of medicine and representations amid contemporary Africa see, for example, Comaroff 1993, Vaughn 1991, and Mbembe 2001.
15. MSF, *La Mancha Gazette*, May 2006, p. 3.
16. MSF, *La Mancha Gazette*, May 2006, p. 6.
17. The experience appears to be different in MSF’s more politicized longer-term projects around HIV/AIDS, such as the Belgian venture that gave rise to MSF-South Africa as a new, consciously African section.
18. See Geoff Prescott, “Simply Focus on the Staff,” *Ins and Outs*, MSF-Holland, June 2006, 6–7.

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Editors' Notes: *Cultural Anthropology* has published a number of articles on NGOs, including Michael Hathaway's "The Emergence of Indigeneity: Public Intellectuals and an Indigeneous Space in Southwest China" (2010), Thomas Pearson's "On the Trail of Living Modified Organisms: Environmentalism within and against Neoliberal Order" (2009), and Marina Welker's "'Corporate Security Begins in the Community': Mining, the Corporate Social Responsibility Industry, and Environmental Advocacy in Indonesia" (2009).

Cultural Anthropology has also published articles on humanitarianism. See, for example, Erica Bornstein's "The Impulse of Philanthropy" (2009), Didier Fassin's "The Humanitarian Politics of Testimony: Subjectification through Trauma in the Israeli-Palestinian Conflict" (2008), and Ilana Feldman's "Difficult Distinctions: Refugee Law, Humanitarian Practice, and Political Identification in Gaza" (2007).