

# A less modest witness:

## Collective advocacy and motivated truth in a medical humanitarian movement

### ABSTRACT

In this article, I examine the evolving tradition of *témoignage* (witnessing) maintained by the international humanitarian organization Médecins Sans Frontières—Doctors Without Borders. Comparing this practice to traditions of virtuous testimony by the public intellectual and the gentleman scientist, I suggest that collective actors like nongovernmental organizations now play a central role in defining secular moral truth for an international audience. By integrating medical expertise and public expression, the work of this group illustrates an overtly motivated form of scientific research, finding facts in the name of values, in the pursuit of both technical and ethical ends. [*witnessing, nongovernmental organizations, intellectuals, expertise, anthropology of science, medical humanitarianism, Médecins Sans Frontières*]

Into as many houses as I may enter, I will go for the benefit of the ill, while being far from all voluntary and destructive injustice . . .

And about whatever I may see or hear in treatment, or even without treatment, in the life of human beings—things that should not ever be blurted out outside—I will remain silent, holding such things to be unutterable.

—Hippocratic Oath<sup>1</sup>

O malheureux mortels! Ô terre déplorable!

O de tous les mortels assemblage effroyable!

—Voltaire<sup>2</sup>

Silence has long been confused with neutrality, and has been presented as a necessary condition for humanitarian action. From its inception MSF was created in opposition to this assumption. We are not sure that words can always save lives, but we know that silence can certainly kill.

—Médecins Sans Frontières<sup>3</sup>

**I**n 1755, an earthquake shattered the city of Lisbon (see Figure 1). On hearing the news, the French author known as Voltaire composed a poem about the disaster, subtitled “An Examination of the Axiom: ‘All Is Well.’ ” In it he dramatized the senselessness of the suffering involved, using the unhappy moment to discredit the view that events in the world can be justified by virtue of their existence. This poem figured in several philosophical disputes of the day (including a notable disagreement between its author and Jean-Jacques Rousseau) while serving as a literary stepping-stone toward *Candide*, Voltaire’s later master fable opposing doctrines of optimism. Alternately sardonic and portentous in style, the work also displays an embryonic humanitarian sensibility within a classic moment of the European Enlightenment, focused as it is on the moral significance of arbitrary human pain and rejecting any easy theological justification for it.<sup>4</sup>



Figure 1. Copper engraving of Lisbon earthquake, France, 18th century. Courtesy National Information Service for Earthquake Engineering, University of California, Berkeley.

In 2001, the transnational association known as Médecins Sans Frontières (Doctors Without Borders, or, in the colloquial acronym used by its members and the larger aid community, MSF) released another annual report of the group's international activity. Its pages outline a veritable portfolio of disaster, encompassing not only earthquakes and floods but also the long, painful trail left by human conflict and the greater inequities of global health. One finds both summary and critical essays about humanitarian issues and particular descriptions of MSF field missions and advocacy positions in 83 countries, the result of the expenditure of 314 million euros together with the labor of over 1,500 expatriate and 13,000 national staff. The report is merely one installment in the organization's ongoing campaign to offer assistance to populations in distress and to object to

conditions that promote suffering. Alternately impassioned and businesslike in rhetoric, the work assumes a secular humanitarian worldview as its moral norm, whereby facts of widespread human suffering—rather than sin, salvation, or liberation—define the essential gravity of moral discourse.

Clearly, these two moments of textual production vary considerably, despite their common inspiration in the more horrible ends of human experience. By joining them at the outset of this article, however, I seek to dislodge the naturalized reading that each might simply receive on its own, as a quintessential Enlightenment break from theology, on the one hand, and as a routine product of a large international nongovernmental organization (NGO), on the other. For, when taken together, these two responses to suffering offer the means to better define significant historical shifts

in social forms of knowledge production, particularly those related to the category of “intellectuals” and the explicitly moral definition of “international opinion.” By situating the work of MSF within discussions of political intellectuals, technical experts, and the moral imperatives of disaster, my goal is to suggest that contemporary efforts to establish and disseminate ethical claims increasingly involve collective, as opposed to individual actors. These collectives, moreover, operate at a transnational scale and incorporate considerable technical expertise.

Recognizing the collective nature and technical capacity of contemporary moral agents has two related benefits. First, rather than a relative absence of individual intellectual figures like Voltaire in the present historical moment, one might instead see a relative presence of transnational advocacy networks, highly mediated social movements and well-defined NGOs (Boli and Thomas 1999; Edelman 2001; Escobar 2004; Fisher 1997; Keck and Sikkink 1998).<sup>5</sup> One might further recognize that the authority of such a collective actor depends on the establishment of a representational persona, one that can function as a credible advocate of particular truth claims within a larger system of global media and a legal discourse of human rights. Second, such claims increasingly rest on the generation of fact in addition to the assertion of value, through combinations of personal testimony, statistics, and independent research (Keck and Sikkink 1998:19–21). In this way, they combine assertions of universalized human sentiment and opinion with those of specific expertise, suggesting a modified relationship with traditions of objectivity and neutrality whereby truth might be proclaimed in open association with a point of view. I call this positioned assemblage of fact and value “motivated truth” to highlight the overt combination of reason and sentiment that it represents.<sup>6</sup>

Human-rights discourse regularly deploys legal traditions of material evidence in seeking to establish the veracity of particular violations, calling on testimony from practitioners of medicine and forensic anthropology to reinforce the voices of victims (e.g., Farmer 2003; Sanford 2003; Wilson 1997). The moral inflection of such formally objective endeavors reaches its apogee in the formation of truth commissions to help achieve projects of national reconciliation after periods of violence and conflict, when “truth” serves as a therapeutic good as well as an end in itself. As Richard Wilson (2003:371) suggests in a recent review of anthropological work on the topic (e.g., Borneman 1997; Ross 2003; Wilson 2001), the dominant morality of such projects becomes a Platonic good, whereby the political health of the state overrides any individual experiences or concerns. Yet, as Wilson (2003:383–384) also notes, the field of actual practice surrounding human-rights advocacy, reconciliation projects, international tribunals, and the delivery of international assistance is not only expanding but also highly fragmented, and its assemblage of local actors,

national states, and international organizations and NGOs fits only superficially into sweeping generalizations about the contemporary global order. The question of analyzing efforts to establish truth in the wake of human suffering, then, becomes one not only of how such practices play into national and local politics, and the epistemological status of narrative truth relative to other forms, but also the manner in which specific mobilizations of knowledge both respond and contribute to more-general patterns, redefining what counts as truth for a dominant international audience as well as the subjects who can produce it.

The potential significance of ethically motivated objectivist inquiry becomes more apparent when the frame of reference shifts from law to medicine and the specific agenda changes from advocacy causes such as the advancement of human rights to fully operational endeavors, such as the provision of humanitarian assistance. Here, the materiality of the technologies involved, the tradition of neutrality inherited, and the immediacy of human suffering confronted all combine to create a different context for action, one constructed around bodies and populations as much as words. The case of MSF is particularly instructive in this regard because the organization has presented itself as embodying an outspoken variety of humanitarianism (in contradistinction to precursors such as the Red Cross) and as aggressively asserting both technical capacity and moral voice. Defending life in the face of political and moral outrage at a self-consciously global scale, I suggest, the organization has also produced a new sort of collective form of situated, but also dispersed and deterritorialized, expert witness. Unlike the “modest witness” of the gentleman scientist variety (e.g., Shapin 1994), this collective entity does not simply retire from view amid its evidence, and the virtue of its testimony is defined by public interest, not disinterest.

In the discussion that follows I outline the distinctive and evolving tradition of *témoignage* (advocacy, or witnessing) practiced by MSF as an example of such collective testimony. For the past several years, I have been pursuing an ethnographic and historical study of MSF as a definitional case in enactments of “the global situation” (Tsing 2000) and as a variety of “actually existing cosmopolitanism” (Robbins 1998). The settings and trajectories of my work have been multiple (including intermittent travel, primarily to cities in Europe and several mission sites in Uganda) if its methods of knowledge construction fairly conventional: semiformal and informal interviews, correspondence with informants, direct observations, and the collection of multiple documents in both printed and electronic formats.<sup>7</sup> Beyond the particularities of MSF, the wider form of the engaged NGO represents a significant component of contemporary public life conceived at a global scale as well as an increasingly important agent of knowledge generation. If, as researchers, we are to treat such entities seriously as social actors, we

should recognize that their existence might imply historical shifts in what counts both as “intellectual” work and as moral speech.

### The morality of human decency

At the end of 1971, a small but vocal organization emerged in France. No less masculine or cigarette smoking than any stereotypical assembly of French intellectuals at its inception, this small group of doctors and journalists formed itself around the medical problem of human suffering and perceived inadequacies of humanitarian responses to the Biafran war in Nigeria and the flood and independence struggle in Bangladesh. Calling itself “Médecins Sans Frontières,” the group projected the image of a more engaged and daring version of the Red Cross. As conceived retroactively, at least, this difference would take shape through a rebellious embrace of the media. Unlike the venerable Swiss institution, this new movement would balance operational neutrality with a willingness to speak out, actively using the media to further humanitarian ends and operating independently rather than through national governments. Although the promise of that difference took time to realize, over the next three decades, the initial French group grew into what is now a loosely interconnected international movement of 19 national sections sharing the common acronym of MSF. After developing enhanced technical capability that allows it to commence field operations almost anywhere in the world within 48 hours, MSF is now itself a fixture of international health crises, its virtue canonized by its receipt of the Nobel Peace Prize in 1999.<sup>8</sup>

To properly convey the rebellious spirit associated with what Renée Fox calls MSF’s “historically grounded myth of origin” (1995:1607), I must briefly review the broader lineage of European humanitarianism, and, in particular, the trajectory of the Red Cross movement. Significant examples of concern for human suffering predate the Red Cross, to be sure—religious orders within Christianity dispensing charity and abolitionist efforts to ban the slave trade, to name but two—as well as subsequent examples of relief NGOs, such as the Save the Children and the Oxford Committee for Famine Relief (Oxfam), founded during successive world wars (Black 1992; Brauman 2000). The Red Cross, however, is MSF’s most directly contrastive corollary and ancestor. Both movements arose in response to conditions created by conflict, although they subsequently expanded to address an expanding horizon of disaster. Both created operational organizations, running active programs in an effort to directly reach afflicted populations, and both also identify suffering through an initial framework of health, rather than poverty or hunger. Yet their respective historical moments of origin are also quite distinct, along with aspects of the conflicts to which they responded and the way they described their ethical task.

Conceived in the near-fanatical response of a devout Geneva businessman named Henry Dunant to the plight of suffering soldiers in the aftermath of a mid-19th-century battle in Italy, the Red Cross movement developed both into a Swiss entity known as the International Committee of the Red Cross (the ICRC), mandated with tasks related to the protection and assistance of victims of war under the Geneva Convention, and into a federation of much larger national Red Cross and Red Crescent societies concerned with relief efforts, more generally. From its inception, the Red Cross cast itself in terms of national boundaries as well as a background of religious sentiment and actively sought the cooperation of European states in its effort “to prevent, or at least to alleviate, the horrors of war” (Dunant 1986:127). Dunant went on to share the very first Nobel Peace Prize awarded in 1901, an honor the ICRC would receive three more times. As the historian John F. Hutchinson (1996) convincingly suggests, the movement was critically shaped by events in World War I, during which it became institutionalized as a civilian auxiliary to national armies and rejected efforts to recast its collective mission as one of either public hygiene or pacifism.<sup>9</sup> The Red Cross also had little to say about the wider world of colonialism or conflicts taking place outside the context of formal warfare in European theaters; its civilizing mission concentrated directly on protecting “civilized” combatants from each other. Famously—and in contrast to the other Genevan lineage represented by Voltaire and Rousseau—the Red Cross established a doctrine of strict neutrality and discretion in its operations. In return for the cooperation of warring parties, it would defend the interests of the afflicted through limited silent diplomacy and moral persuasion, rather than public denunciation. This doctrine culminated in the decision of the ICRC not to speak out against the Holocaust during World War II, a decision that created considerable later controversy and has haunted the organization’s moral authority ever since (Moorehead 1998).

The founders of MSF came of age in an era marked by genocide as well as decolonization. For them, the legacy of silence signified betrayal, not integrity, particularly amid the newly televised suffering of children in settings like Biafra.<sup>10</sup> For Bernard Kouchner, a prominent early spokesman for the movement, himself the part-Jewish son of a doctor and a student militant before working for the Red Cross in Biafra, the issue was ethically stark. As he later summarized the experience: “We did not consent to being medical alibis for the massacre of Biafrans” (Kouchner 1991:112).<sup>11</sup> On returning to France, Kouchner spoke out against this perceived instance of genocide. Subsequently, he and a handful of fellow veterans from Biafra joined together with a group organized by an enterprising medical journal to found a new association, one that would be fully independent and not limit itself through the conventions of state boundaries.<sup>12</sup>

MSF emerged at a moment when international air travel was becoming more readily available to Europe’s middle

class, when emergency medicine had emerged from a military specialty into civilian life, and when relatively instantaneous transmission of images around the world was first possible thanks to satellite technology (Brauman 2000; Tanguy and Brauman 1999). It was also born amid the afterglow of France's generational upheaval of 1968, which recast the shadows of Algeria and Vietnam and came to be identified with an era of political and intellectual ferment; the same milieu produced both an effort to create a new kind of radical paper, named *Libération*, and considerable debate about the role of intellectuals in public life (Ross 2002). In contrast to the 19th-century Red Cross, whose establishment Dunant had advocated "from both the humane and Christian standpoint" (1986:116), the resulting movement was resolutely secular, although MSF likewise initially used a cross symbol in red and white as a familiar identifying marker for neutral aid.<sup>13</sup> Moreover, it combined a realist rejection of utopian politics with a romantic rejection of authority.

The group was legally established under the 1901 French law governing private associations, and, thus, its own charter constituted its only mandate for action.<sup>14</sup> This charter initially defined it as an assembly of doctors and health professionals, who agreed on their "honor" to uphold a list of shared principles, essentially, (1) to aid all victims of natural disaster or conflict without regard to race, politics, religion, or philosophy; (2) to operate on a strictly neutral and independent basis, avoiding the influences of power and ideology; (3) to maintain professional discretion and restrict their expression of opinion; and (4) to work as anonymous volunteers, expecting no reward or compensation other than what the group could itself provide. Conceived amid an atmosphere of late-night exhilaration and hurried compromises between different factions of founders, the initial formal document adhered surprisingly closely to the familiar principles of the Red Cross. Moreover, its key paragraph about discretion even echoed the Hippocratic Oath: "They respect professional confidentiality, and refrain from making judgments or publicly expressing an opinion—either in favor or against—with respect to events, military forces, and leaders who have accepted their assistance."<sup>15</sup> As Anne Vallaëys (2004) amply demonstrates, MSF's core myth of outspokenness derived less from the specific facts of its inception than from its subsequent evolution.

From the outset, however, MSF saw its stage as one of worldwide disaster, including conflicts in postcolonial landscapes that found their international definition less through formal laws than by intensity of media interest. Whereas the fundamental spirit of humanitarianism remained constant enough not to require further elaboration, by the late 20th century, the "horrors of war" included genocide and the French experience of World War II as well as Algeria, Vietnam, and Biafra. In such a context, intellectual heroism could be personified in more than one way. On the one hand, the example of Jean-Paul Sartre would be to trumpet truth in

the form of direct political resistance and spar with conservative counterparts, such as Raymond Aron. On the other hand, however, the example of Albert Camus would be to emphasize truth in the form of moral integrity amid political disaster. Although MSF's public volume would soon grow notoriously loud and its positions have shifted around the political map, a text by this last author best prefigures the fundamental orientation of the organization, one quite in keeping with its professional profile. Frequently read as an allegory about fascism, Camus's *La Peste* (The Plague; 1947) details the efforts of a doctor to combat and simultaneously chronicle an epidemic afflicting his city. He does so by practicing medicine and recording details in a manner that is skeptical, yet utterly devoted and consistent, in a series of small acts rather than dramatic heroism. The key to this attitude is maintaining a fundamental sense of *honnêteté* (honesty or decency). As the work's central character, Dr. Rieux, explains to a journalist who has decided to join him, "However, there's one thing I must tell you: there's no question of heroism in all of this. It's a matter of common decency. That's an idea which may make some people smile, but the only means of fighting a plague is—common decency" (Camus 1991:163).<sup>16</sup> He continues to define this decency as a matter of simply "doing my job" [*métier*]. Amid extraordinary conditions, the most ordinary of behavior can translate into a supremely moral act, one devoted to maintaining human dignity.

As Paul Rabinow observes, amid the founding of the United Nations and the Universal Declaration of Human Rights in the wake of World War II, the category of "dignity" moved from the abstract plane of philosophical and legal ideals and "suddenly emerged as the *a priori* foundational principle of human existence" (1999:102–103). In the French case, the concept was particularly resonant with a sense of civilization and a colonialism built around a paternalistic state in addition to the market. A concern for dignity and a developing "ethic of refusal"—a position that advances no universal or utopian solution but consistently rejects "the apparent futility of the way the world is" (Orbinski 2001; see also Nobel Foundation n.d.)—guided MSF through ensuing decades of dramatic growth and schisms as well as a never-ending sequence of humanitarian catastrophes large and small. All of these events inspired passion or disillusionment for individuals experiencing them, and some proved particularly formative moments for the organization as a whole, as I shall outline below. But the goal of purely humanitarian action, at least in its normative moments of public representation, can never claim any status other than that of its moral avatar: the responsible human. In the words of a former president of MSF's international council, "There is nothing heroic about being a decent human being" (MSF 1999). That this small echo of Camus finds inclusion in a video recording made on the occasion of MSF's receipt of the Nobel Prize only underscores the degree to which the

central humanitarian conceit remains precisely one of humility, and an appeal to ordinary, rather than exceptional, values. The question remains whether or not doctors (or an organization bearing their collective persona) might possess any enhanced ability at present to voice the common "misfortune of others" (Kouchner 1991). Before approaching the implications of such a development for contemporary definitions of truth relative to suffering, however, I first explore the case at hand in greater depth.

### Témoignage and the humanitarian advocate

Over the course of its three decades of development, MSF's tradition of *témoignage*, or bearing witness, has only grown more central to its activities and internal debates. As noted above, the initial charter admonished professional confidentiality within medical activities, the organization's historical commitments to symbolic protest notwithstanding. Changing conditions of operation, however, repeatedly brought a perceived need to speak out into the course of humanitarian action itself. As an article written in preparation for MSF's Nobel Prize acceptance dryly notes, "The principle of adhering to strict neutrality was soon overtaken by practice" (Heyster 2000:1). Already in 1974, a small mission had departed to assist the Kurds in northern Iraq, and in 1975 the group had conducted a minor *sortie* into the war zone of Vietnam, followed the next year by a more significant stint in a Beirut hospital, and in 1980, by a particularly impassioned intervention into Afghanistan opposing the Soviet invasion. Few of these or other actions were entirely in keeping with the Red Cross precedent of neutrality, and some were, indeed, both actively partisan and clandestine. At the same time, the organization soon pursued a policy of actively welcoming publicity, including accepting a pro bono ad campaign on its behalf under the memorable slogan "dans leur salle d'attente 2 milliards d'hommes" [there are two billion people in their waiting room].

MSF—and particularly its French branch—also embraced public controversy at an ever-increasing scale. Amid the well-televised Ethiopian famine of 1984–85, MSF–France broke from the massive relief effort, denouncing the manipulation of aid in Ethiopia by the regime in power to further resettlement policies in a series of press releases and news conferences. Unsurprisingly, MSF–France was summarily asked to leave Ethiopia, amid considerable tension not only with the government but also with other aid actors, including MSF–Belgium. In 1988, the newer Belgian and Dutch sections of the organization publicized chemical weapons attacks on Kurds in the Iraqi town of Halabja (accusations that would unexpectedly carry long-lasting and shifting political significance). Meanwhile, in Honduras that same year, MSF–France came into conflict with camp committees over the definition of its role in Salvadoran and Nicaraguan refugee camps and again withdrew. By the end of the decade it had

achieved remarkable public appeal in France and growing recognition elsewhere.<sup>17</sup>

The early 1990s brought a series of international debacles in Somalia, the Balkans, and Rwanda as well as acrimonious disagreement between national sections over how best to respond. Rwanda was a particularly significant and traumatic moment in MSF's evolving sense of *témoignage*. As the carnage unfolded, MSF finally publicly proclaimed its helplessness with a bitter, angry refrain: "On n'arrete pas un génocide avec des médecins" [You can't stop genocide with doctors]. The French section denounced the political and military complicity of its own national government yet also issued its first call for military intervention to halt the slaughter. Upset at the flagrant manipulation of aid by the perpetrators of genocide in the aftermath, MSF–France subsequently pulled out of the Rwandan refugee camps in Zaire and Tanzania at the end of 1994. It then also denounced the new Rwandan regime for the forcible repatriation of Hutu refugees and an accompanying massacre. Although other MSF sections followed different strategic lines of action amid heated debate and accusation, they all eventually withdrew from the camps by the end of 1995, publicly protesting the continuing political situation within them.<sup>18</sup> The events in Rwanda left considerable scars, only compounded by the exceptional publicity garnered by the group and by the revelation of just how little immediate impact its most passionate protests could actually have in the face of genocide. This unease lingered in some supposition within MSF that the organization's Nobel Prize derived not merely from its reputation for speed and vocal independence but also from a belated and superficial sense of international guilt following the Rwandan crisis.

In 1995, the different component parts of MSF gathered at Chantilly, France, to broker a new understanding of their common enterprise (MSF 2000:2–4). The group had already amended its official charter six years before, underscoring the importance of issuing public statements while retaining a commitment to neutrality. The document created at Chantilly went into greater detail and defined the principle of witnessing in the following way:

Witnessing (*témoignage*) consists of: the presence of volunteers among populations in danger, motivated by concern for the fate of fellow human beings and a willingness to be at their side and listen to them, as well as to carry out medical work among them; and the duty to report on the situation and on the fate of these people. Where MSF is present as a witness to massive and repeated violations of human rights and/or humanitarian law (such as forced population displacements, *refoulement* [forced return], genocide, crimes against humanity and war crimes), then MSF may ultimately be forced to make public denunciations. [MSF 2000:4]

The term *advocacy* also became the preferred English translation for *témoignage* because of its less religious connotations and more militant overtones in that language.

Following Chantilly, the trend toward greater prominence of public statements within MSF's action only increased, as the place of humanitarian action relative to suffering continued to be complicated by the advent of wars conducted by world powers in the name of humanitarian ends. Despite its call to arms amid the Rwandan disaster, MSF has actively opposed any general "droit d'ingérence" (right of intervention) of the sort championed by its founding member Kouchner (and implicit in its own name), struggling to reclaim the banner of humanitarianism from its co-optation by military forces such as the NATO- and U.S.-led coalitions in Kosovo, Afghanistan, and Iraq. At the same time, the organization has continued to expand its range of activities to combat a wider array of concerns, such as AIDS, mental health, sexual violence, and structural inequities of health care, particularly the availability of pharmaceutical products. Throughout, the litany of disasters rolls on—earthquakes, famines, and floods—as well as less publicized suffering away from the central landscapes of world news: long-running civil wars in places like the Sudan and the Democratic Republic of the Congo and the unglamorous misery of impoverished people dying from curable disease. In such bleak settings, aid workers often serve as prominent sources for international journalists on the rare occasions that they descend and, hence, as central nodes in the larger information network (Hannerz 2004:135). Far from representing an aberration to humanitarian practice, media engagement now constitutes a relatively routine part of it.

In practice, *témoignage* consists of a wide range of activities surrounding medical humanitarian action, from silent effects of simple presence through more-vocal interventions, ranging from quiet diplomacy and the transfer of information to denunciation and, on occasion, strenuous accusation leading to the withdrawal of a mission (Rackley 2001:10–13). The common theme is an appeal to the morality of facts: Suffering itself is primary, and MSF's response to it is presumed to be direct, however strategic. As a recent guide for fieldworkers of the Belgian section observes,

When we speak to the international press or lobby local authorities, we do so only in the interest of the victims, and never to further a particular cause of MSF. It is important to note, however, that MSF never asks the permission of a given population to speak out on its behalf. Our reactions to a crisis are our own; this is part of our independence. [Rackley 2001:9]

Thus, although MSF personnel may be reporting the words of others, their representation is never ethnographic or even quite juridical in motivation; through their collective expertise, they verify problems affecting a population and, like any

physician, reserve the right to offer an opinion about treatment, whether or not it is fully accepted by the potential patient.

As with most aspects of MSF's activity, *témoignage* remains internally as well as externally contentious, and even general statements about it reveal a complex and sometimes contradictory logic born of negotiation. The current charter, although calling for volunteers to respect "their professional code of ethics" rather than for explicit discretion per se, does not mention *témoignage*. The Belgian guidebook acknowledges this absence to be "somewhat hypocritical," given that that witnessing constitutes a "fundamental aspect of our mission" (Rackley 2001:3), but ascribes it to the practical realities of negotiating access on the ground. "Omitting *témoignage* from the [MSF] Charter was intended to avoid unnecessary suspicion and conflict with local authorities, as it can easily be interpreted as declaring political intent, even espionage" (Rackley 2001:3). On the same page, the guide stresses that bearing witness is understood as a moral and political choice for members, rather than a moral duty imposed on them. "MSF chooses to respond to people's plight by communicating it to others; none of us is legally obligated to do so. In other words, as individuals we can choose to speak out or not, but as an *organization* we feel morally bound to do so" (Rackley 2001:3, emphasis added). The duty of this testimony is essentially collective.

The different national sections of the organization, particularly the core European sections that actively run most operations (Belgium, France, Holland, Spain, and Switzerland), maintain somewhat different habits as well as interpretations of their common doctrine. Thus, the Belgian section produced the guidebook quoted above, which mixes general observations and brief descriptions of historical examples drawn from MSF's greater experience. This work emphasizes that the primary objective should be to "improve the situation" rather than satisfying indignation (Rackley 2001:13) and provides a "Témoignage Toolbox" of strategic options (silent diplomacy, letter writing, media events, overt diplomacy, press communiqués, and public statements or position papers) as well as noting longer-term possibilities such as books and conferences to keep an issue alive or cooperation with an international war crimes tribunal, such as those operating at Arusha or the Hague (Rackley 2001:20–21). But it also closes with a chapter on "Unanswered Questions," reminding its readers that *témoignage* is "no magic formula for justice."<sup>19</sup>

The Dutch have their own "Advocacy Kit" to instruct volunteers. It includes copies of the MSF Charter and the final document of the Chantilly meeting as well as a review article composed for the Nobel occasion and short pieces outlining the place of witnessing and humanitarian affairs at MSF–Holland. It also contains a guide to data collection (both for routine medical monitoring and for investigation of particular matters of concern), a position paper on female

genital cutting (which MSF opposes on health grounds, emphasizing that immunization, oral rehydration, and the use of condoms also represent deviations from “tradition”), background papers on “the right to health” and humanitarian assistance, and, finally, a reference guide to relevant international law and sample “witness statement forms” for taking down information about reprehensible conditions and incidents.

The French section, by contrast, has refused to produce any such set of guidelines, believing that witnessing is too contextually specific an activity to ever conform to a standardized algorithm. Instead, the French have been working on an ambitious series of “casebooks” that cover key, controversial moments when public speech was contemplated and pursued and that contain as much primary material as possible. These casebooks have themselves been the focus of some controversy within the wider organization and remain in restricted circulation. For that reason, I do not quote from their contents but simply describe them as collections that would be immediately recognizable to any professional historian, who would appreciate their effort to encompass a wide array of documents and fragmentary oral histories representing different perspectives, ordered only by a timeline of events. Four of the six examples thus far completed chronicle the MSF experience during the genocide in Rwanda and its aftermath in Zaire.

Within and across the sections, other distinctions further place *témoignage* into a state of constant tension. MSF is, after all, nominally a medical organization concerned with issues of human health and is perceived publicly as a collectivity of doctors. To witness states of suffering, however, is an ostensibly human act, one derived from compassion and presence more than professional knowledge *per se*. And public image notwithstanding, MSF now incorporates far more than an association of physicians. A large number of nonmedical personnel work and volunteer with the organization, including a veritable army of “national staff” resident in mission countries and employed in semiskilled roles as well as a smaller corps of logisticians and administrators who oversee the material and financial details of operations and a troop of sometime journalists, lawyers, and even a few anthropologists who document humanitarian issues. At the same time, MSF has expanded to include an increased number of “partner” sections primarily concerned with fundraising, advocacy, and recruitment of volunteers rather than operations (including those based in the wealthy states of Canada, Germany, Italy, Japan, and the United Kingdom as well as the geopolitically central United States). Thus, a potential overemphasis on *témoignage* threatens to blur MSF’s medical and field identity. Those nonmedical staff most concerned with issues of public presentation—members of the communications departments of the various headquarters—regularly emphasize that MSF is first and foremost involved in field operations, not in the pro-

duction of reports. “We are not Amnesty or Human Rights Watch,” I have been told repeatedly. Witnessing, in this view, is best understood as a secondary effect of medical humanitarian action, an essential by-product, but a by-product, nonetheless. A French operations director, himself trained in law and actively involved in testimonials about human rights abuses in the Balkans, made this point quite strongly to me:

Thus, for me *témoignage* is linked to action but should never be seen as an action itself. It’s not the work of one specialized body. Rather it’s the responsibility of everybody. You, me, a doctor, a nurse, a log [logistician]—whoever is on the spot. *Témoignage* is also not just denunciation, it can also simply be information. Some people distinguish it from communication, but for me it’s something more political to address violence against a population. However, MSF should not become a sort of press agency. That’s not our job at all. [field notes, June 2003]

Despite such disavowals, a significant and growing part of MSF’s actual practice quite clearly involves the deployment of statements about health issues within a field of public relations, and the movement’s identity is partly shaped by a perceived willingness to speak out. Considered from this vantage point, *témoignage* moves from essential by-product to ethical essence as well as potential strategic resource, in that it can motivate action. The freedom to speak is, in turn, commonly thought to be rooted in financial independence. Unlike most large humanitarian organizations, MSF seeks relatively little funding from state or interstate sources, increasingly relying on a growing network of individual contributors rather than donor agencies like USAID, the European Union, or the United Nations.<sup>20</sup> Such fundraising requires the careful cultivation of the movement’s public image, which was greatly enhanced in international terms by its Nobel Prize (see Figure 2). This cultivation is not simply a matter of public rather than state censorship, however, as what matters most for MSF’s survival is its continued projection of a sense of authenticity, rather than its adoption of a particular position on a specific issue. For, although speaking out on a particular issue might alienate part of the donor base, always keeping silent would destroy MSF’s claim to distinctive moral credibility and render its medical actions indistinguishable from those of the programmatically neutral Red Cross out of which it was largely born.

The receipt of the Nobel Prize also accelerated MSF’s commitment to increased advocacy by providing their new “Campaign for Access to Essential Medicines” with an immediate infusion of publicity and additional funding. The Access Campaign constitutes a sustained effort to publicize the difficulties encountered by poor people in obtaining medicines to combat conditions that particularly affect them, focusing on HIV/AIDS, leishmaniasis, malaria,



**Figure 2.** MSF advocacy exhibit, “A Refugee Camp in the Heart of the City,” Central Park, New York City, 2000. Photo by Peter Redfield.

sleeping sickness, tuberculosis, and meningitis. The actions involved include such classic political gestures as letter writing, signature gathering, public events, and coordinated lobbying with other actors. The motivation for the Access Campaign was MSF fieldworkers’ frustration at repeatedly encountering the symptoms of outdated protocols and drug shortages for unprofitable diseases. As a member of the public-health department at MSF–Holland put it, “The more I go to the field the more I realize the work needs to be done in Washington and Brussels.” The drug campaign has grown very quickly and can claim some early success amid broad-based coalition efforts to lower prices for some drugs for patients in poor countries, most famously for the antiretroviral products used in arresting AIDS.<sup>21</sup> At the same time, it finds itself increasingly playing an advocacy and research role in the realm of policy decisions, in which aspects of *témoignage* are brought to bear less as general moral documents expressing outrage over the violation of a population than as specific, directed interventions in a political discourse concerning public health. This trend worries more than a few within MSF, who fear a slackening connection to operational experience and who, thus, advocate a renewed focus on field activities.

Most generally, however, *témoignage* continues to be a source of constant internal debate and commentary. Long-term members of the movement strive to be suspicious of their own ideology and to question any term that becomes too settled. The former president of MSF–France, Rony Brauman, expressed regret to me at having helped to introduce *témoignage* into the movement’s collective vocabulary, feeling that it has given rise to a great deal of misunderstanding rather than emphasizing a more common sense of responsibility and “refusal to be an instrument of political violence.” Another senior figure within the same section dismissed the tradition of witnessing as a “cache-sexe,” a fig leaf of activism to cover the perpetual frustration of relative political impotence. And yet, he, like most long-term members of the organization, also recognized the need to justify the obvious incompleteness of MSF’s medical interventions with a sense of the wider effects of action. By itself, MSF can never save the world; this is quite clear to its most ardent constituents and those most determined to preserve its field focus. But, by saving a few, however temporarily, the group can make a case against needless suffering and potentially criticize and annoy others into greater action. In this light, one can understand the description of its map of missions by a

member of MSF–Holland as “a very expensive pair of eyes.” By intervening in the most desperate circumstances, with excellent communications technology and restricted political will, MSF has created a potential as well as an actual system for knowledge production in the face of despair.

### Witnessing in action

Before continuing with further analysis of MSF’s *témoignage* as a general practice, I provide a brief example of a specific instance, one that reveals both common techniques and the scope of knowledge generation involved. The case involves the Democratic Republic of the Congo (formerly Zaire), an area featuring both a long history of suffering and lurid representation and what are likely—in statistical terms—the greatest losses of human life over the last decade. In 2001, the Belgian section of the organization released an epidemiological report addressing issues of health and violence in the war-torn Democratic Republic of the Congo, elements of which later found inclusion in an article for the journal *Disasters* (Parqué et al. 2001; Van Herp et al. 2003). On the basis of surveys conducted in five locations, the report concludes that mortality rates were disconcertingly high near the front lines of the conflict and that rates of infectious disease and malnutrition were on the rise. After pages delineating methodology of sampling strategies and providing results in the form of figures and tables, the article closes with a discussion of crisis in the country and MSF’s actions to recognize and address its scope, aided by the specific results of this survey. The most fundamental finding of the work appears in a relatively dispassionate formulation: “The medical and humanitarian situation remains acute across the country, particularly near the front line where mortality far exceeds alarm thresholds” (Van Herp et al. 2003:151).

Such conclusions are not intended to be surprising; rather, the report seeks a small measure of relative precision within the statistical vacuum of political collapse to lend scientific weight to its calls for increased health care for affected populations. Commenting on a similar study conducted in the Congo in 1997, an MSF author had the following to say:

As a result of this survey, MSF was able to back up its *témoignage* with statistical proof of a kind that could justifiably be used to extrapolate evidence of the fate of tens of thousands of Rwandan refugees in the forest of Congo. This was especially important in view of the Congolese government’s refusal to grant free access to refugees to a United Nations human rights investigation team. [Marschner 1999:19]

Here, epidemiology is called on to produce motivated facts, that is to say, a body of information that suggests the validity of probable truths already known in outline if not detail.<sup>22</sup> The construction of these facts is partial both in

the sense of being constrained by adverse conditions and in the sense of being directed by a guiding orientation that extends beyond the parameters of disinterest. Here is a most worldly conception of science in action: the production of “statistical proof” that could “justifiably be used to extrapolate evidence” in a setting where the norms of public health surveillance are lacking.<sup>23</sup>

At the same time that it conducted this 2001 survey, the MSF–Belgium team also gathered first-person narratives of individuals who had suffered during the recent phases of the war that had engulfed the region since the mid-1990s and incorporated the most moving into a book that appeared in French the following year under the title *Silence on meurt: Témoignages* (Quiet, We Are Dying: Testimonies; MSF 2002a). These materials are still specific but target an emotional connection with suffering through stories of individual loss: small, sharp markers of anguish thought to reach deeper into empathetic affect than generalized images or the abstraction of statistics. As the official description of the project proclaims, the goal here is to “give voice to the Congolese, so that they might themselves present their unvarnished everyday reality.”<sup>24</sup> Thus, readers are introduced to Samuel T., a fisherman, who tells of lack of medicines and clinical care for his ten children, of resorting to traditional remedies, and, finally, of traveling to a hospital only to watch his son die. Justine F., a mother of seven, recalls losing a son and returning to her house to find it burned to the ground. Her husband is a teacher, she notes, and yet she faces the shame of being unable to clothe all of her children. Mirielle K., a young single mother, recounts how she became separated from her child amid the panic of a rebel takeover of her town, and “only God knows” if the child lives or not or if they will be reunited.

Several of these individuals not only narrate but also comment on their own condition. Jean K., a 69-year-old teacher, can no longer look past the present: “We don’t know if peace will last, so it is useless to think about the future.” François K. M., who has lost three children, offers this bitter analysis: “Laugh! Yes, we laugh because God created laughter as part of human nature, but inside we are eaten away as if by gangrene. It is with much emotion that I share my sorrow with the person to whom I am talking about my misfortune.” Presented without embellishment and accompanied by images of distressed individuals in everyday settings, accounts of such life events lend particularity to the mass experience of a suffering population. At the same time, these speakers are clearly quite ordinary people, and their personal tragedies should resonate with anyone who has a child or, indeed, with any “decent human being.”<sup>25</sup>

Collectively, these overlapping projects share a common goal: to mobilize the suffering encountered by MSF’s field missions in one of the world’s most troubled areas and translate it into a collage of truth to disturb and motivate reaction.

The different numeric, narrative, and visual products may seek to engage different institutional and general audiences, but all derive from specific engagements and claim authority on the ground of experience. And even when the results are effectively depoliticized in their generality—in the perversely elegant images of nameless suffering, for example—they are potentially repoliticized through association with particular narratives and motivated statistics, evoking the public violation within individual misfortune.

These efforts to represent suffering in the Congo share traits common to the much larger array of reports, articles, books, seminars, news conferences, workshops, films, and web postings that the greater federation of MSF produces on a continual basis. All seek to establish the facts of suffering and, thereby, make a moral claim. Three general traits are particularly suggestive, and I outline each in turn.

#### *“The field,” or the significance of presence*

The work of an international NGO like MSF parallels anthropology in the degree to which moments of direct experience in “the field” constitute the perceived basis of discursive authority. In the case of MSF, the critical role of the group’s personnel in representational terms is to “be there” at the right time and place to transmute immediate experience or freshly received narrative into a potentially defining truth about suffering.<sup>26</sup> This is particularly the case for the expatriate fieldworker, whose relatively expensive presence is frequently justified not only as an expression of solidarity but also as a potential conduit to a wider circulatory network. At certain moments, some in MSF argue, having an outsider in place can be critical simply because that person can gather and disseminate information from a position of neutral ignorance, and—kidnappings aside—with a different degree of risk than that faced by local residents.<sup>27</sup>

At times, however, the official logic of action can even be reversed, such that medical care serves primarily as a justification for presence. Many members of MSF become attached to particular mission sites, especially zones of chronic disaster, and collective experience over time in places like Afghanistan or the Sudan have influenced organizational outlook. Chechnya has been one such area for the last decade, and a senior figure within MSF–Holland described the impossibility of working in the ravaged shell of Grozny to illustrate a more general credo of “providing care as a protest.” Acknowledging that the care offered was not really medically significant in a public-health sense, he underscored the importance of nonetheless remaining in place amid destruction and providing a physical and symbolic link to the outer world.<sup>28</sup> Additionally, individuals who have extensive field experience with MSF sometimes caution against an overly abstracted and dramatic conception of advocacy prevalent in the organization’s offices, emphasizing that *témoignage* also involves an evaluation of what

moments demand a public response. As a head of mission noted to me in Uganda, “Information can kill other information.” Rather than constantly talking about a situation, she stressed the importance of choosing a moment and having convincing arguments and figures at the ready to make an impact.

Members of MSF express discomfort with the idea of speaking out about things they—or their patients—have not directly witnessed. Faced with highly scripted mediated representations of suffering (to which they regularly if not always eagerly contribute), they prize immediacy of contact and direct quotations, seeking to maintain some semblance of specificity of voice amid a wash of routinized images. Yet, despite this emphasis on individual experience, the final voice of MSF is ever a collective one: moments of speech drawn together and disseminated by a large and quite professional media mechanism. Individual names fade behind that of the organization, and the words of doctors, nondoctors, and victims alike rest under a greater mantle of medical care and a concern for life and health amid suffering.

#### *“Voices,” or the humanitarian deferral of authority*

In keeping with a growing genre of report writing by advocacy organizations and intergovernmental agencies (not to mention several strands of contemporary academic practice), MSF documents intended for public circulation regularly feature the “voices” of those directly impacted or, if unavailable, the proxy testimony of those caring for them in the field. Translated and edited into manageable units, these statements emphasize individual experience within mass conditions in the hope of conveying shared humanity across geographic and social distance. Amid the tradeoff between contextual detail and breadth of circulation common to such representation (Butt 2002; Rademacher and Patel 2002), one can also note a desire to defer authority away from the apparatus of dissemination. A repeated theme in many discussions of *témoignage* within MSF is the importance of never losing sight of the victim or overshadowing a population in danger with the very act of testimony. People reflecting on this tradition of advocacy emphasize that focus should always rest on those who are suffering, never on an organization or the individual humanitarian aid worker confronting a landscape of disaster. Despite the obvious contradictions this ideal raises for activities such as fundraising—in which the audience must be encouraged not only to recognize suffering but also to see donating to the organization as the best means to aid the victim—it, nonetheless, reflects the central altruistic claim of an independent group like MSF, operating without any official mandate beyond that of human morality.

There is, however, an important qualification: For MSF (and similar groups engaged in mobile moral or political testimony), presence on the ground is not simply random.



Figure 3. MSF–Epicentre sleeping sickness study, Yumbe District, Uganda, 2003. Photo by Peter Redfield.

Rather, it is the result of an intentional choice to be present, even if that choice originally may have been made in the name of provision of care rather than for the purpose of testimony per se. In this sense, the juridical conception of an advocate, indeed, works at least as well as that of a witness to describe MSF's position vis-à-vis témoignage, given that the very charter of the movement indicates a commitment to engage with those in need.<sup>29</sup> That this need might expand from physical care to include representation only shifts the register from medicine to law and reaffirms that MSF volunteers are anticipatory witnesses and advocates, prepared to speak, in general, before any particularity of events requires it. The "Advocacy Information Kit" provided by the Dutch section of the movement neatly formalizes this predestined motivation, by including an appendix of sample witness-statement forms for reporting both incidents and camp conditions, so that the details will prove sufficiently telling in circulation (MSF 2000:26–29). In this

way, the decent human being learns to be professionally effective.

#### *"Facts," or the production of research*

In 1987, MSF–France launched a "satellite" organization called "Epicentre" to conduct epidemiological studies and assessments in field settings.<sup>30</sup> Having a separate research arm would assist MSF in generating an independent knowledge base, one specifically geared toward its needs. On a technical level, Epicentre could evaluate health needs and assess the efficacy of field techniques according to a schedule determined by MSF (see Figures 3 and 4). At the same time, it could provide the sort of data that might resonate in expert circles, enhancing the organization's credibility within a wider world of public health and improving its ability to "speak to the institution" (Rademacher and Patel 2002:176). Rony Brauman, MSF–France's president at the time Epicentre was established, describes the initiative as part of a



**Figure 4.** MSF–Epicentre malaria study, Amudat Hospital, Uganda, 2003. Photo by Peter Redfield.

broader effort at the time to boost MSF’s technical capacity on several fronts, rendering the movement both more immediately effective and more professional in approach.<sup>31</sup> MSF’s move to equip itself with a better arsenal of statistical facts fits a more widespread pattern within nonprofit and advocacy organizations at the time, as even Greenpeace supplemented its tradition of guerrilla theater with a greater focus on research (Durland 1987; Keck and Sikkink 1998:21).

With respect to *témoignage*, the existence of Epicentre acts both as a population-level counter to the medical and moral impulses of clinicians responding to individual cases and as a translation device for rendering suffering into the institutionally potent language of numbers.<sup>32</sup> Beginning with a study of an overcrowded prison in Gitarama, Rwanda, in 1995, epidemiological reports have become part of a self-consciously “scientific” approach to the group’s *témoignage* (Marschner 1999), matching the experiential record of individual suffering with statistical records of a population in danger. The two are not mutually exclusive endeavors, and,

indeed, the collection of emotional testimonials can prove more appropriate to certain patient groups as well as potential audiences. Late in the Bosnian crisis, a former journalist found herself working with MSF amid a population of resettled refugees and “faced people who were not very sick, but so willing to speak.” Whereas the epidemiologists accompanying her struggled to find an adequate approach, she felt better equipped than her medical counterparts to record the refugees’ suffering. Many members of the organization also remain deeply skeptical of the abstract nature of quantitative data on principle as well as of the illusionary certainty numeric values can project onto incomplete understandings of volatile field situations. MSF, thus, refuses to endorse the simple adoption of “evidence-based approaches” (Robertson et al. 2002). But the emergence of the drug-access campaign and the group’s increased focus on specific diseases both place increased emphasis on expert knowledge. The more MSF seeks to advocate for particular issues or policy changes through publicity campaigns, lobbying

government agencies, or embarrassing corporations, the higher the stakes are for possessing authoritative facts.

### Specific collectives

Here, I return to the medical persona of MSF and the question of whether the voice of a “decent human being” who speaks as a doctor carries any particular resonance. Not long after the group’s emergence, Michel Foucault (2000) made a well-known distinction between what he called “universal intellectuals” and “specific intellectuals.” He posed this distinction as an analytic for understanding the history of political expression, suggesting divergent genealogies for points of authority within it. For Foucault, the universal intellectual represented a residual figure of leftist political imagination, the “master of truth and justice” who can give voice to the less articulate masses. He cast Voltaire as the prototype of this universal jurist, a great writer whose sharp pen could skewer falsehood and reveal injustice. In contrast, the specific intellectual represented a newer configuration between theory and practice, a member of a distributed population of knowledge bearers defined by the precise conditions of their work. Foucault dated this latter form to World War II, naming Robert Oppenheimer and the Manhattan Project as a key transition point at which a public person’s knowledge could carry political weight because of specific expertise rather than general proclamations. The two examples contrasted centuries and national contexts and also a man of letters and a man of numbers. According to Foucault, the emergence of the expert as a political figure placed a new premium on life itself within power: “He is no longer the rhapsodist of the eternal but the strategist of life and death” (2000:129).

Foucault’s distinction is of interest here for two reasons. First, it reveals a key assumption present in many portrayals of what an intellectual might be, particularly the “public” intellectual repeatedly imagined and bemoaned in absentia.<sup>33</sup> Second, by contrasting this inherited dream with the less heroic figure of the located expert, Foucault places his case for relocating truth within power under the sign of science and the more limited revelation of specialized study. Moreover, he also suggests a central role for facts of life and death amid modern configurations of truth, power, and ethics. Thus, the doctor can emerge as both ancestral prototype and key agent of biopower, through which subject, household, and nature became interwoven with the polis (Rabinow and Rose n.d.; see also Collier and Lakoff 2005). Within a political regime that incorporates life into its regular accounting, the truth of a doctor would carry particular weight.

Foucault’s specific intellectual, however, remains an individual actor, an expert one defined by particular bodies of knowledge, to be sure, but a relative antiquarian when compared with the dispersed, mass collectives who author work in certain scientific disciplines. As Mario Biagioli and Peter Galison note in a recent volume about scientific authorship,

“Physicists have long been debating what the Nobel Prize means in an era when two thousand scientists sign a single paper” (2003:2). The issue is not simply one of allocating individual credit and recognition but also the identity of knowledge creation amid a large research or clinical trial; the inherited sense of a singular, independent author misses the collective self at the very heart of key forms of contemporary truth making.<sup>34</sup> To extend Foucault’s broad distinction to the world of humanitarian doctors, then, one should first complicate it by recalling that contemporary biomedicine is a terrain populated by groups and nonhuman assemblages far more than isolated subjects. To speak “as a doctor” is not quite the same matter as speaking “as a poet,” in that access to truth more often requires sufficient apparatus and assumes an active network of colleagues.

Foucault was also writing and thinking in the France of the 1970s, a context richly steeped in the tradition of public intellectuals but as yet featuring few prominent NGOs and a relatively modest, pre-Internet capacity for the independent dissemination of pronouncements. Although international NGOs and advocacy networks are by no means entirely new, both their number and their influence have increased dramatically over the past several decades (Boli and Thomas 1999; Fisher 1997; Keck and Sikkink 1998). Issues such as human rights, economic development, and environmentalism are now simultaneously defined and contested by groups large and small, such that the wider discourse would be unrecognizable without them. In an era when protests are scripted and organized, and letters and petitions constitute an evolved and even automated genre, NGOs provide a contrasting counterpoint to the enlightened, universal intellectual exemplified by Voltaire. Beyond “specific intellectuals,” then, one may need to consider “specific collectives,” entities that claim expertise on a group basis. The first step of analysis, when considering the international formation and arbitration of contemporary truth, would be to recognize the significance and collective nature of contemporary expertise.

### Modest immodesty, or the morality of facts

A clear line of tension runs through MSF’s advocacy work between individual narrative testimony and evidence presented in the form of more-objective “data.” Both certainly derive from different traditions and address different audience sensibilities.<sup>35</sup> But one would be mistaken, I believe, to focus solely on the contrast between them and not to consider the extent to which one affects the formation of the other when brought into continuing association. My argument here is that when taken together as examples of related practice by a collective subject, rather than seen as separate epistemological traditions, they suggest a more intimate relationship between morality and science than is usually assumed in discussions of the topic. Following the lead of work

in science studies that considers truth to have a distinctive social history, I focus on the manner in which the objectivity presented in this case is hardly “value free” but, rather, clearly in the service of humanitarian imperatives. Technical capacity and ethics are not simply opposed; rather, they are tensely, but absolutely conjoined.

MSF’s continuing cultivation of a mode of collective expertise suggests another lineage of truth claims that one might consider: that of the “modest witness” within the gentlemanly tradition of Enlightenment science. The image of the trustworthy, self-effacing witness to reality has its roots in Steven Shapin and Simon Schaffer’s (1985) study of a dispute between Thomas Hobbes and Robert Boyle as well as in Shapin’s (1994) subsequent examination of the means by which trust came to be negotiated within the scientific world of 17th-century England. Through the prism of scientific experiment, Shapin and Schaffer ask who in this social order could be trusted to witness nature and report an account of it that is both truthful and direct and, hence, to function as “a reliable spokesman of reality” (Shapin 1994:42). The answer in this historical instance is the gentleman, the only agent whose action is sufficiently “free” from social dependencies to convey the semblance of disinterest. As Donna Haraway (1997:23–39) emphasizes in a reanalysis, this founding moment of a key tradition in objectivity is not only about the disappearance of the production of knowledge but also a restructuring of that disappearance in terms of race and gender, such that only those who can disappear modestly can speak the truth: “He bears witness: he is objective; he guarantees the clarity and purity of objects. His subjectivity is his objectivity. His narratives have a magical power—they lose all trace of their history as stories, as the results of partisan projects, as contestable representations, or as constructed documents in their potent capacity to define the facts” (1997:24). Haraway (1997:277 n. 3) wants to reclaim a mutated version of the modest witness, one forced back through the politics of race and gender and, hence, capable of recognizing both objects and self-location at the same time, delicately balanced between a disinterest that is not dislocated and a political commitment that is not simply bias.

Where might the *témoignage* of MSF fit within such conceptions of the modest witness? Although the humanitarian universe largely revolves around human failings, its medical end includes a concern for nature within the calculus of suffering, and MSF claims a variety of transparency in its representation, emphasizing measured facts and the voices of direct experience. On the one hand, certain of the social patterns emphasized by Shapin and reemphasized by Haraway apply: MSF fiercely asserts its independence and, hence, suggests its “free action” as a source of veracity. At the same time, an inherited politics of race, class, and citizenship lies beneath patterns whereby largely European expatriates disappear more easily as agents of truth, transmitting the less mobile voices of largely non-European victims. At

rhetorical moments, the entire, complex transnational organization disappears into the nominal image of a biomedical doctor, historically not only white but also male. Members of MSF are aware of these issues and debate them but as yet have developed no systemic response beyond increasing the number of non-European expatriates sent on missions.

On the other hand, the doctor, especially the displaced doctor of frontier medicine, has never simply remained a gentleman scientist, removed from affairs of the world. The sort of witnessing embodied in *témoignage* retains a deep attachment with both human affairs and the gritty particularities of located suffering. Even when disciplined by the professional caution of epidemiology, MSF retains a prior attachment to humanitarian values and a commitment to respond to populations in distress. Thus, its modesty never approaches dispassion but, rather, extends moral passion through the apparatus of specific knowledge. At the same time, MSF adopts the immodest possibility of disobedience and, hence, the greater rhetorical mantle of Voltaire, by opposing the piety of established orders and emphasizing the moral significance of facts.

Collectively, then, MSF operates as a modestly immodest witness, a mirror of reality that reinforces its own unmotivated veracity even as it transmits a distinctly moral framing vision. This vision retains elements of the generative moral economy of early modern European science, the complex combinations of self-restraint and self-effacement that produced “those key aspects of science we somewhat grossly term quantification, empiricism, and objectivity” (Daston 1995:23). But it also extends beyond such dictates of personal and professional conduct to ask the question of who suffers in any given situation and what “common decency” would demand in response. The result is not quite a full politics, in that MSF limits its agenda with a humanitarian sensibility, resists the responsibility of any claim to power, and offers no general platform for an alternative social order.<sup>36</sup> *Témoignage* ultimately addresses Luc Boltanski’s (1999) moral spectator, the person who receives word at a remove about the distant plight of others. Thus, the truth MSF asserts is at once universal and restricted, impassioned and removed. The complexities of this position do not always translate well beyond moments of denunciation. The movement’s global sense of scale, together with its stress on the present and assertive independence, exposes it to charges of both inconsistency and absolutism, particularly when viewed from the vantage point of a particular community and its history.<sup>37</sup> But the knowledge it produces and circulates is always undeniably motivated and built out of facts assembled directly in the service of humane values.

## Conclusion

A Spanish doctor once told me that before MSF had decided what to do with its prize money after the receipt of the



Figure 5. MSF advocacy exhibit, "Access to Essential Medicines EXPO," Chapel Hill, North Carolina, 2002. Photo by Peter Redfield.

Nobel award, some had proposed using it to sue the collective membership of the UN Security Council for having permitted the Rwandan genocide to proceed without intervention. He had been working in the region at the time, and the prospect of such an action clearly resonated deeply with him as a defiant gesture of justice in an otherwise unjust world. No doubt it would have been a satisfying, cathartic moment for many others in and out of the movement as well, "rebellious humanitarianism" in the mode of Emile Zola's famous "J'accuse" letter of the Dreyfus affair, a classic moment in the history of public intellectuals. The organization's actual choice for the allocation of those funds, however, again illustrates the degree to which MSF operates in relation to expertise alongside a humanitarian sensibility. By designating the fledgling drug-access campaign as the recipient, MSF pushed its advocacy activity in newer, if less dramatic directions, focusing on medical materials as well as bodies and corporations as well as states (MSF 2003a; see Figure 5). At the same time, it retained a claim to privileged knowledge derived from its collective activity and suggested that it would make its case from specific facts as well as general truths, all motivated by values of life and dignity.

Throughout this article, I have sought to emphasize the manner in which the cultural production of knowledge and

forms of social life related to it are historically contextual. Two centuries after the Lisbon earthquake, Theodor Adorno infamously dismissed the possibility of writing poetry in the wake of Auschwitz.<sup>38</sup> The controversy attending this remark should not obscure one of its larger implications: that no form of cultural expression remains simply untouched by history. A half-century later, poetry is hardly dead, but representation of international crises circulates amid a complicated and heterogeneous field of audiences far larger than any Enlightenment salon, involving multiple bureaucracies, rapid communications across electronic media, and organized relief efforts directly seeking to alleviate distant suffering. Across this terrain, NGOs and transnational advocacy networks play a prominent role as both agents of intervention and collective authors, gathering and disseminating authentic voices and specific facts in the name of values.

The results of contemporary humanitarianism are not simply salutary or redeeming. As MSF's Brauman (1996:76) has acidly noted, were Auschwitz to happen today, it would be treated as a "humanitarian crisis," against which the enthusiastic hand-wringing of television would provide little protection (see also Rieff 2002:75, 86, 166). But the current configuration constitutes a different social context for efforts to "speak truth to power" or to serve as a moral witness;

inherited dreams of intellectual heroism may conform even less well to actual practices of seeking international solidarity in the face of suffering.<sup>39</sup> Would-be public intellectuals now share the stage with cadres of experts generating specific knowledge and collective agents that subsume individual actors, some of whom retire behind facts and some of whom translate as voices. MSF is one such presence of note: a collective, expert witness to disaster, detailing as extensively and precisely as possible the anguish of the world. This case reveals a form of truth telling in which questions of fact and questions of value are not decoupled, as in modernist conceptions of science, but, rather, conjoin around suffering bodies. In this fashion one strand of humanitarianism seeks to humanize the modern specialist, implying that the decent human being and the good doctor should speak with a single voice.

## Notes

*Acknowledgments.* Elements of this article were delivered at the 101st Annual Meeting of the American Anthropological Association on November 20–24, 2002, New Orleans, LA; and subsequently at the University of North Carolina's Institute of Arts and Humanities; at a working group meeting hosted by Rice University's Department of Anthropology; and at Harvard University's Department of Social Medicine. In addition to members of those audiences, I thank Dominic Boyer, Terry Evens, Judy Farquhar, Didier Fassin, Arturo Escobar, Jim Faubion, Renée Fox, Dottie Holland, Cindy Huang, Fletcher Linder, Diane Nelson, Don Nonini, Paul Rabinow, Johanna Rankin, Marc Redfield, and Silvia Tomášková. Virginia Dominguez and the anonymous *AE* reviewers offered highly insightful comments, and Linda Forman provided exceptionally humane copyediting. Research support was provided by University of North Carolina at Chapel Hill and the National Endowment for the Humanities. Above all I thank the many current and former members of MSF who made time for me amid more-urgent things. In addition to numerous individual acts of generosity, this project has also benefited from MSF's collective tradition of encouraging debate and reflection about its activities. Kris Torgeson, Kevin Phelan, Stephan Oberreit, Ed Rackley, Ruud Huurman, and Jean-Marc Biquet were especially helpful in the MSF section offices in New York, Paris, Brussels, Amsterdam, and Geneva. In Uganda, Jono Mermin, Becky Bunnell, Rachel King, and Jaco Homsy all provided hospitality as well as insightful discussion.

1. For this rendition and a discussion of what sort of confidentiality might be historically implied, see Miles 2004:xiv, 149–151, which suggests that the proscription is against the physician using “privileged information to dishonor persons.” For additional context for the oath and its historical reception, see Nutton 1993.

2. “Oh unhappy mortals! Oh wretched earth! Oh dreadful gathering of so many dead!” These are the opening lines of “Poème sur le désastre de Lisbonne, ou examen de cet axiome: Tout est bien” (Voltaire 1995). Or in a dated, loose poetic translation: “Oh wretched man, earth-fated to be cursed/abyss of plagues and miseries the worst!” (Voltaire 1956:196).

3. These lines are from the 1999 Nobel Peace Prize acceptance speech (Nobel Foundation n.d.); see also Bouchet-Saulnier 2000.

4. For more about the context of Voltaire's life and the production of this poem, see Aldridge 1975. Dynes 2000 examines the dispute with Rousseau, arguing both that the Lisbon earthquake represents

the first “modern disaster” and that Rousseau's interpretation assigning blame to human rather than divine failings constitutes the emergence of a distinct “social science view.” As Talal Asad (2003) points out, the doctrine of secularism itself has both a history and an anthropology in which perceptions of suffering play a prominent role.

5. Even as a generation of anthropologists increasingly moves in and out of “the nonprofit sector,” ethnographic studies of NGOs have begun to emerge. For some significant recent examples, see Bornstein 2003, Giri 2002, and Riles 2001. Fisher 1997 presents a cogent review, Lindenberg and Bryant 2001 and Keck and Sikkink 1998 offer broader sociological framings, Appadurai 2000 and Gupta and Ferguson 2002 provide a sense of the transnational terrain, and Comaroff and Comaroff 1999 underlines tensions in the concept of “civil society” in an African context. Marcus 1995 and Rabinow 2003 provide relevant methodological commentary and Fortun 2001 and Petryna 2002 studies of the politics of life and knowledge in the wake of two prominent disasters. See Das et al. 2000, Douglass and Vogler 2003, and Kleinman et al. 1997 for recent collections focused on the experience of violence, trauma, and subjectivity. Nordstrom 2004 describes the wider context of endemic conflict within which MSF commonly works.

6. In adopting this term, I do not mean to imply that other facts or truths are inherently unmotivated or unsituated but, rather, that in these cases the motivation is apparent and proclaimed and that the initial choice of subject matter derives from a distinctly moral valuation rather than a more general form of curiosity or potential profit. In this sense, the technical work of NGOs like MSF shares part of the democratizing impulse of the European “science shop” tradition (e.g., Wachelder 2003), if differently oriented and configured within independent associations.

7. I first became aware of MSF via friends who worked for the group in the early 1990s, and I began my informal archive on the topic during the last years of that decade. Since taking up this project more actively in 2000, my primary research strategy has been that of following the present organization across its many sites and along selected strands of its greater network for concentrated periods lasting one or two months while gradually working through an expanding set of collected materials related to the MSF movement's larger trajectory. To the date of this writing, I have focused on the headquarters of the three largest European sections (in France, Belgium, and Holland) and on field projects in Uganda, a setting in which MSF has been continuously active for over two decades in a variety of capacities and incarnations. For a lucid account of one relevant Ugandan context, see Leopold 2005.

8. The central operational sections are MSF–France (founded 1971), MSF–Belgium (1980), MSF–Switzerland (1980), MSF–Holland (1984), and MSF–Spain (1986). These sections are effectively autonomous, even if linked by a charter and a loose international association. At times, they have experienced moments of extreme acrimony and near civil war, particularly the largest three (France, Belgium, and Holland). Other sections are located in Australia, Austria, Canada, Denmark, Germany, Hong Kong, Italy, Japan, Luxembourg, Norway, Sweden, the United Kingdom, and the United States, and an additional office is located in the United Arab Emirates. A section based in Greece was expelled from the association after a controversy over its conduct during the Kosovo conflict in 1999 and was only readmitted in 2005. As the partner sections have grown in size and influence, their status has begun to shift, and they have acquired some field responsibilities; for example, MSF–USA took over most administration of MSF–France's operations in Uganda in January 2004. Vallaey 2004 provides the most thorough account of MSF's formation and subsequent early development. For additional background history on MSF as well as its

younger sibling offshoot and rival, Médecins du Monde (Doctors of the World, or MDM), see Deldique and Ninin 1991, Fox 1995, Job 1994, Tanguy and Brauman 1999, and Weber 1995 as well as a recent book in English by Dan Bortolotti (2004). Benthall 1993 provides a comparative study of media activities by relief organizations in the early 1990s, Leyton 1998 gives a snapshot of MSF in heroic mode, Dauvin and Siméant 2002 provides a broader sociological analysis of French NGOs, and Rony Brauman (2000), the former leader of MSF–France, outlines the greater context of the humanitarian impulse. The group's lineage includes ties to the events of May 1968; for a recent, highly critical portrayal of the organization's most prominent founding member, Bernard Kouchner, in relation to that period, see Ross 2002. For a more extensive and thoughtful discussion of the group's role in a succession of recent disasters and changing conditions of humanitarian action, see Terry 2002 and Weissman 2004, and for a critical study of the philosophical underpinnings of humanitarian reason, again by an MSF insider, see Rackley 2002. I elaborate on the potential significance of MSF's emergency work for anthropological accounts of "biopolitics" in Redfield 2005.

9. For more on the history of the Red Cross, see Moorehead 1998, and for a cogent analysis of its contemporary practice and dilemmas, see Ignatieff 1997.

10. Biafra was the first humanitarian crisis to be widely broadcast, and the experience significantly affected several existing NGOs, notably Oxfam (see Black 1992). Although the lessons derived from it about the significance of publicity may or may not have been the most beneficial (see de Waal 1997 for a strong critique), there is general historical consensus about its influence.

11. "Nous n'acceptons pas d'être les alibis médicaux du massacre des Biafrais." Kouchner would later depart from MSF in a dramatic schism at the end of the 1970s and found a related organization, Médecins du Monde, before eventually becoming a French minister. For more on his biography, see Guillemoles 2002.

12. Adherents to the movement interpret the resulting organization's name, Médecins Sans Frontières, to denote a general willingness to overcome barriers rather than an irrelevance of national borders. Even when yielding to the international dominance of English as the language of world governance (the French section most grudgingly), translation of *frontières* as *borders* remains a source of continuing controversy, one of the many reasons the movement has retained its French acronym. The irony of MSF is that, despite its name, its structure remains a federation of national sections, an artifact of the group's organizational history.

13. According to early bulletins of the organization, several symbols were considered, including a flying bird. In the early 1990s, MSF changed its insignia—partly as a result of legal action by the Red Cross—to that of a stylized running man in red against a white background. Efforts to establish a functioning symbolic code on a global scale have more than aesthetic stakes in conflict zones; in one reported case of the robbery of an MSF vehicle in Uganda, it was unclear how the assailants read the sign proclaiming an absence of guns on board, provoking speculation that a slashed circle was not as universal a negation as had been assumed.

14. For all its many "associations de la loi de 1901," France in the early 1970s had a relatively limited history of prominent NGOs, unlike Britain (birthplace of Save the Children, Oxfam, Amnesty International, and—in a Christian mode, the Salvation Army). MSF's receipt of the Nobel Prize in 1999 was, therefore, generally regarded in the French press as a distinctly national triumph, for all that the MSF movement was, by that point, no longer simply French.

15. "Ils respectent le secret professionnel et s'abstiennent de porter un jugement ou d'exprimer publiquement une opinion—favorable ou hostile—à l'égard des événements, des forces, et des dirigeants qui ont accepté leur concours." The initial charter was

published on the front page of the January 3, 1972, issue of the medical journal *Tonus* that announced the formation of MSF. See also the review article in the Dutch Advocacy Kit, MSF (MSF 2000).

16. "Mais il faut cependant que je vous le dise: il ne s'agit pas d'héroïsme dans tout cela. Il s'agit d'honnêteté. C'est une idée qui peut faire rire, mais la seule façon de lutter contre la peste, c'est l'honnêteté" (Camus 1947:132). Adopting a translation that renders *honnêteté* more literally as *honesty*, Alex de Waal (1997:221) positions this quotation at the end of his extended critique of humanitarian efforts to intervene in situations of famine and admonishes humanitarians to avoid publicity to combat the illusion that famine could ever be solved by anything other than political action. As portrayed in *La Peste*, however, Camus's *honnêteté* captures something of the essential spirit of integrity that humanitarians frequently identify with humanitarian action: the impossibility of not acting in response to human suffering. Therefore, I retain the published literary rendering of "common decency" and suggest a central role for this attitude within MSF, the very epitome of publicity-friendly "rebellious humanitarianism." Lest the appeal of human integrity grow too comfortable, I also add the words of Rudolf Ramm, a leading Nazi medical ethicist: "Only a good person can be a good physician" (Proctor 1992:17).

17. As Bortolotti (2004:61) notes, working for MSF was the most commonly cited dream job of respondents in a 1989 French poll.

18. The cases described above have been the focus of considerable and continuing internal and external controversy. In Ethiopia, MSF–France's accusations ruffled the feathers of the wider aid community amid the surge of Band Aid music publicity, and the French group was accused of incompetence (see de Waal 1997 for an overview as well as MSF reports from the period, e.g., MSF 1985). The episode clearly marked those involved and may have contributed to the self-conscious drive to professionalize in the later 1980s. During the greater Rwandan tragedy, MSF was a much larger and multinational presence, and the strategic disagreements between MSF–France and MSF–Belgium and MSF–Holland, in particular, grew acrimonious, as the latter generally favored maintaining field access and resented some of the French statements. Pottier 2002 provides a detailed study of the interpretation of the Rwandan events by international actors, including NGOs. For a close analysis by an MSF insider of several controversial cases of humanitarian action, see Terry 2002, and for a discussion of sectional differences in Kosovo, see Dauvin 2004. MSF's more recent public actions, such as the denunciation of U.S. Army food drops amid bombing in Afghanistan, withdrawals from that country and Iraq, and criticism of fund-raising following the 2004 tsunami in the Indian Ocean, have likewise fueled internal commentary and conflict, with MSF–France usually at the center of it.

19. This point is reemphasized in a final footnote:

It is a sad misunderstanding that humanitarianism can "save the world," as is apparently believed by many of our first mission volunteers, donors, and general public as well. When we succeed at what we do, at best it can be called "keeping people alive," but this is hardly "to save the world" or even to affect the root causes responsible for the suffering of a given population. That *témoignage* aspires to a kind of justice is in part an extension of this recognition of the limits of medical relief alone. [Rackley 2001:27]

20. In the 2000–01 cycle, income from private sources constituted 79 percent of MSF's combined international inflow of 322 million euros; in 2001–02 the figure was 80.8 percent (see MSF 2001b:86, 2003b:96). In comparative terms, this income level is roughly the equivalent of the independent development NGO Oxfam, on the

one hand, and about half that of the state-sponsored ICRC or the religiously oriented NGO World Vision, on the other. Within the context of the United States, both the Salvation Army and the American Red Cross are yet another order of magnitude larger, with budgets well over \$2 billion each. Domestic charity far outweighs that expended on foreign concerns; out of the over \$200 billion collected by nonprofit organizations in 2000, only slightly over 1 percent went to organizations doing international work (see Aall et al. 2000 and Tanguy 2003:212–213, 226).

21. It has also produced a collaborative spin-off venture to foster nonprofit pharmaceutical research known as the Drugs for Neglected Diseases Initiative (DNDi).

22. To quote Annelise Riles, following Marilyn Strathern and writing about anthropology's task in confronting its own epistemological framework and aesthetic desire, "The achievement, then, lies not in the discovery of new knowledge, but in an effort to make what we know analytically accessible" (2001:18).

23. Organizations like MSF are acutely aware of the need to enumerate casualties before, during, and after any disaster to attract media attention. Individual members are also critically aware of the dangers of doing so, particularly in a context as fluid and vast as the Congo, noting both their apprehension of any utilitarian calculus and potential methodological criticism of retroactive mortality studies like the one sponsored by the International Rescue Committee (2002) between 1999 and 2001 that suggested a figure of 2.5 to 3.5 million for total deaths. And, yet, the pressure to provide estimates remains, and numbers like that produced for the Congo acquire a life of their own, all the more so when overshadowed by well-televised conflicts in Afghanistan and Iraq. The time depth of the reports surrounding these estimates tends to be shallow, in keeping with their focus on present policy and crisis. For more on the background of colonial medicine and public-health ventures in Africa, see Headrick 1994 and Vaughn 1991.

24. "Objectif: donner la parole aux Congolais pour qu'ils présentent eux-mêmes, sans fard, leur réalité quotidienne." For this and other extracts, see MSF 2001c; for English extracts, see MSF 2003c. For a discussion of tensions of voice within global moral claims in the name of biomedicine on behalf of the "suffering stranger," see Butt 2002 and responses (e.g., Irwin et al. 2002) as well as Malkki 1996 on refugees. Gayatri Spivak (1988), of course, would suggest inherent difficulties for any project seeking transparent expression on behalf of the oppressed.

25. A similar collection, entitled *The War Was Following Me* and issued by MSF–Holland (MSF 2002b), likewise matched selected testimonials with stark black-and-white photographs of suffering to chronicle the preceding decade of violence in the Congo. As in the Belgian project, these are understated accounts of ordinary lives interrupted by suffering and humiliation, horrific less in language than in the specificity of their reported detail: the uncle's severed head and hand and penis, the woman raped a week after childbirth, the woman forced to consume her own breasts before dying impaled by a spear. The accompanying images reveal a baby climbing on a suitcase in the dirt, one small child holding aloft a machete, and another one receiving oral treatment from a syringe. Aesthetically stark, the collections focus relentlessly on personal accounts of greater anguish.

26. "Truth" here is intimately connected with "action." For two more-religiously inflected examples, see Bornstein 2003:39 on World Vision's sense of the field as a sacred site of "real work" and Giri 2002:45 on Habitat for Humanity's emergence from "love in action." Although MSF's ethos may be resolutely secular, its rhetorical practice, nonetheless, positions the field in parallel ways.

27. "The field" simultaneously constitutes a primary site of self-formation for members of MSF; to speak with any measure of cred-

ibility within the organization, one must have gone through an appropriate passage on the front lines, preferably with scant material comforts and at least one debilitating disease.

28. His point finds echoes in many other accounts I have received. When arriving in the former Yugoslavia near the beginning of that state's disintegration, an emergency team from MSF–France was embarrassed to find that its medical expertise was both less crucial and less well adapted than expected; a hospital in Split had plenty of trained personnel and requested a list of drugs similar to one "you would find in Marseilles." The team remained in place, however, realizing that the delivery of minor services could help it to stay on top of the situation and serve as a kind of monitoring device.

29. Unlike the survivor, who is separated from victimization by only the most individual of fortune, a witness can potentially stand a step further away and constitute a third figure in any binary exchange. Rackley traces the ethical position of the "third man" from Emmanuel Levinas into humanitarian logic. "Bearing witness is a highly partisan activity. It does not claim to defend victims' interests *in their place*, as this would mean taking over their self-responsibility. It consists rather in conveying the conditions of their plight to the world" (Rackley 2002:177). As I try to suggest here, the tension between conveying and substituting is a complicated aspect of MSF's *témoignage*. For an etymological discussion of differing implications of testimony in Latin, see Agamben 1999, especially 148–150, which ties it to the condition of authorship. For Giorgio Agamben as well as many others (e.g., Michael Bernard-Donals and Richard Glejzer [2003]; see also Douglass and Vogler 2003 for a broader survey), the defining paradigm of moral witnessing is established by the Holocaust.

30. Although legally independent, in most practical terms, Epicentre represents a subsidiary enterprise: MSF members sit on its board, most of its employees have considerable experience on MSF missions, the majority of its contracts are with MSF, and its central office is in the same Paris neighborhood as the French section.

31. Epicentre's founding roughly coincided with the establishment of MSF's influential "kit" system of logistics, in which assemblages of presorted equipment and guidelines were carefully prepared to better coordinate crisis response, all part of the growing professionalization of humanitarianism.

32. Thus, when a new strain of meningitis appears in Burkina Faso, the director of Epicentre can caution MSF not to assume before conducting a study that it will become a common problem. Or when the drug-access campaign embroils MSF in international debates over which protocol of treatment to favor for cases of malaria in Africa, the organization can sponsor its own review or clinical trial rather than depending on those undertaken by others. Although not all of the different national sections of MSF avail themselves equally of Epicentre's services, all do invest in epidemiological work and the production of knowledge in the name of humanitarian action.

33. Like Antonio Gramsci (1971), Foucault historicizes the timeless figure of "the intellectual," if focusing on forms of knowledge and regimes of truth, rather than on class or labor per se. For general background on the sociology of intellectuals and their politics, see Kurzman and Owens 2002 and MacLean et al. 1990. Brint 1994 and Larson 1977 provide the outlines for a more conventional political economy of professional life and expertise far beyond the Big Science of the Manhattan project; Krause 1996:123–172 outlines the social position of French doctors. At the other end of classic formulations of truth and power, Boyer 2003 offers a detailed portrait of the antithesis of a public intellectual in the shape of a totalitarian state censor. And Gutman and Rieff 1999 offers a primer on war crimes for the would-be concerned world citizen, a project that would suggest a potential democratization of the means of denunciation via an acquisition of baseline expertise.

34. See Galison 2003 for an expanded discussion of the “collective author” in the context of science. Foucault’s (1998) earlier essay on authorship also traces a broad divide between scientific and literary worlds of production, sketching a migration of the author function of the individual name from the former to the latter. As Biagioli and Galison note, however, it ultimately focuses on human sciences, rather than tracing developments elsewhere.

35. For a discussion of the relative dangers of using photographic images and statistics to describe suffering, see Kleinman and Kleinman 1997.

36. To be sure, the greater moral vision of medical humanitarianism has potential political consequences at every level from the local to the transnational. Overall, MSF maintains a complicated position between ethics and politics, by consistently denouncing the very conditions within which it simultaneously operates. Although positions vary greatly within and between the different national sections, the overall tone is generally realist and anti-utopian; thus, many are wary of positioning witnessing directly alongside human rights in the manner that Farmer (2003) advocates, even if in broad agreement with such a project’s general goals. Beyond MSF’s own lively internal debates, the wider humanitarian world enjoys the attentions of an able circle of well-published critics, such as Michael Ignatieff (1997) and David Rieff (2002). For a description of a more directly political medical movement, see Adams 1998, and for an analysis of humanitarianism’s limits in the political context of Palestine, see Fassin 2004. MSF’s complex anti-utopian utopianism finds parallels in other contemporary forms; see Terrence Evens’s (1995) description of the Israeli kibbutz.

37. For critical studies and involving MSF actions in particular locations, see Allen 1994, Laplante 2003, and Lofving 2002. MSF is not unaware of issues related to cultural difference, which have featured in several recent discussions and initiatives (see Bedell 1999; King and Homsy 1997; MSF 2001a). Prominent figures within MSF (e.g., Brauman 1993) also display considerable critical awareness of the political perils of media-defined crises. As a collectivity and institution, however, MSF continues to insist on the primacy of human dignity and life, largely within the framework and vocabulary of a civil (and civilizing) society that Liisa Malkki (1996) identifies with the dehistoricized image of the refugee. Nguyen and Peschard 2003 offers a broader review of medical anthropology focused on disease and inequality, and Nguyen 2002 provides an account of the local exchange value of AIDS testimonials in a West African setting. As the exchanges related to Leslie Butt (2002) and Maria Pandolfi (2000) indicate, however, humanitarian issues present a particularly complex object for anthropology. See Ong and Collier 2005 and Rabinow 2003 for discussion of the significance of shifting objects and populations for anthropology’s knowledge practices.

38. “To write poetry after Auschwitz is barbaric” (Adorno 2003:162). For further discussion of this remark in the context of Adorno’s thought and of the central place the Holocaust occupied in his intellectual life and work, see Tiedemann 2003:xv–xvii.

39. See Robbins 1999:11–37 for a discussion of internationalism, cosmopolitanism, and nationalism related to Susan Sontag’s denunciation of depoliticized intellectuals, absent from Sarajevo.

## References cited

- Aall, Pamela, Daniel T. Miltenberger, and Thomas G. Weiss  
2000 *Guide to IGOs, NGOs, and the Military in Peace and Relief Operations*. Washington, DC: U.S. Institute of Peace Press.
- Adams, Vincanne  
1998 *Doctors for Democracy: Health Professionals in the Nepal Revolution*. Cambridge: Cambridge University Press.
- Adorno, Theodor  
2003 *Can One Live after Auschwitz? A Philosophical Reader*. Rolf Tiedemann, ed. Stanford: Stanford University Press.
- Agamben, Giorgio  
1999 *Remnants of Auschwitz: The Witness and the Archive*. New York: Zone Books.
- Aldridge, A. Owen  
1975 *Voltaire and the Century of Light*. Princeton: Princeton University Press.
- Allen, Tim  
1994 *Closed Minds. Open Systems*. In *A River of Blessings: Essays in Honor of Paul Baxter*. David Brokensha, ed. Pp. 225–246. Syracuse, NY: Syracuse University Press.
- Appadurai, Arjun  
2000 *Grassroots Globalization and the Research Imagination*. *Public Culture* 12(1):1–19.
- Asad, Talal  
2003 *Formations of the Secular: Christianity, Islam, Modernity*. Stanford: Stanford University Press.
- Bedell, Richard, ed.  
1999 *Intentions and Consequences: MSF Discusses Human Rights, Humanitarianism and Culture*. Workshop Proceedings, June 7–8. Amsterdam: MSF–Holland.
- Bentham, Jonathan  
1993 *Disasters, Relief and the Media*. London: I. B. Tauris.
- Bernard-Donals, Michael, and Richard Glejzer, eds.  
2003 *Witnessing the Disaster: Essays on Representation and the Holocaust*. Madison: University of Wisconsin Press.
- Biagioli, Mario, and Peter Galison  
2003 *Introduction*. In *Scientific Authorship: Credit and Intellectual Property in Science*. Mario Biagioli and Peter Galison, eds. Pp. 1–9. New York: Routledge.
- Black, Maggie  
1992 *A Cause for Our Times: Oxfam, the First Fifty Years*. Oxford: Oxfam and Oxford University Press.
- Boli, John, and George Thomas, eds.  
1999 *Constructing World Culture: International Organizations since 1875*. Stanford: Stanford University Press.
- Boltanski, Luc  
1999[1993] *Distant Suffering: Morality, Media and Politics*. Cambridge: Cambridge University Press.
- Borneman, John  
1997 *Settling Accounts: Violence, Justice, and Accountability in Postsocialist Europe*. Princeton: Princeton University Press.
- Bornstein, Erica  
2003 *The Spirit of Development: Protestant NGOs, Morality, and Economics in Zimbabwe*. New York: Routledge.
- Bortolotti, Dan  
2004 *Hope in Hell: Inside the World of Doctors Without Borders*. Richmond Hill, Ontario: Firefly Books.
- Bouchet-Saulnier, Françoise  
2000 *Between Humanitarian Law and Principles: The Principles and Practices of “Rebellious Humanitarianism.”* Electronic document, [http://www.msf.org/msfinternational/invoke.cfm?objectid=6589C8A5-DC2C-11D4-B2010060084A6370&component=toolkit.article&method=full\\_html&CFID=88721&CFTOKEN=28147623](http://www.msf.org/msfinternational/invoke.cfm?objectid=6589C8A5-DC2C-11D4-B2010060084A6370&component=toolkit.article&method=full_html&CFID=88721&CFTOKEN=28147623), accessed September 21, 2005.
- Boyer, Dominic  
2003 *Censorship as a Vocation: The Institutions, Practices, and Cultural Logic of Media Control in the German Democratic Republic*. *Comparative Studies in Society and History* 45(3):511–545.
- Brauman, Rony  
1993 *When Suffering Makes a Good Story*. In *Life, Death and Aid:*

- The Médecins Sans Frontières Report on World Crisis Intervention. François Jean, ed. Pp. 149–158. London: Routledge.
- 1996 *Humanitaire, le dilemme*. Paris: Editions Textuel.
- 2000 *L'action humanitaire*. Paris: Flammarion.
- Brint, Steven  
1994 *In an Age of Experts: The Changing Role of Professionals in Politics and Public Life*. Princeton: Princeton University Press.
- Butt, Leslie  
2002 *The Suffering Stranger: Medical Anthropology and International Morality*. *Medical Anthropology* 21(1):1–24.
- Camus, Albert  
1947 *La peste*. Paris: Editions Gallimard.
- 1991[1948] *The Plague*. Stuart Gilbert, trans. New York: Vintage Books.
- Collier, Stephen J., and Andrew Lakoff  
2005 *On Regimes of Living*. In *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems*. Aihwa Ong and Stephen Collier, eds. Pp. 22–39. Malden, MA: Blackwell.
- Comaroff, John, and Jean Comaroff, eds.  
1999 *Civil Society and the Political Imagination in Africa: Critical Perspectives*. Chicago: University of Chicago Press.
- Das, Veena, Arthur Kleinman, Mamphela Ramphele, and Pamela Reynolds, eds.  
2000 *Violence and Subjectivity*. Berkeley: University of California Press.
- Daston, Lorraine  
1995 *The Moral Economy of Science*. Issue on “Constructing Knowledge in the History of Science,” *Osiris* (2nd series) 10:2–24.
- Dauvin, Pascal  
2004 “Kosovo: histoire d’une déportation”: Ou la chronique d’une prise de parole publique dans une ONG internationale. In *ONG et humanitaire*. Johanna Siméant and Pascal Dauvin, eds. Pp. 35–59. Paris: L’Harmattan.
- Dauvin, Pascal, and Johanna Siméant  
2002 *Le travail humanitaire: Les acteurs des ONG, du siège au terrain*. Paris: Presses de Sciences Po.
- de Waal, Alex  
1997 *Famine Crimes: Politics and the Disaster Relief Industry in Africa*. Oxford: James Currey.
- Deldique, Pierre-Edouard, and Chareine Ninin  
1991 *Globe Doctors: 20 ans d’aventure humanitaire*. Paris: Editions Belfond.
- Douglass, Ana, and Thomas Vogler, eds.  
2003 *Witness and Memory: The Discourse of Trauma*. New York: Routledge.
- Dunant, Henry  
1986[1862] *A Memory of Solferino*. American Red Cross, trans. [1939]. Geneva: International Committee of the Red Cross.
- Durland, Steven  
1987 *Witness: The Guerilla Theater of Greenpeace*. *High Performance* 40. Electronic document, [http://www.communityarts.net/readingroom/archivefiles/1999/12/witness\\_the\\_gue.php](http://www.communityarts.net/readingroom/archivefiles/1999/12/witness_the_gue.php), accessed September 21, 2005.
- Dynes, Russell R.  
2000 *The Dialogue between Voltaire and Rousseau on the Lisbon Earthquake: The Emergence of a Social Science View*. *International Journal of Mass Emergencies and Disasters* 18(1):97–115.
- Edelman, Marc  
2001 *Social Movements: Changing Paradigms and Forms of Politics*. *Annual Review of Anthropology* 30:285–317.
- Escobar, Arturo  
2004 *Beyond the Third World: Imperial Globality, Global Coloniality and Anti-Globalization Social Movements*. *Third World Quarterly* 25(1):207–230.
- Evens, Terrence  
1995 *Two Kinds of Rationality: Kibbutz Democracy and Generational Conflict*. Minneapolis: University of Minnesota Press.
- Farmer, Paul  
2003 *Pathologies of Power: Health, Human Rights, and the New War on the Poor*. Berkeley: University of California Press.
- Fassin, Didier  
2004 *La cause des victimes*. Theme issue, “L’Humanitaire,” *Les Temps Modernes* 59(627):73–91.
- Fisher, William  
1997 *Doing Good? The Politics and Antipolitics of NGO Practices*. *Annual Review of Anthropology* 26:439–464.
- Fortun, Kim  
2001 *Advocacy after Bhopal: Environmentalism, Disaster, New Global Orders*. Chicago: University of Chicago Press.
- Foucault, Michel  
1998[1969] *What Is an Author?* In *Michel Foucault, Essential Works of Michel Foucault, 1954–1984, vol. 2: Aesthetics, Method and Epistemology*. James Faubion, ed. Pp. 205–222. New York: New Press.
- 2000[1976] *Truth and Power*. In *Michel Foucault, Essential Works of Michel Foucault, 1954–1984, vol. 3: Power*. James Faubion, ed. Pp. 111–133. New York: New Press.
- Fox, Renée C.  
1995 *Medical Humanitarianism and Human Rights: Reflections on Doctors Without Borders and Doctors of the World*. *Social Science and Medicine* 41(12):1607–1626.
- Galison, Peter  
2003 *The Collective Author*. In *Scientific Authorship: Credit and Intellectual Property in Science*. Mario Biagioli and Peter Galison, eds. Pp. 325–355. New York: Routledge.
- Giri, Ananta Kumar  
2002 *Building in the Margins of Shacks: The Vision and Projects of Habitat for Humanity*. Himayatnagar, Hyderabad: Orient Longman.
- Gramsci, Antonio  
1971 *Selections from the Prison Notebooks*. New York: International.
- Guillemoles, Alain  
2002 *Bernard Kouchner: La biographie*. Paris: Bayard.
- Gupta, Akhil, and James Ferguson  
2002 *Spatializing States: Toward an Ethnography of Neoliberal Governmentality*. *American Ethnologist* 29(4):981–1002.
- Gutman, Roy, and David Rieff, eds.  
1999 *Crimes of War: What the Public Should Know*. New York: W. W. Norton.
- Hannerz, Ulf  
2004 *Foreign News: Exploring the World of Foreign Correspondents*. Chicago: University of Chicago Press.
- Haraway, Donna  
1997 *Modest\_Witness@Second\_Millennium. FemaleMan©\_Meets\_OncoMouse™*. *Feminism and Technoscience*. New York: Routledge.
- Headrick, Rita  
1994 *Colonialism, Health and Illness in French Equatorial Africa, 1885–1935*. Daniel R. Headrick, ed. Atlanta: African Studies Association Press.
- Heyster, Frank  
2000[1999] *MSF Témoignage: From Public Abstinence to Mission Statement*. In *Médecins Sans Frontières, Advocacy Information Kit: The Information that You Need to Understand MSF’s*

- Advocacy Role. Pp. 1–5. Amsterdam: MSF–Holland, Humanitarian Affairs Department.
- Hutchinson, John F.  
1996 *Champions of Charity: War and the Rise of the Red Cross*. Boulder, CO: Westview Press.
- Ignatieff, Michael  
1997 *The Warrior's Honor: Ethnic War and the Modern Conscience*. New York: Henry Holt.
- International Rescue Committee  
2002 *Mortality Study, Eastern D. R. Congo (February–April 2001)*. Electronic document, [http://www.theirc.org/health/mortality\\_2001.cfm](http://www.theirc.org/health/mortality_2001.cfm), accessed September 21, 2005.
- Irwin, Alec, Joyce Millen, Jim Kim, John Gershman, Brooke G. Schoepf, and Paul Farmer  
2002 *Suffering, Moral Claims and Scholarly Responsibility: A Response to Leslie Butt*. *Medical Anthropology* 21(1):25–30.
- Job, Roger, ed.  
1994 *Lettres sans frontières*. Brussels: Editions Complexe.
- Keck, Margaret E., and Kathryn Sikkink  
1998 *Activists beyond Borders: Advocacy Networks in International Politics*. Ithaca, NY: Cornell University Press.
- King, Rachel, and Jacques Homsy  
1997 *Involving Traditional Healers in AIDS Education and Counselling in Sub-Saharan Africa: A Review*. *AIDS* 11(supplement A): S217–S225.
- Kleinman, Arthur, Veena Das, and Margaret Lock, eds.  
1997 *Social Suffering*. Berkeley: University of California Press.
- Kleinman, Arthur, and Joan Kleinman  
1997 *The Appeal of Experience; The Dismay of Images: Cultural Appropriations of Suffering in Our Times*. In *Social Suffering*. Arthur Kleinman, Veena Das, and Margaret Lock, eds. Pp. 1–23. Berkeley: University of California Press.
- Kouchner, Bernard  
1991 *Le malheur des autres*. Paris: Editions Odile Jacob.
- Krause, Elliott  
1996 *Death of the Guilds: Professions, States, and the Advance of Capitalism, 1930 to the Present*. New Haven, CT: Yale University Press.
- Kurzman, Charles, and Lynn Owens  
2002 *The Sociology of Intellectuals*. *Annual Review of Sociology* 28:63–90.
- Laplante, Julie  
2003 *Le médicament aux frontières des savoirs humanitaires et autochtones*. *Anthropologie et Sociétés* 27(2):59–75.
- Larson, Magali  
1977 *The Rise of Professionalism: A Sociological Analysis*. Berkeley: University of California Press.
- Leopold, Mark  
2005 *Inside the West Nile: Violence, History and Representation on an African Frontier*. Oxford: James Curry.
- Leyton, Elliot  
1998 *Touched by Fire: Doctors Without Borders in a Third World Crisis*. Toronto: McClelland and Stewart.
- Lindenberg, Marc, and Coralie Bryant  
2001 *Going Global: Transforming Relief and Development NGOs*. Bloomfield, CT: Kumarian Press.
- Lofving, Staffan  
2002 *An Unpredictable Past: Guerrillas, Mayas, and the Location of Oblivion in War-Torn Guatemala*. Ph.D. dissertation, Department of Cultural Anthropology and Ethnology, Uppsala University.
- MacLean, Ian, Alan Montefiore, and Peter Winch, eds.  
1990 *The Political Responsibility of Intellectuals*. Cambridge: Cambridge University Press.
- Malkki, Liisa  
1996 *Speechless Emissaries: Refugees, Humanitarianism, and Dehistoricization*. *Cultural Anthropology* 11(3):377–404.
- Marcus, George  
1995 *Ethnography in/of the World System: The Emergence of Multi-Sited Ethnography*. *Annual Review of Anthropology* 24:95–117.
- Marschner, Alison  
1999 *A Scientific Approach to "Témoignage"*. In *MSF Annual Activity Report, 1998–1999*. Pp. 18–19. Geneva: MSF International.
- Médecins Sans Frontières (MSF)  
1985 *Médecins Sans Frontières: Spécial Ethiopie*. December 1985. Paris: MSF–France.  
1999 *Nobel Peace Prize, 1999*. 60 min. Etat d'Urgence Production. Paris.  
2000 *Advocacy Information Kit: The Information that You Need to Understand MSF's Advocacy Role*. Amsterdam: MSF–Holland, Humanitarian Affairs Department.  
2001a *Indigenous Health and MSF: A Discussion about the Meaning of Respect, Dignity and Culture in Humanitarian Aid*. Workshop Proceedings, January 29–February 1, San Jose, Costa Rica. Amsterdam: MSF–Holland.  
2001b *MSF Activity Report, 2000–2001*. Brussels: MSF International Office.  
2001c *Silence, on muert*. Electronic document, [http://www.msf.be/fr/terrain/pays/afrique/congo\\_temoin.shtml](http://www.msf.be/fr/terrain/pays/afrique/congo_temoin.shtml), accessed September 21, 2005.  
2002a *Silence on meurt: Témoignages*. Paris: L'Harmattan.  
2002b *The War Was Following Me: Ten Years of Conflict, Violence and Chaos in the Eastern DRC*. Amsterdam: MSF–Holland, Humanitarian Affairs Department.  
2003a *Drug Patents under the Spotlight*. Geneva: MSF Campaign for Access to Essential Medicines.  
2003b *MSF Activity Report, 2001–2002*. Brussels: MSF International Office.  
2003c *Quiet We Are Dying*. Electronic document, <http://www.msf.ca/drc/quiet.pdf>, accessed, September 21, 2005.
- Miles, Steven  
2004 *The Hippocratic Oath and the Ethics of Medicine*. Oxford: Oxford University Press.
- Moorhead, Caroline  
1998 *Dunant's Dream: War, Switzerland and the History of the Red Cross*. London: HarperCollins.
- Nguyen, Vinh-Kim  
2002 *Sida, ONG et la politique du témoignage en Afrique de l'Ouest*. *Anthropologie et Sociétés* 26(1):69–87.
- Nguyen, Vinh-Kim, and Karine Peschard  
2003 *Anthropology, Inequality and Disease: A Review*. *Annual Review of Anthropology* 32:447–474.
- The Nobel Foundation  
N.d. *Médecins Sans Frontières—Nobel Lecture by James Orbinski, Médecins Sans Frontières, Oslo, December 10, 1999*. Electronic document, <http://nobelprize.org/peace/laureates/1999/msf-lecture.html>, accessed September 21, 2005.
- Nordstrom, Carolyn  
2004 *Shadows of War: Violence, Power, and International Profiteering in the Twenty-First Century*. Berkeley: University of California Press.
- Nutton, Vivian  
1993 *Beyond the Hippocratic Oath*. In *Doctors and Ethics: The Earlier Historical Setting of Professional Ethics*. Andrew Wear, Johanna Geyer-Kordesch, and Roger French, eds. Pp. 10–37. Amsterdam: Editions Rodopi.

- Ong, Aihwa, and Stephen J. Collier, eds.  
2005 *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems*. Malden, MA: Blackwell.
- Orbinski, James  
2001 *Taking a Stand: The Ethics of Intervention*. University of Alberta Visiting Lectureship in Human Rights, March 6. Electronic document, <http://www.peace.ca/orbinski.htm>, accessed September 21, 2005.
- Pandolfi, Maria  
2000 *Une souveraineté mouvante et supracoloniale*. *Multitudes* 3(November). Electronic document, [http://multitudes.samizdat.net/article.php3?id\\_article=182](http://multitudes.samizdat.net/article.php3?id_article=182), accessed September 21, 2005.
- Parqué, Véronique, Michel Van Herp, and Edward Rackley  
2001 *Access to Health and Violence in Congo (DRC): Results of Five Epidemiological Surveys*. Brussels: MSF-Belgium.
- Petryna, Adriana  
2002 *Life Exposed: Biological Citizens after Chernobyl*. Princeton: Princeton University Press.
- Pottier, John  
2002 *Reimagining Rwanda: Conflict, Survival and Disinformation in the Late Twentieth Century*. Cambridge: Cambridge University Press.
- Proctor, Robert  
1992 *Nazi Doctors, Racial Medicine, and Human Experimentation*. In *The Nazi Doctors and the Nuremberg Code: Human Rights and Human Experimentation*. George J. Annas and Michael A. Grodin, eds. Pp. 17–31. New York: Oxford University Press.
- Rabinow, Paul  
1999 *French DNA: Trouble in Purgatory*. Chicago: University of Chicago Press.  
2003 *Anthropos Today: Reflections on Modern Equipment*. Princeton: Princeton University Press.
- Rabinow, Paul, and Nikolas Rose  
N.d. *Thoughts on the Concept of Biopower Today*. Unpublished MS, Department of Anthropology, University of California, Berkeley, and Department of Sociology, London School of Economics and Political Science.
- Rackley, Edward B.  
2001 *Bearing Witness: Strategies and Risks. A Reference Tool for MSF Field Workers*. Brussels: Centre de Recherche, MSF-Belgium.  
2002 *Solidarity and the Limits of Humanitarianism: A Critique of Humanitarian Reason*. Ph.D. dissertation, Department of Philosophy, Graduate Faculty, New School University, New York.
- Rademacher, Anne, and Raj Patel  
2002 *Retelling Worlds of Poverty: Reflections on Transforming Participatory Research for a Global Narrative*. In *Knowing Poverty: Critical Reflections on Participatory Research and Policy*. Karen Brock and Rosemary McGee, eds. Pp. 166–188. London: Earthscan.
- Redfield, Peter  
2005 *Doctors, Borders and Life in Crisis*. *Cultural Anthropology* 20(3):328–361.
- Rieff, David  
2002 *A Bed for the Night: Humanitarianism in Crisis*. New York: Simon and Schuster.
- Riles, Annelise  
2001 *The Network Inside Out*. Ann Arbor: University of Michigan Press.
- Robbins, Bruce  
1998 *Introduction Part 1: Actually Existing Cosmopolitanisms*. In *Cosmopolitics: Thinking and Feeling Beyond the Nation*. Pheng Cheah and Bruce Robbins, eds. Pp. 1–19. Minneapolis: University of Minnesota Press.
- 1999 *Feeling Global: Internationalism in Distress*. New York: New York University Press.
- Robertson, David W., Richard Bedell, James V. Lavery, and Ross Upshur  
2002 *What Kind of Evidence Do We Need to Justify Humanitarian Medical Aid?* *Lancet* 360(9329):330–333.
- Ross, Fiona  
2003 *Bearing Witness: Women and the Truth and Reconciliation Commission in South Africa*. London: Pluto Press.
- Ross, Kristin  
2002 *May '68 and Its Afterlives*. Chicago: University of Chicago Press.
- Sanford, Victoria  
2003 *Buried Secrets: Truth and Human Rights in Guatemala*. New York: Palgrave Macmillan.
- Shapin, Steven  
1994 *A Social History of Truth: Civility and Science in Seventeenth-Century England*. Chicago: University of Chicago Press.
- Shapin, Steven, and Simon Schaffer  
1985 *Leviathan and the Air-Pump: Hobbes, Boyle, and the Experimental Life*. Princeton: Princeton University Press.
- Spivak, Gayatri  
1988 *Can the Subaltern Speak?* In *Marxism and the Interpretation of Culture*. Cary Nelson and Larry Grossberg, eds. Pp. 271–313. Urbana: University of Illinois Press.
- Tanguy, Joëlle  
2003 *The Sinews of Humanitarian Assistance: Funding Policies, Practices, and Pitfalls*. In *Basics of International Humanitarian Missions*. Kevin Cahill, ed. Pp. 200–240. New York: Fordham University Press and the Center for International Health and Cooperation.
- Tanguy, Joëlle, and Rony Brauman  
1999 *The Médecins Sans Frontières Experience*. In *A Framework for Survival: Health Human Rights and Humanitarian Assistance in Conflicts and Disasters*. 2nd edition. Kevin Cahill, ed. Pp. 226–244. New York: Routledge.
- Terry, Fiona  
2002 *Condemned to Repeat? The Paradox of Humanitarian Action*. Ithaca, NY: Cornell University Press.
- Tiedemann, Rolf  
2003 *Introduction*. In *Can One Live after Auschwitz? A Philosophical Reader*. Theodor Adorno. Pp. xi–xxvii. Stanford: Stanford University Press.
- Tonus  
1972 *MSF Charter*. *Tonus* 493:1.
- Tsing, Anna  
2000 *The Global Situation*. *Cultural Anthropology* 15(3):327–360.
- Vallaëys, Anne  
2004 *Médecins sans frontières: La biographie*. Paris: Fayard.
- Van Herp, Michel, Veronique Parqué, Edward Rackley, and Nathan Ford  
2003 *Mortality, Violence and Lack of Access to Health-Care in the Democratic Republic of Congo*. *Disasters* 27(2):141–153.
- Vaughn, Megan  
1991 *Curing Their Ills: Colonial Power and African Illness*. Stanford: Stanford University Press.
- Voltaire  
1995[1756] *Poème sur le désastre de Lisbonne, ou examen de cet axiome: Tout est bien*. In *Candide*. Pp. 185–192. Paris: Livre de Poche.

- 1956 Poem on the Lisbon Earthquake: An Inquiry into the Maxim, "Whatever Is, Is Right." *In* *Candide and Other Writings*. Haskell M. Block, ed. Pp. 193–202. New York: Random House.
- Wachelder, J.  
2003 Democratizing Science: Various Routes and Visions of Dutch Science Shops. *Science, Technology, and Human Values* 28(2):244–273.
- Weber, Olivier  
1995 French Doctors: L'épopée des homes et des femmes qui ont inventé la médecine humanitaire. Paris: Editions Robert Laffont.
- Weissman, Fabrice  
2004 In the Shadow of "Just Wars": Violence, Politics and Humanitarian Action. London: Médecins Sans Frontières and Hurst.
- Wilson, Richard  
2001 The Politics of Truth and Reconciliation in South Africa: Legitimizing the Post-Apartheid State. Cambridge: Cambridge University Press.  
2003 Anthropological Studies of National Reconciliation Processes. *Anthropological Theory* 3(3):367–387.
- Wilson, Richard A., ed.  
1997 Human Rights, Culture and Context: Anthropological Perspectives. London: Pluto Press.
- accepted August 27, 2005*  
*final version submitted August 17, 2005*
- Peter Redfield  
Department of Anthropology  
University of North Carolina at Chapel Hill  
301 Alumni Bldg., CB# 3115  
Chapel Hill, NC 27599-3115  
redfield@unc.edu