

WHAT MATTERS?

Ethnographies of Value in a
Not So Secular Age

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SECULAR HUMANITARIANISM AND THE VALUE OF LIFE

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For what matters today is not the immortality of life, but that life is the highest good.

—Hannah Arendt, *The Human Condition*

What claim to value might reside in the entreaty—ubiquitous in contemporary humanitarian settings—to “save lives”? How might it fit historically with earlier concerns for human welfare and salvation, particularly the legacy of Christian charitable action? Lines of superficial connection are obvious amid international relief efforts, which frequently indulge in the language of deliverance. Like colonial missionaries before them, aid workers have fanned out through the world to pursue good works, if not quite to save souls. Although many organizations and individual actors remain motivated by overtly religious precepts, the general frame of international aid is formally secular, its relative success measured in calories, bodies, and legal statutes rather than spiritual redemption. Nonetheless, the missionary comparison remains an uneasy subtext in discussions of humanitarianism, human rights, and international development, rarely embraced, but never quite exorcised by its denial.

This chapter considers the degree to which an avowedly secular organization might find something like a sacred purpose through seeking to preserve human existence. My key example for this endeavor will be the independent humanitarian association Médecins Sans Frontières (otherwise known as Doctors Without Borders or, in the aid world, MSF). Beyond regularly deploying calls to “save lives,” the group offers the nominal advantage of combining an assertive faith in medical care with global

ambition. Founded four decades ago in a French effort to create an independent alternative to the Red Cross, MSF has since grown into a multinational fixture of health crises worldwide. Its militant appeal to life entails action and extends, in a potentially limitless way, from emergency response to the provision of AIDS drugs. Médecins Sans Frontières is also a secular organization, one that operates with no mandate other than its charter, a document proclaiming its members will “maintain complete independence from all political, economic, or religious powers.”¹ Loosely framed by the longer sweep of French Republican universalism, this particular iteration of secular sensibility also emerged among other influences; key figures involved in the group’s formation had associations with Judaism and Catholicism as well as militant politics and labored under the moral shadow of the Holocaust (Fox 1995; Taithe 2004). The adherents of MSF found their common ethical calling as doctors, however, and by expressing medical concern in the face of suffering they asserted the primary value of human life.

My approach will be to examine one end of the historical analogy between aid workers and missionaries, outlining the story of MSF’s vision in relation to two canonical antecedents: the founding inspiration of the Red Cross and the long labors of Albert Schweitzer. Less a genealogy than a sketch of relevant landmarks, the goal is to distinguish MSF’s particular attachment to life from other relevant points of possibility. Positioning the group’s trajectory against these two alternative figures, I suggest, highlights both an emerging focus on the delivery of medical care and a shifting sensibility about life related to biological existence. In crude terms, as the agent of care grew more medically defined, the aid offered increasingly emphasized the value of living. Through this modest illustration, I seek to provide greater content to the “secular” dimension of contemporary humanitarian feeling and practice, understood in human and historical rather than categorical terms. As medical care increasingly framed secular humanitarian sentiment, it has provided a ready measure—easily quantified and statistically represented—for asserting and contesting international moral claims. In this sense it constitutes both a figure of legitimacy and something like a sacred value, particularly apparent in moments of exceptional duress.

Before beginning two more theoretical caveats: by referring to this contemporary secular value as effectively sacred, I do not mean to suggest either simple continuity with the past or the substitution of Christian theology by faith in humanity. As outlined in this chapter, MSF’s

humanitarian vision deviates significantly from the response of religious traditions to suffering and concentrates on action rather than contemplation. Thus I would prefer Hans Blumenberg's emphasis on reoccupation rather than transposition for comparing this contemporary secular form with its antecedents (Blumenberg 1983). What, exactly, is worth saving? In response to this functional question of intervention, MSF finds an actionable answer in human life—understood to be mortal, finite, and available to biomedical care. The value of this life, however, remains particularized and nonfungible; one life cannot substitute for another, anymore than could an immortal soul. It is in this sense that it recalls the sacred.

Likewise, when considered from this perspective, MSF's secular concern for life is not simply an expression of "biopolitics" in the vein of Michel Foucault's biopower, transposed to nonstate actors (Foucault 2003; Rabinow and Rose 2006; Fassin 2009). The organization certainly reflects a biopolitical expectation that states *should* attend to the health of their populations. It also practices a minimalist, mobile version of such care for those it perceives to be in danger (Redfield 2005). However, the vision exceeds questions of governance when framing the good; in moral terms MSF's populations represent a collective of specific individuals whose clinical status will always outweigh their collective regulation. The vision thus effectively reverses the emphasis between life and power. Whereas a state might display the capacity to "make live" or "let die" (as opposed to the sovereign right to kill), a humanitarian in MSF's vein can never legitimately reject a suffering other. Here, then, I will cast this resolutely pastoral conscience as a form of "biomorality" or, more precisely, a biomoral claim on ethical action, practiced amid what Didier Fassin calls the "politics of life" in an unequal world (Fassin 2007, 2009; Foucault 2000 [1979]). I mean this term to highlight the increasing centrality of life—and the corresponding diminution of death—within this secular strand of humanitarian morality.

"A BEING NOT MADE TO SUFFER"

By way of introduction I turn to one of MSF's innumerable fund-raising brochures. Like most, it features bold graphics of red and white and the commanding catchphrase "You can help save a life." In this particular instance the exhortation appears above an itemized list equating donations with material effects. The reader learns that a modest \$35 contribution will

provide "all the medical and logistical supplies to supply 40 people a day with clean water," while a more generous \$500 translates into a "medical kit containing basic drugs, supplies, equipment and dressings to treat 1500 patients for three months." An impassioned quotation from an MSF volunteer attests to the number of "tiny" children overwhelming a therapeutic feeding center in Darfur, and, in a small image next to the group's logo, a white-shirted caregiver leans over a bundled infant, two additional indications that need is real and action possible. The insert is hardly unique in either form or theme; I present it here merely as a particular illustration of a larger genre.² Even a cursory examination of humanitarian fund-raising materials reveals the extent to which they target human feeling and seek to transmute it into revenue. Here a piteously distorted lip of a child, there a harrowing description of a refugee's flight—instance after instance suggests a need to loosen purse strings or risk appearing callous and inhuman. By foregrounding the sorrows of others, especially in their particular and personalized form, organizations expect to evoke moral sentiment.³ With a few terse lines and figures, MSF seeks to turn that feeling to the medical task of saving lives "around the world."

Tying sentiment to claims on universal humanity has a distinguished pedigree. In 1759 the philosopher Adam Smith famously included a propensity for sympathy near the heart of human nature. "That we often derive sorrow from the sorrow of others, is a matter of fact too obvious to require any instances to prove it," he wrote, "for this sentiment, like all the other original passions of human nature, is by no means confined to the virtuous and humane, though they perhaps may feel it with the most exquisite sensibility" (Smith 1976 [1759]). After all, even "the greatest ruffian" could be prone to pity and compassion in moments of weakness. At the same time, Smith recognized that sympathy varied in accordance with the attachment of a spectator to a scene. Only by knowing about and identifying with suffering could one react with feeling. Moral sentiment involves affective imagination, a fact several commentators have astutely noted in examining the vital role that visual media play in the dynamics of contemporary aid (Benthall 1993; Boltanski 1999; Ignatieff 1984). Once one could see through distance, however, suffering strangers might also evoke sympathy if properly presented. The alchemy of contemporary fund-raising lies in transmuting such sentiment into structured social action, connecting a more general philanthropic impulse to specific instrumental goals like the brochure's call to supply "40 people a day with clean water" (Bornstein 2009).

Although MSF's worldwide scope may be newly expansive, its appeals for assistance also resonate with longer traditions of charity. Indeed, acts of mercy may represent something of a panhuman heritage, inasmuch as major religions feature prescribe sanctioned forms of generosity, ranging from Buddhist compassion, Christian alms, and Islamic *zakat* to Hindu *dān* (Isaac 1993; Bornstein and Redfield 2011). Although differing significantly in form, conceptions of charity recognize suffering and suggest that a proper response to it constitutes an essential, and regular part of religious practice. At the same time, however, it is also important to note two things relative to MSF's solicitation. First, charitable traditions have frequently designated preferred recipients for aid by social criteria as much as bodily state. Although suffering might describe a common condition, then, historically its alleviation operated under other principles than humanity equality. Second, they weighed agony on a scale extending beyond material well-being; indeed, physical pain and torment might serve a greater purpose when suggesting purification or sacrifice (Asad 2003). Living was not simply an end in itself.

By contrast, in the mid-1990s Rony Brauman, the influential former head of MSF's French section, could define the human as "a being who is not made to suffer (Brauman 1996:7)." Such a statement—clearly intended as a provocation—is far more historically remarkable, and a significant departure from most religious cosmologies. Although few other humanitarian organizations would state their rationale in Brauman's stark terms, their very framework for delivery of such aid itself presupposes both that any measurable human suffering requires response and that the response to it should take the form of material care. Rather than seeking justification for suffering through appeal to other ends, such as religious value, social cohesion, or political gain, humanitarians meet human misery with attempts at direct assistance. In a more radical inflection, the sort favored by MSF, such assistance opposes any established order that would justify suffering or sacrifice people's well-being for power (Bradol 2004). As significant as the negative framing of the claim is its moral injunction: if humans are not meant to suffer then they should not. Humanitarians thus find moral certainty in alleviating anguish and protecting life. Medical care offers a direct means to render this moral vision immanent. The perspective embodied by MSF, then, both formalizes Smith's situational sentiment of compassion into a moral principle and reverses its terms. Sympathy not only indicates a human propensity; its active form defines the humane human.

Moreover, the medical variant of humanitarian action approaches suffering emphatically in the name of life itself. Mercy here does not imply euthanasia, or any other easing of pain beyond health; whether or not the being "not made to suffer" might find release in death, moral value here accrues from preserving existence, from "saving a life." To illustrate this last point through contrast, and better situate this contemporary vision of the aid doctor, I turn to the first of two well-known precursors to MSF: the concerned Christian gentleman converted to battlefield nurse.

DUNANT'S PASSION ON THE BATTLEFIELD

A century after Adam Smith contemplated moral sentiment, a form of it flared in the wake of war waged with modern weaponry by national armies. Unlike most individual gestures of compassion, this inspired an influential movement and an enduring complex of institutions known colloquially as the Red Cross.⁴ However worn through repetition in canonical accounts of humanitarianism, the story still merits close attention. The combination of mechanized weaponry, conscript citizen armies, war correspondence, and photography suggests a dramatic new template for regarding "the pain of others" well before the advent of television (Sontag 2003). Moreover, the fact that war is the classic edge of law, the moment in which norms can be altered or suspended, underscores the extent to which this central humanitarian lineage rests on claims of exception.⁵ Here, however, I wish to concentrate on details that might distinguish this visionary moment from present norms, not suggest familiar lines of connection. In particular, I emphasize the degree to which this formative concern for suffering soldiers related to death as well as life and included care not directed at survival.

On the evening of June 24, 1859, a Swiss civilian named Henry Dunant stumbled onto the battlefield of Solferino. The pious son of a Genevan family of means, he had pursued the French emperor to Italy in order to lobby for his business interests in Algeria and had little experience to prepare him for what he saw. Following a heavy day of fighting, the wreckage of both French and Austrian armies littered the field. Wounded men groaned miserably, a combination of hot weather and poor provisioning adding thirst to their shared torment. A nearby church received some of the wounded, and it was there that Dunant made his way, spontaneously offering what assistance he could. Although a stranger to military

combat, he was no newcomer to charitable endeavors; active in a movement to unite Christians and Jews, he had also played a prominent role in organizing the first world conference of the YMCA in Paris in 1855. But the plight of these suffering soldiers touched a new chord of feeling. He threw himself fervently into the work and for several days labored alongside women from the town and assorted travelers he managed to press into service.

The shock of the experience marked Dunant, and he composed and published a short memoir describing what he had seen. The book, titled *Un souvenir de Solferino* (A Memory of Solferino), would prove widely influential. Its author launched a crusade to improve care for wounded soldiers and quickly received invitations to capitals all over Europe. He imagined a relief effort of committees led by well-born volunteers, who, motivated solely by noble sentiments, would prove more reliable than paid help. Military professionals were alternately intrigued and skeptical of Dunant's proposals—even his counterpart Florence Nightingale would doubt their suitability, arguing that, since this was the proper responsibility of governments, substituting for them might make war too easy (Moorehead 1998). Nonetheless, Dunant's plan found fertile ground in his own city. A wealthy and philanthropically inclined lawyer named Gustave Moynier took up the cause and began the practical steps to realize its organization, along with a retired Swiss war hero and two doctors. In 1863 the first of a series of international conventions met in Geneva. It established a set of resolutions to authorize committees that would assist with the care of the wounded in the time of war, and a uniform sign—a red cross against a white background—that would render their members distinctive.⁶

Although Henry Dunant was but one of a wave of reformers horrified by the effects of modern warfare, it was his legacy that defined a key kernel of the eventual international system advocating humanitarian care. The Red Cross eventually expanded into an array of organizations undertaking a variety of missions.⁷ Told as a triumph of human spirit over barbarity, Dunant's story features prominently in progressive accounts of the aid world. Given that the Red Cross is a defining component of the aid apparatus (as well as a direct ancestor of Médecins Sans Frontières), and the Geneva Conventions a landmark series in international humanitarian law, such attention is only due. When considered relative to the present and later concerns for life, however, Dunant's moment on the battlefield exhibits some crucial differences from present appeals. In the first place,

Dunant's inspiration derived more from heartfelt faith than from secular reason or medical sensibility. A deeply religious man, he appealed openly to Christian sentiment in his effort to "civilize" warfare. The men who joined him in Geneva were not only prominent citizens of the city but also devout, and, while emerging from a Protestant milieu, they framed their appeal as an ecumenical concern. The very symbol used by the organization carried religious connotations, a fact that would prove a source of lasting controversy when the Red Cross expanded beyond Europe.⁸ At the same time, the group initially imagined war in terms of formal engagements between national armies on a clear battlefield. The impetus for its origin derived in no small part from recent innovations in combat, both the heightened destructive force of weaponry and the use of conscript citizen armies rather than mercenaries. And, finally, although the initial vision of the Red Cross came from ordinary citizens offering battlefield care, it focused on easing death alongside saving life.

This last point merits particular amplification. Dunant's short book includes a good deal of impassioned description, combining romantic visions of battlefield heroism by dashing, aristocratic officers with heartrending accounts of the agonies of wounded common soldiers.⁹ Some have faces "black with flies," and others are "no more than a worm-ridden, inextricable compound of coat and shirt and flesh and blood." Here a swollen tongue hangs from a broken jaw, there a skull gaps open, there again a back quivers red, furrowed by buckshot (Dunant 1986 [1862]:61–62, 66–67). Faced with this suffering, Dunant and his companions offer cool bandages, sponges, warm compresses, a drink of water, or—once his driver forages supplies—lemonade. At times, however, their primary gift is companionship, offering a hand to grip, a prayer or reassurance. "I spoke to him," Dunant wrote of one stricken soldier who raged against his cruel fate, "and he listened. He allowed himself to be soothed, comforted and consoled, to die at last with the straightforward simplicity of a child" (Dunant 1986 [1862]:66). In Dunant's rendering, the suffering of the dying at Solferino was not only a physical matter. Many soldiers, realizing they would expire, begged for a letter that might inform their families of their fate and ease their mothers' distress with the certainty of mourning. Death here was not simply an individual concern but also a social fact, an event that demanded appropriate recognition. In response, Dunant's small band of volunteers offered the comfort of communication, whether in the form of a farewell letter or simply a promise to convey the sad news of an individual's demise.

Dunant famously made no distinctions on the basis of nationality, and the women with him proclaimed a brotherhood among the wounded. Nonetheless, their work held its own anxieties, even when sustained by religious fervor as well as faith in common humanity. The little group faced decisions, confronting an overwhelming scene of need with few resources. In a particularly striking passage, Dunant reflects on the horrifying experience of his own predicament, caught between emotional appeal and the need to act:

The feeling of one's own utter inadequacy in such extraordinary and solemn circumstances is unspeakable. It is indeed, excessively distressing to realize that you can never do more than help those who are just before you. . . . Then you find yourself asking: "why go to the right, when there are all these men on the left who will die without a word of kindness or comfort, without so much as a glass of water to quench their burning thirst?"

The moral sense of all the importance of human life; the humane desire to lighten a little the torments of all these poor wretches, or restore their shattered courage; the furious and relentless activity which a man summons up at such moments: all these create a kind of energy which gives one a positive craving to relieve as many as one can. There is no more grieving at the multiple scenes of this fearful and solemn tragedy. There is indifference as one passes even before the most frightfully disfigured corpses. There is something akin to cold calculation, in the face of horrors yet more ghastly than those here described, and which the pen absolutely declines to set down.

(Dunant 1986 [1862]:73–74)

What constitutes action in this context? Amid the sea of needs and requests, the Genevan businessman improvises frantically and feels the weight of his own limits. He recognizes he can only aid those directly before him, but that doing so would condemn others to a lonely death without human comfort, or even "a glass of water to quench their burning thirst." A "moral sense of the importance of human life" drives him, but it finds expression in simple gestures. It also inspires a frenzied mix of relentless activity, cold calculation, and sudden heartbreak at an unexpected detail that "strikes closer to the soul" (Dunant 1986 [1862]:73–74). Although much of his turmoil echoes through contemporary humanitarianism, Dunant's mission is ultimately one of mercy more than medicine.

Washing wounds and whispering comfort, he prefigures later Christian icons such as Mother Theresa as much as Doctors Without Borders. Dunant acts in the name of life, but it is the life of a larger person whose demise extends beyond a particular body. The work of compassion here includes ensuring dignity in death.

The movement constructed by others around Dunt's vision certainly addressed itself to physical suffering, helping equate the symbol of a red cross with medical care in many parts of the world.¹⁰ Nonetheless, the core organization in Geneva retained an attachment to the wider narrative sense of life by involving itself in such activities as registering prisoners and tracing missing persons. It played a significant role in nascent international law and strove to achieve a variety of internationalism constructed around political neutrality and the possibility of appeals for decency across religious and cultural difference (Ignatieff 1997). On the basis of these accomplishments, Dunant shared the first Nobel Peace Prize in 1901. However, neither the Red Cross nor the Geneva Conventions initially encompassed the colonized world. Only later in the twentieth century—particularly after decolonization—did this less "civilized" terrain emerge as a central focus of humanitarian concern associated with warfare and emergency.¹¹

SCHWEITZER'S MEDICAL MISSION

When the Red Cross did gingerly extend beyond Europe, it encountered another form of humanitarianism. Medicine played an increasing part in the colonial drama during the nineteenth century, both as a "tool of empire" and as an arm of colonial service and authority (Headrick 1981; Hardiman 2006). The specifics varied by region, empire, and period. But during the emergence of germ theory and the advent of modern research-oriented medical practice—what anthropologists term "biomedicine"—work on diseases endemic in the tropics offered one potential path to scientific glory. Such work was also a matter of practical concern for European military forces and colonial administrators. Charged with governing mobile forces and increasingly interconnected populations, they faced a constant threat of epidemics. After a long era of astonishing death rates, the health of European troops in tropical postings improved dramatically by the early twentieth century. The well-being of colonial populations, however, remained a continuing and vexing problem. Diseases like

sleeping sickness inspired determined health campaigns, involving medical officers even in the most remote regions and connecting the project of empire directly to a microscope (Lyons 1992; Vaughn 1991). Such efforts were clearly political in the large sense of the term. They derived from grand schemes and affected myriad local interests. They incorporated the lives and welfare of remote peoples into the calculations of government and the apparatus of rule, albeit perhaps more as objects than as subjects. The motivations behind them, however, were often complex, mingling altruistic sentiment with desires for profit and control.

In Africa missionaries played a significant role offering medical care, particularly in the British case. From David Livingstone on, the image of a heroic white doctor toiling in darkest Africa struck a romantic chord for Europeans. Although the increasing focus on physical health alongside spiritual states generated some tension, a larger story of salvation remained intact. Missionary work appeared a noble and self-sacrificing form of altruism. Hospitals, moreover, provided a ready venue for proselytization, in which the labors of a worldly healer might suggest the value of a more glorious physician and a "Great Dispensary in the Sky" (Vaughn 1991:56–57). Missionary medicine walked a line between sacred and secular care, removing tumors and cataracts in a public flourish, mixing treatment with prayer, and constructing and staffing clinics and hospitals, many of which remain in use. Even as Africans encountered Christianity through health care, the European reading public encountered Africa through reports of suffering on the "sick continent." In materials from early in the twentieth century we find common tropes of contemporary aid brochures, such as calls to "adopt" a patient or an appeal to send funds for doctors because "Congo boys and girls are dying" (Vaughn 1991:62–63). Yet the focus on life remains within a religious and distinctly Christian frame.

Here I will focus on an exceptional figure from the middle part of the century, one who came to exemplify the medical mission as a moral calling. Born in Alsace, Albert Schweitzer was first a theologian and subsequently a doctor. He was inspired to study medicine after reading an appeal from the French Protestant Missionary Society in Paris at the age of twenty-nine, returned to school, and eventually devoted much of his life to running a hospital in what was then French West Africa. Rather than talking about the gospel of love, he would "put it into practice." And, in return, Africa would give Schweitzer his signature understanding of purpose. As the official presentation of his 1952 Nobel Peace Prize recounted: "One

day in 1915—he was forty years old at the time—while traveling on a river in Africa, he saw the rays of the sun shimmering on the water, the tropical forest all around, and a herd of hippopotamuses basking on the banks of the river. At that moment there came to him, as if by revelation, the phrase which precisely expressed his thought: Reverence for life."¹² This "reverence for life," together with its expression through efforts on behalf of suffering Africans, provided a moral exemplar for the waning days of European rule. Aspects of Schweitzer's mission continue to resonate in secular humanitarian projects, particularly his pragmatic focus and emphasis on protecting life. However, the "reverence" in his case was literal, and the impulse fully sacred. Even after becoming a doctor, Schweitzer remained in essence a theologian.

The new doctor's turn to missionary medicine, however, occurred prior to his moment of vision. Unlike Henri Dunant, unexpectedly hurrying about a battlefield, Schweitzer prepared himself professionally before embarking on treating the afflicted. Health care, he felt, would provide him with a broad passport into utility, deeply purposeful and mobile. "I wanted to be a doctor that I might be able to work without having to talk. . . . Medical knowledge made it possible for me to carry out my intention in the best and most complete way, wherever the path of service might lead me" (Schweitzer 2009 [1933]:92). His conception of this "path of service" was deeply humanist, if never quite secular. As he wrote in a sermon titled "The Call to Mission" in 1905: "For me, missionary work in itself is not primarily a religious matter. Far from it. It is first and foremost a duty of humanity never realized or acted upon by our states and nations. Only religious people, only simple souls have undertaken it in the name of Jesus. . . . Why? Because to be a disciple of Jesus is the only culture in which a human being is always a human being, always someone who has a right to the assistance and sacrifice of his fellow men" (Schweitzer 2005:75–76). With Schweitzer, then, medical care was not simply a tool for conversion in the narrow sense. Rather, it was the means to realize the humanistic promise of Christianity and in doing so offer a measure of redemption for the failures and sins civilized rule.

Schweitzer rooted his thought through meditation on experience, not rational exposition alone. He cast his reverence for life quite broadly, feeling concern for the well-being of nonhuman animals and even plants. It was an attitude, not a specific creed, focused primarily on awareness (Brabazon 2000). He had few illusions about a natural basis for mercy: "When one has seen whole populations annihilated by sleeping sickness, as I

have, one ceases to imagine that human life is nature's goal" (Schweitzer 2005:151). The duty of humanity was not a given; rather it derived from the challenge of dedicated spiritual work and difficult practice. This practice was a daily and ordinary endeavor, not only a response to exceptional circumstances like battlefield slaughter. In this sense his project had as much in common with later attempts to foster development and improve public health as with the initial efforts of the Red Cross. In a modest way, the theological doctor sought to change the world by emphasizing matters of the heart. He could kill if necessary to end suffering or to serve a greater good, but only with awareness of his actions. Even the death of a mosquito or harmful microbe proved a matter of contemplation, likewise the rescue of a young pelican that would demand fish (Brabazon 2000:282–83). Although human patients came first in the doctor's duty of humanity, they were never the limit of his vision.

At the same time, Schweitzer's relations with African collaborators proved complex. He asked his workers to move heavy palm trees to spare them from cutting—a philosophy that struck them as “perverted”—while maintaining rigid divisions between Europeans and Africans. It appeared to many that he only fully accepted the latter as patients, sick and needy (Mazrui 1991:98–101). He did, however, care for their souls as well as their bodies, preaching every Sunday morning in his hospital, hoping they would carry his gospel far and wide.¹³ In later years his project received increasing criticism, not only for its paternalism and social remove but also for its resistance to change. When it came to questions of both political and medical progress, the hospital struck a distinctly cautious note. Even while emphasizing the survival of his patients and his forest hospital, the good doctor still kept one ear cocked for “the sound of bells in a Christian country” (Fernandez 1964:537).

Schweitzer's vision, like Dunant's, positioned moral sentiment about humanity beyond politics. A Protestant from Alsace with a Prussian wife, he had to tread carefully in a French colony, promising to remain “mute as a carp” on religious matters and paying his expenses through private fund-raising.¹⁴ Under surveillance by French authorities, he also maintained an uneasy relationship with the colonial medical service, whose local resources he soon outstripped. Schweitzer was cooperative but stubbornly independent. Unlike the Red Cross, which worked through states, the missionary doctor did not expect states and nations to take up the “duty of humanity” as an official policy; instead he relied on religious congregations and individual charity, those who properly understood

Christianity as a culture “in which a human being is always a human being.” Moreover, the Schweitzer's project differed in the slower pace of its peacetime setting and in its broader emphasis on life. As on Dunant's battlefield, a better death might arrive through care, the soul's passage accompanied by the relief of prayers as well as physical comfort in the mission hospital. However the force of *reverence* lay with the living and the recognition that life came “each day as a gift.” To take up this path fully required more than a willingness to engage in acts of mercy or even medical training: ultimately one needed a properly contemplative worldview. “There are no heroes of action,” Schweitzer maintained, “only heroes of renunciation and suffering” (Schweitzer 2009 [1933]:88–89). One could only approach life with proper respect if fully aware of death: “It is the number one question about life: where do you stand with regard to death? If in our thoughts we are comfortable with death, then we accept each week, each day as a gift, and only when we allow life to be given to us in such a way, bit by bit, does it become truly precious” (Schweitzer 2005:165–66). In this respect, for Schweitzer reverence took precedence over physical salvation. Life was the essential ground for sacred understanding and hence not simply an end in itself.

JACOBINS WITHOUT THE GUILLOTINE

In 1971, more than a century after Dunant's battlefield, and long after Schweitzer's conversion to medicine, a small group of French doctors and journalists created something they ambitiously named *Médecins Sans Frontières*. The appearance of the organization quickly acquired a reassuring shroud of myth, dissolving any longer horizon into a gauzy moment of generational conscience and French national pride. Before recounting a version of it, therefore, several points require emphasis. The first is that the movement—like the Red Cross before it—quickly grew into a complex organization, with multiple national sections beneath its internationalism, not always in alignment. The particularities of MSF emergence, then, cannot simply explain the extent of its subsequent appeal, which rapidly extended beyond France. Secondly, the forms MSF drew on were likewise not simply French, but rather part of a longer history of European internationalism, charity, and advocacy as well as the interwoven tangle of rival colonial empires. Finally, the sense of national identity involved refracted back through moments of international encounter,

most ironically illustrated, perhaps, by the French embrace of the English designation of "French Doctors" for MSF and similar organizations.¹⁵ Although located in France, then, this story is not simply French, but part of Europe's wider encounter with the world.

Such points aside, MSF's national heritage still merits attention, for it illustrates the degree to which a medically framed concern for life could simultaneously recall and resolve long-standing political tensions. As Renée Fox notes, the dominant ethos of the French doctor movement recalls a long oppositional lineage framed by postwar concerns, assuming the mantle of the Rights of Man as a birthright, if not necessarily an ideological claim (Fox 1995). Steeped in the romance of resisting fascism, on the one hand, and militantly opposed to the practice of genocide, on the other, key actors combined a revolutionary sensibility with a revulsion for mass violence. Although largely incubated in the hothouse of the French political left, they lost faith in its abstract utopianism, while also finding inspiration in the concrete legacy of Catholic charity. The result, Bertrand Taithe observes, united Republican ideals with those of the Catholic Church, reversing two centuries of bitter opposition (Taithe 2004). The fact that the Jewish Holocaust loomed large in the background only underscores the sense of historical resolution; a common front against suffering effectively banished the ghost of Dreyfus. At the same time, MSF's perspective offered a new moral legitimacy for international intervention, countering the bitter memory of Indochina and Algeria with that of colonial doctors such as Eugène Jamot, who had pioneered an impatient, frontier style at odds with both bureaucracy and the ponderous approach of missionaries like Schweitzer (Lachenal and Taithe 2009). For oppositional intellectuals growing disillusioned with Communism, such a vision offered not only an alternative form of moral indignation but also an unexpected point of common ground with a French state struggling to maintain a place on the world stage. As France reluctantly retreated from empire, it could reunite around medical humanitarianism.

To provide a greater sense of the particularities leading into MSF, I will chronicle its early history in some detail, highlighting a few of its most influential members. Like the Red Cross, the group appeared in response to moments of exceptional suffering, namely, concern for starving civilians in a breakaway province of Biafra during the Nigerian civil war, on the one hand, and the painful birth of Bangladesh out of East Pakistan, on the other. The Red Cross was a literal as well figurative ancestor: of the group of thirteen men who founded Médecins Sans Frontières, five had

been Red Cross volunteers in Biafra. One of these, Bernard Kouchner, was destined to become a charismatic force in international humanitarianism and French political life. Passionate and telegenic, he had already emerged as a something of a public figure at the time. In the mythic version of the group's birth, it came into being through Kouchner's rejection of Red Cross silence. The large arc of the story rings true, as MSF came to embody an alternative Red Cross, filtered through youthful rebellion and a media age. The historical record, however, offers more qualifications and details. The break with traditional discretion actually occurred over a period of years, and the initial impetus for the group's founding came from several directions, including the vision of a pair of restless journalists and the hunger of suburban French doctors for charitable adventures. Even among the Biafran veterans Kouchner was hardly alone. Several of his colleagues were older hands at aid work and played a prominent role at the outset.¹⁶ And several of his younger successors were actually closer to the generational moment and would do far more to realize the organization's practical potential. But it was Kouchner who spoke the initial vision most grandly and left an abiding mark. Decades after angrily parting ways with the organization, his name has remained attached to it, much to the frustration of his successors when their positions diverge.¹⁷

The child of a Jewish doctor and a Catholic nurse, Bernard Kouchner entered the world during the uncertain lull at the onset of the Second World War. He grew up in a France shadowed by that conflict and infused with the cult of the Resistance. Haunted by the Holocaust, particularly after learning of the death of his own grandparents, Kouchner easily gravitated into leftist politics and joined the Communist student union in 1959. He opposed the Algerian War and defined himself around antifascism. Although studying medicine, he also nursed journalistic aspirations and wrote for the student union's publication. He visited Yugoslavia and Cuba and even met with Castro. In the middle of the decade, however, the party tightened its control over the student group, excluding Kouchner and his associates. Some went on to form small Maoist and Trotskyite collectives. For his part, Kouchner helped edit another leftist publication and finally finished his studies in gastroenterology in May 1968. That very month the Latin Quarter in Paris erupted in a student revolt. Although later identified with this historical moment, Kouchner was actually nearing thirty at the time and had already passed through one political baptism and disillusionment. Amid the tumult in the streets he heard a different call to arms and departed for Biafra.

Between September 1968 and January 1970 some fifty French volunteers made their way to a hospital in Biafra for varying stints of medical duty.¹⁸ Kouchner would ultimately go three times, growing increasingly passionate. When back in Paris he agitated for the Biafran cause, and he and other colleagues signed an open letter to diplomats attesting to the suffering they had seen. On October 23, 1968, together with a senior colleague, Kouchner published a testimonial in the French newspaper *Le Monde*, the first of a series of such efforts by members of the team. Although a departure from Red Cross discretion, this publication remained a modest one. As Anne Vallaëys notes, it focused on medical issues and, far from denouncing the Red Cross, actually exhorts would-be humanitarians to join the mission (Vallaëys 2004:61, 75). Nonetheless, it demonstrates a point of continuity in Kouchner's own trajectory: the medical student had become a journalist, and the journalist found new voice as a doctor.

After the fall of Biafra, the mission's veterans started a group that might serve as a sort of medical expeditionary brigade for the Red Cross.¹⁹ When a hurricane struck East Pakistan, they waited vainly for a call. The situation spiraled into secession and civil war, and as neither Pakistan nor India showed much willingness to cooperate with foreign relief efforts, the Red Cross did not send them. Nonetheless, they saw an appeal for volunteers to form an emergency group in a medical journal called *Tonus* and decided to respond. Sponsored by a pharmaceutical company and directed toward suburban general practitioners, *Tonus* was hardly a radical publication. Its editor Raymond Borel, however, had broader horizons. The author of several novels, he had lived in Brazil and spent time in Hollywood as an aspiring scriptwriter and, as East Pakistan disintegrated into disaster, he published a call to arms for French doctors to aid the victims. It featured a physician who, witnessing scenes of chaos and bureaucratic impasse following a recent earthquake in Yugoslavia, imagined a medical strike force that could mobilize quickly and freely to save lives. His French colleagues, he was sure, were not "mercenaries," but rather implicitly ascribed to such higher values.²⁰

A few stylistic differences aside (Kouchner apparently did announce himself "a mercenary"—albeit of emergency medicine), the Biafrans quickly found common ground with the *Tonus* initiative (Vallaëys 2004:116). Realizing that their initial name, Secours Medical Français (French Medical Aid) might have an unfortunate ring in former colonies, the editors eventually came up with another permutation of the same initials: Médecins

Sans Frontières. On a gray December night, the collective assembled to establish a legal association and settle on a charter. A humanitarian alliance between journalism and medicine was now official.²¹

A more mythic synopsis of MSF's birth would quickly brand it as an updated, outspoken Red Cross realizing the mobile allure of its name. The phrase *sans frontières* resonated widely, first through France, where it described a whole genre of organizations—*sans frontières*—and subsequently worldwide when the English equivalent, "without borders" became a hallmark of global sensibility. Whether or not the shift from SFM to MSF eased the burden of colonial history, it clearly opened a new rhetorical horizon.²² The choice of an emblem proved less sure, but was in its own way revealing; MSF first adopted a variant of the cross in red and white tilted against a red swatch.²³ It would retain this insignia until the mid-1990s, when—facing legal action by the Red Cross—it switched to a stylized "running man" in red and white. Like its name, the evolution of the group's symbol is to some degree instructive of its larger trajectory. Where the roots of Dunant's organization were clearly Christian, those of MSF also filtered through a figure of humanity. Founded as a "free association" under the relevant law of 1901, part of the secular legacy of French Republicanism, MSF acquired no official status and presented itself without reference to religious tradition. At the same time, it absorbed the influence of religious as well as political opposition movements, offering a point of convergence around a common concern for life.²⁴

The early years of MSF's existence were filled with enthusiastic dreams and heated discussions, but relatively few effective missions. Even as the group solidified and grew, however, it also gained a new generation of younger adherents. Having come of age politically during May 1968, many shared a history of leftist orientations, skepticism, and confrontational style, and several had gone to medical school together at Cochin in Paris. They also shared the common experience of encountering MSF as an existing entity and approaching it from the perspective of field missions. One leading member of this generation was Claude Malhuret, who would also later become a French minister, and mayor of Vichy. As a student he matched his medical education with socialist politics and *tiers-mondiste* ("third worldist") sympathies. In 1974 he first heard of MSF and was struck by the name, which reminded him of the May rebellion (Vallaëys 2004:233). He eventually went to work for nearly a year in a refugee camps in Thailand, where he grew disillusioned with leftist accounts of

Cambodia, and, witnessing vast and pressing medical need, increasingly frustrated with MSF's inability to provide much support.

Another key figure in this second wave was Rony Brauman, who became a long-serving president for MSF's original French section and remained leading intellectual light well beyond his term in office. Born in Jerusalem as the son of Polish Jews, Brauman's childhood bore a deep imprint of the Holocaust, and as a student he gravitated toward anarchism and then Maoism, spending a period as an activist. Further to the left of Malhuret, he responded more skeptically when first hearing of MSF, suspecting it of bourgeois tendencies.²⁵ He went instead to a rural hospital in Benin with a Catholic organization, and later to an urban hospital in Djibouti. These experiences only deepened his humanitarian convictions, though, as he told me later, he still sought a group "that wouldn't have religious discourse, even if activist." Joining MSF at last he also went to a camp in Thailand. Like Malhuret, the Khmer Rouge debacle in Cambodia brought Brauman to a final break with Communist ideology. Henceforth his considerable intellectual energy would focus on more immediate and specific conceptions of human suffering.

Viewed at a distance, key early figures of MSF—including Kouchner, Malhuret, and Brauman—exhibit considerable similarities.²⁶ While elements of biography, approach, and style varied, all found their deepest engagement with the world through a secular faith in medical care. Their interest in politics shifted form and tense: rather than a utopian future, they concentrated on suffering in the present. Unlike Schweitzer, they were restless, mobile, and combative. Life was a crucial value, but the spirit of engaging it now more radical than reverent. They also had a larger horizon than a single hospital: as Kouchner once infamously put it on a television show discussing May '68, his generation belatedly "discovered" the third world and its misery (Ross 2002:156–57). Responding in 1978 to an interviewer's question as to whether he was not tempted stay put like Schweitzer, Kouchner replied: "It's a respectable image, but one that belongs to the domain of charity rather than that of medicine. However, if a *médecin sans frontières* looks into the essence of himself, he will certainly encounter the secret desire to be the Good Samaritan. Jesus Christ, perhaps" (Vallaey 2004:254–55). Malhuret and Brauman shared Kouchner's ambivalent view of charity, but desired a more comprehensive and instrumentally effective organization: a lighter and more activist Red Cross. In keeping with Kouchner's distinction, their model of MSF's engagement would remain resolutely "medical." The refugee camp,

however, rather than the battlefield or hospital, would prove the group's defining terrain.

The subsequent trajectory of MSF only deepened its focus on the moral significance of saving lives, even as its protagonists fought over how best to achieve this end. In 1979 Bernard Kouchner departed following a bitter schism to found a rival organization, Médecins du Monde (Doctors of the World). The precipitating event came when Malaysia denied entry to a boatload of Vietnamese refugees in full view of the media. The image of thousands suffering aboard inspired a project to create and equip a "Boat for Vietnam" to demonstrate solidarity with the refugees. This appeal engendered a remarkable display of solidarity across France's own political divides: most notably long-time opponents Jean-Paul Sartre and Raymond Aron both signed on, joined by a host of other intellectual luminaries such as Roland Barthes, Simone de Beauvoir, and Michel Foucault. Kouchner naturally championed the venture. Malhuret and others who had spent time working in camps in Thailand were skeptical, seeing the mission as more of a publicity stunt than an effective aid project, and tension between factions only grew. In the event, the boat—christened *L'Île de Lumière* (The Isle of Light) no less—sailed without MSF's official sanction, but with Kouchner and associates on board. Rather than rescuing refugees, it became a hospital ship, anchoring off an island and offering medical services. At a stormy board meeting later in 1979, Malhuret called for a more professional and less spectacular organization, including compensation for volunteers, as "the time of Doctor Schweitzer is over." Kouchner countered that MSF was effectively dead, killed by "technocrats of assistance" (Vallaey 2004:299). He then walked out, followed by his allies.

It is easy to read this split retroactively as the ascendance of pragmatism and medical professionalism within MSF, in keeping with most internal accounts from that side (with Kouchner emphasizing purity of principle). The schism did allow a largely younger generation to seize control of the organization, reforming and expanding it rapidly over the ensuing decade. They would also take a more strictly humanitarian line, whereas Kouchner's smaller faction embraced human rights rhetoric more directly, remaining a step closer to journalistic sensibilities. However, it would be a mistake to overstate the differences between MSF and its new rival. Despite personal animosities on the part of some protagonists, and shifting emphases, the two groups would undergo a largely parallel evolution in their prioritization of suffering over other moral and

political considerations. Shortly after the schism, both famously intervened in Afghanistan's civil war, riding mountain trails with the muhajideen. Amid the romance of running clandestine missions, any pretense of strict adherence to principles of neutrality and discretion was quickly lost. "Like our forerunners in Biafra," Rony Brauman would later write, "we had implicitly picked our side" (Groenewold and Porter 1997:xxii). Legitimacy derived not from international law or political allegiance but from the moral worth of providing services where there were none, in a war where "a million died." Amid subsequent crises both groups would adopt a variety of positions through similarly complex political settings, at times in parallel and at times angrily opposed. However, their common moral loadstone remained the claim of human suffering.

In 1982 Brauman became president of MSF, a post he was to hold for the next dozen years. An ally of Malhuret, he would oversee the remarkable expansion of the organization during the 1980s. The budget increased exponentially, as did the number of volunteers and missions. Médecins Sans Frontières adopted increasingly sophisticated fund-raising techniques to target individual donors, some self-consciously borrowed from the United States (Vallaeys 2004:372). It established administrative and logistic structures to manage both people and supplies. Although still very much an informal and sometimes haphazard affair, it began to exhibit greater professional expectations and developed an array of equipment dedicated to ensuring short-term human survival. In the space of just a few decades, MSF grew to match its global name, its flag fluttering in all manner of remote outposts.

Not all of the growth emanated from Paris. Even in the 1970s, MSF had begun to explore the possibility of internationalization, so obviously implicit in its self-designation. The group's actual expansion was neither smooth nor wholly planned, and the 1980s saw acrid feuds between factions, echoing the schism of the previous decade.²⁷ Nonetheless, a new international structure gradually took shape. There would be five largely autonomous "operational" sections of MSF sponsoring missions: France, Belgium, Holland, Switzerland, and Spain. Around them the first and largest three would assemble "partner" sections in still other countries to provide assistance with finances and human resources. This particular humanitarian vision was now pan-European, with tendrils stretching beyond.

Following the dissolution of the Soviet Union and the unraveling of cold war geopolitics, a new international complex of aid agencies came into its

own during the 1990s: UN peacekeeping and relief missions increased, and NGOs propagated exponentially. For its part, the MSF collective continued to grow, stumbling from one catastrophe to another. Following another bitter period of turmoil in Rwanda, relations between the sections generally improved, and the scope of the group's projects expanded beyond emergency care. In 1999, the year it won its Nobel Prize, MSF decided to launch an ambitious advocacy campaign, seeking greater pharmaceutical equity worldwide, and soon began a massive program to provide antiretroviral medications to AIDS patients in poor countries. Both these ventures entailed significant organizational shifts and realignments. At the same time, the ensemble continued to mount seventy to eighty field missions a year, with ever-increasing personnel and resources. It was by now a large, complex transnational federation, with a combined budget of hundreds of millions of dollars. In addition to sponsoring several thousand international "volunteers," the group engaged ten times as many local staff and had begun to recognize uneasily that their different status might mirror older colonial divides, even as it worried yet again about devolving into a business.²⁸ To fuel its many operations, the group regularly sent out appeals—such as the letter previously cited—requesting potential donors to help "save a life."

DOCTORS WITHOUT BORDERS AND PREVENTABLE DEATHS

What then distinguishes this secular humanitarian concern for life? In comparison with Dunant's ministrations to wounded soldiers, groups like MSF give relatively little attention to the needs of the dead and dying or the larger social world they represent. In practice its focus rests firmly on clinical bodies and the populations they comprise.²⁹ Unlike Schweitzer, MSF has spent little time elaborating a philosophy of life as such. This is hardly due to an absence of reflection in general; the group has devoted an impressive measure of reflective attention to other abstract concepts—for example, "humanitarian space" (the constitution of proper conditions for humanitarian action) or *témoignage* (a variety of witnessing as ethical advocacy). Life, however, is simply to be saved. A humanitarian cannot legitimately exchange one human existence for others or sacrifice it to a greater good (Fassin 2007; Redfield 2008). In this sense, Brauman's radical definition of the human as "a being who is not made to suffer" provides an accurate categorical touchstone. The humanitarian response to

suffering frames itself as action, not contemplation. At the same time, MSF remains a deeply realist organization, fully committed to responding to the shortcomings of an actually existing world. The point in "saving" life thus lies not in denying death *per se*, but rather in opposing *preventable* deaths, the view that—in one telling phrase I have often encountered—"people shouldn't die of stupid things" (see also Farmer 2003:144). The list of such stupid things is both varied and long, including conflict, disasters, and a range of epidemic and chronic diseases, all of which might be averted with sufficient political will.

MSF's attention centers on what the group describes as "populations in danger" or "populations in distress." This root concern for the world's wounded parallels that of the battlefield instantiation of the Red Cross, if focused on civilians and cast at a grander, global scale. All those who suffer deserve care, regardless of social background, political position, or prior actions; only medical criteria should determine their relative priority.³⁰ In contrast to Dunant, however, MSF seeks to offer the best biomedical treatment possible under given conditions, not just acts of human mercy. It does so defiantly, as a form of opposition to the situation that created suffering in the first place. Although sharing the Red Cross hope that political powers might learn to act more humanely, MSF's adherents remain generally less sanguine about the prospects and less formal in their methods. The group also operates without a specific mandate, other than its collective conscience, and strives to remain largely independent from state support, relying instead on its own ability to raise funds from supporters. In this respect it is a true "nongovernmental organization," parallel to the missionary tradition. As its name implies, MSF also views itself as a fundamentally medical organization, if not simply a collectivity of doctors. Its faith, so to speak, rests with the possibility of medical intervention as a form of moral action.

When preventable deaths do occur, MSF frames its action in terms of witnessing and advocacy. Although *témoignage* does not always take the form of "speaking out" or open denunciation, such moments have deeply defined the group's mythic self-conception as well as its broader reputation. Beyond distinguishing it from the Red Cross tradition of discretion, these moments of public speech also indicate the fundamental attachment of MSF's ethical views to the domain of secular politics. For there is no direct redemption for lives lost rather than saved in this vision, no afterlife or martyrdom that would render them immortal. The sacredness of their being stems from the fact of their existence—from life itself.³¹

Once extinguished, meaning can only come from memory, appeals to their legacy, and admonitions that such unhappy fate should never occur again. Absent a soul or utopia, it is hard to transmute a stupid death into a good one.

All that escapes or exceeds medicine falls under the supplemental good of human "dignity," a category shared more widely with human rights discourse. Since MSF itself favors the present and builds few memorials, its version of history remains largely undefined and only thinly enacted at the level of material practice. While the group's tradition of speaking out may spring from the same source as testimony in war crimes tribunals or truth and reconciliation commissions, it is even less clear what audience or conception of posterity might be involved. Médecins Sans Frontières recognizes that speaking out is no magic formula, only a moral imperative.³² Its hopes for justice ultimately rest with other, more directly political, actors. As a bitter, memorable press release put it at the height of Rwanda's agony in 1994, "You can't stop genocide with doctors."³³

The degree to which the group identifies with both the possibilities and limits of the medical profession becomes clear in such moments of *témoignage*, neither fully religious nor juridical. As a prominent figure within the French section of the organization suggested to me, medical personnel can claim a privileged perspective when it comes to facts of life:

Doctors can diagnose causes and states. They are the ones who can measure. In Rwanda it was clear we couldn't protect population during genocide. We were told at checkpoint you can fetch the wounded and we'll kill them here. But afterwards, in prisons, life expectancy was six months, while the wait for trial something like ten years. So you had death before trial. Now who can get in to prisons? Those who work there and those who work in health. So medical personnel can perform a diagnostic of a situation. It's a different angle than that of "they're all *génocidaires*" (which many were, of course). We can view each of them as individuals, talk of people and their life chances, pathologies, etc. It's a way of medically objectifying the political situation of why people are not living. It's about human facts, and not questions of philosophy, law, etc. The doctor can speak of the sick, of a precise person and not in generalities. It's always individual—not talk of [abstract] desirable things, but of life and death. Doctors can talk in mortality rates.³⁴

Although not a doctor by training herself, this member of MSF saw that professional legacy playing a central role in the group's collective persona, particularly the clinical tradition of focusing on specific cases and the precision of health measures. Claiming medical authority permitted not only access but also a mode of speaking that could redefine a situation by objectifying it. The resulting facts promised to shift ethical focus away from generalized assumptions of guilt and return it to considerations of individual existence. In this indirect manner, attention to life might sometimes lead to justice.

SECULAR HUMANITARIANISM AND SACRED LIFE

Although MSF and its offshoots may struggle fiercely over the terms of their engagement, they have remained in agreement about the value of human life and a concomitant refusal to justify present suffering in the name of future utopian ideals. Rather than approaching crisis from the long-term perspective of some unfolding history or libratory struggle, they perceived it in relation to the immediate needs of an affected population, understood in medical terms. Moreover they reinforced this fundamental consensus most powerfully in their very operations. During the 1970s and 1980s, the variety of suffering found in refugee camps offered MSF's humanitarians moral clarity at the level of practice. Instead of political abstractions, their action would focus on particular bodies suffering in particular times and places; in response to violations they could both speak out and actively intervene at the level of health. Thus MSF focused its energies on a direct response to inhuman conditions, wherever they might be found and whatever their origin. By the early 1990s the group had a global logistics system in place and had become more technically proficient, part of a growing trend of nonprofit professionalization (Redfield 2011). Even if emergency conditions rarely resolved cleanly, they did lend themselves to clear technical response alongside moral denunciation. Biomedicine could contain an outbreak disease or offer short-term alleviation from disaster. Undertaking such action could also represent a deeper moral rejection of the situation itself, an "ethic of refusal" as MSF's Nobel acceptance speech would put it.³⁵ Amid the compressed time of crisis, humanitarians found moral clarity in action.

How to account for the relative sacredness of human existence? Writing a half-century ago in *The Human Condition*, Hannah Arendt offered a

suggestive synopsis of how life might have emerged as the "the highest good" for modern Europe. The existence of ordinary, individual humans, she observed, became sacred when Christianity reversed the order of classical antiquity, replacing the immortal cosmos with "the most mortal thing, human life" (Arendt 1998 [1958]:314). Only through passing through a mortal coil on Earth could one achieve the everlasting; in this sense immortality became a personal affair. When the modern world reversed Christian doctrine through secularization and returned individual life to mortality, it retained attachment to life as the highest value: "The only thing that could now be potentially immortal, as immortal as the body politic in antiquity and as individual life in the Middle Ages, was life itself, that is, the possibly everlasting life process of the species mankind" (Arendt 1998 [1958]:321; see also Brient 2000). If Arendt's general diagnosis holds, it provides a background against which "saving lives" might emerge as a moral exhortation. It likewise suggests how, by touching directly on "life itself," medical action might acquire particular moral standing.

How then might secular humanitarian medicine compare to earlier antecedents and the work of missionaries? Here I have traced one lineage of medical intervention inspired by human suffering. Aspects of MSF's labors resemble those of both the early Red Cross battlefield and Schweitzer's tropical hospital. All share a concern for the suffering patient and define their action through medical practice. Like Dunant and the early Red Cross, the humanitarian doctors focus on exceptional states, finding human feeling most easily in moments of urgent rupture. Like Schweitzer they primarily toil amid the larger shadow of colonial legacies. But, in contrast to both, they place little value on easing death or expressing reverence for life in general or finding redemption through prayer. If not fully political in form, their version of witness nonetheless emerged from a political conception of the value of speech and retains a this-worldly ethos. Any transcendence it might claim would remain temporal and essentially attached to the figure of the human. Although at times their efforts might suggest something like a sacred value to life, the terms of evaluation are intrinsically medical: the relative health of bodies and well-being of minds remain unquestionably paramount, the only legitimate measures for relative "success" or "failure."

In its secular medical version, then, humanitarianism has increasingly concentrated on a distinctly material project of salvation. As well as a biological matter of existence, and a political object of concern, life

emerges as a key moral value (Collier and Lakoff 2005). The "life" at the center of humanitarian concern appears as a common quality, shared by all humans. However, it is also nonfungible and so eludes legitimate exchange or sacrifice for future utopian visions. In lieu of a soul or a larger field of reverence, focus rests on actions to maintain existence and enhance prospects for survival. Humanitarian medicine, after all, by itself offers little redemption from death, the inevitable long-term outcome of any individual clinical case. The bulk of humanitarian efforts respond to preventable disorders with familiar remedies, not experimental procedures that might at least hold out the hope of enhanced care for future patients. Lives lost thus yield little prospect of future scientific gain. Instead, appeals to human dignity or historical witness suggest something approximating sacred value, now located in material experience. By signaling humanity, the universal subject of secular reason, the suffering body defines and reveals a moral threshold (Feldman and Ticktin 2010). As a matter of practical morality, then, the worth of this form of life derives precisely from saving it.

NOTES

1. For the full text see <http://doctorswithoutborders.org/aboutus/charter.cfm> (accessed November 18, 2009).
2. I received this particular solicitation in 2008. For parallel slogans, see "There are many ways to rescue a life" (International Rescue Committee); "Have you saved someone's life lately?" (Smile Train); "Saving lives one drop at a time" (UNICEF for a vaccination campaign); "Survive to 5" (Save the Children—a venerable charity known in aid world shorthand as Save). Such solicitations distinguish a distinctly "humanitarian" aesthetic of appeal; fund-raising for "development" projects commonly deploy themes of work, education, and a bright future. For more on the shifting sense of humanitarianism and its use in the contemporary aid world, see Bornstein and Redfield 2011 and Calhoun 2008.
3. Both humanitarian experience and psychological studies suggest that donors respond more readily to natural disasters than to structural inequities and to stories of individuals than to those of any mass (Slovic 2007; Wilson and Brown 2009; MSF-F and Factanova 2002).
4. The focus here is on the International Committee of the Red Cross, based in Geneva, rather than national Red Cross and Red Crescent societies or the

- International Federation of Red Cross and Red Crescent Societies. For more background, see Moorehead 1998; Hutchinson 1996; and Forsythe 2005.
5. Agamben 2005. As Calhoun (2008) notes, the history of the term far exceeds the Red Cross legacy.
 6. Hutchinson (1996) notes that the documentary record fails to clarify the precise rationale for the selection of this emblem, only later suggesting it to be a reversal of the Swiss emblem. Whatever the precise origins of the Red Cross symbol, its subsequent connotations were clear and twofold, recalling both Christianity and the Swiss national flag. Thus, while the movement was international from the start, the terms of its engagement remained historically circumscribed at the level of its very symbol.
 7. In addition to separate national societies, a league emerged to coordinate their greater union. At the same time, the International Committee of the Red Cross (ICRC) continued its own path in Geneva, becoming a fixture of international law by virtue of overseeing the Geneva Conventions. The collective purview of these entities grew to include far more than the care of wounded soldiers, gradually encompassing sailors, prisoners, and civilians as well as responses to natural disasters.
 8. The Christian legacy in particular produced an early and lasting problem once the movement reached cultural frontiers. Although the Ottoman Empire had agreed to the initial Geneva proposal, from an Islamic point of view the cross symbol evoked bitter memories of the Crusades. During its war with Russia in 1876, the Ottoman government announced it would modify the official insignia, substituting a red crescent for a cross. Despite Russian objections, and their own desire for a single emblem, the International Committee eventually agreed. At the same time, they sought to limit the range of possible alternatives and continued to insist that the cross was simply a geometric figure rather than a religious endorsement (Benthall 1997). Tensions have continued over the appropriate primary symbol for aid until the present, particularly in the case of Israel, with the inclusion of a new "Red Crystal" in 2006.
 9. See (Hutchinson 1996:14–18) on the class assumptions structuring Dunant's account.
 10. Dunant was ultimately a visionary more than a true founder in the organizational sense; the scandal of business failure forced him to resign from the fledgling Red Cross in 1867. Only very late in his life would he enjoy rehabilitation and regain renown.
 11. The exceptions to this rule involved settings at the threshold of European recognition, e.g., the Ottoman Empire. See Sven Lindqvist's unconventional work *A History of Bombing* for one account of colonial experiments in violence,

- amid the larger historical complex of military and humanitarian intervention (Fassin and Pandolfi 2010).
12. Nobel Peace Prize Presentation Speech, 1952. At http://nobelprize.org/nobel_prizes/peace/laureates/1952/press.html#not_7 (accessed May 1, 2008).
 13. Schweitzer's initial self-presentation in 1913 to his flock in Gabon was more overtly religious. In that sermon he has the people of his home city instructing him: "And if you care for their bodies, tell them that their souls are well rather than sick and that the soul is more precious than the body, as the Lord Jesus has said. And though there are many good medicines for the body, there is only one thing—only one—for the cure of the soul. This medicine is the gospel that was preached to them for many years and that many have rejected and no longer listen to" (Schweitzer 2003:3–4).
 14. Quoted in Headrick 1994:258–70. Headrick underscores the extent to which Schweitzer's appeal resonated far more strongly in English- and German-speaking countries than in France. See also Lachenal and Taithe 2009.
 15. The expression, applied by American media to teams from Médecins Sans Frontières and Médecins du Monde working alongside the mujahideen in Afghanistan during the bloody 1980s, appears in every French work about the organization that I have read.
 16. Max Récamier and Pascal Grellety-Bosviel, who both oversaw the Biafran team, were older than Kouchner. They already had extensive experience and had come of age amid a milieu of third world solidarity that largely involved religious organizations. Récamier's humanitarian convictions derived primarily from Christian charity, not the revolutionary tradition that had shaped Kouchner. Nonetheless, the two could come together in the face of what they thought to be genocide, foreshadowing later humanitarian alliances (Vallaëys 2004).
 17. Although consistently popular with the French public, Kouchner has long been a controversial figure, even before becoming France's foreign minister. For a caustic assessment of his trajectory as a generational icon see Ross 2002:147–69. See also Taithe 2004:147–58 and Guillemoles 2002. Within MSF his public legacy has proved a source of continued frustration, such as when the organization won the Nobel Peace prize in 1999 and found itself misidentified in the press with his positions (Vallaëys 2004:749–50).
 18. From the perspective of humanitarian organizations, the Biafran conflict served as something of a watershed. Many of the elements involved—including the manipulation of civilians and aid—were not entirely new. Nonetheless, they came together in a newly evocative and disturbing way. As the Nigerian army slowly strangled the rebellion over the next three years, the new wonders of satellite transmission conveyed images of starving children to televisions in European living rooms. At the same time, improvements in air transport diminished the distance involved, and the standardization of emergency medicine fostered a new sense of the possible when it came to intervention. The actual geopolitical alignments surrounding the conflict were complex; France, Portugal, South Africa, and Israel supported the rebels, whereas Britain, the United States, and even the Soviet Union backed the Nigerian regime. Furthermore, the conflict carried religious undertones, since the majority of the afflicted civilians came from the largely Christian Ibo, and Catholic missionaries played a significant role in advocating for attention and shaping media coverage. Media accounts, however, emphasized civilian suffering and the threat to innocent life. The separatist government mounted a highly effective and emotional public relations campaign, warning loudly of genocide (Waters 2004).
 19. In addition to Kouchner and friends, its associates included Xavier Emmanuelli, another former Communist and future politician, who had worked as a doctor in the merchant marine and following an accident nursed a vision of rapid intervention. See Emmanuelli 1991.
 20. Vallaëys 2004:107–26; Bernier 1970.
 21. The Biafran precedent notwithstanding, the new association's charter included the Red Cross principle of neutrality, and adhered to the tradition of medical confidentiality and public silence (Vallaëys 2004:121–22).
 22. The expression may have appeared a few times before—in a youth travel agency called Jeunes sans frontières and in a renamed European game show, *Jeux sans frontières*, both dating to the late 1960s. But MSF popularized it. Moreover, it established a new form, serving as a prototype organization that adopted a borderless sense of space together with an ethos of direct intervention and media involvement. Alongside Doctors, the world has gained Reporters, Pharmacists, Engineers, Animals, Sociologists, Magicians, Knitters, and even Clowns Sans Frontières. The translation of *frontières* into "borders" would remain a point of slight contention. To adherents of MSF, the name more often denotes a willingness to expand and overcome barriers than any statement about national borders. Even when yielding to the international dominance of English as the language of world governance, and expanding far beyond its French origins, the movement would retain its original acronym. Nonetheless, "without borders" has made up for any lack of proper *élan* with epochal ambition. Henceforth, doctors would go anywhere.
 23. According to early bulletins, the organization considered several symbols, including a flying bird, which would mark Kouchner's later group, *Médecins du Monde*. Jean-Paul Ryst, "L'oiseau blanc et rouge," *Bulletin Médecins Sans Frontières*, no. 3 (April–July 1975): 14–15.

24. The law of 1901 appeared amid the struggle between church and state in the French Third Republic, extending state sanction over free associations and limiting the autonomy of religious congregations (Archambault 1997). At the same time, it is important to note that MSF's secularism was far from anti-Catholic. Brauman and Kouchner both cite the inspiration of Abbé Pierre, who turned from politics to address poverty, and Emmanuelli would eventually announce his own religiosity (Taithe 2004; Emmanuelli 1991:249-50).
25. Moreover, on his initial approaches Brauman ironically was turned away (Brauman 2006:51).
26. For a less abbreviated cast of characters and greater social analysis of their context see Dauvin and Siméant 2002.
27. For an early vision of expansion, see *Bulletin Médecins Sans Frontières* 3 (April-July 1975): 33. Real internationalization proved less harmonious; at one point the French group even sued their Belgian counterparts over the use of their common name. The suit stemmed partly from the French establishment of a think tank called *Liberté Sans Frontières* that took a public stand against the leftist tradition of *tiers-mondisme*, accusing it of romantic misrepresentation of the true causes of misery. The Belgians saw this as an unwelcome injection of reactionary politics. By the time I interviewed him in 2003, Brauman could describe the feud as something of a youthful folly stoked by rival ambitions, albeit one with significant bearing on the very goal of humanitarianism. In his interpretation, whereas the French operation was far more centralized and deeply imbued with the "Jacobin spirit of France," the Belgians had a different understanding of the state and resented the imperious attitude of their colleagues. See Vallaëys 2004:461-509.
28. The status of local staff was a topic of debate at the 2005 La Mancha assembly of MSF sections, and the fear of institutionalized charity endemic to the organization, Kouchner on.
29. In exceptional circumstances, individuals endeavor to recognize the needs of the dead bodies; see, e.g., the account of the Rwandan genocide in Orbinski 2008.
30. See the statement in 2009 of the president of MSF's international council advocating that resources for a potential flu pandemic be according to need, not wealth, on both medical and ethical grounds. http://www.msf.org/msfinternational/invoke.cfm?objectId=DF6C28EF-15C5-F00A-25F6853731E2D809&component=toolkit.article&method=full_html (accessed November 12, 2009).
31. Fassin (2009:47-48) proposes using the phrase "life as such" for human existence at the level of a particular body inserted into history, the ultimate object of concern for groups like MSF. Since, in this chapter, I wish to stress a biological quality of being, however, I retain "life itself," which better conveys

the urgency of a fund-raising brochure. See also Benjamin 1978:299; Collier and Lakoff 2005.

32. Rackley 2001. The French section of the organization has produced a series of casebooks of MSF's most controversial moments under the collective title *Prises de Parol Publiques de MSF/MSF Speaking Out*. Tellingly they retain sufficient controversy to remain partly internal documents rather than serving as a more public history. See Soussan 2008 for a more detailed account of MSF's evolving practice of *témoignage*.
33. MSF-France press release dated June 17, 1994. For more commentary on *témoignage*, see Redfield 2006.
34. From the author's fieldnotes, Paris, June 2003.
35. http://nobelpeaceprize.org/en_GB/laureates/laureates-1999/msf-lecture/ (accessed November 12, 2009).

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HOMESCHOOLING THE ENCHANTED CHILD

Ambivalent Attachments in the Domestic Southwest

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Stories of homeschooling reveal questing for enchantment within the family. While marrying and having children often predicate increased church attendance, not all spiritual searching takes place in religious congregations. Early parenting is a flashpoint in the quest for domestic meaningfulness. One mother telling me why she appreciated her children attended the half-day Family School program told me, *We play games in front of our fireplace every night when it's too cold or too dark, or whatever, in the winter, it's just so much fun to be with the family*. Were her children to have two hours of homework to begin after dinner, she explained, they would miss out on that *quality family time* that she loves. Rather than let school structure their time, and hence familial interactions, homeschooling parents spoke of time with their children as a gift. Another mother told that before homeschooling, when her young son was in school, she dreaded time at home, since they wrestled over how he would finish his homework. But, with homeschooling, she said, *now, I really want to be at home. . . . It's so incredible to watch the evolution of the relationship*. Parents who left traditional schools for homeschooling, or who enrolled in the half-day Family School program, spoke often of the joy they encountered in their time with their children. Entrance into school had seemingly stolen this playfulness not only from the child, but from the family.