

CONTEMPORARY STATES OF EMERGENCY

The Politics of Military and
Humanitarian Interventions

edited by

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- bring about a better future for all living in Kosovo.” Under the headline “No sabbatical from the EU’s work for peace and prosperity,” Olli Rehn tells the European Parliament,” another European Commission press release declares: “Enlargement policy serves the fundamental interest of the European Union and its citizens, noted Enlargement Commissioner Olli Rehn in his speech at the European Parliament pointing out that ‘we cannot take any sabbatical from this work for peace and prosperity’. The Commissioner concluded by underlining that enlargement was always going to be a long-term effort, which has to ride out political storms in Ankara, Belgrade, Brussels and other capitals.” See http://ec.europa.eu/enlargement/press_corner/whatsnew/events_en.htm?Page=4 and http://ec.europa.eu/enlargement/press_corner/whatsnew/commissioner_en.htm?Page=2 (last accessed July 1, 2009).
- 35 See Didier Fassin’s essay, “Heart of Humaneness: The Moral Economy of Humanitarian Intervention,” in this volume.
- 36 Michel Foucault, *Naissance de la biopolitique: Cours au Collège de France, 1978–1979* (Paris: Hautes Études-Gallimard-Seuil, 2004), available in English as *The Birth of Biopolitics: Lectures at the Collège de France, 1978–79*, ed. Michel Senellart, trans. Graham Burchell (New York: Palgrave Macmillan, 2008).
- 37 Laurent Jeanpierre, “Par-delà la biopolitique,” *Critique* 61, no. 696 (2005): p. 358 (my translation).
- 38 Duffield, *Development, Security and Unending War*.
- 39 Mark Duffield, *Global Governance and the New Wars: The Merging of Development and Security* (New York: Zed Books, 2001).
- 40 Mariella Pandolfi and Chowra Makaremi, “La sécurité humaine,” *Parachute*, no. 124 (October 2006): “Violence Unlimited” issue, pp. 143–48.
- 41 According to the doctrine of human security, the physical body must be secured against hunger and illness, harkening back to the idea of biopolitics identified by Michel Foucault. Biopolitics represents the point at which politics appropriates human life in its biological form. At this moment, both life and politics are radically transformed, and invested—even circumscribed—by the normative and immanent dimension of biological life.
- 42 The objective of the Blue Bird Club is to provide a discussion forum for scholars from Eastern Europe and for journalists from all over Europe, bridging gaps in communication, thus contributing to the diversification of the intellectual debate in Europe. The club gathers a group of about twenty-five highly qualified intellectuals from Southeastern Europe—some of them brilliant younger scholars, others experienced, internationally renowned scholars who excite attention among the politically engaged public all over Europe—and journalists from Europe at large to discuss questions and topics of mutual interest. The Blue Bird Club will meet once or twice a year for at least one day at different locations to acquaint participants with the region’s diversity.

The Verge of Crisis: Doctors Without Borders in Uganda

Peter Redfield

For you people coming here, you may see war, but we here, we think of this as a peaceful time.

—Ugandan driver in Gulu, 2006

Most writing about humanitarianism—by practitioners, journalists, and academics alike—focuses on dramatic episodes of extreme emergency and human tragedy. Disasters such as the Ethiopian famine and the Rwandan genocide inspire ample commentary, analysis, and recrimination after the fact. Their significance established, they serve as landmarks for humanitarian chronology, orienting subsequent problems into a lineage of inhuman events. In this manner, they constitute classic forms of crisis, moments that appear as decisive turning points, while collectively suggesting the limits of humanity amid extreme conditions. Neither the focus on catastrophe nor the ethical framing of it is particularly surprising. As numerous observers have suggested, the moral force of humanitarian ideals derives from the apparent clarity of extreme conditions and the imperative to act that they can evoke. However, it may not present the most accurate portrayal of either humanitarianism or even the “humanitarian crisis” itself. A great deal of actual practice by humanitarian organizations responds to less spectacular forms of suffering and more ambiguous contexts, ones that might or might not represent states of emergency. Situations balancing on the “verge” of future disaster or possible recovery from past devastation only infrequently surface into media view.

In the following essay, I will explore this uncertain zone of suffering directly, tracking the place of Uganda amid the shifting portfolio of projects maintained by one major humanitarian organization: Médecins Sans Frontières, known in English as Doctors Without Borders and in the aid world as MSF. This organization has worked off and on in Uganda for well over two decades, pursuing a variety of

projects ranging from basic health care for refugees to efforts to combat sleeping sickness and HIV-AIDS. During much of this time, the country has been a relatively stable neighbor to more dramatic events in Rwanda, Sudan, and the Democratic Republic of Congo. In 2003, flare-ups in the long-standing northern insurgency prompted many aid agencies, including MSF, to respond to the large number of displaced people living in camps. The situation, however, remained ambiguous and its health issues diffuse: a mixture of malnutrition, sporadic epidemics, potential trauma, and enduring symptoms of poverty. The MSF sections on the ground thus faced a continuing problem of defining and redefining their role.

By focusing on this geographic and temporal borderland of crisis, I seek to reexamine the broader orientation of humanitarianism toward present calamity and its less comfortable sense of the future and the past. Humanitarian action, I suggest, actually involves the margins of crisis far more than its dramatic narration would indicate. In this sense, the uncertainties posed by Uganda for MSF constitute a norm, not an exception. The dilemmas of humanitarianism derive not only from clearly dire situations, but also from those that might be dire and that could either be getting better or be getting worse. Here, the temporal frame expands away from the present, and the limits of humanitarian concern grow less sure.

It is precisely this state of uncertainty, I argue, that ultimately proves most revealing. Inasmuch as humanitarian actors define their ethics around action and present that action as a reaction to suffering, they limit the scope of their perceived responsibility and decision making. The formula is clear: Moral outrage demands response. When faced with a less definite field of potential outrages and responses, however, humanitarians must themselves determine what constitutes a legitimate exception. In doing so, they confront the task of evaluating forms of suffering, comparing cases and recognizing constraints—in effect, adjudicating within the very-categorical value of life that they hold dear. Moreover, uncertainty underscores ordinary inequalities between lives and life prospects beyond states of exception and the uneasy boundary between humanitarianism and development. Ambiguous cases such as that of Uganda thus not only provide a less romantic portrayal of humanitarian engagement than those common to media imagery, but also expose a key tension within humanitarian ethics and its relation to crisis, as well as what Didier Fassin terms its “politics of life.”¹

MSF AND THE CLARITY OF CRISIS

To set the stage for this discussion, I will first outline the trajectory of the organization in question and note its particular relevance for the issues at hand. MSF emerged in France at the end of 1971, ostensibly in response to two crises: the

protracted demise of the Biafran rebellion in Nigeria amid manipulated famine and the violent emergence of Bangladesh in the wake of natural disaster. Although the early history of the group may not quite conform to later myth, MSF nonetheless came to embody an alternative Red Cross, shaped by the new conditions of decolonization, youth rebellion, and a new media age.² Initially a small and poorly organized shoestring operation, it grew into a significant presence by the later 1980s. As it did so, it became less French and more European, expanding into a federation of loosely connected and often squabbling national sections.³ It also became more effective, famous, and rich, developing a global system of logistics, an increasingly professional profile, and a fundraising strategy that favored independence by relying less on states than on individual donors. In 1999, the Nobel Committee awarded MSF its Peace Prize, favorably citing that independence, the speed of the organization’s response, and its public opposition to abuses of power.⁴

Although the group would devote its prize money to support a new initiative advocating greater pharmaceutical equity, rather than to a response to any specific disaster, the Nobel citation reflects MSF’s central public image: an emergency-room team, on call worldwide. The details beneath that image are more complex: The group includes nurses, engineers, and administrators alongside doctors amid its volunteers, relies on an army of local employees to perform a considerable part of the actual labor, and now conducts a range of missions beyond emergency response. Nonetheless, the image does capture a core essence of the organization’s ethos. Both “crisis” and “emergency” are native terms for MSF. While the first generally describes a critical condition or conjuncture, often including social and political context, the second most commonly refers to a specific set of medical problems requiring rapid response.⁵ Within the organization, emergency missions represent a self-consciously “classic” form of action, if no longer a norm. Although not every member may dream of being “eight to a tent in the Congo,” as one veteran put it to me in Kampala in 2003, such dramatic conditions remain romantic points of reference for the collective, and a sense of urgency courses through most of the group’s rhetoric. To quote another of its former adherents, MSF “couldn’t survive without the word ‘emergency.’”⁶

MSF’s relatively rapid rise to prominence reflects the proliferation of nongovernmental organizations in the last decades of the twentieth century. In national contexts of wealthy countries, social-science analysts often gloss this pattern with references to “neoliberal” governance, under which policies seek to transfer welfare functions of the state to private entities in the name of efficiency. Internationally, the appearance of a “civil society” form of aid can evoke visions of neocolonialism, with latter-day missionaries now cast in a lead role. Such grand narratives, however, should not obscure the historical specificity of contemporary nongovernmental

politics, the relative exhaustion of ideologically based party politics, and the emergence of new concerns (such as environmentalism and human rights) that have modified the political field itself.⁷ In this particular case, the details are more revealing, since MSF inherited its oppositional ethos from the political moments of the late 1960s and early 1970s in France.⁸ A number of its key early leaders arrived at humanitarianism through political activism. The bloody results of decolonization and wars fought in the name of liberation disillusioned them, and the realities of the "Third World" differed from the conceptual version of café solidarity. Thus, Bernard Kouchner, the most outspoken of MSF's founders and a future political figure, found his calling amid the starving masses in Biafra. For Rony Brauman, ex-Maoist and MSF's later president and intellectual light, the Khmer Rouge debacle in Cambodia brought a final break with Communist ideology, replaced by the specificities of a rural hospital in Benin, an urban hospital in Djibouti, and a refugee camp in Thailand. As he noted in a later interview, the period from 1975 to 1980 was an era of expanding Soviet influence in the Third World, and with the eruption of one refugee crisis after another, MSF's actions in effect began to take an anti-Communist turn.⁹ Several prominent figures within the original French group (including Brauman), took public stands against the leftist tradition of *tiers-mondisme* ("Third Worldism"), in opposition to MSF's newly formed Belgian branch, not to mention much of France's intelligentsia.¹⁰ Beyond such bitter internecine struggles, two operational episodes profoundly marked the organization during this time: a partly clandestine and romanticized mission in Afghanistan following the Soviet invasion and MSF-France's noisy opposition to the Ethiopian regime amid the famine of Live Aid fame that led to the group's expulsion from the country. Both experiences contributed to MSF's mythic self-conception and greatly enhanced its public profile.¹¹

Although the French section of the group briefly flirted with an ideal of liberty during the mid-1980s, what emerged from this period was less any ideological stand than a focus on life itself. The various strands of the organization and its offshoots might struggle fiercely over the terms of their engagement, but they remained in agreement about the value of life and a refusal to justify present suffering in the name of future utopian ideals. Rather than considering a crisis from the long-term perspective of some unfolding history or liberatory struggle, they perceived it in relation to the immediate needs of the affected population. Moreover, they reinforced this fundamental consensus most powerfully in their 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. Rather than focusing on political abstractions, their actions could 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, they had a global logistics system in place and had become more technically proficient, part of a growing trend of nonprofit professionalization.¹² Even if emergency conditions could rarely be resolved, they did lend themselves to clear technical responses alongside moral denunciation. Biomedicine could contain an outbreak of disease or offer short-term alleviation from a disaster. Undertaking such action could also represent a deeper moral rejection of the very situation itself, an "ethic of refusal," as MSF's Nobel acceptance speech would put it.¹³ Amid the compressed time of crisis, humanitarians grasped the clarity of action.

As MSF continued to grow, however, it gradually took on new concerns. Unlike the Red Cross, it had no specific mandate or legal status beyond its internal charter and articles of incorporation. Led by an ever-shifting array of personnel and deeply infused with a global imagination and an oppositional ethos, the group's organizational structure fostered never-ending experimentation and critique. Many initiatives would prove short-lived, withering with the departure of key visionaries or eclipsed by events. But over time, MSF came to sponsor missions far beyond classic emergency response to wars or natural disasters. Although emergencies continued to define the group's public profile and sensibility, its definition of what constitutes a crisis expanded to include problems such as HIV-AIDS and mental health, conditions unlikely to resolve cleanly or conclusively.

To provide a sense of MSF's actual practices, I will review the 2003–2004 edition of the group's *Activity Report*. As in previous years, the volume includes not only a quick country-by-country synopsis of all projects, but also a world map, organizational statistics, a number of reflective and critical essays on humanitarian issues, and a carefully selected array of black-and-white images featuring aid workers and afflicted populations. It constitutes, in this regard, one snapshot of what Craig Calhoun terms "the emergency imaginary."¹⁴ As essays in the report indicate, during the time period, MSF recognized a series of significant challenges. These included the rise of military humanitarianism, which the group blamed for the recent loss of five staff members in Afghanistan, an increasing focus on cost recovery in international health, which it suggested favors macroeconomic theory over human life, and the emerging disaster in Darfur, to which it responded with a large operation and publicity blitz, if stopping short of invoking genocide. In addition, the report highlighted regional issues related to HIV-AIDS in Africa, tuberculosis control in Asia, and the plight of recent immigrants in Europe.

Alongside these general concerns, the statistical record suggests both clear patterns of geographic concentration and considerable variety of topical focus. While MSF's world may center on Africa, the projects it conducts extend well

beyond. The group maintained a presence in seventy-seven countries that year: thirty-two in Africa, twenty-one in Asia, eleven in the Americas, and thirteen in Europe and the Middle East. The prevalence of Africa was even higher in monetary terms, as the continent accounted for nearly 70 percent of the organization's program expenditure. Four of the five most expensive programs were in that continent, led by the Democratic Republic of Congo and Sudan. Of the twenty-two programs with expenditures over 3 million euros, only six lay elsewhere: Afghanistan, Chechnya, Iraq, Myanmar, Cambodia, and Russia. Not all of the major programs, however, concentrated on immediate emergency relief. In postconflict settings such as Angola, MSF had treated malaria patients while lobbying to change government protocols, while in Liberia and Burundi, it had begun new initiatives aimed at combating sexual violence. In Kenya and Malawi, the focus was on AIDS, including antiretroviral therapy. Although not on the massive scale of operations in the Democratic Republic of Congo or Sudan (each of which involved over two hundred foreign and several thousand local staff), these programs were nonetheless significant and in aggregate constituted a majority. Away from Africa, missions tended to be smaller and the projects even more varied. In Thailand and Cambodia, for example, MSF was treating AIDS and malaria with less than a tenth of the personnel as in Sudan. In Burkina Faso and Guatemala, it sponsored another AIDS program, as well as health care and psychological counseling for street children. In Nicaragua, it targeted Chagas disease (a tropical disease caused by protozoan parasites) and in Uzbekistan multidrug-resistant tuberculosis.

Even a quick survey of MSF's worldwide activity underscores the extent to which the organization's sense of crisis now reaches well beyond the refugee camp. A similar expansion of concern is evident in the American section's annual list of top ten "underreported humanitarian stories." Released every year since 1998, these lists match entries for specific countries with general problems such as cholera, street children, AIDS, drug resistance, access to medicine, neglected diseases, and malnutrition. Such issues reflect MSF's advocacy priorities and its increasing involvement in efforts to alter health policy and even pharmaceutical research and development. Although stopping short of full political engagement—let alone utopian ideals—such efforts extend beyond the immediacy of charity that David Rieff identifies with Bertolt Brecht's apt phrase "a bed for the night."¹⁵

While MSF's annual reports and lists constitute snapshots of "the emergency imaginary," as I have suggested above, they also reveal contours that stretch into longer-term ambitions and structural problems of inequality. Reading several of them in a row further clouds the clarity of the concept of crisis itself. Missions open and close, problems reappear, dire predictions sometimes do and sometimes do not come to pass. The larger ensemble of MSF, then, offers an empirical map of

ethical turmoil related to the concept of humanitarian emergency. To explore one sector in greater detail, I now turn to the organization's adventures in Uganda.

UGANDA: A PERIPHERAL CENTER OF ACTION

At the turn of the millennium, Uganda lay amid several significant humanitarian concerns, but was at the center of none. Compared with much of the tumultuous Great Lakes region of Africa, Uganda had its most famous crisis moment relatively early, during and after the rule of Idi Amin in the 1970s and early 1980s. By the early 1990s, the regime of Yoweri Museveni had acquired a reputation for stability and prescient policies on HIV-AIDS, rendering it a potential model for future African governments in the eyes of aid donors. At the same time, Uganda's relatively mild physical and social climate, together with the institutional prominence of the English language at a national level, made it an attractive site for NGOs. Its reputation in the AIDS world made it a favored location for research, and although the public-health infrastructure—large elements of which derived from the colonial era—might be strained and creaky, at least some evidence of state concern existed. Uganda not only offered an easy place to work; from a humanitarian perspective it was also well positioned. South of Sudan, east of the Democratic Republic of Congo, and north of Rwanda, the country could also serve as a base for missions in volatile areas nearby. At various points, refugee populations had spilled over the borders, but not on an unmanageable scale. A long-simmering conflict in the north had produced scattered episodes of sensational violence and large population displacements across the region, but did not appear to threaten the regime. With considerable activity but relatively little damaging drama, the country seemed like a good first assignment for new international personnel. In the memorable phrase of a jaded American expatriate at a party in Kampala, it was "Africa Lite."

MSF first arrived in Uganda in 1980, responding to famine in the northeast and northwest corners of the country. It was the initial famine response by the organization, still a minor actor in the aid world, and the brief operation encountered chaotic conditions and was hardly a resounding success. Two years later, MSF was back again, dealing with the effects of population displacement, malnutrition, and a meningitis outbreak. They stayed to provide health care to alleviate an evolving series of refugee issues under UN sponsorship. In 1986, as Museveni solidified power and the situation stabilized, the organization initiated a new project to combat sleeping sickness. This venture would last nearly two decades at an evolving series of sites. During that period, other sections of the expanding organization opened their own missions alongside those of the French. The Dutch also concentrated on refugee assistance, while in the early 1990s, the Swiss began initial forays

into AIDS treatment, including an effort to involve traditional healers. At the end of the decade, MSF-France began an AIDS-related program in Arua, while MSF-Switzerland was on the Kenyan border, treating pastoralists afflicted with kala azar, or visceral leishmaniasis (another disease caused by protozoan parasites). In 2000, the group responded to the ebola outbreak in Gulu. The last sleeping-sickness site closed in late 2002, even as the Arua AIDS program began offering antiretroviral therapy.

Thus, at the time of my initial arrival to visit field sites in 2002, MSF had been running one project or another in the country for two decades. This extended presence was not the result of conscious planning or any long-term policy. Rather, it represented a long and fitful string of projects implemented at different moments by an ever-changing set of personnel. Not all of MSF's constituent sections were equally represented or in agreement over what constituted the greatest need. In 2001, the Dutch pulled out, preferring to devote their resources elsewhere. Over time, however, MSF's presence in the country became something of a tradition, particularly for the French. Some members of earlier missions returned years later in a new capacity, while others rose to positions of influence within the wider organization. Some Ugandan personnel ended up working for years with the group in one setting or another. Meanwhile, other international staff arrived from beyond Europe, while still others brought families. While conditions changed, even on a local scale, MSF grew into an institution.

For an organization ideologically committed to mobility and to addressing the greatest need, wherever it might be found, such extended presence in one setting raises the troubling prospect of stasis. The head of the French mission noted this for me in his office in Kampala, briefly outlining the current roster of projects with the aid of a large map. Speaking about one potential new program, he said: "We don't want to put a foot in the hospital, or we will be there ten years later. We only want to maintain two to three programs per country in order to stay flexible. Five or more is a heavy investment, and then you can't move or be flexible. We always want to be ready for emergency."

Subsequent meetings with his counterparts in later years echoed this sentiment. MSF always needed to be alert that it would not grow complacent or be caught off guard. Over time, I came to recognize this as a common theme, particularly among people with some decision-making capacity. On the one hand, it made perfect sense for a humanitarian organization to be in a setting like Uganda. On the other, the need was neither singular nor indisputable, given that there was no current, overwhelming crisis. The horizon in this context thus extended beyond immediate concerns. One justification given for the organization's continued presence in the region was that something dire might happen at any point. Certainly,

Uganda had no shortage of imaginable disasters, and if one should strike, it would pay to be present on the ground.

It is this edge of uncertainty and anticipation that I wish to explore in some ethnographic detail. Unlike moments of dramatic action, uncertainty and anticipation do not lend themselves to repeated narration. Nonetheless, I suggest, uncertainty and anticipation make up a good deal of the fabric of humanitarian experience and complicate the temporal profile of humanitarian practice.

A SHADOW IN THE NORTH

In 2002, the Ugandan government launched a military offensive named Iron Fist, seeking to eradicate the main northern insurgency. Although relatively insignificant as a fighting force and unlikely to seize power, the Lord's Resistance Army (LRA) had waged an effective campaign of regional destabilization. The successors of earlier insurgent movements and part of a conflict with longer colonial roots, the LRA itself had acquired a lurid reputation.¹⁶ Numbering at most a few thousand and spending considerable time over the Sudanese border, the group conducted sporadic raids that included episodes of brutal mutilation and the abduction of children. Such practices, combined with elements of spirit possession and references to the biblical commandments in place of an elaborated political agenda, propelled the LRA beyond the pale of conventional story lines. They also spread fear among northern rural populations, driving many from their lands and villages and into resettlement camps. Some northerners speculated that elements of the central regime and national army had a stake in keeping the north weak and thus conspired to keep the conflict alive. Nonetheless, Museveni was under pressure to demonstrate periodic action, and Iron Fist was the latest attempt at a military solution. The result was an escalation in violence. Although the army chased the rebels and destroyed bases in Sudan, the LRA pulled off attacks in new areas in 2003 and 2004. The population of displaced people surged, tripling by some estimates to 1.5 million. Uganda had the makings of another crisis on its hands.

Humanitarian groups took notice of the deteriorating situation. MSF monitored all available information and sent exploratory teams north to evaluate whether to open a mission and if so where to locate it. At a party in Kampala during the summer of 2003, the newly arrived local head of MSF-France and her counterpart for MSF-Switzerland discussed the need to open operations in the region. Although hardly a decision-making forum, the brief exchange over wine and banter reflected the mood of the moment. Something, it seemed, was bound to happen.

I left the country shortly afterward. By the time I returned the following year, both MSF sections had new programs in the north. In addition, MSF-Holland had

paced back to Uganda, establishing the largest program of all in the northern town of Lira. I went to see their new head of mission at their reopened office in Kampala, now a hive of activity. A dynamic woman originally from Spain, she spoke passionately about the new project, part of a Dutch effort to get back to the basics of emergency response while also incorporating lessons from the group's nonemergency work on AIDS and malaria. The upsurge of violence in Uganda had coincided with this effort and provided a good context for implementing this latest model of intervention. Uganda, after all, had many medical problems beyond the results of human conflict. At the same time, there were people in the Amsterdam headquarters who felt the group never should have left the country. In retrospect, that decision now looked potentially shortsighted. The head of the mission suspected that the aid community in Uganda had grown too complacent, lulled by the relative calm in the south and the existence of a semifunctioning state. Whereas the Congo region suffered from rich resources, this country, she suggested, was "cursed by a good image." In the north, things were different, with the real brutality of force on display. NGOs were all too often overly cautious, she felt, and became the easy targets of cynical manipulation. The time had come to take more risks.

Although the three MSF sections all represented the same larger movement, in typical fashion, their parallel field ventures remained distinct, and their collaboration was tinged with wariness, if not open rivalry. Each would find and define the crisis for itself. The original Dutch plan had been to focus on the area around Gulu, the long-standing epicenter of the conflict. However, the Swiss section of MSF had arrived there first, and the French were exploring areas around Soroti and Kitgum. The Dutch thus settled on Lira, where the violence had unexpectedly shifted. A commercial center usually beyond the conflict zone, the town was quite unprepared for a sudden influx of displaced people, many suffering from malnutrition, and the local hospital soon found itself overwhelmed. In full emergency mode, the Dutch team concentrated on moving quickly, sending as many people as possible and working out the details afterward. They also began efforts at research and advocacy, to establish the scope of the problem better and to publicize it in national and international media.

Due to a series of contingent circumstances, I visited the French and Swiss missions that year, rather than the Dutch. By the time I arrived, the French were already winding down their operation in the town of Soroti and shifting focus to a smaller community called Amuria farther north. Although Soroti had experienced an unexpected influx of rural people fleeing the fighting and suffering from hunger, conditions had stabilized, and the problem was dissipating. The therapeutic feeding center that MSF had established in the local hospital was largely empty,

with only a few painfully thin children still receiving treatment. There, the emergency appeared over.

Amuria, however, still had plenty of needs. The French team struggled to expand the water system to cope with the thousands of new arrivals while also running a health clinic and assessing conditions in the neighboring areas. I participated in a couple of these rapid assessments, judging the nutritional state of the surrounding people by measuring the circumference of small children's upper arms. The results remained ambiguous. Things did not look good, but were not obviously dire, and the team awaited evaluation visits from Kampala before determining how to proceed. The crisis could be moving in either direction.

Meanwhile, in Gulu, the Swiss faced both a cholera outbreak in a nearby camp and a sudden influx of children sent by their parents to sleep in the relative safety of the town. Known as "night commuters," they flooded local institutions, including the hospital where MSF was working. The Swiss team helped set up a center for them and established a counseling program to respond to the potential psychological effects of violence and displacement. The cholera response went smoothly, and the disease was quickly contained. The night commuter program, on the other hand, offered less clear possibilities for closure. Numbers had declined since the peak, but now held steady. The phenomenon derived from a complex mix of social causes, and unlike cholera, mental-health problems are hard to treat quickly.¹⁷ The center also attracted considerable media attention, to the exasperation of some of the staff. Although pleased with the overall publicity, they feared its effects on the program, which they suspected might be acquiring an unintended role as a quasi-youth center. Here the sense of crisis was varied, particular, and unresolved.

In November 2004, MSF-Holland released a research survey assessing baseline health among camp residents in two northern districts. Preliminary findings indicated that crude mortality and under-five mortality rates were above emergency thresholds. Morbidity and insecurity measures were also high, and water supplies appeared deficient. Nonetheless, most respondents indicated they would stay in the camps until the situation eased.¹⁸ A second study focused on mental health. It found evidence of trauma and domestic violence, as well as depression and thoughts of suicide, particularly among women. The need for action appeared evident in order to "achieve normalization and improved quality of life."¹⁹ Even as the conflict in Uganda began to attract greater attention from international media, MSF included it in its annual list of "underreported humanitarian stories."²⁰ And the new International Criminal Court began investigations, responding to a request from President Museveni. From the outside, at least, a state of crisis had clearly arrived.

On the ground, however, things remained less uniform or determinate. At the time of my visit to Gulu, yet another MSF section arrived in Uganda. A small team

from MSF-Spain conducted an exploratory mission around the town, evaluating the situation and looking to see where humanitarian conditions might warrant a project. For several days they roared off in one direction or another, traveling from camp to camp following news of misery. In the evenings, they discussed their findings among themselves and also talked with the Swiss group already in place. Both the severity and the trajectory of the situation were uncertain. Conditions were clearly not good, with many people in undesirable circumstances. But to the team's eyes, the level of misery hovered on the borderline between exceptional disaster and endemic poverty. It was also unclear whether things were disintegrating, improving, or merely holding steady. The decision whether or not to open a mission would not be a simple one, the team leader told me. "We want to act, but don't want to force it. What we see is lots of work around, but no one obvious center." Given the presence of other organizations in the area, including other sections of MSF, they leaned toward a negative recommendation.

When I returned to Uganda in 2006, I was therefore surprised to find that MSF-Spain had indeed launched a mission in Gulu. After debate, the central office had decided to override the initial exploratory team and open a project. Part of their rationale for doing so was that establishing a presence would allow the group to monitor the situation. The project, however, had been slow to take off. The staff experienced personnel issues and chafed at restrictions placed on their movement in the name of security. Several wanted to stay in the camps overnight, as originally planned, and all thought the situation calmer than it appeared from Barcelona. Thus far, their work had been limited to providing basic health care and working on health infrastructure, and it was going more slowly than anticipated. "I'm not always sure what we're doing," one nurse told me, expressing frustration over the slow pace of a government clinic with which she was collaborating. "Nothing has changed in a year. You come, do something, and then 'pfft!' there's nothing left. OK, we save some lives, but..." Her voice trailed off. Nearing the end of her posting, she was annoyed at how little progress had been made and at the continuing sense of limbo. The project field coordinator, newly arrived and assessing the state of things, took a longer-term view. "It really irritates me when MSF is worried that they'll get stuck in one place for ten years. Like an old washing machine, get sucked in and that's that. There are lots of places where we know we'll be in ten, twenty years time. Cambodia, after the genocide, for example." Northern Uganda, he implied, might be just such a setting, less dramatic, perhaps, but requiring similar measures of patience. Beyond their evaluations of this particular program, these two divergent views suggest the deeper problem of humanitarian time frames and the assumed place of emergency within them. How long could an emergency last? Or, put in terms more appropriate for this setting, how long should a group like MSF wait for one?

The problem confronting the organization, I must stress, was not an absence of good works to do. Most health indicators in Northern Uganda were (and remain) far from ideal. The question, rather, was whether they were the right good works for MSF to undertake. Would the group find itself contributing to an aid economy, substituting health services that it felt the government should provide? Would it become an effective accomplice of those seeking to prolong the status quo? Would it succumb to the alluring mirage of development and engage in projects beyond its expertise or capacity to deliver? As an entity committed to engage worldwide, MSF feared investing too heavily in one place and thereby missing a worse problem elsewhere. But conversely, pulling away too soon risked missing a sudden deterioration, and leaving altogether would abandon local populations to the continuing misery of camp life.

That same year, a member of MSF-Holland's office staff in Amsterdam gave me a cogent summary of the challenge the situation presented for her organization:

In a sense, Uganda is at the edge of crisis. The situation isn't as dramatic as many other contexts. But the population is almost completely dependent on foreign assistance. For whatever reason, the government hasn't been able to protect many people from five hundred LRA soldiers. Uganda managed to convince the international community and has been a model of "good development." But everyone has ignored the north up until now. It's a difficult situation to assess. The conflict doesn't translate into high mortality, but has been enough to keep 1.2 to 1.5 million people hostage for twenty years. So it's difficult to pinpoint just what's going on and to get a handle on this crisis. It's not always visible; it's not like there's been bombing of buildings or anything like that. Rather it's small scale, a few killings, or one car attack at a time. Everyone has a story to tell, but it's not comprehensive, only piecemeal. And there are lots of tensions with the UPDF [the government military]. For MSF, it's a destroyed society, and we're struggling to try and deal with that. Ultimately, most of all it's a social and domestic issue. Put a lot of people together with no space to move for several years, and you'll have your own crisis. In such a chronic sort of crisis, though, what is our role?

The different sections of the MSF responded to this question in somewhat different ways. MSF-Holland and MSF-Switzerland opened major projects, supplementing "classic" refugee relief with programs to treat social problems such as night commuting, attempts to provide counseling for potential trauma, including sexual violence, and (in the Dutch case) offering some treatment for nonemergency conditions such as HIV-AIDS. MSF-France, which had a large AIDS program elsewhere in the country, offered basic health care, therapeutic feeding, and water and sanitation programs while continuing to make exploratory forays and shifting

its location when it deemed conditions suitably improved. MSF-Belgium, which had no presence in the country, simply stayed away. And MSF-Spain, late on the scene, tried to find a place to fit in.

All these different efforts encountered moments of uncertainty, even the relatively brisk French forays ("Are we fishing for an emergency?" one project coordinator for them wondered in 2004, amid a nutritional screening in one camp that again yielded borderline results). But the Spanish team had the greatest difficulties of all. They had arrived uncertainly, following an inconclusive initial survey, and were subsequently delayed for months by security concerns. Working in the shadow of the nearby Swiss team, they struggled to get their project fully off the ground and come to an agreement with local officials about the extent of their operations. Their new coordinator, a Quebecois engineer who had recently been in the Democratic Republic of Congo, reflectively compared the problems he faced in this setting with those of his last one:

Up until now, I don't think we had a precise idea here what we're doing in the field. Things are fuzzy. I don't feel our project is here yet. It's unlike in the DRC; there it only took a week to be clear. There they were lost and needed a leader. But there was no crisis or dissension, like this team has had. In DRC, it was a similar project, primary health care. But there we had a setting where there was no service at all. Here we have to establish a partnership with the Ministry of Health. They could always just continue what they are doing, however inefficiently, so we're not in a powerful position. In Congo it was the reverse; they could do nothing without us.

Beyond personality conflicts between team members, he faced the deeper problem of finding a role in a semifunctional state. Health services in Uganda might be poorly funded, erratically staffed and supplied, and generally inefficient, but they did exist. MSF might build a better clinic or latrine, but providing primary health care quickly led to a morass of longer-term questions about the organization's role if they stayed in place. Like other sections, the Spanish anticipated expanding operations to address other aspects of suffering in the camps, including mental health and sexual violence. But as yet, the team had not found the right venue to address them. In the interim, they offered emergency care in uncertain conditions, warily cooperating with a semifunctional (but hardly "failed") state.

THE VITAL PRESENT AND THE UNCERTAINTIES OF EXCEPTION

By recounting the trajectory of a particular NGO in one country at some level of detail, I seek to illustrate the complexity often involved in determining whether a given situation constitutes a crisis. Uganda provides a particularly apt example for

this endeavor, being a land scarred by multiple problems and intermittent aftershocks, rather than suffering a decisive cataclysm. Part of MSF's challenge in such a context is simply determining whether or not it should act, and if so, on what and where. The result, to quote an article in MSF-France's internal newsletter, is "questions, but no answers."²¹ Such an expression of uncertainty, while quite familiar in discussions of humanitarian ethics, is far less common in discussions of humanitarian action. It is also less common in theoretical analyses of the temporality of crisis and "states of exception," to which I now turn.

Concepts of crisis and related terms such as "emergency" carry with them an implied temporality focused on the present and closely tied to action. As noted earlier, the etymology of "crisis" suggests a decisive turning point, while the modern sense of "emergency" connotes a need for immediate response. In an urgent situation, the imperative mode of engagement becomes action, rather than reflection or vacillation. Time, as the saying goes, is of the essence; the one who hesitates is lost. Such connections between moment and activity are familiar technical tropes, even commonplace in the sense that all material engagement involves an immanent present, and action occurs in the now. The time of crisis, however, foreshortens the temporal horizon surrounding the moment, subordinating past and future within it. Within such limited temporal parameters, action must occur quickly, if it is to occur at all. Thus, whatever the empirical purchase of any particular crisis claim, the very claim itself frames choice as limited good.

The context of contemporary humanitarianism further highlights the ethical valence of decision within crisis, dividing action and inaction along lines of virtue as well as outcome. A failure to respond becomes a moral failure and a potential source of future anguish and recrimination. The reluctance of the Red Cross to speak out during the Holocaust weighed heavily on their humanitarian successors. In this rhetorical framing, at least, the morality of the moment is essentially clear, even if that clarity may fully emerge only retroactively. Thus, once established as a defined narrative, the Holocaust could cast a long shadow on presents future and past, even in vastly different contexts. The perception of moral failures associated with inaction provided a template for later crises and shaped MSF's instinct to break with the Red Cross's traditions of silence and respect for sovereignty.

The form of action that came to define moral virtue was a response to immediate outrage. As a rationale for their collective endeavor, members of MSF often offer variations of a blunt formulation that "people shouldn't die of stupid things." Or as the head of the Dutch mission in Uganda put it, recounting her own ethical trajectory to humanitarianism: "If somebody's drowning, you save them." The crisis moment can thus supersede ordinary considerations as humanitarians find moral clarity in suffering and elemental matters of life and death.²² In this

sense, the present becomes "vital"—an exceptional and essential point of reference for action.

For MSF, the operational category of the emergency constitutes the most specific form of a vital present. Not only is time of the essence when combating an outbreak disease such as cholera, but decisions remain focused on short-term and technical goals. Moreover, the group has an impressive array of standard equipment and guidelines ready to facilitate rapid treatment and to minimize the significance of local conditions. Within the parameters of a sharply defined emergency, humanitarian morality appears relatively simple: Lives are at risk, and lives should be saved.

Problems that exceed these parameters, however, or fail to fit easily within them, cloud the moral clarity found in crisis. They do so by introducing a critical, complicating ethical dimension: the need for evaluation and decision. Rather than one drowning victim, an indistinct crowd struggles in the surf. How deep is the water? Who is in danger? How might they be reached? And why are they there at all? Once such questions come to the fore, it grows harder to maintain an "ethic of refusal." If the existence of a crisis is no longer a given—defined by a clear state of emergency—then its determination becomes an active problem. MSF confronts the quandary of recognizing and naming the exceptional outrage, not simply the problem of responding to it.

Humanitarians, of course, are hardly alone in investing in the overriding significance of the crisis state and the present moment. Appeals to emergency suffuse contemporary political discourse and order state practice. Past disasters authorize indefinite urgency, while potential scenarios enroll the future into a continuing logic of preparedness.²³ Amid the sea of commentary on the political moment and its longer lineage, I focus on one strand associated with sovereignty, war, and states of exception. My goal here is twofold: to recall humanitarianism's long and intimate association with warfare and to contend with a potential point of clarity. The result, I hope, is a study of temptation and a cautionary tale.

In a recent series of works, the Italian philosopher Giorgio Agamben has elaborated an extended meditation on the legal problem of the exception and its relation to sovereign rule. Following various leads of Walter Benjamin, Hannah Arendt, and particularly Carl Schmitt, Agamben identifies the state of exception as a key political form through which to grasp the nature of rule. As he writes, the exception "is this no-man's-land between public law and political fact, and between the juridical order and life," a limit case intimately tied to civil war, insurrection, and resistance.²⁴ In keeping with Schmitt's dictum, it is precisely the deep alchemy of this limit case that reveals sovereign power, for the one who designates the state of exception stands above the law.²⁵ The state of exception thus offers a potential window into political power and its relation to law.

Such an approach to sovereignty, particularly when infused with Agamben's other preoccupations about the status of life within politics, provides a tempting orientation for the study of humanitarianism. As Mariella Pandolfi suggests, one way to understand conjunctures such as the NATO intervention in Kosovo is through a recognition of dual modes of sovereignty, one tied to territory and the other to nonterritorialized logics of global governance and deployed in shifting crisis zones worldwide.²⁶ Certainly, the confluence of military action with humanitarian concern deserves note, and the Kosovo adventure holds landmark status within humanitarian discourse. The political trajectory of a figure such as Bernard Kouchner, stretching from outspoken critic to government minister, attests to the migratory power of humanitarian ideals and the emergence of what Pandolfi terms the "gray zone" in which military and aid objectives converge.²⁷ Nonetheless, the apparent collusion of state and nonstate actors in a shared rhetoric and modes of governance in such marquee emergencies—certainly crises—may distort even as it illuminates. As Didier Fassin and Paula Vásquez note, concern over the state of exception is itself historically situated.²⁸ Facts and discourse together constitute a larger ensemble, one that invites investigation as a problem. The goal is not the generation or evaluation of overarching theoretical claims, but rather specific exploration of the varied terrains they cross and reconnect. Renewed philosophical interest in states of exception and the public emergence of a figure such as Agamben identifies one such terrain. The actual practice of humanitarian organizations across a variety of settings is another.

It would be tempting to draw a single lineage for contemporary humanitarianism through states of war and legal exception, particularly that strand stemming from the nineteenth-century emergence of the Red Cross and subsequent efforts to "civilize" the modern battlefield. As the historian John Hutchinson notes, European states were quick to enlist this humanitarian movement as a quasi-auxiliary medical corps.²⁹ Outside of sponsoring formal agreements, the Red Cross largely stayed silent, accepting the limits on crises imposed by state power. MSF, in its mythic moment of origin, breaks with Red Cross tradition, challenging and denouncing power in the name of humanity. Furthermore, the "sans frontières" claim it embodies suggests not only the rhetorical refusal of borders, and by implication the limiting force of sovereign power, but also a potential higher claim to moral justification.³⁰ Schmitt's definition joins sovereignty and exception in a moment of legal action; the sovereign "decides" the exception, claiming status in the act of demarcating the limits of law. A struggle over what constitutes a moment of exception would thus imply a struggle over sovereignty, whether framed in legal or medical terms.³¹

However, I want to suggest that this theoretical portrayal of humanitarianism

is overly clear. The work of a group such as MSF in Uganda suggests a prospect in which neither sovereignty nor exception are so sharply drawn. Whereas in theoretical discussions both the exception and the sovereign bear with them the certainty of given concepts, MSF's practice in Uganda involves bodies and populations with uncertain symptoms, a conflict that ebbs and flows, and a state that functions sporadically while hovering between guarantor and threat. In Uganda, and indeed in much of the contemporary world, the practice of war, of crisis, of humanitarianism remains less sharply drawn, less clear, and less amenable to tidy analysis. Rather than stark dictatorship and codes of law at the edge of a single polity, we find what Carolyn Nordstrom terms the "shadows": a more fragmentary realm of long, obscure connections, in and out of legal standing.³² The results are no less brutal in terms of human suffering. However, the shadow world does not lend itself to either geographical or temporal closure. It is a realm of things that happen amid many others that *almost* do. Determining just what constitutes a crisis here grows difficult. Rather than the certain existence of an emergency, there is a continuing sense of danger, of potential collapse or recovery, all played out against a general backdrop of poverty and material lack.

An NGO in Uganda is hardly sovereign, even in a Schmittian sense. Unlike in the Democratic Republic of Congo, where the state "could do nothing" without MSF, here, the group must negotiate its presence around a Ministry of Health in addition to army regulations. But at the same time, it does participate in a struggle over determining the exception on a regular basis, by recognizing war, evaluating security and health risks, and deciding on a course of action. In the case of MSF in Uganda, situations improve and deteriorate and various iterations of the organization come and go. The group identifies shifting problems (displaced people, sleeping sickness, AIDS, displaced people again) and seeks to respond to them. It participates within a large NGO complex actively pursuing governance projects alongside, in place of, and occasionally at odds with those of the state. At points, ominous stars appear to align. MSF flirts with denunciation and with challenging, to some degree, the continuing state of exception. But the looming tragedy yields no catharsis of certainty. Like the many people in displacement camps, MSF remains waiting.

Amid this other gray zone—the verge of crisis—the decisions that MSF makes also address its fundamental humanitarian values. When a situation drags on, it must determine what constitutes an acceptable "normal" state in this setting and the limits of its own operation. It must decide whether to withdraw, even if other, nonemergency health problems remain. Such a decision is rarely easy. (As a lawyer working for MSF-Holland told me, "How do you argue against human suffering? If you really want to keep a project going, you say: 'Are you going to let those

people die?") And yet here, concern for life confronts the organization's practical constraints and global commitment, its mobility and independence. In pragmatic terms, MSF must carry out a form of triage with regard to its own programs, acknowledging the larger frame of inequality that surrounds each crisis and the fact that lives have different values in ordinary times. It thereby engages in the politics of life, "making a selection of which existences it is possible or legitimate to save."³³ Such a selection stands in contrast to MSF's vision of radical moral equality at the level of life, in which one action should never balance against another.³⁴ But without a clear emergency, in uncertain states of crisis, the choices that the group makes factor into the work of other organizations, the politics of development, and the realities of poverty. "It's a painful issue, having to accept limitations and accept a different level of care between places like Berlin and here," another MSF administrator in Uganda said with resignation in 2006. "But as an aid worker, you have to, or you can't continue."

CONCLUSION

One central claim of this work is resolutely banal: that things are more complicated than we often like to think. This is no less true, I suggest with crises, and the humanitarian response to them. Humanitarian practice and its representation diverge, because a crisis is not always as certain as the term itself implies. Amid landmark moments such as Biafra, Rwanda, or Kosovo, exhaustively recorded and debated, much of the humanitarian terrain blends into common forms of suffering and the ethical dilemmas of everyday life. Here, the emergency remains emergent, its temporal form an "almost now," rather than a vital present of pure action. Considered from this perspective, the labors of an entity such as MSF appear cyclical, unresolved, and almost Sisyphian. More importantly, they rarely conform to dramatic expectations. Uganda, in this formulation, appears less the exception than the rule.

My second claim is that situations on the "verge" of crisis reveal a critical humanitarian tension between exceptional states and the ordinary, longer-term problems and inequalities that surround them. For humanitarianism—particularly the heroic medical form personified by MSF and focused on the secular value of life—ethics take definition through action. Amid an emergency, action takes the form of reaction, a response to outrage. Moments of dramatic emergency thus provide temporary moral clarity, providing MSF with the grounds for its "ethic of refusal." When operations extend beyond an emergency response, however, or when a crisis is chronic or uncertain, then action involves an expanding, uncomfortable component of decision. In ancient Greek, Reinhardt Koselleck reminds us,

the term *crisis* applied to both ends of the decisive edge of politics, covering not only external conditions, but also their subjective analysis—what we now might term “critique.”³⁵ The decisions facing an organization such as MSF are often ethically hard and politically complex. Slow threats appear alongside quick ones, and life acquires a longer and more troubling frame in which verdicts grow harder to come by. The verge of crisis reveals the degree of uncertainty surrounding the very center of humanitarian conviction. It is thus of little surprise that many humanitarian actors, media observers, and even critics have favored certain disaster.

NOTES

- 1 Didier Fassin, “Humanitarianism as a Politics of Life,” *Public Culture* 19, no. 3 (2007): pp. 499–520.
- 2 For a more comprehensive account of MSF’s early French evolution, see Anne Vallaëys, *Médecins Sans Frontières: La biographie* (Paris: Fayard, 2004); Bertrand Taithe, “Reinventing (French) Universalism: Religion, Humanitarianism and the ‘French Doctors,’” *Modern and Contemporary France*, 12, no. 2 (2004): pp. 147–58, offers an analysis of the context. For a portrait in English, including more on the Dutch section see Dan Bortolotti, *Hope in Hell: Inside the World of Doctors Without Borders* (Buffalo, NY: Firefly Books, 2004).
- 3 MSF currently has nineteen component sections. The largest and most historically influential of these are MSF-France, MSF-Belgium, MSF-Holland, MSF-Switzerland, and MSF-Spain. MSF-USA (which also uses the name Doctors Without Borders) plays an important role in advocacy and fundraising. Although organized under national headings, the actual membership of each section is heterogeneous and fluid. Thus, a French citizen might work for MSF-Belgium or a Japanese citizen for MSF-France. These subgroups share a general ethos and loose affiliation, but act with considerable independence. For the purposes of this essay, I will refer to MSF in the singular, except at moments where sectional differences are significant.
- 4 Press release “The Nobel Peace Prize 1999,” available on-line at http://nobelprize.org/nobel_prizes/peace/laureates/1999/press.html (last accessed July 3, 2009).
- 5 For much of this essay, I will use these terms interchangeably in descriptions before suggesting an analysis involving MSF’s distinction between them. In etymological terms, the *Oxford English Dictionary* traces “crisis” from a turning point in disease, a critical conjuncture of planets, and a point of immanent change to “times of difficulty, insecurity and suspense,” the sense closest to MSF’s usage. “Emergency” drifts from a rising above water, an issuing out, and an unexpected event to “a state of things unexpectedly arising, and urgently demanding immediate action.” Amid the homogenization of the aid world (now dominated by the English language), I have discerned little difference between the French and English cognates in usage. Some analysts, such as Craig Calhoun, prefer “emergency” to “crisis,” given the latter’s hint of potential resolution. As this essay suggests, however, the very elasticity of “crisis” itself can prove revealing. For more on the history of “crisis” see Randolph Starn, “Historians

and ‘Crisis,’” *Past and Present* 52 (August 1971): pp. 3–22; also Reinhart Koselleck, “Crisis,” *Journal of the History of Ideas* 67, no. 2 (April 2006): pp. 357–400.

- 6 Unless otherwise noted, all quotations derive from ethnographic field notes taken between 2000 and 2006 in Uganda, France, Holland, Belgium, Switzerland, and the United States. In keeping with anthropological convention, I will name only those who are public figures, presenting others in terms of their group identity.
- 7 See Michel Feher, Gaëlle Krikorian, and Yates McKee (eds.), *Nongovernmental Politics* (New York: Zone Books, 2007).
- 8 This is the era that saw the founding of the independent newspaper *Libération*, as well as general intellectual ferment in leftist circles. For general background and caustic commentary see Kristin Ross, *May 68 and Its Afterlives* (Chicago: University of Chicago Press, 2002).
- 9 Stany Grelet and Mathieu Potte-Bonneville, “Qu’est-ce qu’on fait là?” Interview with Rony Brauman, *Vacarme* 4–5 (Summer 1997) available on-line at <http://www.vacarme.eu.org/article174.html> (last accessed July 3, 2009). For a larger sociological study of French humanitarian actors, see Pascal Dauvin and Johanna Siméant, *Le travail humanitaire: Les acteurs des ONG, du siège au terrain* (Paris: Presses de Sciences Po, 2002). For a more comprehensive historical overview of the evolving political context around MSF, see Odd Arne Westad, *The Global Cold War* (Cambridge: Cambridge University Press, 2007).
- 10 MSF-France sponsored an abortive think tank known as Liberté Sans Frontières at the time. The struggles between different sections of MSF and its schismatic offshoots (most prominently, Kouchner had formed a rival group known as MDM, Médecins du Monde [Doctors of the World] in 1980 after a power struggle) would continue in subsequent years. They grew less ideologically charged, however, as all the parties grew more established, expanded, and became more professionalized. By the late 1990s, most of my informants agreed, relations had become far more civil. By 2003, Brauman could describe the LSF episode to me as something of a youthful folly stoked by rival ambitions, albeit one with significant bearing on the goal of humanitarianism. See also Bortolotti, *Hope in Hell*, p. 58 and Vallaëys, *Médecins Sans Frontières*, pp. 461–509.
- 11 In Afghanistan, members of MSF rode mountain trails with the mujahedin, entering the consciousness of the American press of the day as “French doctors.” In Ethiopia, MSF-France publicly opposed government policies of forcible resettlement, perceiving in them the political manipulation of the famine and international relief, a stance that created significant uproar in the aid world. See Vallaëys, *Médecins Sans Frontières*, pp. 397–460 and 511–50.
- 12 See Peter Redfield, “Vital Mobility and the Humanitarian Kit,” in Andrew Lakoff and Stephen Collier (eds.), *Biosecurity Interventions: Global Health and Security in Question* (New York: Columbia University Press, 2008).
- 13 Nobel lecture by James Orbinski, Médecins Sans Frontières, Oslo, December 10, 1999, available on-line at http://nobelprize.org/nobel_prizes/peace/laureates/1999/msf-lecture.html (last accessed July 3, 2009). For more extensive commentary see Peter Redfield, “Doctors, Borders and Life in Crisis” *Cultural Anthropology* 20, no. 3 (2005): pp. 328–61.
- 14 Craig Calhoun, “A World of Emergencies: Fear, Intervention and the Limits of Cosmopolitan Order,” *Canadian Review of Sociology and Anthropology* 41, no. 4 (2004): pp. 373–95.
- 15 David Rieff, *A Bed for the Night: Humanitarianism in Crisis* (New York: Simon and Schuster, 2002).
- 16 For more background on the Lord’s Resistance Army and related issues, see Tim Allen, *Trial*

- Justice: *The International Criminal Court and the Lord's Resistance Army* (London: Zed Books, 2006); Sverker Finnström, "For God and My Life": War and Cosmology in Northern Uganda," in Paul Richards (ed.), *No Peace, No War: An Anthropology of Contemporary Armed Conflicts* (Athens: Ohio State University Press, 2005), pp. 98–116; and Heike Behrend, *Alice Lakwena and the Holy Spirits: War in Northern Uganda, 1985–97* (Oxford: James Currey, 1999).
- 17 Founded on emergency medicine, MSF long emphasized physical forms of suffering. For an illuminating account and analysis of why the organization came to practice humanitarian psychiatry following the Armenian earthquake of 1988, see Didier Fassin and Richard Rechtman, *The Empire of Trauma: An Inquiry in the Condition of Victimhood* (Princeton, NJ: Princeton University Press, 2009), pp. 163–88. Alongside the organization's various ventures into social programs, psychiatric work remains a topic of debate within as well as between MSF's different sections, in part due to difficulties in accessing impact and finding closure. See, for example, the roundtable discussion on mental health published in MSF-France's house newsletter, entitled "Freud in the Field," *Messages* 142 (September 2006), pp. 1–12.
- 18 MSF-Holland, "Internally Displaced Camps in Lira and Pader, Northern Uganda: Baseline Health Survey Preliminary Report," November 2004, available on-line at <http://www.msf.or.jp/news/baseline/Baseline.pdf> (last accessed July 3, 2009). Crude morbidity rates in the Pader and Lira districts sample were found to be 2.79 per 10,000, with the < 5 rate at 5.4 per 10,000. A conventional measure of emergency is a crude mortality rate of over 1 death per 10,000 per day. See Médecins Sans Frontières, *Refugee Health: An Approach to Emergency Situations* (London: Macmillan, 1997), p. 38.
- 19 MSF-Holland, "Pader: A Community in Crisis: A Preliminary Analysis of MSF Holland's Baseline Mental Health Assessment in Pader, Uganda," November, 2004, available on-line at http://www.aerzte-ohne-grenzen.de/_media/pdf/uganda/2004/uganda-mental-health2004.pdf (last accessed July 3, 2009).
- 20 See <http://www.doctorswithoutborders.org/publications/reports/2005/top10.html>, (last accessed July 3, 2009).
- 21 François Delfosse, "In Uganda, MSF and the 'Decongestion' Process: What Is to Be Done?" *Messages* 141 (July 2006), pp. 26–27.
- 22 The work of Paul Farmer and associates, as well as its reception, offers a striking example. See the discussion of "areas of moral clarity" in Tracy Kidder's biography, *Mountains beyond Mountains, The Quest of Dr. Paul Farmer, a Man Who Would Cure the World* (New York: Random House, 2003), p. 101.
- 23 Andrew Lakoff, "Preparing for the Next Emergency," *Public Culture* 19, no. 2 (Spring 2007): pp. 247–71.
- 24 Giorgio Agamben, *State of Exception*, trans. Kevin Attell (Chicago: University of Chicago Press, 2005), p. 1. See also his *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen (Stanford, CA: Stanford University Press, 1998).
- 25 Carl Schmitt, *Political Theology: Four Chapters on the Concept of Sovereignty* (1922; Cambridge, MA: The MIT Press, 1985).
- 26 Mariella Pandolfi, "Contract of Mutual Indifference: Governance and the Humanitarian Apparatus in Contemporary Albania and Kosovo," *Indiana Journal of Global Legal Studies* 10, no. 1 (Winter 2003): pp. 369–81. See also Mariella Pandolfi, "Laboratory of Intervention: The Humanitarian Governance of the Postcommunist Balkan Territories," in Mary-Jo DelVecchio Good, Sandra Hyde, Sarah Pinto, and Byron Good (eds.), *Postcolonial Disorders* (Berkeley: University of California Press, 2008), pp. 157–86.
- 27 Mariella Pandolfi, "Vivre la guerre des autres: Notes de terrain," *Humanitaire* 4 (Fall/Winter 2007): pp. 62–68; and "La zone grise des guerres humanitaires," in Ellen Judd (ed.), "War and Peace/La guerre et la paix," special issue, *Anthropologica* 48, no. 1 (2006): pp. 43–58.
- 28 Didier Fassin and Paula Vásquez, "Humanitarian Exception as the Rule: The Political Theology of the 1999 Tragedia in Venezuela," *American Ethnologist* 32, no. 3 (August, 2005): pp. 389–405.
- 29 See John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Boulder, CO: Westview Press, 1996).
- 30 Certainly, Bernard Kouchner's humanitarian vision—however disavowed by his successors in MSF—suggests as much. Long a champion of a "right of interference," Kouchner's dream arguably would involve a supranational order, mobile and motivated by humanitarian principles. It is one dream of Kosovo (where he served as head of the UN interim administration), more nobly executed, perhaps, but of the same genre. See Bernard Kouchner, *Le malheur des autres* (Paris: Editions Odile Jacob, 1991).
- 31 To announce a state of crisis, to proclaim an emergency, remains the prerogative of political power. The prototypical state of exception, after all, is war, and particularly civil war, as Agamben duly notes. The time of crisis, like that of ritual, stands outside of ordinary time and regular conventions. Ruptures and cleavages sharpen, alliances are made and reinforced, and stakes are revealed. Furthermore, an effort to respond to a state of crisis either conforms to the definition given by sovereign power or effectively challenges its prerogative. In this sense, militarism and humanitarianism share a conceptual and historical root at the edge of politics.
- 32 Carolyn Nordstrom, *Shadows of War: Violence, Power, and International Profiteering in the Twenty-First Century* (Berkeley: University of California Press, 2004).
- 33 Fassin, "Humanitarianism as a Politics of Life," p. 501. See also Peter Redfield, "Sacrifice, Triage, and Global Humanitarianism," in Michael Barnett and Thomas G. Weiss (eds.), *Humanitarianism in Question: Politics, Power, Ethics* (Ithaca, NY: Cornell University Press, 2008).
- 34 For example, the MSF Nobel Prize lecture declares: "One life today cannot be measured by its value tomorrow: and the relief of suffering 'here', cannot legitimize the abandoning of relief 'over there'. The limitation of means naturally must mean the making of choice, but the context and the constraints of action do not alter the fundamentals of this humanitarian vision. It is a vision that by definition must ignore political choices." Nobel lecture by James Orbinski, Médecins Sans Frontières.
- 35 Koselleck, "Crisis," pp. 358–59.