

decision expands, and with it critical doubts. Rather than one drowning victim, an indistinct crowd struggles in the surf. It is not obvious who needs assistance and one might wonder why are they there at all. At the verge of crisis, it grows harder to maintain an "ethic of refusal" (in the terms of MSF's Nobel acceptance speech) or to ignore questions of accountability. For if crisis is no longer a given—defined through a clear state of emergency—then its determination becomes an active problem. Faced by an array of near-events in Uganda, MSF has confronted the ongoing quandary of recognizing exceptional outrage, not simply responding to it.

Action beyond Optimism

"What's optimism?" said Cacambo. "Alas," said Candide, "it is a mania for saying things are well when one is in hell."

VOLTAIRE, CANDIDE, 1759

There aren't any happy endings. You need to learn that first thing in college and get on with it.

MSF PROJECT COORDINATOR, NEW YORK, 2006

THE RHETORIC OF ACTION

It has become difficult to discuss a problem without offering a solution. Our era prizes the idiom of problem solvers, no matter how often or how spectacularly they might fail. Nowhere, perhaps, is this truer than in the contemporary United States, where goodwill and earnest effort remain deeply held articles of faith, and the suggestion that they might not ultimately prevail hears heresy. When faced with unpleasant questions or facts related to values they hold dear, people often react with predictable dismay. Sometimes they simply dismiss those questions or facts. At other times they resort to a more sweeping form of defense: how dare one reject optimism, the faith in success against all odds? Without hope of success, after all, what is the use of even trying? In historical terms this reaction exhibits a strikingly narrow sense of ethical possibility, one devoid of noble defeats or unrewarded virtue. Nonetheless it remains insistent, heartfelt, and not simply a norm of legendary American naiveté. Surely action demands hope and hope demands optimism, if not a fully articulated utopia. A solution *must* lie in the future and so be implied even as one raises a question.

Given its topic this book can only run against the grain of such expectation. I began the project to follow a particular ethical stance—concern for human life and suffering—as embodied in a medically oriented organization and put into global practice. The trajectory of *Médecins Sans Frontières* suggests anything but a straight line or an obvious conclusion. However seductively simple the group's message may be, it has yielded no clear solutions. Indeed, the record offers few

examples of "success" in any longer-term sense. MSF's classic form of humanitarianism responds to immediate needs, after all, and makes few claims on anything beyond survival. When venturing beyond emergency, the group encounters the broader wasteland of human need. There its machinery—often impressive at an individual level—appears suddenly frail and diminished. Even its best projects rarely yield lasting results: when handed over to states or less well-funded organizations they frequently dissipate. Sustainability, so easy to desire, remains hard to achieve. Moreover, the group's commitment to mobility dictates against permanent partnerships. Having defined itself as "without borders" MSF remains nomadic and hence a creature of transitory relations. Sympathies aside, it does not claim to promote social justice beyond medical issues, let alone to save the world.

Nonetheless, MSF undeniably saves lives. A survey of relevant details evokes more than such a stock phrase can indicate. The organization's balance sheet of activities for 2005, for example, includes a full to million outpatient consultations, and close to 400,000 clinical admissions worldwide. These figures encompass a range of medical activities, both exceptional and routine. The group conducted 75,000 major surgeries, 8,000 for trauma suffered in conflict. It delivered 91,000 babies. It oversaw 161,000 people with HIV/AIDS and supplied 60,000 of these with antiretroviral drugs. It also cared for 22,000 cases of tuberculosis and well over 2 million of malaria. It provided 806,000 vaccinations for measles and 361,000 for yellow fever. Some 130,000 children received therapeutic feeding and 12,000 women treatment for sexual violence. Nearly 150,000 patients benefited from mental health services of some kind.² Such statistics aggregate specific stories, some happier than others. Even the few individual narratives selected for the organization's reports suggest different outcomes that stretch beyond the moment—dramatic recovery, mundane survival, continuing despair. But the raw force of the combined result remains: among the many facing likely death, a few more lived. What might appear modest for a horizon of world history can measure the very limits of a personal one.

Thus while MSF may offer no grand solution, it certainly addresses an impressive array of smaller problems. Indeed, the group defines itself explicitly in terms of action and the language of engagement. It runs projects and prides itself on being operational. Its version of humanitarianism demands activity to bolster its claim to moral worth. Indeed, it views abstract advocacy with suspicion, feeling that authority derives from presence in the field. Resolutely secular, its rhetorical practice nonetheless positions field missions as something like sacred sites. Truth derives from action, not contemplation.³ At the same time the group's tradition favors argument, dispute, and a measure of self-reflection. Its self-presentation includes not only the arrogance of moral claims, but also restlessness and discontent. One finds few traces of optimism.

The work of MSF, then, provides an example of acting in the absence of expected solutions, and indeed of acting while questioning the action itself.⁴ However much specific conduct may vary, the very ethos remains interesting. What might happen to the status of a category like "hope" in such circumstances? To approach this question I first detour through one small moment in the history of optimism, both to decouple that term from hope and to recall the tradition of the bildungsroman as a cautionary tale, not simply a heroic project of formation.

A CONTEMPORARY CANDIDE

During the period Europeans consider their Enlightenment, the contrarian French writer Voltaire penned his most celebrated work, a scathing indictment of rosy outlooks. Entitled *Candide* and subtitled *Optimism*, it featured a sublimely naive protagonist stumbling through a cascade of mishaps large and small. Voltaire gave this hapless youth an even more resilient mentor: Dr. Pangloss, the notoriously monotone philosopher who persistently interpreted every event in light of his favored maxim—that we indeed inhabit "the best of all possible worlds." The book's satire indicted the views of Gottfried Leibniz and Alexander Pope, and more broadly, any form of theological optimism that would soothingly suggest that all events, no matter how unfortunate they may appear, reflect a divine master plan. Partly inspired by the Lisbon earthquake of 1755, *Candide* grapples with what would later become the lodestone of humanitarian ethics: How to respond to tragedy? How to live with a shortage of happy endings?

Voltaire's famously ambiguous answer undercuts philosophical reflection with a note of pragmatism. The survivors of his epic tour of suffering finally reunite in Turkey, where, fortunes won and lost, they work a small farm together. There, each learns to exercise a particular talent, and all prove useful. Pangloss offers one final, grand summation, demonstrating how they have reached this happy state only by enduring their many misadventures. Candide affably acknowledges his teacher's conclusion as "very well put" but then reiterates his new, prosaic maxim: "We must cultivate our garden."⁵ Voltaire's work appears a bildungsroman of sorts, recounting a journey of enlightenment. How precisely to read its protagonist's formation, however, remains unclear. Should one indeed "work without speculating," an approach that Martin, the tutor's main foil, suggests as "the only way to make life bearable"? If so, would such work imply a final acceptance of things as they are? Or conversely, would it signal continued skepticism and a rejection of any philosophical justification of the status quo? Satire resists simple summation.

Candide appeared in 1759, the same year as Adam Smith's *Theory of Moral Sentiments*. As noted earlier, Smith's work likewise displayed an embryonic humanitarian sensibility, if in a more systematic and ponderous vein. Over the

course of four sections of fastidious speculation, this earnest author lays forth his vision of human morality. Unlike Candide's chaotic adventure, Smith's is an orderly world revolving around the twin suns of human nature and the judgment of an inner "impartial observer" who stands at an appropriate remove from the actions and fates of others. Smith is no Pangloss; he recognizes misfortune and does not explain it away. Nonetheless, the celebrated hero of classical economics does display something akin to optimism. Reason may not save us, but our emotions, particularly our natural moral sentiments, offer a guide for collective conduct. If not dwelling in the best of worlds, our nature is still for the best. We are caring as well as selfish creatures.

In terms of sensibility MSF's ethical stance echoes Voltaire's jaundiced satire more than Smith's tidy moralism. Whether or not Smith ultimately intended his two famous figures of speech to unite—the judicious "impartial observer" of moral sentiment balancing the rapacious "invisible hand" of market exchange—his worldview consistently sought a natural system amid human affairs. Things are as they are for a reason; any effort to improve them should divine and perfect their underlying principles. By contrast, Voltaire depicts a corrupt and capricious universe full of undeserved harms and fatuous justifications. A faith that simply excuses it grows obscene, and a philosophy that explains it appears farcical. Can didie perseveres through a world beyond his control, finding his place through experience rather than philosophy. His closing words affirm an ongoing project rather than offering an explanation. Although far less serene than this fictional protagonist, MSF shares something of his final, world-weary ambiguity. Its col- lective metaphorical garden may appear far larger, with less certain boundaries, but the focus on working remains. Speculation, however well put, cannot substitute for action. And even action offers no guarantees, reveals no redeeming qualities of human nature.

Alluding to this now-distant juncture of European thought serves as a reminder that current predicaments are rarely entirely new. It also helps distinguish between varieties of optimism and hope. Voltaire's Panglossian caricature offers one optimistic extreme. Within it, hope becomes essentially superfluous since the world is already ideal. Past, present, and future flow together in a seamless web of justification; while we may not understand why things are the way they are, time will reveal them all to be for the best. Smith's moral philosophy provides another, more secular form of optimistic possibility. At once more systematic and open ended, it does not attempt to justify every moment of experience, but rather suggests the possibility of discerning a deeper order within those moments. Hope thus emerges as a personal affair, a glimmer of better prospects amid varied fates. Optimism lingers in the possibility of recognizing human nature and better adapting human affairs to accommodate it. Just as fostering market exchange might channel human selfishness into economic utility, cultivating the human

propensity for sympathy might produce a harvest of fellow feeling. In broad terms, this Smithian perspective marks the boundaries of common sense for much contemporary aid. Capitalism remains an economic given and moral sentiment the primary basis for promoting a common cause. Such a vision has proved enduringly popular in donor settings, however belied by much actual human experience.

Humanitarians of MSF's variety tend to peer through a darker lens, perceiving what Fiona Terry calls—contra Pangloss—a "second-best world."⁶ Humanitarian rhetoric, after all, specializes in issuing calls to arms rather than reassurance. Only a quick response promises to save lives amid needless suffering. What lies beyond the moment of rescue grows less clear. The life saved is simply a continuing future, one that may prove as dark as the past that precedes it. There are no sure grounds for optimism in life itself. Likewise I encountered few practitioners who professed much faith in either capitalism or human nature. Confronting repeated panoramas of human agony, they rejected the economic theodicy that the market remained an absolute good no matter what casualties it might produce. They also recognized that civilian suffering inspires political manipulation as well as human sympathy. Morality is never pure or certain; sometimes it flows in contradictory and even damaging ways. By the time of my research, a chorus of observers had warned of the "dilemmas" and "hard choices" of international aid for many years, some of the most withering analyses coming from former adherents.⁷

Nonetheless, humanitarianism remains a favored screen for projections of something like a happy ending, particularly in settings otherwise devoid of them. MSF's oppositional legacy hardly serves to immunize it from this affliction. Indeed, if anything it would appear to add a patina of rebellious flair and heroic affirmation to the humanitarian value of life. Profiles of the group regularly play on this redemptive theme, well summarized by the evocative title of a lucid Canadian study of MSF, *Hope in Hell*.⁸ Along with the slogans of countless humanitarian fundraising brochures, this title implies the possibility of redemption through sufficient generosity coupled with energetic action. But what sort of hope could exist in hell? Or more accurately, what might follow optimism in a second-best world?

LIFE BEYOND PLANNING

In the centuries after Voltaire mocked theological complacency, secular versions of a happy ending generally took political form. For classic liberalism, faith resided in individual liberty and the wonders of market innovation. Leftist alternatives endorsed a harder line of revolutionary upheaval, seeking to reshape the social order. Utopian visions could envision suffering with worldly meaning; one

died for the greater good. Even where revolutionary fires burned low, the modernist political idiom remained that of progressive change and the redemption of remaking. It had little patience for traditions of charity or any activity that implied an acceptance of given conditions and existing inequalities.

The generation that brought MSF into being inherited this wider political sensibility. Key figures had activist biographies, after all, and the organization itself emerged at a time of social and political turmoil. Being "without borders" was a claim to conceptual as well as geographic liberation; its members would refuse complacency and remain rebellious. When I first encountered the group I was surprised by the degree to which it avoided terms like *charity* and *relief* (memorably, the then-director of the Amsterdam office excised such offending language from my proposal with a red pen). I subsequently realized that the aid world had its own shifting sense of vocabulary, within which MSF saw itself as an oppositional conscience. However much it might act like a charity in delivering aid, it had no desire to be one.

Nonetheless, veterans of the organization rarely sounded sanguine about either the state of the world or the greater benefits of their work. When I asked the head of communications of the Paris office about his views on hope in 2005, he responded in the following way:

Hope? Hope for whom? The beneficiaries? Those in contact with MSF for sure, it helps them with living conditions, health, and the like. Hope for global society or something like that? Well, that's putting a lot of hope in something that doesn't really have this pretense. We deliver the means of life survival, tents, water, medicine. That's our objective, being rescue workers. For some, medical action is just a means to obtain changes of some sort in society, through God knows what, *témoignage* and so on. Yes, there are some spin-offs we can point to, say medical access proving that ARV treatments work, but these spin-offs are hard to account for or measure. We can account for the number of patients we have saved over a year, but a medical article and the like, that's harder. So, hope for those patients or something more global?

Warning to the topic, he then enlarged the reflection to a more general analysis of the limits of any nongovernmental organization:

There have been surveys that show people putting MSF on a pedestal, "a factor for peace" and things like that. But it's absurd to pretend that NGOs can be a factor of peace. NGOs can be a safety net of sorts, but to replace states? No, not in any systematic way. Privatization and all that, it's just not very realistic. If you look at the beneficiaries of specific programs, [people] suffering from a specific problem, like AIDS, malaria, and so on, then we can talk about hope. But that's specific to this NGO, not anything grand like solidarity or a global village. Fighting poverty, or something like that, that's way beyond our reach. We're like rescue workers on a highway after a car crash. Should they stop just because tomorrow there will be

another crash? MSF tried to narrow what we mean by humanitarianism. Not health for everyone, that's political, that has to be dealt with at a political level. Humanitarianism should be the third party in the battlefield. It can extend beyond war to other crises, pandemics like AIDS, et cetera. But change the world? That's something else.⁹

As befit this individual's professional role as a spokesman, the comments struck common themes. Although the group might be a frequent recipient of laudatory approval, its members generally resisted any heroic mantle. Instead, when commenting at this level they emphasized their limitations and the inherent modesty of the enterprise. Aware of the charge that humanitarianism served as either a handmaiden for the status quo or a mask for imperial designs, they deliberately deflated its role, repeatedly insisting on realism.

In addition to avoiding abstract language and utopian claims, MSF's variant of realism stressed action, less in the sense of any grand gesture than in that of daily practice. A former member of the group later answered my query by email:

I don't really know how to respond to "hope" in a humanitarian context. My instinctive reaction is allergic. I confess. In fact I don't associate hope with any humanitarian motivations at all, but this I guess is a personal matter. Sacrifice is similar: I've heard senior MSF-ers talk nonsense (to my ears) about how humanitarian work is a "sacrifice of one's ego"—Buddhist self-effacement kind of stuff. . . . The ones who've managed to retain my respect on those matters just never talk about it at all. What can you say?—The most sound approach is humility, of course. . . . in the big scheme of things, humanitarians are "a sparrow fart in the winds of history," as a friend says.¹⁰

Like the communications officer quoted above, he too made a comparison to less glamorous forms of care giving: "I prefer the view that humanitarians are really no different than any other kind of social work, or even menial labor, like janitorial work. It's just cleaning up other people's messes. Maybe there's some remotely ethical dimension to that kind of work, and if so it's no different than the remotely ethical dimension of humanitarianism."

Such a comment may go to extreme lengths in its rhetorical refusal of heroic rescue and in its portrayal of humanitarianism as routine maintenance work. The sort of mess confronting humanitarianism would appear far more morally charged than that usually facing a janitor. Yet its author had considerable experience with several other humanitarian organizations and was obviously quite committed to this activity at the level of practice. Moreover, he was well read in philosophy. One wall of his Amsterdam office even featured a quotation from Theodor Adorno's *Minima Moralia*: "The only philosophy which can be responsibly practiced in the face of despair is the attempt to contemplate all things as they would represent themselves from the point of redemption."¹¹

What then to make of such statements? Do they express contradictions, false modesty, or sincere turmoil? Even taken at a literal level they signal an abiding ambivalence about the expectations placed on humanitarian work, expectations that the urgent language of fundraising only helped promote. Whatever else, humanitarianism constitutes a sensibility; like environmentalism, one that sim-ilarly lends itself to moral feeling and public campaigns. People readily contribute to save lives, whereas they rarely do so to perform routine maintenance. And yet emergency response only addresses problems that remain narrowly defined. By itself it offers little in the way of an agenda, and it hardly substitutes for political platforms or social policies. Reflective individuals who have spent considerable time doing such aid work fully recognize this limitation.

Simply put, MSF has no plan. That is not to suggest that it lacks specific goals, strategies, projections, and expectations, nor that it avoids "planning" at the level of ordinary bureaucratic procedures. The complex, plural federation of national sections produces an endless supply of documents both short and long to track the present, evaluate the past, and anticipate the future. But unlike most governmental agencies—and even philanthropic donors like the Gates Foundation—it does not attempt to steer a certain predetermined course.¹² Rather, the group responds to specific situations while maintaining a looser version of Red Cross principles. Its action thus remains reactionary in the technical sense, defined against given preexisting conditions rather than imagining hypothetical alternatives.

The group's emergence, furthermore, coincided with a period of political disillusionment and an erosion of intellectual faith—in the prospect of Marxist revolution, in the romance of decolonization, even in politics itself. The original French branch took form against the human wreckage of conflicts in Nigeria and Bangladesh, followed by the excesses of revolution in settings like Cambodia and Ethiopia. Amid the debris of political regimes its members found refuge in medical work and asserting the value of human life. In concert with an expanding consortium of quarreling cousins, they gradually defined an uneasy ethical stance around this minimalist moral principle, which would eventually be designated in the Nobel acceptance speech as "an ethic of refusal." The group would focus on political failure and reject justifications for human suffering. In making pronouncements, however, it would resist straying far from actually existing problems or health affairs.

Nonetheless, MSF's adherents are radically egalitarian in at least one respect: they wish for a world where all humans receive equal care, no matter their location or the nature of their suffering. No one should die a needless death. Many also believe in an active welfare state, at least in the sense of expressing dismay at its absence and a resulting failure to provide populations with adequate medical services. In this sense they may participate in the "incivilizational" moment—even

embodying certain aspects of its forms—but they do so with reluctance and suspicion.¹³ Moreover, the group's inherited ethos remains that of rebellion. Like the range of its actions, the field of political desire running through MSF quite exceeds its self-representation. Its members alternately embrace and rebel against moral minimalism.¹⁴ Thus an organization established to defy borders finds itself perpetually proclaiming and debating limits.

THE PATHOS OF MINIMALISM AND RESIDUAL HOPE

I thought after doing something like this I'd have a more realistic view about changing the world. But I still feel like I want to go over there, to fix it all, even if I know I can't.

MSF NURSE, CHAPEL HILL, NORTH CAROLINA, 2009

An administrator in MSF's New York office remarked to me brusquely in 2006, "There aren't any happy endings. You need to learn that first thing in college and get on with it." She was speaking about the organization's continuing struggle to retain good people, despite having a reliable oversupply of eager volunteers. "Younger people do one mission and then are off," she observed. "How to disabuse them of the notion that this might be glamorous and attractive, but at the same time instill real spirit? As opposed to the Angelina Jolie image . . . I wonder if it's about astrological characteristics, or maybe children of people born in the sixties? But it's an issue with Europeans as well as Americans." Her comments echoed those of other experienced members contemplating inheritance and the future of the organization. At first glance, MSF hardly suffered from a recruitment problem. It regularly received far more inquiries than it could ever accept, turning away the vast majority of applicants. Most of these eager souls, however, were people without experience. They would require training and orientation, not only with technical skills but also with organizational culture. In addition they began as unknown elements whose personal qualities remained to be tested and who might unbalance a team. Some regularly proved to have unrealistic expectations, of both the world and themselves. The divide between first-mission volunteers and veterans could thus at times loom almost as large as that between expatriate and national staff. Within the structure and logic of the organization, only experienced members—with tested international perspective—possessed the requisite knowledge and judgment to fill leadership roles.

MSF's problem was that not enough of those who survived their initiation continued in other missions. Those who did struggled not only with career concerns but questions of burnout. The life proved demanding and the work all-consuming. (One could always do more, and yet results remained elusive. At the same time, the thought that this would become just a job haunted the organization and unsettled many within it. MSF feared complacency, to the extent that it

institutionalized turnover. Just as it fretted about naive children of privilege, it also worried about national staff from poor countries and anyone else suspected of joining for a paycheck. Neither group was certain to display the proper spirit or tireless commitment.

For their part experienced members of the organization vacillate between expressions of abiding loyalty and deep frustration. The pages of its internal news letters include exhortations and denunciations, tributes and dark humor. After hours discussions, particularly at mission sites, regularly involve banter and often self-interrogations or confessions of doubt. I was warned early on not to take these moments too seriously, since the same individuals would rise the next day and return to work. Nonetheless the pattern remains. So does a record of fierce dispute, sometimes leading to angry rupture. An impressive number of MSF's pioneers stormed away from the organization, some more than once. Although life might now be calmer than in the era of the "dinosaurs" (as aging veterans are known), the well of emotional tensions remains. Most of the group's missions raise as many questions as they resolve. Indeed, recognizing that might at times appear something like a rite of passage.

Sample scene: an MSF compound in northern Uganda, 2004, with a Canadian doctor on her first mission, a visiting Canadian journalist, a Ugandan driver, and this anthropologist. We have recently returned from a visit to a clinic in a distant refugee camp, and the others turn contemplative after asking about my research.

Doctor: Should we all just leave? The project is great when we're there, but it's clear it will collapse when we leave. (She looks at the driver, who merely smiles and shakes his head.)

Journalist: The problem is a nonfunctioning government. That's the issue.

Doctor: But people at home are thinking it's all such great work. That we're making a real difference.

Anthropologist (trying out a new question): Do you need to feel optimistic to act?

Doctor: I think it's easier as a doctor, being on the medical side of MSF. People are going to die no matter what, you know that, but you can still work for health.

Journalist: I won't agree that development is a failure. The problem is the government.

Doctor: Then maybe we should just stay on and on.

Journalist: The new missionaries?

Doctor: It took me five years to find someone to fill in for six months!¹⁵

The moment passes, as such moments do, and we return to other topics and our respective roles. Nothing has been resolved. Nonetheless, the exchange touches the undercurrent of uncertainty running through MSF's larger enterprise.

I should add that this particular project seemed more promising than many: the population had clear needs, and no one else stood ready to meet them. Unlike the mission's other project site, a camp nearer to the regional town and swarming with jockeying organizations, it was not yet "aid-fucked," to use the pungent description of the group's field coordinator. The doctor liked to work there, feeling useful. It was precisely because the project seemed promising that it raised anxieties about its future. We all knew that MSF would pull back when the crisis eased. It was not a development organization. It did not wish to substitute for a state. Its project remained a small one with limited goals. None of this, however, felt particularly satisfying. Of the individuals present, only the driver had a direct stake in Uganda's government. While judiciously silent during this discussion, his earlier remarks suggested he personally had little faith in the political future. Indeed, as several other Ugandans reminded me at various junctures, "change" could all ways mean things getting worse as well as getting better.

"Africans must solve African problems," an Argentinian doctor proclaimed a few years later, sitting at a bar in the same town. "That's why I want to return to Argentina. The medical staff I worked with today were good—as good as I am or better." He seemed to be speaking to himself as much as the others around the table, affirming a strongly held belief shared by many within MSF. A newcomer who had just started in a larger clinic, Ernesto was acutely aware that his medical degree gave him little real advantage among less credentialed but more experienced Ugandan colleagues. Brought up with leftist political sympathies and facing a tight job market for young doctors in his home country, he had decided to volunteer for international work. MSF was a famous and professional organization, even paying for the plane ticket that allowed him to interview. So far he was glad he had joined; he wanted to practice real medicine among people who needed it. However, solidarity should only be taken so far. Ultimately he was not a Ugandan, and it was not his place to dictate a lasting solution. Local professionals should take the lead.

"We have to accept that we're not fixing anything, just working on something and moving all the time," a more weathered coordinator had told me emphatically at MSF's Brussels office in 2003. "To think that we're fixing anything is wrong." His point nicely summarized the organization's moral minimalism. One should act for the best, but without undue expectations. Together with Ernesto's anticolonial sensibility, it outlined a limit of what MSF should attempt as a mobile entity driven by emergency. What about hope, however? Might it hold any residual place within a recipe of acting with minimal expectations? Beyond pointing to small triumphs of individual lives saved, MSF members sometimes indicated another potential benefit of action: one never quite knew where it would lead. Refugee camps were hardly sterile spaces, after all, as another old hand reminded me in

Brussels. Amid all the problems they generated they also could, from time to time, "accelerate history." Once people had enjoyed better health care, they might expect more, and so demand more of their political leaders. A space of normality amid crisis might help restore a sense of dignity, and with it the possibility of greater self-determination.

I stress that such claims as emerged were made in a qualified way—as a possibility, not a given certainty. Often the speaker would point to a specific case known to collective experience, but whether as an exception or a rule was not always clear. Rather than any sure chain of causality, these claims indicated a more fundamental dynamic of uncertainty in practice, what Bruno Latour refers to in another context as the "slight surprise of action."¹⁶ Without elaborating a philosophy of being, in these moments members of MSF recognize the gap between intention and deed, and through it, a glimmer of hope. The fact that the group is there has effects that are never fully predictable beforehand. This unpredictability leaves room for small countercurrents, exceptions amid a larger pattern of setbacks. Should its engagements fail to affect public health at a population level, they might still achieve disruptive significance through their clinical outcomes, defending human life and dignity "one patient at a time," in keeping with one of MSF's favored lines. Thus something like hope becomes embodied and realized in specific individuals and actual lives. The results may not establish good public policy, but they potentially disrupt the bad while benefiting a tangible few in the process.

What I am describing as moral minimalism and residual hope resides at the intersection of a concern for values and effects. As Craig Calhoun notes, humanitarian labors beneath Max Weber's distinction between value rationality and instrumental rationality, phrased as a question of whether to favor good deeds for themselves or to concentrate on their outcomes.¹⁷ Within the contemporary aid world, the categorical concern for life and suffering that motivates humanitarian organizations encounters expectations of accounting and results. From a humanitarian perspective, to let people suffer would be wrong. But what if trying to help only makes things worse? In embracing action and an ethic of refusal, MSF seeks to limit abstraction and emphasize practice. To accept justifications for suffering, even in the name of other goods, would risk leaving true humanitarianism behind.

Such austere minimalism, however, is not easy to maintain. Members of MSF frequently chafe at the restrictions of their own organization. Field teams are often loathe to leave mission settings after the official crisis is over and look for other reasons to stay. Moreover, individuals regularly denounce aspects of the group's positions that they find wanting. MSF's tradition of internal discussion and debate absorbs much of this turmoil, sometimes redirecting it to new projects that can extend well beyond emergency care. But other concerns raise more fun-

damental questions for those with a progressive conscience. Why does MSF keep insisting it is not a pacifist organization when it constantly finds itself in war zones? Why is it so tentative about issues related to poverty and so allergic to development? Why not claim human rights or social justice? Why not embrace movements to counter existing forms of globalization? Even experienced members wonder aloud from time to time within their continuing commitment. Humanitarianism, it seems, always leaves one wanting more.

MSF's chosen path leads to a resolutely bleak horizon. Once there, many eventually leave for other endeavors, a few taking the haunting exit of suicide. Some soldier on, however, even in the face of repeated failure. "The hopelessness of human beings is not a reason to abandon them," a Spanish doctor proclaimed at a public forum in Amsterdam. "Should we only get involved in beautiful, sexy emergencies or also in hopeless places? Our work is to keep trying amid pessimism." His words echo famous formulations of others who saw the world darkly while actively engaging it: for example, Antonio Gramsci's motto "Pessimism of the intellect, optimism of the will" or Michel Foucault's description of himself as a "hyperactive pessimist."¹⁸ Similarly, MSF keeps acting amid dissatisfaction. It thus reluctantly participates in the greater humanitarian illusion that "something is being done." One saving grace might rest in the slight uncertainty between action and outcome. Another could reside in dissatisfaction itself, and in a continuing attitude of restless refusal.

ACTION, CARE, AND DISCONTENT

Casting the story of Médecins Sans Frontières as a bildungsroman, the narrative arc might go something like this: A young organization sets out boldly into the world, following a simple principle. Through the weight of experience it discovers the shortcomings of its original project and pushes in new directions. Realizing its limits it then pulls back, reaffirming its priorities. If older and wiser, it remains restless, suggesting a cycle that repeats.

People should not die for want of health care. A vision of volunteer doctors on the front lines of international emergencies grows into a professional organization. This collective develops expertise in refugee camps, perfecting a form of humanitarian health. It acquires a tradition of speaking out when confronting moral outrage. It learns to finance itself in order to grow more independent. It worries about becoming less medical, about losing its soul. Faced with genocide it calls for war. Later, faced with military humanitarianism it denounces such intervention. Recognizing the problems with emergency programs, the collective intervenes with social problems and specific diseases. When wary of development it pulls back. It invests heavily in AIDS treatment, launches a drug access campaign, and sets up a project for pharmaceutical development. It discovers mental

health and, later, gender-based violence and nutritional needs. (Over time the group realizes its personnel are aging and changing, and it seeks to become more egalitarian. Throughout it makes difficult decisions and quarrels about them. It tries to stay young.)

Life remains hard for many people on the planet. This simple fact underlies discussions of human suffering, a grim qualification to any hopeful claim. That life is hard does not render it devoid of pleasure or the small dramas of relative success and failure. It simply means that few people enjoy the luxury of forgetting about the elementary aspects of daily existence. For those at the cruel edge of survival, the margin for error becomes razor sharp. This is MSF's chosen terrain for action, its garden, if you will. Here it wrestles loudly and unhappily with the politics of life, offering minimalist welfare and standing witness to violation.

MSF's medical sensibility fits loosely into a larger rubric of "care." It assumes a relation of concern about the well-being of others and a value of life. Unlike some recent efforts to explore an ethics of care, however, it remains committed to expertise.¹⁹ While fundamental, human feeling is no substitute for medical treatment. The spiritual labors of a figure like Mother Teresa, providing comfort to the dying, or the even the patient work of lay nurses, remain of another order. Here the body comes first, the body as understood in moments of rupture and rendered universal through the clarity of emergency. In caring for it MSF holds true to a biomedical vision of shared humanity. It recognizes populations beneath the mosaic of kin and ethnic relations and seeks to treat them in common, whatever differences they may have. Its political imagination runs liberal in the larger historical sense, placing emphasis on self-determination alongside normative expectations of a welfare state. Nonetheless its course remains restless with conventional forms and ever unhappy with the status quo.

Two moments may help outline this ethos of continuing discontent. On one of my initial visits to MSF, in this case to an office in Amsterdam, I interviewed a veteran staff member, then readying to work for another organization. After a lengthy discussion of the politics of intervention, he paused, lit a cigarette, and noted with a wry smile: "The beauty of MSF is the anarchy as well. We're not always consistent." The comment stayed with me throughout my subsequent research. Beyond reflecting the essential style of the group, it also summed up and celebrated its *de facto* embrace of contradiction. Keeping things unsettled was a moral ethos as well as a way of life.

Several years later I found myself at a party in Kampala. Near its end, amid empty bottles of wine and eddies of conversation, the local heads of MSF-France and MSF-Switzerland discussed the state of affairs of their larger organization. They agreed that people were now being pushed too quickly into leadership roles. To really take up the charge one needed self-confidence and a full grasp of the

habits of a complex, far-flung entity, something hard to develop without four or five years of experience. Most crucially of all, one needed a visceral understanding of MSF's calling. Both were native French speakers, and they used a term I hadn't heard before: *hargne*, or irascibility. For them the MSF spirit went beyond passionate commitment. It required an ever-cantankerous edge, not for its own sake but as an aversion to accepting things as they were. The fact that these two individuals were known for their calm and cheerful personalities only underscored the point. Here again the official, circumscribed ethical stance did not translate simply into practice. Nor did it satisfy the larger hunger to appear rebellious and questioning, to convert crisis back into critique. One might not know what to say or do, but one should stay irascible.

Who can argue with water, hygiene, and basic health care? A clean tap, a latrine, a simple clinic. These are all essentially good things in their way, especially when surrounded by glaring absence. Of course meager, temporary presence only highlights the continuing inequality of circumstances. Charity offers only minor ameliorations, not justice. Too, the delivery of any good has multiple effects and mingles care with control. All generate new possibilities for regulation: a tap can be turned on and off, a latrine requires maintenance, and a clinic preaches the gospel of healthy behavior. Such control extends to the basic functions and conditions of life—life in its most elemental and animal form. It is precisely this aspect of life that MSF often confronts, both literally and rhetorically. At our present moment it produces a compelling vision, matters of life and death, the raw stuff of personal concern filtered through mass media. But it remains important to recall that humans have prized other values, sometimes deeming them a worthy trade for existence. Love, honor, belief, utopian futures—the list runs through the moral range of causes for which people have both killed and died, sacrificing being for something else. Humanitarians have good reason to remain discontent, not only with others but with themselves. Surely there is more to life than saving it.

An aging 1991 French documentary about MSF, *À cœur, à corps, à cris*, contains a particularly telling scene.²⁰ It features Xavier Emmanuelli, one of the organization's famously large early personalities, sitting on a windswept hillside in Kurdistan, wearing a bright yellow raincoat and giving an interview to an attentive reporter. An older woman, dressed in a head scarf and carrying a long stick, moves into the background of the frame. She gestures toward the camera and begins speaking rhythmically, her words indistinct and untranslated on the soundtrack. Emmanuelli carries on unperturbed, authoritatively describing the situation and MSF's unfolding response. The interviewer looks more uncomfortable, glancing toward the woman and adjusting the dial on his recorder. She then pokes his leg with her stick. A hand appears on the side of the screen and gives her money. She accepts it, carefully refolding her dress. She then recommences

her chant, poking the reporter again. He ignores her now, trying to focus on the ever-volatile Emmanuelli. For a moment the two men look almost vulnerable, in a way as exposed as those who have lost their homes. Their earnest narrative of emergency has met a chaotic welter of refugees in cold mud. Some will not stay silent no matter what is said, perceiving a smaller personal crisis or a wider world one. The scene thus deflates the very center of MSF's certainty, casting it back into doubt. But here doubt is hardly the end of action. Rather, like a burr in the shoe, it can be a seed of renewal. When contemplating the organization and the larger value of discontent, then, I recall this old woman and her insistent long stick.

EPILOGUE

Over the years I spent slowly writing this book, MSF continued to evolve. The period after the La Mancha meeting saw some retrenchment, with sections both reorganizing their operational structure and renewing their fundamental commitment to emergency response.¹ On that front there was always plenty to do. The group's updates chronicled a steady stream of human suffering due to disaster and war. Although the crisis in Uganda may have eased, many of the same countries continued to occupy the annual top ten list of crises, with the Democratic Republic of the Congo, Sudan, and Somalia all seemingly assured a permanent place in the upper tier. Following the devastating 2010 earthquake in Haiti, the group embarked on its largest emergency project ever. Even with the aid of an inflatable hospital, surgeons quickly found themselves overwhelmed, performing amputations as if in wartime. Given the subsequent appearance of cholera and continuing problems of displacement, that particular mission seemed unlikely to close quickly. Amid lively debate, the organization laid plans to establish and staff a general hospital, accepting a longer-term commitment of at least a decade. In Haiti at least, emergency reopened the door to development.²

MSF did undertake new initiatives, for example loudly advocating ready-to-use therapeutic food (RUTF) as a response to malnutrition. However, much of its work remained familiar if not routine. The rise of humanitarian rhetoric around war and expansion of rights discourse by other NGOs altered the context for *témoignage*. The group increasingly adopted an orthodox humanitarian line, to the extent that some feared the witnessing tradition might atrophy altogether. Meanwhile, the Access Campaign forged ahead with pharmaceutical advocacy and DNDI developed three products, two for malaria and one for sleeping sickness.