

## INSIGHTS

BOOKS *et al.*

## GLOBAL HEALTH

# To run where the brave dare not go

By Kai Chen

Over the past several decades, the international humanitarian aid organization Médecins Sans Frontières (Doctors Without Borders, hereinafter MSF) has been widely discussed in books on public health and international relations. In *Doctors Without Borders: Humanitarian Quests, Impossible Dreams of Médecins Sans Frontières*, Renée C. Fox forgoes the traditional narrative of these books, which tend to focus on individual physicians and patients, in favor of discussing the most distinctive features of its organizational culture. She supplements the prose with a collection of photographs and illustrations.

Fox, a medical sociologist by training, has conducted participant observation within MSF for almost 20 years. From an insider-outsider perspective, she stresses that the core principles of MSF—medical ethics, impartiality and neutrality, independence, bearing witness, and internal accountability—have been internalized into the organizational culture.

She begins by analyzing the firsthand accounts (e.g., field blogs and notes) of MSF staff. In addition to being a powerful way to bear witness, the field blogs reveal a commitment to continuous reevaluation of what motivates staff to serve in MSF as they grapple with limitations that impair their ability to relieve suffering and save lives. “We do everything possible for each individual patient,” reads one blog post. “I had to hold back tears, though, when I realized that ‘everything possible’ is likely not going to be enough in the long run.”

In the following pages, Fox chronicles the salient events of a number of debates that have occurred within MSF in recent years,

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which she frames as reflections of the organization's commitment to internal accountability and nonhierarchy. One of these debates occurred at the “La Mancha” conference in Luxembourg in 2006, so called because of the region's association with the fictional adventurer Don Quixote, whose idealism led to “misperceptions and imperfections”—a theme that resonated with the conference's goal of critical self-evaluation. The debate focused on the underrepresentation of “national staff”—those working on MSF projects in their native countries—within the organization's leadership. A contingent of MSF members argued that the creation of more non-Western branches would help the organization realize medicine “without borders.” As a result of the discussions at La Mancha, the International Council established MSF South Africa as a delegate office in 2009, and discussions are under way regarding new branch offices in mainland China.

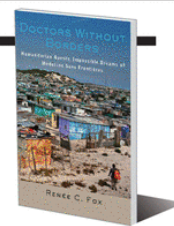


MSF's commitment to participatory democracy has at times impaired decision-making within the organization, a phenomenon that was satirized at the meeting by former MSF Head of Mission Samuel Hanryon. Fox describes a cartoon drawn by Hanryon, which depicts a group of MSF members in a fistfight. The overhead caption reads: “Do we agree to disagree publicly? Yes, we agree!”

Next, Fox examines MSF's responses to the epidemics of HIV/AIDS in South Africa and tuberculosis in Russia and the role that partnerships (or the lack thereof) played in each case. Until the late 20th century, MSF primarily operated as an independent organization, but it became clear that partnerships with both public and private entities would become necessary if the organization hoped to tackle chronic epidemics. Fox describes an example of a successful collaboration, known as the MSF Khayelitsha program. Established in April 2000, MSF

## Doctors Without Borders Humanitarian Quests, Impossible Dreams of Médecins Sans Frontières

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Khayelitsha consists of HIV/AIDS clinics in three community health centers in South Africa. This program was made possible by partnerships with national and local governments and the Brazilian pharmaceutical company Farmanguinhos. In contrast, without the endorsement of the Russian Ministry of Health, MSF was ultimately forced to terminate a program for Russian prisoners with multidrug-resistant tuberculosis.

Not all partnerships are embraced by MSF, however. Citing incidents in Kosovo, Afghanistan, and Iraq, Fox discusses the controversy surrounding military-humanitarian coalitions. Not surprisingly, most MSF members consider military partnerships to be “incompatible with true humanitarian ideals” and fear that they jeopardize the MSF commitment to independence from political influence.

Though not covered in the book, MSF staff are actively engaged in combating the current Ebola epidemic in West Africa, having cared for more than two-thirds of the reported cases in this region (1). This situation could require the organization to achieve a timely consensus on how to reallocate resources from longer-term initiatives. Although the provisional 2014 budget for MSF's Ebola response in West Africa has reached €51 million (2), more aid funding could be needed, as it is estimated that between 550,000 and 1.4 million people in Africa could be infected by January 2015 (3).

Carefully researched and delightfully written, *Doctors Without Borders* establishes a new bar for those who would cover Médecins Sans Frontières in the future. This book will take its due place as one of the most comprehensive works on MSF.

## REFERENCES

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3. G. Dyer, First US Ebola case diagnosed in Texas. *Financial Times*, 1 October 2014.

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