

1: "Resident Evil 2": No Hot Pants for Claire and More Game Changes | FANDOM

"Vital Mobility and the Humanitarian Kit." In A. Lakoff and S. Collier, eds. Biosecurity Interventions: Global Health and Security in Question. Columbia University Press,

Later, they supported migrants in the South China Sea and elsewhere. Now, working alongside NGOs, ordinary citizens scandalised by the treatment of migrants are mobilising here in France in response to this crisis. In doing so, they are inventing a new way of engaging in humanitarian action. In these places, a wide range of concerned parties, each with their own rationale, has been mobilized to help migrants survive. Les Papiers de la Fondation, no15, mai The results presented in this article are more fully developed in the document cited in note My account of the politicisation of ordinary citizens in these humanitarian spheres will lead me to discuss the relationships between humanitarianism and politics. But before presenting the facts, an overview of the historical intermingling of these two concepts appears essential. On the one hand, there is the capacity to transcend the sovereignty of States, when exceptional public health, political and ecological circumstances warrant an intervention to rescue people in danger. On the other hand, there is the search for political impact through the media and through public outcry against breaches of human rights in certain contexts of intervention. Interviews with Catherine Portevin, Le Seuil, This role is sometimes shaped by Western political objectives, as was demonstrated during some of the interventions in Biafra. In addition, humanitarian organisations have historically intervened in the countries of the South in response to crises triggered by their countries of origin for reasons of colonial history, such as the crisis that occurred in Biafra, or today, the ones currently being instigated by Western strategic interests for geopolitical reasons. In such contexts, humanitarian ideals are challenged by political interests, and, unavoidably, the numerous detrimental effects of aid rise to the surface: Created, controlled and at times shaped by political decisions, humanitarian interventions undeniably and inevitably convey the same rhetoric, policies, effects and classifications 10 Miriam Ticktin, Casualties of care: In the camps of Calais and Paris, these ordinary citizens intervened in the gaps between the inadequate or non-existent services provided by public authorities and the action of humanitarian NGOs specialising in health and hygiene. Structuring themselves in urgent haste, these citizens improvised day-to-day responses to a plethora of basic needs left unmet by other humanitarian actors: Ad hoc organisational management thus emerged as the most effective tool for improvisation through the creation of informal, horizontally-structured collectives, flexible field coordination, casual recruitment of volunteers with informal on-the-job training and a significant turn-over that continuously renewed staff. Humanitarian action here differs from the operations of large NGOs that are more institutionalised from an organisational point of view. To this extent, citizen initiatives are an illustration of postmodern organisational changes in humanitarian intervention. Moreover, going beyond the objective of assuring the biological survival of migrants, the day-to-day actions of ordinary citizens gave special value to maintaining their social survival and dignity. Forming interpersonal ties in the field, listening, respecting the choices made, recognising the capacity to act and integrating migrants at all levels of intervention were all at the heart of the ethics of improvisation. It should be noted that, in addition to meeting basic needs, ordinary citizens distributed a wealth of information through various means within the camps. For example, both in Calais and in Paris, improvised French classes not only taught migrants language basics, but became the prime opportunity for migrants to express themselves, confide in others and share information 16 Babels, Entre accueil et rejet. Volunteer citizens intervened in areas where everyday emergencies were combined with a chronic lack of human resources. They were therefore likely to assume tasks for which they were unqualified. Ordinary citizens have tended to throw themselves body and soul into helping migrants, to overinvest themselves to the point of exhaustion and, in doing so, sometimes to question certain aspects professional, social, emotional of their own personal lives. The improvisation of humanitarian aid is limited to an extent that challenges the transfer of public action to ordinary citizens. Beyond the emergency humanitarian mobilisation, the intervention of ordinary citizens in favour of migrants has led to an unavoidable political clash with migrant policies in France. When humanitarianism gets involved in politics: In this way, the public authorities were satisfied that

they could provide only a minimal amount of relief without fearing that migrants would die in the camps, because they could use citizen resources as a stopgap without having to respond to their grievances. This was bitterly pointed out by the coordinator of a citizen collective group. Yet they felt unheard by government authorities, despite giving the same warnings as the NGO when migrants were violently evicted by police forces one night in December. Home-based humanitarian action appears here as a fundamental aspect of public action, allowing the State to apply borderline legal policies antagonistic to migrants while barely responding to warning calls from humanitarians it considers as legitimate. In Paris, as in Calais, some citizen collective groups first adopted an activist stance, claiming that making sandwiches and distributing blankets were political acts. The citizen initiatives I have examined have moved in the opposite direction, from emergency humanitarian intervention to politicisation. Ordinary citizens were tolerated by the public authorities as long as they stuck to their emergency humanitarian interventions. However, when denouncing political decisions and the resulting misapplication of security measures, they became just as unpalatable to the governmental authorities as the migrants. Thus, in positioning themselves in the gaps left by humanitarian organisations and political policymakers, ordinary citizens find it difficult to make their voice heard. They are either exploited, disqualified, made accountable or criminalised²⁴. See, among other things, the high-profile judicial summons of two citizens in Paris for the organisation of a rally in the summer of 2015. It shows how humanitarian aid is used by the State to respond to the contradictions in its own policies, while de-legitimising or even criminalising citizens who develop humanitarian responses for the survival of migrants. Constancy and transformation This article gives special attention to the constancy and the transformation of domestic humanitarianism and, more particularly, to the permeability of the fine line between the humanitarian and political spheres. It does so, on the one hand, by redefining the contours, principles, and fundamental values of the modern humanitarian world, since the political crisis arising from the reception of migrants has led ordinary citizens to innovate in home-grown humanitarian interventions. On the other hand, it reviews the mechanisms of humanitarian instrumentalisation in light of the politicisation of humanitarians. The study of these initiatives thus suggests a process of hybridisation of humanitarianism. Humanitarianism has taken on an added dimension and has gradually become part of the daily life of a large number of people who were previously unconnected to this humanitarian world. This can generate limitations and the risk of abuse. To read the article in PDF [click here](#).

2: Biosecurity Interventions : Andrew Lakoff :

"On Band-Aids and Magic Bullets." Limn 9, Little Development Devices/Humanitarian Goods. Edited by Stephen J. Collier, Jamie Cross, Peter Redfield and Alice Street.

Darryl Stellmach Book Review: The final publication is available at Springer link. Life in Crisis is a significant addition to this literature: His work draws on these experiences, as well as in-depth reading of reports, press materials and reflections by and about the organization. MSF defies easy definition. With five headquarters and a complex assembly of national offices and interventions MSF is a loosely coordinated yet highly professional medical collective. Redfield asserts that, despite its decentralized and often disordered nature, the movement is united by its secular humanitarian belief in the sacredness of human life. Experiences of the body, illness and health are universals we all relate to; the medical act particularly when performed in moments of extreme suffering and under the media glare has a redemptive quality. The first two chapters examine these foundational constituents of the MSF worldview: Chapter 1 delves into concepts of crisis and emergency while Chapter 2 traces the history of how human life came to be seen as sacred. Custom, individuality, biography and dignity are subordinated to the bare essentials of biological survival. Yet, he insists, medical humanitarianism is in contrast to other technocratic interventions: Redfield traces this view to secular enlightenment thinkers. To the enlightenment mind, human misery could be senseless, without spiritual, moral or philosophical merit. Thus attempts to prevent suffering could be intrinsically moral, a form of secular redemption. This notion of secular sacred life would take root in European philosophical-moral tradition. Listed in a catalogue, stored in a central warehouse, a selection of kits can be dispatched globally, within a matter of hours, to fit the specifics of a given crisis. Yet standardized medicines do not make for standardized bodies or standardized interventions. In most humanitarian settings crisis is essentially open-ended poverty is rife, threats to health and security are many the kit might make for speed and self-sufficiency in intervention, but cannot determine when intervention should end. Medical practice gives unique insight and authority. But making public denunciations can be politically and ethically complex. In MSF, Redfield asserts, facts can speak in two ways: Words people telling of experience, pictures making suffering visible and numbers to quantify and validate the extent of suffering combine to make a powerful argument. The trend within MSF is to an increasingly central role for descriptive data, epidemiology and research. As the organization more frequently engages with governments, pharmaceutical corporations and the medico-scientific establishment, hard data comes to be more effective than passionate denunciation. MSF claims to value all human lives equally, yet equality cannot be borne out in practice. The ambiguity inherent in organizational roles is the subject of Chapter Five. With an intervention model of mobility and temporality, footloose singles are those most readily able to adapt to the demands of the institution. However, MSF relies primarily on staff drawn from the local population medics, drivers, administrators who come with their own family ties, local loyalties and attachments. There is often acute imbalance in wealth and status between often young, inexperienced expats and long-term local staff. Because MSF cannot be everywhere, the organization consciously seeks extremes as a means to maximize humanitarian impact. In practice, this means occasionally closing existing, stable projects to open new programs for populations considered to be in more present danger. Both chapters highlight how difficult it is to practice human universality: This has the effect of creating a moral economy for pharmaceuticals alongside a market economy making patient access to medicines a humanitarian issue. These ethical questions link Chapter 7 with Chapter 8. Chapter 8 presents a short history of MSF in Uganda. What happens when crisis becomes institutionalized by a quotidian grind of misery, insecurity and ill health? This casts MSF as part of a larger, morally uncertain industry at the crossroads between development and emergency, public health and poverty. In this context, an outright rejection of the politics of instrumental life is untenable. MSF becomes one mediator among many in the complex terrain of health, scarcity, security, accountability and culpability. The summary paragraphs in Chapter 9 are insightful and elegant. Despite the minimalist clarity of its call to action, there are no solutions to the problems MSF addresses. Thus MSF acts without expecting resolution. To this end, his chapters and

analysis are as wide-ranging as the organization itself. In a way Redfield aims to produce an ethnographic monograph in the classic sense—the complete account—while simultaneously acknowledging the impossibility of comprehensive description. Ultimately, Redfield draws one central theme from his narrative: Most chapters rework previously published material. Yet the book is not old hat. In ten years MSF has changed, and Redfield along with it. Yet it is also a product of the research process: So too can academic workloads. By his own admission, these practical realities, coupled with the size and diversity of the MSF endeavor, made Redfield reliant on printed matter, electronic exchange and headquarters interview to supplement his Ugandan fieldwork. Instead of continuous narrative he presents snapshot vignettes carefully recollected. Afforded years for reflection, Redfield remains our cool and modest witness throughout. Many things he saw must have viscerally confronted him, but we rarely hear about it. Instead, we get a view to the moral perplexity of others. In addition to its broad ethnographic ambitions, the work highlights several themes that anthropologists can follow in future analysis. This is in no small part due to the fact that Foucault was part of the same philosophical and historical moment that brought MSF in existence. Redfield highlights a very different form of activism though the use of scientific data as an advocacy tool. Given the circumstances of their collection, ethnographic descriptions of humanitarian action are scarce. For those who study humanitarians and humanitarianism, *Life in Crisis* will be a landmark contribution:

3: Biosecurity Interventions | Stephen J. Collier

Peter Redfield Department of Anthropology "Vital Mobility and the Humanitarian Kit." In A. Lakoff and S. Collier, eds. Biosecurity.

In lieu of an abstract, here is a brief excerpt of the content: The world of nongovernmental organizations NGOs has long been one in which entities come and go. The idealism that motivates their founders inevitably runs up against a series of obstacles: In the human rights arena, the turnover may be especially rapid, given paucity of funding coupled with abundance of enthusiasm, the ephemeral nature of some issues, and the lesser "sexiness" of structural problems. For this reason alone, his book deserves commendation. Having worked within MSF intermittently as an ethnographer for a full decade, Redfield can write with a detailed understanding few analysts of NGOs enjoy. His experience in Northern [End Page] Uganda provides vivid reminders of the difficulties he and other volunteers confront. Life in Crisis can be characterized as an organizational ethnography, larded with valuable anthropological, historical, humanitarian, and political analysis. Doctors Without Borders was created in the face of a major humanitarian and political crisis. It shattered the optimistic visions of leaders around the world about peaceful development in Africa. More important in terms of MSF, the conflict led directly to its creation. How to respond to the crises posed by the Nigerian Civil War had divided the international humanitarian and political communities. Entering the conflict as a relatively stodgy collective overseeing the Geneva Conventions, it emerged as a full-fledged relief organization. For example, the Canadian development consultant Ian Smillie deemed humanitarian aid to Biafra "an act of unfortunate and profound folly. Would aid prolong the conflict and thereby result in more casualties, or did what is now called the "Responsibility to Protect" override narrow conceptions of self-interest? Politically, practically all African states supported the Nigerian federal government in its reconquest, as did most governments around the world in its bid to reintegrate the countryâ€”irrespective of the economic, regional, and ethnic tensions that marked the civil war. National leaders on the continent feared repercussions for other multi-ethnic societies, for the creation of Biafra was led by and became closely identified with a single ethnic group, the Igbo. Major Western powers similarly looked with disfavor on the secession, believing that a continent free of internal wars as Africa had largely been during the rapid decolonization of the early s served the best interests of all. China and Communist-bloc countries stood aside from the conflict, recognizing the strong preferences of African leaders for international unity, maintained by force if necessary You are not currently authenticated. View freely available titles:

4: Selected Publications | Peter Redfield

Redfield, Peter () "*Vital Mobility and the Humanitarian Kit.*" in *Biosecurity Interventions: Global Health and Security in Question*, , edited by A. Lakoff and S. Collier. New York: Columbia University Press.

Additional Information In lieu of an abstract, here is a brief excerpt of the content: The functions of such medical kits changed in the context of an enduring state of emergency in South Kordofan. From being means or tools for the temporary supply of medicine in war and postwar situations, medical kits turned into the main medical supply system. As they were institutionalised, they came to organise health services. That medical kits took on such a central role relates to the political and economic crises in a region marked by prolonged war. Fighting had long forestalled the institutionalisation of more permanent health infrastructures, leading to a lack of health services also in the post-war situation – both quantitatively and qualitatively. Medical kits strengthened infrastructural conditions, provided material for medical education and were crucial sources of medical supply. I track the processes through which the functions of medical kits changed, functions which give meaning to medical kits in the permanent emergency in South Kordofan. This chapter will focus on the institutionalisation of medical kits in South Kordofan, that is, the process through which meanings were established in relation to them and solidified in society. I assert that the peculiar institutionalisation of these kits in a setting of crisis led to a disparity between intentional efforts at regulating the use of medical kits and their actual usage. Empirical data was collected during fieldwork from October-December and March-May. The methodology was participant observation during voluntary work in a health centre in Heiban, a rural town in South Kordofan. Documents, such as reports from the Secretariat of Health, including from its medicines supply section for the year , were also consulted. Furthermore, I conducted interviews with nurses and pharmaceutical assistants as well as governmental employees in the Ministry of Health. It continued until a ceasefire agreement was signed in . War resumed in June. This political instability in the region influenced the provision of health services, leading to a chronic lack of such services and particularly of medicine and medical supplies. For example, Guma Kunda Komey notes concerning the Nuba Mountains and regional disparities in the national development of the Sudan: No significant improvements were made neither in the direction of qualitative and quantitative improvement of the health facilities and medical manpower neither in aggregate terms, nor in the direction of expending equitable health services into peripheral regions. There were some efforts at integrating these two institutions and their respective administrative systems. However, each conflict party was interested in maintaining control of institutions in the area under its control. A Heiban administrative officer explains the administrative challenges to the provisioning of health services: She shows that the clinic in Heiban locality was rehabilitated by the government after the CPA as a rural hospital, but that the supply with staff and medicine was neither integrated into the national health system, nor You are not currently authenticated. View freely available titles:

5: Peter Redfield | Medical Anthropology

Contents: The problem of securing health / Stephen J. Collier and Andrew Lakoff -- From population to vital system: national security and the changing object of public health / Andrew Lakoff -- Redesigning syndromic surveillance for biosecurity / Lyle Fearnley -- How did the smallpox vaccination program come about?: tracing the emergence of.

Hanna Kienzler Science, Medicine, and Anthropology <http://www.berkeley.edu/~hkienzler/>: The ethical journey of doctors without borders by Peter Redfield University of California Press, Engaging in different versions of the expat life, he conducted participant observation and interviews with over a hundred individuals in MSF field offices in New York, Paris, Amsterdam, Brussels, and Geneva and immersed himself in field projects in different parts of Uganda. To determine who is in crisis seems, at first, straightforward, especially if suffering is obvious and basic needs are clearly unmet. Treatments also appear to be fairly simple in such contexts, including the provision of basic needs like shelter, food, or water, and, most importantly, medical interventions such as nutrition, basic treatment, and life-saving health advice. But, of course, nothing is as simple as it first seems. An ethnographic account of the many activities involved in the provision of medical aid in a camp in northern Uganda provides a glimpse into the practical quandaries involved in proving aid on a daily basis. It becomes apparent that people in need, health problems, diagnostic tools, aid supplies, and infrastructure cannot be easily separated from conflicts between different aid organizations, vested interests of camp leaders, entrepreneurs and traders, and distrust directed against aid workers and dispensed products. For instance, the provision of life-prolonging treatments for AIDS or the advocacy for greater access to medicine does not respond to emergencies in the classical sense. The provision of humanitarian aid is, thus, not at all a straightforward or morally clear process. While the organization helps people first and foremost in their struggle for survival through the management of birth and death rates, infant mortality, life expectancy, and health expenditure, it is also concerned with creating safe spaces in which people can regain their rights and dignity as human beings. Instead, he turns to the past to excavate and reassemble the building blocks that attach MSF to life itself. MSF, so the hi story goes, is firmly rooted in the Enlightenment tradition and the intellectual debates triggered by the earthquake that destroyed the city of Lisbon. A paradigmatic event, the disaster shifted intellectual discourses from fatalism and theological justifications to a secular perspective appealing to public action to relieve suffering. Reverence for life, although conceived in the religious sense, was a moral sentiment about humanity that was positioned beyond religion or politics and thus one with which faith-based as well as secular organizations could identify. According to Redfield, the Biafra conflict was a decisive moment, particularly for the Red Cross. Rony Brauman took over the presidency at MSF and, under his leadership, the budget, volunteers and missions increased exponentially. Through growing professionalization, the organization was able to found and manage new branches first in Switzerland and Belgium and then in Holland, Luxemburg, and Spain; develop an intricate logistic system; and establish the Epicentre, an epidemiological wing in Paris. Despite these managerial successes, humanitarian aid remained an experimental field with setbacks, frustrations and horrors. Particularly the conflicts in the Balkans and Rwanda showed quite plainly the limits of humanitarianism in the face of excessive violence and lack of international political commitment to resolve a crisis. Urgency, speed, strategy, control, efficiency, and quality are keywords with which MSF characterizes its missions. Instead, he provides a careful analysis of mobility beginning with the story of how a flat tire of a Land Cruiser carrying patients, staff, and equipment can stall a routine operation. The drive for innovation continues, although not necessarily always with the same speed and success. AIDS programs have particularly shown the limits of emergency kits, as people in need require therapies for a lifetime and cures remain, until now, out of reach. Moving tools and personnel comes with a price tag and depends on funding, accounting, and business plans. The moral maze that MSF navigates extends far beyond bureaucratic and financial management. In addition to money and medical expertise, human solidarity and passionate appeals for justice require the willingness to witness and re-testify. Temoignage, the duty to witness and to speak out, is connected to notions of decency and humility. However, witnessing, speaking out, decency, and humility are in no way straightforward concepts but rather issues open to debate and interpretation. Are they a matter of

individual conscience or collective policy? Is their purpose to identify human rights abuses or to agitate for particular state action? Should they take the form of narrative testimony or medical data? Should medical neutrality be abandoned? Obviously, there is not one of way of being a witness or advocate for human rights and, consequently, plural practices emerged between and within MSF country teams. In such morally-laden contexts, what happens to neutrality? On its website, MSF states clearly: To assume that mobility, whether material or ideological, is unrestricted would paint a wrong picture as organizations like MSF face, in fact, myriad borders and constraints. Heightened security controlling the import and export of people and goods, political authorities making demands, and access to jobs, transportation, and visas all relativize what it means to be mobile. Mobility is experienced differently depending on who or what is on the move. At the inception of the organization, the stereotypical MSF worker was a cowboy-like figure tirelessly on the go. These white men of action often portrayed themselves as independent, living lightly, and bound to the organization rather than to social obligations at home. This prototype does not hold anymore as MSF hires local staff for whom working with the organization is a career option rather than a lifestyle, retired doctors wanting to contribute to humanitarian missions, and women and men with caring responsibilities. Local staffs predominantly work in support roles and are considered employees rather than volunteers. Also, they might not have crossed a border to get to their job, rendering them bounded and rooted rather than jetsetters without borders. How far do local and international aid providers dare to venture out to aid those in need? In contexts of crisis, death is not simply a passage putting someone out of her misery. In other situations, however, death seems unpreventable as science has no solution to offer and infection rates are high. Redfield refers to the outbreak of the Ebola virus in Uganda as a case in which MSF workers appeared relatively helpless. Such a response traditionally would probably have broken the epidemic as quickly as anything we did, but the motivation for MSF was the alleviation of individual suffering. Thus, palliative care and relieving pain was all that could be offered, leaving some of the aid workers questioning what the purpose and mode of intervention of an organization like MSF should be in such a situation. Death snatches not only the needy, it increasingly waylays aid workers who are engaged in high risk environments. The maintenance of such a space automatically creates boundaries and raises questions about access, salvation, and sacrifice. This leads him to ask uneasy questions about triage: Who stands first in line and who must wait? A color-coded system indicates the hierarchy of care, with black labels representing the status of imminent death. Triage is not just related to the medical gaze and facts of suffering. It also occurs when MSF decides in which countries to work, which crises situations are prioritized over others, which diseases are foregrounded while others are deemed as marginal, or when a project has to come to an end. Such decisions are never easy and become particularly pronounced when crisis moves beyond emergency. Between and , patient numbers increased drastically from only 1, in ten countries to 13, in 25 countries. However, the question remains: How is it possible to remain optimistic and keep trying despite all odds? He compellingly discusses the grey areas and often incommensurable-seeming realities that shape the humanitarian space without dissolving them into a neatly-fitting overarching explanatory model. He offers an exciting and educational journey through the beliefs and practices of the humanitarian organization, the strategies and spontaneous gut reactions through which its members shape and reshape it at different times and places, and its situatedness in and influence on very particular locales as well as the more elusive global arena. The book is an immense achievement. I would recommend it to academics and students as well as those working in the humanitarian arena who grapple with the complex linkages between crises, human suffering, and medical aid and broader questions related to ethics, morality, and doubtful hope. She conducts research in Kosovo, Palestine, and Nepal. AMA citation Kienzler H. Accessed May 21, APA citation Kienzler, Hanna. Retrieved May 21, , from Somatosphere Web site:

6: Project MUSE - Emerging Orders in the Sudans

Download Citation on ResearchGate | On Jan 31, , Peter Redfield and others published 6. Vital mobility and the humanitarian kit: Global Health and Security in Question }.

University of California Press, There is a growing body of anthropological work analysing humanitarian organizations see Fassin, *Life in Crisis* chronicles the journey of MSF since its formation as an offshoot of the Red Cross Movement in France, to its engagement with saving lives in crisis and emergency situations, to its work with chronic diseases and longer-term humanitarian work in the field. *Life in Crisis* is divided into three parts. The award of the Nobel Peace Prize to MSF in marks a significant episode for the organization and the activities in which it subsequently engages. However, mobility necessitates apt preparation, for which MSF formulated and utilizes a universal kit, as well as mobilizing sufficient independent capital to fund these operations. Although instrumental for pressing health conditions, the kit is inadequate for expanded assignments. Likewise, devoid of transportation or human resources, MSF is limited at mission sites. MSF grapples to clarify its moral identity given the sheer number of victims needing salvation. Reluctantly, MSF has to make choices, where not all lives can be saved, not all people can be reached. In humanitarian organizations death is viewed as a failure of their work rather than a natural end to life. To die means to not have been selected to be saved, a bitter pill for MSF to swallow. MSF essentially engages in short-term missions, yet its reasoning for not engaging with longer-term missions grows indefensible with the breaking of the AIDS crisis with its endless, cureless casualties. Finally, Redfield concludes that MSF remains in perpetual motion, physically and morally. *Life in Crisis* brings up questions for which MSF may not readily or unequivocally have the answers. Would national missions within national borders be more sustainable if expatriates were not involved? This links MSF with neocolonial and neodevelopmental organizations, making *Life in Crisis* a thick description residing distinctly in the present. Skilfully put together, I was rewarded with a rich fabric of concepts and themes. *Life in Crisis* is a book that will appeal to a wide audience, not only the anthropological. It is an important book for scholars in development studies, perhaps even a prerequisite reader on humanitarianism, philanthropic development studies, globalization, and the anthropology of organizations. I would also recommend it to scholars interested in the breadth and depth of multisited ethnography, not as a methodological script but as a conceptual text. *Inequalities of Lives, Hierarchies of Humanity: Moral Commitments and Ethical Dilemmas of Humanitarianism*. In *In the Name of Humanity: The Government of Threat and Care*, edited by I. Annual Review of Anthropology Annual Review of Anthropology,

7: Center for Global Initiatives

The editors focus on how experts, public officials, and health practitioners work to define what it means to "secure health" through concrete practices such as global humanitarian logistics, pandemic preparedness measures, vaccination campaigns, and attempts to regulate potentially dangerous new biotechnologies.

8: Peter Redfield | Lost

Redfield traces an iconic aspect of MSF's mobility: the "humanitarian kit," modular, prepackaged essentials for medical care. Far more than standardized drug lists, MSF's kits are pre-packaged infrastructure for every aspect of an aid intervention.

9: Peter Redfield's Life in Crisis | Hanna Kienzler - www.enganchecubano.com

Vital mobility and the humanitarian kit / Peter Redfield Mapping the multiplicities of biosecurity / Nick Bingham and Steve Hinchliffe From mad cow disease to bird flu: transformations of food safety in France / Frédéric Keck.

The UN and the Bretton Woods Institutions Getting it issued Relating experience Communication, creativity, change The fashion disaster that changed my life Lemons into lemonade. The perfect health diet book Laying down the law 8th edition Relating to a spiritual teacher Callin out around the world Determinants of solar pv adoption in ethiopia Demographic Profile of African Americans by States Progressive Pentecostals: ministries, beliefs, and motivations Building Spelling Skills 6 Answer Key Daniel Boone, master of the wilderness The Aulis difficulty. Mini project report format Step 4, Arrive with the old, leave with the new (in the same night) William F. Frazier. The Nancy Drew files Construction planning and management by b c punmia An Island In Time II Advances in solid state physics Electric circuit fundamentals by sergio franco P. 1 : Isaiah: Hello, my name is Isaiah History of leaning tower of pisa Life and death of Saint Malachy, the Irishman Londons tramways. Sub-alpine plants Aruba acma study guide In the realms of the unreal Aqa biology a level student book Handbook of behavior food and nutrition Fields for potential and possible connectors Palestinian Arab Cultural Nationalism List of academic degrees A country gentleman [microform] Staceys Mistake (The Baby-Sitters Club #18) Nagios system and network monitoring 2nd edition A testimony for the times.