

Book review

***'Medical Humanitarianism: Ethnographies of Practice'*, edited by Sharon Abramowitz and Catherine Panter-Brick (2015). Philadelphia, University of Pennsylvania Press (274 pp). ISBN 978-0-8122-4732-9**

This book is about encounters and cross-roads of cultures and health cultures (primarily western) bringing medical aid, and local cultures, values and mentality. It is about what foreign aid workers bring in terms of their values, experience, philosophy of health services and institutions, and the local view of needs, priorities, acceptability and feasibility of offered assistance. It is also about confronting and linking individual suffering with the suffering of the community. It thereby raises ethical questions with no single nor definite answers.

Medical Humanitarianism: Ethnographies of Practice reflects different intersections between western medical humanitarian aid and local circumstances. The word 'circumstances', in this case, covers values, beliefs, habits, levels of information, reluctance to accept novelties and particularly important, exiting resources. Issues emerging from the intersection of medical science, ethnography, ethics, humanity and medical humanitarian assistance are presented through illustrative case studies.

The essence of the book is explained in the introductory paper, *'Bringing Life into Relief: Comparative Ethnographies of Humanitarian Practice'*, written by Sharon Abramowitz and Catherine Panter-Brick. The titles of the four parts of the book present its content: Intimate interventions: health worker experiences in humanitarian contexts; The architecture of humanitarian knowledge,

ethics, and imperatives; Strong states, weak states, and contested health sovereignties; and The afterlives of intervention.

The editors define medical humanitarianism as 'the field of biomedical, public health and epidemiological initiatives undertaken to save lives and alleviate suffering in conditions of crisis born of conflict, neglect or disaster'. Perhaps the list of initiatives should be enlarged with one covering mental health issues.

The common denominator of published papers points to, and explains, cultural and contextual forces which shape humanitarian practices, inspiring the reader to critical thinking and leading toward the revision of her or his attitudes, decisions and actions. It is also about being thoughtful, intellectually and emotionally open, flexible, prudent and humble in humanitarian medical assistance.

As a field worker in humanitarian assistance, I am always interested in the capacity of a scientific book to translate the reflections of prevailing concepts and practices into a language understandable to people for whom the content is relevant, to intrigue field workers and to influence them to critically revise their practices. To my mind, this book achieved that. The more I advanced in the reading, the more I recognised situations, problems and questions I have found during more than 25 years of humanitarian work, and which I often still face.

While reading the book, I was thinking about the borderline between critical observations, reported by many field workers who are not scientists, and the qualitative research named science. An important difference is that the second is more legitimate, credible, influential and socially

powerful. That is also a reason why books such as this are so needed within humanitarian work.

The perspective and critical reflections provided by this book should be presented to and discussed with field workers before they start their activities and during the duration of their programmes and projects, i.e. when they have gained some personal experience and are able to articulate questions and dilemmas. The ethnographic perspective on humanitarian aid might also be included in university and other curricula.

The question that arises is, how present is it in the reality of humanitarian work? Certainly much more than in the past. Although working currently in mental health protection for and with refugees from the Middle East, I face an astonishing lack of knowledge and sensitivity concerning cultural and contextual issues. An ethnographic perspective is most obvious in the field of mental health humanitarian activities, but it is as important, although less recognised, at the level of humanitarian somatic medicine.

I recommend the book first of all to policy and decision makers in the field of medical humanitarian assistance, to designers of project proposals, and to those who train, supervise and monitor the activities of all kind

of field workers: both *'imported'* field workers and local field workers. I would like to particularly stress the importance of raising the awareness of local players within the humanitarian aid process. They should be encouraged and empowered to protect local values and health goods on one side, motivated to erase existing harmful practices, and to integrate new methods to improve health protection. The productive synergy between local resources, values, strategies and imported knowledge and know-how are not yet sufficiently emphasised and enhanced in our work.

Peter Piot wrote in the foreword: 'The field of humanitarian health, as it takes a higher priority on the global agenda, needs such sensitive and expert study of the intersection of humanitarian medicine and global health interventions.' I would add that it needs no less the transfer of premises, reflections and challenges generated by a holistic approach into actions and activities in the field. There is still a lot of work to do in order to achieve a sufficient level of this transfer.

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