

## Humanitarianism as a Politics of Life

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*Finally, this idea of man's sacredness gives grounds for reflection that what is here pronounced sacred was, according to ancient mythical thought, the marked bearer of guilt: life itself.*

— Walter Benjamin, "Critique of Violence"

On March 28, 2003, as on the last Friday of every month, the board of administrators of Médecins sans frontières (MSF; Doctors without Borders) met between five and eleven o'clock in the organization's head office on the first floor of a building in the eleventh arrondissement of Paris. On that particular evening a peculiar atmosphere of expectation and excitement reigned. There was of course the customary rapid overview of the situation in a number of "missions" in various parts of the world where the organization intervenes, followed by a more in-depth examination, with discussion of various specific topics concerning the running of the association and its humanitarian activities. The construction of the "international movement" was also raised: it referred to the network of sections in twenty countries, of which six are actually in a position to conduct operations, and which strives to ensure a coherence of identity and policy in the work of each national body beyond the details of local history and culture. The DNDi (Drugs for Neglected Diseases Initiative) program was another issue addressed: this is an original project that the organization had instigated two years earlier in order to establish, in international collaboration with private charitable foundations and public partners, a program of research and development similar

to that of the pharmaceutical industry but dedicated to treatments deemed unprofitable because of the poverty of the Third World patients who need them.

The meeting of the board of administrators is open to the public. All members of the association have the right to participate, as do the employees who carry out the organization's bureaucratic and technical functions. In general, attendance gradually thins out as the evening wears on. But that evening many stayed, waiting for the last item on the agenda. The subject was the state of operations in Iraq. Eight days earlier, American and British troops had begun their bombardment of the country, ending the long run-up to a war that had been declared in a climate of growing international tension and division. MSF has a complex history with the Iraqi state, having refused to intervene during the period of the embargo so as not to succumb to what it considered to be the manipulation of international humanitarian sentiment by the criminal Baathist regime: bringing aid to the Iraqi population would have meant comforting Saddam Hussein's power. Nevertheless, the organization had recently changed its position and had started negotiating its presence with the Iraqi Ministry of Health, as the prospect of war was getting more and more obvious: a medical team of six was therefore present in Baghdad and, after long and difficult discussions in its executive committee, MSF had decided to stay.

The debate was now taking place publicly within the board of administrators. Should the medical team remain in Baghdad, given the danger it would face both from the cornered military of the Iraqi regime and from the predictable rain of American bombs, on the one hand, and given the likely limited efficacy of its presence, since the team was so small compared with the extensive health-care facilities and professionals available in Baghdad, on the other hand? Should the lives of aid workers be risked to save other lives among local populations? The discussion that arose around the presence of these members in Iraq was by all accounts the most intense debate the association has seen in the past few years. However, it avoided the most painful truth—the radical inequality that underlies this transaction in human lives.

I take this scene as a starting point for raising the question of humanitarian action as it constitutes one of the paradigmatic forms of a politics of life, by introducing this dialectic between lives to be saved and lives to be risked. What I call “politics of life” here are politics that give specific value and meaning to human life. They differ analytically from Foucauldian biopolitics, defined as “the regulation of population,” in that they relate not to the technologies of power and the way populations are governed but to the evaluation of human beings and the meaning

of their existence.<sup>1</sup> Humanitarian intervention is a biopolitics insofar as it sets up and manages refugee camps, establishes protected corridors in order to gain access to war casualties, develops statistical tools to measure malnutrition, and makes use of communication media to bear witness to injustice in the world. But humanitarian intervention is also a politics of life, as I suggest to phrase it, in that it takes as its object the saving of individuals, which presupposes not only risking others but also making a selection of which existences it is possible or legitimate to save (e.g., by selecting AIDS patients to be given antiretroviral drugs for lack of resources, or deciding whether to provide assistance to people who have participated in massacres). And humanitarian intervention is also a politics of life in that it takes as its object the defense of causes, which presupposes not only leaving other causes aside but also producing public representations of the human beings to be defended (e.g., by showing them as victims rather than combatants and by displaying their condition in terms of suffering rather than the geopolitical situation). What sort of life is implicitly or explicitly taken into account in the political work of humanitarian intervention? This is the question that interests me.

In the first part, I differentiate lives to be saved and lives to be risked as a fundamental distinction between the mere physical and the fundamentally political dimensions of life, that based on the possibility of the subject to decide about it. This is what underlies the debate in MSF on whether or not to stay in Baghdad. In the second part, I discuss saving and risking the lives of others as a basic opposition between humanitarian and military politics of intervention in a supposedly clear separation of victims and enemies. This is what is meant by MSF team members who expose their own lives and the soldiers who expose the civil populations' lives. In the third part, I blur these lines by introducing a series of concrete situations unveiling more complex realities of the politics of life, revealing the aporia of risk taking, discriminating expatriates and nationals, and displacing lines from biological to biographical existences. This is what is implied by the final failure of MSF's mission in Baghdad with the abduction of its members and the departure from Iraq. The three configurations have a common moral background in which the sacred, as Walter Benjamin puts it, resides no longer in man

1. On the distinction between politics of life and biopolitics, see Didier Fassin, "La biopolitique n'est pas une politique de la vie" ("Biopolitics Is Not a Politics of Life"), *Sociologies et sociétés* 38 (2006): 35–48. For Michel Foucault, biopolitics correspond to the technologies defining, studying, counting, controlling, and, more generally, "normalizing" populations. See Michel Foucault, *The History of Sexuality: An Introduction* (New York: Vintage Books, 1990).

as master of his existence but in “life itself.”<sup>2</sup> However, the series of distinctions implied by the differentiation of lives on the battlefield indicates radical inequalities in the human condition.

To display these humanitarian politics of life I have thus chosen a classical dramaturgy with its unity of place, time, and action, because the social drama of the decision to stay seemed to me so emblematic of the tensions and contradictions within these politics. But there is another reason for me to concentrate on this episode: my personal implication in it, as I further discuss. In fact, I do not intend to present a detached examination, “to unveil and denounce truths and violations,”<sup>3</sup> but rather aim to enter, as it were, into the heart of humanitarian activity, to analyze the consequences of choices made and practices implemented—in short, to follow humanitarianism to its logical conclusion. I do it here on the basis of my experience and research primarily with MSF: experience as a member of the board of administrators for four years and research through a series of interviews with its personnel in Paris. The choice of studying this sole organization and moreover this specific event may seem to limit the scope, whereas humanitarianism increasingly appears as a language for states and international agencies as well. But although MSF is a unique organization, to which the award of the Nobel Peace Prize in 1999 nevertheless offered a certain exemplary value, I believe that the lessons from this case study can be applied much more widely, throwing light beyond the work of this particular organization onto the profound meaning and aporia of humanitarian politics of life.

### Where It Hurts

During the months preceding the American invasion of Iraq, MSF, like many other aid organizations, undertook exploratory missions in Iraq and neighboring countries with the aim of predicting the consequences of military intervention, in terms both of injured and sick within Iraq and of refugees outside the country.<sup>4</sup> In particular, delicate negotiations were conducted with the Iraqi Ministry of Health

2. See Walter Benjamin, “Critique of Violence,” in *Selected Writings*, vol. 1, 1913–1926 (1921; repr., Cambridge, Mass.: Harvard University Press, Belknap, 1996).

3. As formulated by Peter Redfield, “Doctors, Borders, and Life in Crisis,” *Current Anthropology* 20 (2005): 328–61. Redfield’s aim is rather to consider humanitarianism as “an array of particular embodied, situated practices emanating from the humanitarian desire to alleviate suffering of others” (330). I, however, think that critical thinking can and must emerge from within the analysis of these practices and this desire.

4. See, for instance, “Reflections on the U.S. Military’s Provision of Assistance during and Immediately after Conflict with Iraq” (draft internal paper, MSF, February 18, 2003).

and the Red Crescent in order to establish an official framework for the mission, so as to obtain the necessary residence permits and ensure independent operation. A memo of March 11, 2003, makes reference to two proposals that were agreed on by both sides, that is, the Iraqi regime and MSF: providing medical assistance in a hospital in the south of Baghdad and taking responsibility for the care of a potential 20 million displaced people. But in the days following the signing of that agreement, the Iraqi authorities proved unwilling to keep their side of the bargain, forbidding the volunteers from entering hospitals to evaluate the health situation, on pain of expulsion: in this tense context, the humanitarian newcomers seemed suspect allies.

On March 18, George Bush issued a solemn appeal to Saddam Hussein, calling on him to leave Iraq within forty-eight hours. As the last flights evacuating expatriate staff of international and nongovernmental organizations were leaving Baghdad, and with three hundred of their members stationed in the country awaiting the strike from the Western armies, six members of MSF—including a surgeon, an anaesthesiologist, and a medical doctor—decided to stay despite the evident danger of the coming situation. They included one of MSF’s most public figures, the president of the international movement. Other organizations made the same choice; in addition to the International Committee of the Red Cross, *Première Urgence* and *Caritas* maintained a skeleton presence. On March 20 the Americans and British launched their attack and the bombardment of the Iraqi capital began. Intense and intermittent, it lasted several days, during which the MSF team in Baghdad had very little chance of leaving its hotel. Several bombs fell nearby, a brutal reminder of how close the danger was. However, team members knew that the hospital where they had begun to work had received only a handful of patients with minor injuries, for which they supplied some surgical equipment. “At the moment the team feels that it is not very useful, but it is preparing for what may come,” the desk officer in Paris commented.<sup>5</sup>

This period of looming danger and uncertainty formed the context for what the minutes of the administration board of March 28 call a “debate on the controversial decision to install a team in Baghdad.”<sup>6</sup> There was lively discussion around the issue of the team’s safety, as there had been a few days earlier, at the meeting of the executive committee that made the decision to stay in Iraq

5. From the minutes of the meeting of the administration board of the MSF, March 28, 2003 (hereafter cited as MSF minutes). These sessions are always recorded and afterward transcribed and summarized.

6. MSF minutes.

despite the imminence of the American intervention. Conflicting opinions were expressed and deep divisions emerged around whether it was justified to maintain a humanitarian presence in this context: the issues raised concerned both the evaluation of the danger and the anticipated efficacy of the team. As the president of the organization, who was himself in favor of the team's staying, remarked, the stake is the same in every situation involving humanitarian intervention: for those who are in the locality, once the conflict is under way, "there is no guaranteed emergency exit," and this was a question of "the occupational hazards of our profession." Staying in a country at war, he suggested, always has a cost, if not in actual human losses, then at least in terms of the possibility of casualties. Nevertheless, he concluded that "the level of risk we run in Baghdad does not seem any greater than in other places where we operate" and that "we have many teams in danger zones."<sup>7</sup> In the debate the issue of security was, however, overshadowed by another: what reasons were there for the team to remain? If the risks were high, what justified taking them? What use was a team on the spot, within the confined and endangered space where it found itself? It was the question of the usefulness of the mission that generated the most heated exchanges, but arguments on this point were quite contradictory.

Some believed, in effect, that wherever in the world MSF volunteers expose themselves to objective danger they do it to bring "real, concrete assistance," as one desk officer put it. In the case of Iraq, then, the potential contribution of a team of three health professionals was obviously modest compared with the hundreds of doctors, surgeons, and anaesthesiologists working in the thirty-five hospitals in Baghdad, or even, within the specific context of the team's intervention, compared with the sixty doctors, surgeons, and anaesthesiologists, with seventeen operating theaters, in the sole hospital where MSF workers aimed to offer their assistance. Nevertheless, efficacy was the officially accepted justification for the decision to stay. According to the organization's president, "The reason we have representatives in Baghdad is so that they can provide assistance. That is the criterion on which we based our decision." He was echoed by the executive director: "We had no visibility, but we were aware that spaces could open if we were there." Some were not completely convinced by these responses, particularly given the small number of staff—six people, with only two possibly active in the operating room—relative to the Iraqi casualties that everyone anticipated. The vice president mused: "I have no view on whether it was right or not for the team to remain, but I nevertheless wonder why they decided to stay. It must be for

7. MSF minutes.

some other reason than saving lives; it's not for their efficacy in terms of number of lives saved. I think we are not following the analysis through fully." One of the organization's founding members offered his own interpretation on this point: "It is part of our charter to be present in war zones — although we know that war surgery is inefficient because it saves only 10 percent more people than if there were no intervention. The question therefore is, to be there or not? If MSF was not there, I would ask why." An administrator retorted: "That's the whole point: the constant dialogue between the principles in our charter and genuine efficacy. Some people put more emphasis on the principles, some on efficacy; you often find that in teams." But the president insisted: "We send people when we think we can provide concrete assistance, not just in the name of an ideal! That should be really clear, unambiguous."<sup>8</sup> Finally, as the atmosphere of the discussion became increasingly tense, a young member of the *Fondation Médecins sans frontières*, the intellectual branch of the organization, attempted a synthesis between the logics of efficacy and principles: "It seems to me," he said, "that what *Médecins sans frontières* represents is an ethics in action; it's impossible to dissociate the two, and we are always aware of the limits of our activity. What is part of our principles is that each life saved counts, and that some actions save lives. I think that in Baghdad that space will be there very soon."<sup>9</sup> His analysis might have been correct, but unfortunately not his prediction: actually, events were to prove him wrong.

Four days after this meeting at MSF's Paris office, two members of the team that had remained in Baghdad were abducted. For over a week there was no news of them; the organization refrained from describing them as hostages or releasing their names, in order to avoid any additional risk. Anxiety mounted as Western troops approached. Conditions in the capital grew increasingly unsafe, and finally the hospital where the team had hoped to provide assistance was looted, leaving the four volunteers who were still free with no work. The desk officer for Iraq in Paris deplored the absurdity of the situation in a memo dated April 10: "*Médecins sans frontières* has had to suspend its activities at the very moment when Baghdad's hospitals are overrun with casualties."<sup>10</sup> After being held for nine days, the two members of the association were finally freed. They revealed that they had

8. MSF minutes. Subsequently, however, in a retrospective evaluation of his organization's activity during this period, Jean-Hervé Bradol, president of MSF, was to comment: "On the whole, Iraq has been a small emergency for us" (Bradol's internal report: MSF, "Rapport moral 2003").

9. MSF minutes.

10. MSF, *Messages: Journal interne de Médecins sans frontières*, no. 124 (May 2003): 2.

been taken by agents of the Iraqi intelligence service. Seventy-two hours later U.S. and British troops arrived in the center of Baghdad. For the team on the spot, which was now able to reach its hospital and get to work there, it seemed that the time had finally come when it could provide real assistance to the victims of the war. Moreover, aid was flooding in, especially from humanitarian organizations that had accumulated staff and equipment on the other side of the border in the expectation of refugees who never arrived, since the anticipated massive population movements had not occurred.

However, two weeks later, on April 28, the decision was made to interrupt the mission. The team was thus leaving Iraq before it had even started its aid operation. Having come to render assistance to “populations in danger,” at a time when many had decided to leave a country deemed much too risky, MSF was therefore getting out of the country without having been able to intervene, just when most others, including the Belgian and Dutch sections of the association, were choosing to return or to stay. The team left a little disillusioned, not without criticism of the latecomers among humanitarian organizations who, it claimed, had been too ready to exaggerate the seriousness of the situation in order to sensitize their donors. “Desperately seeking humanitarian crisis,” one former president of the association and the desk officer commented ironically, in a text published a few months later.<sup>11</sup> “No humanitarian crisis in Iraq,” declared the current president in a French daily newspaper.<sup>12</sup> In order to justify its surprising decision, MSF had to explain that its presence was henceforth unnecessary. At the end of this operation, although it conformed to both the spirit and the letter of the organization’s charter, according to which members “bring aid to populations in distress” and “assess the risks and dangers of missions they carry out,” MSF had certainly not shown the efficacy that had been the directors’ justification for maintaining a team in Iraq, notably failing to “save lives” as they had hoped.<sup>13</sup> But what merits attention

11. Rony Brauman and Pierre Salignon, “Irak: La posture du missionnaire” (“Iraq: The Missionary Position”), in *A l’ombre des guerres justes (In the Shadow of Just Wars)*, ed. Fabrice Weissman (Paris: Flammarion, 2003), 287.

12. References are taken from Brauman and Salignon, “Irak: La posture du missionnaire,” 275–91; and from an interview with Bradol in *Le Figaro* on March 24, 2004. These comments may be contrasted with the analysis of the postwar situation by Médecins du monde (Doctors of the World), in “L’Irak en plein chaos” (“Iraq in Full Chaos”), *Médecins du monde: Le journal destiné aux donateurs* (September 2003): “Despite the end of the military conflict, Iraq finds itself in an alarming situation. The consequences of war are numerous: insecurity, shortages, risk of epidemics, technological backwardness. The international network of Médecins du monde has massively responded to the Iraqi emergency” (2).

13. MSF, “La charte de Médecins sans frontières” (“Charter of Médecins sans frontières”), [www.paris.msf.org/site/site.nsf/pages/charte](http://www.paris.msf.org/site/site.nsf/pages/charte) (accessed June 14, 2007).

here, more than this failure, which was after all easily understood in the uncertain context of the war, is the strength of emotions aroused by this mission among the executive committee and the board of administrators.<sup>14</sup>

If one starts from the hypothesis that crisis in an institution arises when a situation touches directly on its core issues, then one needs to examine what underlies the conflict around the decision to stay in Iraq. The discussion among the board of administrators may be seen, in Weberian terms, as a confrontation between an ethics of conviction, represented by adherence to principles (to assist populations) regardless of the cost (to endanger aid workers), and an ethics of responsibility, identified with careful assessment of risk (if staying) in relation to the anticipated efficacy (by saving lives). The clash of ethics seems to be resolved in the final formulation of an “ethics in action” differentiating two constructions of life: the life that is saved, that of the victims, and the life that is risked, that of those intervening. Physically, there is no difference between them; philosophically, they are worlds apart. They illustrate the dualism that Giorgio Agamben derives from Aristotle’s *Politics*, between the bare life that is to be assisted and the political life that is freely risked, between the *zoe* of “populations” who can only passively await the bombs and the aid workers and the *bios* of the “citizens of the world,” the humanitarians who come to render them assistance.<sup>15</sup> Recognizing the inequality between these lives at the level of their meaning—even more than in terms of the threats they objectively face—is not to question either the justification for a specific humanitarian action undertaken in the name of the victims’ rights or the good faith of individual humanitarian actors who defend those rights; it is rather to attempt to understand the anthropological configuration in which the two are located. Humanitarian workers have the freedom to sacrifice themselves for a good cause, whereas the Iraqi population shares the condition of those who can be sacrificed in a dirty war. In contemporary society this inequality is perhaps both the most ethically intolerable, in that it concerns the meaning of life itself, and the most morally tolerated, since it forms the basis for the principle of altruism.<sup>16</sup> And it is this truth that humanitarianism reveals.

14. The assessment of failure comes from the desk officer in charge of the program, Pierre Salignon, in an interview in *Le Monde* on May 8, 2003: “For those who have tried to achieve an independent humanitarian action, difficulties have been overwhelming and, in the end, we have failed.”

15. See Giorgio Agamben, *Homo sacer: Le pouvoir souverain et la vie nue*, trans. Marilène Raiola (Paris: Seuil, 1997); published in English as *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roazen (Stanford, Calif.: Stanford University Press, 1998).

16. See Didier Fassin, “L’ordre moral du monde: Essai d’anthropologie de l’intolérable” (“The Moral Order of the World: Toward an Anthropology of the Intolerables”), in *Les constructions de*

The scene I describe above therefore has a general relevance. For me it also has a more personal resonance. As vice president of MSF at the time, I was one of the principal actors involved. And no doubt it holds a truth for me, too, since it was the last board of administrators meeting I attended. To understand the issues related to this tense discussion, one has to be reminded that in the humanitarian ethics the potential sacrifice of one's life reasserts the sacredness of others' lives, which is precisely denied by the military necessities. This is what I now explore.

### Sacred Lives, Sacrificed Lives

Humanitarian intervention has become an important mode and even a dominant frame of reference for Western political intervention in global scenes of misfortune, both in cases of armed conflict and natural disasters and around their more or less direct consequences in the form of epidemics, famine, physical injury, and emotional trauma. No war is now without its humanitarian corridors and its humanitarian workers. And no Western military intervention into another country is now without its justification on humanitarian grounds.<sup>17</sup> Previously the province of nongovernmental organizations like the Red Cross, MSF, and many others in their wake and intergovernmental bodies, notably the United Nations High Commission for Refugees, humanitarian intervention has become a policy of nation-states, whether because governments are developing their own activity in the field (France, for example, has had several ministers for humanitarian aid) or because they delegate it to paragovernmental agencies (such as the Oxford Committee for Famine Relief [Oxfam] in the United Kingdom). Whatever form it takes, what appears to be emerging is a humanitarian government at both the global and the local level, in the camps for displaced persons there and in the social services for illegal immigrants and asylum seekers here.<sup>18</sup> This is a government that defines itself through the introduction of morality into politics, in a so-called New World Order that appears to have succeeded the Realpolitik of the Cold War.

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*l'intolérable* (*The Construction of the Intolerable*), ed. Didier Fassin and Patrice Bourdelais (Paris: La Découverte, 2005), 17–50.

17. Note the evolution from Michael Pugh, "Military Intervention and Humanitarian Action: Trends and Issues," *Disasters* 22 (1998): 339–51 (on the war in Bosnia), to Susan Woodward, "Humanitarian War: A New Consensus," *Disasters* 25 (2001): 331–44 (on the bombing of Kosovo).

18. On the notion of humanitarian government, see Didier Fassin, "Humanitarianism, a Non-governmental Government," in *Non-governmental Politics*, ed. Michel Feher (New York: Zone Books, 2007), 149–59.

A common interpretation of this new situation tends to distinguish and to contrast politics and humanitarianism, declaring that the latter is gradually replacing the former or even announcing the advent of humanitarianism and the end of politics. “Humanitarianism is not a political issue and it should remain separate from political maneuvering,” asserts Rony Brauman, a former president of MSF. Pointing to the renaissance of nongovernmental humanitarianism during the 1970s and 1980s, at a time when communism’s star was waning, he even sees in this new configuration a sort of historical fluid mechanics based on the principle of the communicating vessels: “It is as if, during these periods when the ideological tide is going out, humanitarian action comes to occupy the space left vacant by politics.”<sup>19</sup> Agamben offers a more radical version of this thesis, suggesting that “the separation of politics and humanitarianism that we are witnessing today represents the last phase of the separation of human rights from civil right.” For the Italian philosopher, the image of the refugee becomes “the most significant sign of bare life in our era,” and he sees the refugee camp as the “biopolitical paradigm.” This being the case, humanitarianism, insofar as it distances itself from the figure of the nation-state, abandons the political field.<sup>20</sup> However, I believe that the contemporary world does not become more intelligible viewed in these terms, and one may doubt whether there exists, in one’s own society or in any society, a space empty of politics or even a space outside politics—all the more given that these interpretations relegate the dominated and the excluded to this depoliticized space, leaving the political space to the dominant and the included. They are thus doubly problematic—first empirically, for all investigations show that on the contrary, forms of political life continue to arise even in the camps, and second ethically, since this reading appears to reinforce the domination and exclusion by denying the possibility of a political life to those who are subjected to them in practice.<sup>21</sup> Other avenues therefore need to be explored.

In fact everything suggests that rather than become separate, humanitarianism and politics are tending to merge—in governmental, intergovernmental, and nongovernmental spheres. In France at least three former presidents or vice presidents of MSF have become ministers; some have been elected to political office, others have entered the civil service at high levels—not only in the traditional

19. See Rony Brauman, *L’action humanitaire (Humanitarian Action)* (Paris: Flammarion, 2000), 61. He recognizes, however, that “humanitarianism cannot be considered apolitical” (61).

20. See Agamben, *Homo sacer: Le pouvoir souverain et la vie nue*, 145.

21. See Liisa Malkki, *Purity and Exile: Violence, Memory, and National Cosmology among Hutu Refugees in Tanzania* (Chicago: Chicago University Press, 1995); and Michel Agier, *Aux bords du monde, les réfugiés (Refugees at the Margins of the World)* (Paris: Flammarion, 2002).

aid sector, but also in health and social welfare. Conversely, former ministers of social affairs or of health have become presidents of Action contre la faim (Action Against Hunger) and the French Red Cross. Thus one is seeing a humanitarianization of national health and social policy and a politicization of humanitarian organizations. At the international level the process is even more marked, and one sees how, particularly since the Rwandan genocide, with the French army's belated Operation Turquoise, Western military action in arenas of disaster or conflict is conducted under the banner of humanitarianism, and increasingly insistent attempts are made to bring nongovernmental organizations on board.<sup>22</sup> When they intervened in Kosovo and Iraq, the governments allied to the North Atlantic Treaty Organization (NATO) and to the United States, respectively, spoke of the humanitarian imperative, thus confirming that the legitimacy of interventions was being displaced from the legal sphere (since they did not have the support of the United Nations) to the moral sphere (the defense of human rights and even, more restrictively and more specifically, the humanitarian right). Thus one can speak both of the humanitarianization of international crisis management and of the politicization of the nongovernmental humanitarian field. Rather than a dissociation, what one is actually seeing is increasingly a merging of politics and humanitarianism.

But what sort of humanitarian politics is being promoted? Bradol, president of MSF since June 2000, is probably the organization representative who expresses with the greatest force the founding ethic of humanitarian intervention — saving lives.<sup>23</sup> “By resisting the elimination of a particular sector of humanity, humanitarianism can create a way of life based on the satisfaction of offering unconditionally, to a person in danger of dying, the aid which enables him to survive,” he writes. “It is on this condition that victories — always by definition provisional and partial — over this politics of the worst are possible.” His moral geography of the world draws two opposing continents: that of the “established political powers” whose “role is to decide on human sacrifice, to divide the governed into

22. See the testimony of Bernard Granjon, then in charge of Médecins du monde's mission in Rwanda, about his discussion with François Mitterrand, “Quatre-vingt minutes avec François Mitterrand” (“Eighty Minutes with François Mitterrand”), in “Le génocide des Tutsis du Rwanda: Une abjection pour l'humanité, un échec pour les humanitaires” (“The Tutsi Genocide in Rwanda: Abjection for Humanity, Failure for Humanitarianism”), special issue, *Humanitaire: Enjeux, pratiques, débats*, no. 10 (2004): 37–42.

23. See Jean-Hervé Bradol, “L'ordre international cannibale et l'action humanitaire” (“The Sacrificial International Order and Humanitarian Action”), in Weissman, *A l'ombre des guerres justes*, 32.

those who must live and those who may die,” and that of the “humanitarian project,” which has “taken the arbitrary and radical stand of attempting to aid those sacrificed by society.” The former relates to the “cannibal ideal” since “building the international order always requires its quota of victims.” The latter derives from a “subversive dimension” since “humanitarian aid is offered as a priority to those whose need to live is threatened by the indifference or the overt hostility of others.” Thus this binary world opposes a politics of death, that of the criminal states, to a politics of life, that of the humanitarian agents.<sup>24</sup> Politics is defined in moral terms: it consists of a new war of an axis of good against an axis of evil. By an astonishing paradox, at the very moment when some countries are throwing themselves into a moral crusade against their demonized enemies and appropriating the vocabulary and symbolism of humanitarianism, nongovernmental organizations are distancing themselves while nevertheless casting their discourse in the same rhetorical mold. This remarkable mimetism—which operates in both directions—should nevertheless not lead one into a form of relativism that would set warmongers and humanitarians on the same level. The fact that the rhetoric is reproduced does not mean that the politics are equivalent. While it may be fallacious to reduce the war makers to a consistently barbaric “necropolitics” and humanitarians to a purely altruistic “biopolitics,” it is much more interesting to compare them in terms of the politics of life they effectively engender.<sup>25</sup>

The humanitarian politics of life is based on an entrenched standpoint in favor of the “side of the victims.”<sup>26</sup> The world order, it supposes, is made up of the powerful and the weak. Humanitarian action takes place in the space between the two, being deployed among the weak as it denounces the powerful. It therefore relates to only one part of humanity—the one on the wrong side of life. It intervenes “in places where life is not worth a dollar.”<sup>27</sup> It is aimed at those who are considered at risk of physical disappearance and incapable of maintaining their own existence. Admittedly, not all “survival” situations, as the humanitarian

24. This dichotomy is of course destabilized when military and humanitarian agents become one, as described by Sherene Razack, *Dark Threats and White Knights: The Somalia Affair: Peacekeeping and the New Imperialism* (Toronto: University of Toronto Press, 2004).

25. “Necropolitics” is a concept proposed by Achille Mbembe as a corollary to Foucault’s biopolitics; see Achille Mbembe, “Necropolitics,” *Public Culture* 15 (2003): 11–40.

26. See Jean-Hervé Bradol, “Le camp des victimes” (“The Side of the Victims”) in “1971–2001: 30 ans d’action humanitaire” (“1971–2001: Thirty Years of Humanitarian Action”), special issue, *Infos Médecins sans frontières* 89 (2001): 2.

27. See Laurence Hugues, “Liberia, là où la vie ne vaut pas une guinée” (“Liberia: Where Life Is Not Worth a Guinea”), *Messages: Journal interne de Médecins sans frontières*, no. 124 (2003): 3–4.

agents readily term them, are so dramatic; nor do they involve the same risks to life, but the scene is very much that of life under threat. The lives in question are those of refugees and displaced persons in camps (over there), and the homeless and asylum seekers at accommodation centers (over here), and it is largely the same organizations—like MSF and Médecins du monde—that look after them in an effort to challenge the boundaries between poor and rich countries, preferring to acknowledge the existence of “victims” in both.

This process essentializes the victims: against the thickness of biographies and the complexity of history, it draws a figure to which humanitarian aid is directed.<sup>28</sup> This construction is certainly necessary to justify humanitarianism, and it is also sufficient to it in that it has no need for the point of view of the persons in question. Moreover, in the configuration thus defined, these persons often willingly submit to the category assigned to them: they understand the logic of this construction, and they anticipate its potential benefits. The ontological principle of inequality finds its concrete manifestation in the act of assistance through which individuals identified as victims are established. They are those for whom the gift cannot imply a counter-gift, since it is assumed that they can only receive. They are the indebted of the world. In the system of Christian values that not only forms part of the history of the humanitarian movement but also still informs the thinking of some of its members, there is no greater gift than that of one’s own life. It is easy then to understand to what extent MSF’s decision to go to Iraq plays on this ontology of inequality, by distinguishing those whose life is passively exposed, because they are at the mercy of the bombs, and those whose life can be freely sacrificed, because they have decided to stay.

This courageous decision—all the more courageous given that it was, as could be predicted from the moment it was made, of hardly any use—should moreover be understood from the point of view of the armed forces that intervene in present-day conflicts. In this respect, the ethical norms of the Western military establishment, clearly influenced by the general evolution of the value attached to human life, underwent a profound change over the course of the twentieth century: from the carnage of the World War I battlefields, the move was to a maximum avoidance of military losses among Western troops after the collective traumas of the Algerian war, for France, and above all of the Vietnam war, for the United States.

The corollary of the “zero death” doctrine, however, is the rhetoric of “col-

28. On the process of constructing victims, see Didier Fassin, “La cause des victimes” (“The Cause of the Victims”), *Les temps modernes*, no. 627 (2004): 73–91.

lateral damage.” Reducing the risks on one’s own side implies increasing them on the enemy’s side, including—in conflicts officially launched to “liberate” or “protect” populations—among civilians. When NATO intervened in Kosovo in 1999, not only did the strategic choice of an aerial operation make it possible to limit losses among the Allied forces, at the expense of the human casualties that a bombardment inevitably involves, but the tactical decision to have the planes fly at a high altitude in order to make them inaccessible to Serb weapons also necessarily brought with it a reduced level of ballistic precision: more than five hundred civilians were killed, but not one pilot.<sup>29</sup> When the United States invaded Iraq in 2003, in addition to the fact that there too the massive bombardment that had preceded and prepared the invasion had generated large numbers of casualties, including many civilians, the subsequent measures to ensure the security of American and British troops resulted in widespread preventive use of firearms, again in order to reduce the risk of soldiers being killed themselves. A year after military operations began, the army of occupation had suffered about a hundred deaths, compared to the one hundred thousand estimated by a British epidemiological investigation among the Iraqi population.<sup>30</sup> In both cases, the marked difference between the number of deaths on the two sides of the intervention offers an a posteriori measure of the implicit politics of an a priori differential evaluation of human beings: in Kosovo, sacrificing the life of several hundred is the condition of preserving the life of one individual; in Iraq, the life of one Western soldier is worth one thousand times the life of the inhabitants of a country in which the soldiers are intervening to “liberate” or “protect” them. One could however consider it moral progress that such a calculation is even possible: at the time of the first Gulf War, estimates of Iraqi deaths varied from a few thousand to several hundred thousand, but no attempt was made to count them either by the Allied troops or by the defeated regime. When no one counts deaths, it means that lives barely count.

In these conditions, the spectacular and controversial gesture of MSF members who decided to stay in Baghdad when the bombardment was about to begin issues a challenge to this politics of lives that do not count. By exposing themselves to danger, they opened up the question of the equality of lives in a concrete, immedi-

29. See the analysis proposed by Michael Ignatieff, “The New American Way of War,” *New York Review of Books* 47, no. 12 (2000).

30. See the estimate suggested in Les Roberts, Riyadh Lafta, Richard Garfield, Jamal Khudhairi, and Gilbert Burnham, “Mortality before and after the 2003 Invasion of Iraq: Cluster Sample Survey,” *Lancet* 364 (2004): 1857–64.

ate way: all lives become equal again, as vulnerable for Iraqis as for the humanitarian agents who are assisting them. The sacrifice to which they consented (risking being killed) shifted the radical inequality between the sacred life on one side (Western soldiers) and the sacrificed life on the other side (local civilians). By this heroic act long debated and weighed, the humanitarian politics of life offers a striking counterpoint to the military politics of life. At least it appears to.

### Lives Valued, Lives Told

In effect this equality does not long withstand the test of the facts. The hostage taking during the first days of the U.S. intervention brought the humanitarian ideal back to harsh reality. The abduction of two team members paralyzed not only their four colleagues but also the entire organization, which initially halted all activity and then resolved to withdraw the mission.<sup>31</sup> On the Iraqi side, no life was saved; not one injured person was treated. Above all, it became clear that the organization itself could not countenance risking lives: when the danger shifted from the hypothetical to the real, the intervention was suspended in order to avoid risk to the staff abducted, and when the two members were released by their abductors, at a time when other aid organizations were setting to work in the vast arena of a far from pacified country, the French section of MSF left Iraq, arguing that the health situation did not after all give cause for concern and that conditions of operation could in no way be considered secure. The trauma of the abduction effectively highlighted the contradictions inherent in a declared politics of risking lives that did not hold up in the face of real danger. The case of Iraq is exemplary. Each time a member of a humanitarian organization has been taken hostage in recent years, in Colombia or the Caucasus, the mission in question has been wholly diverted from its initial goals and has concentrated on a single aim—saving the abducted companion. Moreover the protagonists in conflicts are well aware of the Western world's sensitivity to hostage taking and in some regions of the world take cynical advantage of it, unconcerned about the difference between soldiers and aid workers, private security guards and foreign

31. In the organization's internal critical journal, significantly called *DazibAG* (no. 125 [2003]: 27), François Calas, the head of the MSF team in Iraq and one of those who had been abducted by the Iraqi police, publicly expressed his frustration as the organization left the country: "The decision taken by the French section to leave Baghdad seemed to me very precipitate and has been justified after the fact on fallacious grounds. Rather than qualifying the crisis, we disqualified it. Ironically, one could say that we've come full circle and because we failed to anticipate events, haste prevailed from beginning to end of our intervention."

journalists, and forcing states and nongovernmental organizations into protracted and difficult negotiations in which the value of the lives of those who have been abducted is assessed and translated into cash terms, often very specifically and precisely.<sup>32</sup> But even within this context, even among the members of humanitarian organizations, not all lives have the same value.

The most common distinction MSF makes in its missions (like all foreign organizations, whether involved in aid or development) is between “expatriates” and “nationals.” Expatriates who come almost exclusively from Western countries are volunteers of the organization. Nationals are local agents who are considered as mere paid employees. This distinction, which is seen as simply an operational matter, not only involves huge differences in salary (and also contractual terms, since many local agents are recruited for limited periods, sometimes paid by the day) and in rights (particularly in decision and voting processes) but also has consequences regarding social and political protection. On the one hand, in the case of serious illness the medical coverage for expatriates is equivalent to that of the French system, while for nationals there is usually limited or no health insurance. Even when MSF was involved in an ambitious international program to promote antiretroviral drugs, its own local agents suffering from AIDS, particularly in Africa, were not receiving treatment.<sup>33</sup> On the other hand, when violent disturbances arose, while expatriates were usually spared, nationals enjoyed no institutional immunity. One inquiry reveals that almost six of every ten deaths among aid workers over the past twenty years were of local agents, but this is certainly a substantial underestimate, particularly with regard to Rwanda, as many of the locally employed staff did not appear on aid organizations’ staff lists.<sup>34</sup> In

32. The financial conditions of Arjan Erkel’s release in Dagestan in 2004 have been publicly exposed, with the Dutch government claiming €1 million from the Swiss section of MSF to reimburse the ransom it paid to the kidnappers. See Philippe Ryfman, “Humanitarian Action on Trial,” *Messages: Journal interne de Médecins sans frontières*, no. 137 (2005): 16.

33. The decision to give free antiretroviral drugs to national staff was finally reached by the board of directors in 2003. Nevertheless, Bradol notes that during his field visits, local staff members “were not usually aware of this decision.” See MSF, “Rapport moral 2003.”

34. The epidemiological study is Mani Sheik, Maria Isabel Gutierrez, Paul Bolton, Paul Spiegel, Michel Thieren, and Gilbert Burnham, “Deaths among Humanitarian Workers,” *British Medical Journal* 321 (2000): 166–68. Between 1985 and 1998, 382 deaths were reported among staff of United Nations and nongovernmental bodies, of which almost a third occurred during the genocide in Rwanda. However, Bradol, who conducted a mission for MSF in 1994, comments: “If we asked humanitarian organizations for the list of their employees who died during the genocide, 90% would be unable to give it. And this gives an indication of what has or has not been done to help people when they really needed help.” See Bradol, “La commémoration amnésique des humanitaires” (“The

other words, even within these institutions — as in development and cooperative organizations, too — distinctions are set up between foreign staff, almost always Western and white, and local employees. These distinctions, in addition to the material advantages conferred on foreign staff, are augmented by much more serious disadvantages that for the local staff, concern their very survival, whether they are endangered by illness or war. The AIDS epidemic on the one hand, and the Rwandan genocide on the other, cruelly exposed the workings of this process of exclusive categorization. Thus, within the humanitarian arena itself hierarchies of humanity are passively established but rarely identified for what they are — politics of life that at moments of crisis, result in the formation of two groups, those whose status protects their sacred character and those whom the institutions may sacrifice against their will. The protagonists in conflict are well aware of this distinction when they abduct people. They know that only foreigners have market value. Their compatriots are usually executed, as was the case in August 2006 for seventeen Sri Lankan Action contre la faim humanitarian workers killed by military forces.

But the Iraq case unveils another truth. Until now, the hypothetical framework for analysis of humanitarianism has been that lives are saved by its intervention. This was of course the official reason given for maintaining a team in Baghdad. In actual fact the abduction, followed by the hasty withdrawal, meant that no Iraqi life was saved. This case is much less exceptional than has been suggested. Teams may arrive too late at disaster sites (where the civil security agents of large countries often arrive more quickly); they may not have the space to intervene with enough freedom and security (which the parties to conflict often refuse them); or local actors may take responsibility themselves for the injured and sick (when their health provision structures allow them to do so). This is where the second dimension of humanitarian action comes into play: providing assistance is of course important, but so is bearing witness.<sup>35</sup> Although testimony is an integral part of any humanitarian intervention, it takes on an even greater importance when the offer of assistance is late, impossible, or pointless — not only because it

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Amnesic Commemoration of Humanitarian Actors”), *Humanitaire: Enjeux, pratiques, débats*, no. 10 (2004): 12.

35. Historically, the emergence of the second age of humanitarianism, with the “French doctors” returning from the war in Biafra, was a reaction to the silence of the Red Cross, wedded to its principle of neutrality. Testimony in favor of the victims becomes, for MSF and even more for Médecins du monde, a key dimension of their action. See the six volumes of the series *Prises de parole publiques de MSF (Public Positions)*, ed. Laurence Binet (Paris: MSF, 2003–7), on Ethiopia 1984, El Salvador 1988, Rwanda 1994 and 1995, and refugees from Rwanda 1994–97.

becomes the main focus of intervention, but also because it is then the only justification that can be given for it, either by agents or by populations. In Chechnya, where it is considered dangerous for humanitarian organizations to be present because of the abductions and murders, as in Palestine, where it seems pointless given the medical and surgical treatment available through local structures, bearing witness is a crucial activity. In the first case it is based on remotely controlled structures (from Moscow, where a number of missions have been established); in the second it uses the resources of psychiatry and psychology (making it possible to document the reality of trauma caused by the conflict).<sup>36</sup> And humanitarian testimony takes a particular form. Since, as has been seen, the organizations place themselves “on the side of the victims,” provide assistance to them, and defend their cause, they produce one truth: that of the “victims.”

By becoming their spokespersons, humanitarian organizations introduce another distinction into the public arena—the distinction between those who are subjects (the witnesses who testify to the misfortunes of the world) and those who can exist only as objects (the unfortunate whose suffering is testified to in front of the world). Of course, the humanitarian agents who collect accounts or carry out inquiries to reveal the violence or injustice suffered by oppressed or displaced or bombed populations base their testimony partly on what the victims of this violence or these injustices say about them. Their third-person testimony is grounded on first-person testimonies. However, the requirements of defending causes and the logic of their intervention lead them to what might be termed a humanitarian reduction of the victim. On the one hand, all that is retained of people’s words is what contributes to a telling image in the public space: both the Chechen fighter and the Palestinian stone thrower become suffering beings who can only be described in terms of their physical injuries and psychological trauma. On the other hand, the individuals in question tend to conform to this portrait, knowing that it will have an impact on public opinion, and thus offer to the humanitarian agents the part of their experience that feeds the construction of them as human beings crushed by fate.

Of course, there is no single truth of their condition, and the narrative offered by victims to the exclusion of any other reality is just one of the possible truths through

36. On the testimony of MSF and Médecins du monde, compared with that of the local organizations Gaza Community Mental Health Programme (GCMHP) and Natal, the Israel Trauma Center for Victims of Terror and War, see Didier Fassin and Richard Rechtman, *L'empire du traumatisme: Enquête sur la condition de victime (The Empire of Trauma: Inquiry on the Condition of Victims)* (Paris: Flammarion, 2007), 281–319.

which their experience can be rendered intelligible, particularly given that by dint of being presented under this light of suffering, they end up perceiving themselves, too, at least in part, as victims. However, from the perspective of a politics of life and an ontology of inequality, the issue is not that the historical context and geopolitical dimensions of conflicts, the strategic games and contradictory interests, are erased by the representation of war situations given by those whose only interest is in the “insulted and humiliated,” to use Brauman’s formula. It is rather that if one believes that what distinguishes humans from other living beings is language and meaning and that what makes human life unique is therefore that it can be recounted, as Hannah Arendt asserts, then humanitarian testimony establishes two forms of humanity and two sorts of life in the public space: there are those who can tell stories and those whose stories can be told only by others.<sup>37</sup> With this new dividing line, life is no longer, as it was before, biological (the life that is risked or sacrificed); it is henceforth biographical (the life that is lived but that others narrate). More tenuous and less visible, it is nevertheless essential to what constitutes beings insofar as they are human. At the very time when humanitarian action is shifting from bare life to qualified life, from physical survival to social existence, a new inequality is insinuating itself into humanitarian politics of life.

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Humanitarian action by nongovernmental organizations, from the birth of the International Committee of the Red Cross to the emergence of the movement inaugurated by MSF, has historically been constructed in response to the inhumanity of war, a way of restoring the basic principles of humanity. Whether their origins are Christian, as among the charitable religious orders, or secular, with philanthropic societies, these principles have two aspects that refer back to the two senses of the word *humanity* itself. On the one hand, it is a concept that suggests that humanity, as a collective of human beings, is one and indivisible—a concept that, as one knows, is both recent and fragile. On the other hand, it is a sentiment that manifests an individual’s gesture of humanity toward fellow humans who are suffering or in danger—a sentiment that gives a concrete sense of belonging to the human species. This paradigm has been established in contrast to others that either imply distinctions among human beings (through the idea of race, for example) or promote indifference to distant others (particularly by whipping up nationalist sentiment).

37. On life as “a story with enough coherence to be told,” see Hannah Arendt, *The Human Condition* (Chicago: University of Chicago Press, 1958), 85.

In contemporary conflicts the soldiers who intervene, in the name of either their country or higher concerns (leaving aside the question of whether this often largely rhetorical distinction is genuine), do not in theory negate the idea and sentiment of humanity; however, their practice calls it into question. The discourse of their governments and their officers generally leads them to construct the enemy as a category of humanity sufficiently distant to be killed in large numbers and without compassion. The inhumanity of contemporary war resides no longer in carnage shared roughly equally between the opposing sides but, rather, in the unequal value accorded to lives on the battlefield: the sacred life of the Western armies of intervention, in which each life lost is counted and honored, versus the expendable life of not only the enemy troops but also their civilian populations, whose losses are only roughly numbered and whose corpses end up in mass graves. In the face of these politics of life, both inhuman and inhumane, humanitarian organizations call for a politics of life that could reestablish solidarity among human beings and give equal value to all lives.

But neither the actors involved nor their usual commentators are sufficiently aware of the triple problematic of the humanitarian politics of life. First, it distinguishes lives that may be risked (humanitarian agents) from lives that can only be sacrificed (the populations among whom they intervene): this is illustrated by the Iraqi case. Second, within the movement itself it separates lives into those with higher value (expatriate humanitarian workers) and those that are accorded only limited protection (national staff): this is what the abductions starkly reveal. Third, it establishes a distinction between lives that can be narrated in the first person (those who intervene) and lives that are recounted only in the third person (the voiceless in the name of whom intervention is done): testimony, operating as an autobiographical account for the former and the construction of a cause for the latter, reveals this split. Thus as one gets deeper into humanitarianism a series of dimensions of what may be called a complex ontology of inequality unfolds that differentiates in a hierarchical manner the values of human lives. What I have shown here in relation to MSF holds in general for all humanitarian organizations, whether nongovernmental or supranational, whatever their different orientations, when one considers their ethics not through theoretical principles but in practical operations.

By describing these problems as an *aporia*, I intend to demonstrate that these contradictions are both constitutive of the humanitarian project and effectively insurmountable within the value systems of Western societies, particularly when considering the tension that exists between the claimed sacredness of life (which is no more viable in the context of wartime violence than in conditions of struc-

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tural violence) and the expressed force of compassion (which makes it possible to maintain up to a certain point the thread of solidarity, even at the price of ontological inequality). Far from the ideological criticisms traditionally aimed at humanitarian organizations—which their agents in any case readily take up themselves—this critical perspective stresses the contradictions that exist in contemporary moral economies, well beyond the sphere of intervention of humanitarian organizations themselves, in what characterizes the political disorder of the world: the inequality of lives.

Translated by Rachel Gomme