

INEQUALITY OF LIVES,
HIERARCHIES OF HUMANITY 

Moral Commitments and Ethical Dilemmas of Humanitarianism

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Thus for the ordinary, everyday man, the value of life rests solely on the fact that he regards himself more highly than he does the world. The great lack of imagination from which he suffers means he is unable to feel his way into other beings and thus he participates as little as possible in their fortunes and sufferings. *He*, on the other hand, who really could participate in them would have to despair of the value of life; if he succeeded in encompassing and feeling within himself the total consciousness of mankind he would collapse with a curse on existence.

—FRIEDRICH NIETZSCHE, *Human, All Too Human*

HUMANITARIANISM has become a major component of contemporary government on the global and local scenes of affliction, whether in contexts of war, disasters, famines, epidemics, or poverty. Humanitarian agents are present on battlefields and in refugee camps, in the aftermath of earthquakes or floods, and in clinics for undocumented immigrants and homeless citizens. They treat the wounded and the sick, they develop food supplementation projects against malnutrition in African villages and risk-reduction programs for drug users in American inner cities, they negotiate international corridors to bring assistance to civilian populations

in the former Yugoslavia and national legislation in favor of universal access to health care in France. Humanitarian actions are conducted by non-governmental organizations (NGOs) bringing assistance to populations in distress, in the tradition invented by the Red Cross and reformulated by Doctors without Borders (*Médecins sans Frontières* [MSF]), but also more and more by states intervening with troops in other countries in the name of humanitarian rights or to prevent humanitarian crises, from Somalia to Kosovo (Fassin and Pandolfi 2009). They have long been considered as an exclusive prerogative of Western institutions and nations, but they are claimed also by Islamic organizations and states.

Beyond this extreme diversity of agents and actions, what is humanitarianism? It is both a moral discourse (based on responsibility toward victims) and a political resource (serving specific interests) to justify action considered to be in favor of others exposed to a vital danger, action taken in the name of a shared humanity. Its ambition is thus indivisible (it includes all human beings without distinction of race, class, religion, ideology), but its implementation is always situated (where others are thought to be in need of assistance). In this text I want to analyze the ultimate practical implications of these characteristics.

Two sets of concepts are in tension in this definition of humanitarianism. The first one involves a politics of life and an evaluation of humanity: What sort of life is implied for which human beings? The second one implies a practice of difference and an ideal of universality: Under which conditions may a different other be assisted through universal values? My main thesis is that the tensions between the ideal of universality (the abstract principle of treating everyone in the same way) and the practice of difference (the concrete confrontation to the distant other) are expressed—often invisibly—in terms of politics of life (the values and meanings attributed to lives) which is related to an implicit evaluation of humanity (the distinct worthiness of human beings). More precisely, humanitarianism is founded on an inequality of lives and hierarchies of humanity. This profound contradiction between the noble goals of humanitarian action (saving endangered others and alleviating suffering everywhere in an indiscriminate manner) and the concrete terms under which humanitarian agents have to operate (producing inequalities and hierarchies) is not the result of dysfunction of the humanitarian organizations or misbehavior of their agents: it is an *aporia* of humanitarian governmentality (Fassin 2007a). This is probably the most painful reality many humanitarian agents experience in their work.

The critique I am trying to develop here is not from above, as have been many ideological attacks on humanitarianism: it comes from its very heart. By this expression, I mean two things. On the one hand, I believe the contradictions I analyze are intrinsic to humanitarian intervention as such: so my point is not to denounce the wrongdoings of humanitarian agents (which they often denounce themselves either as self-criticism or as critique of others, two sorts of games that many of them practice with delight); it is to enter into the contradictions of humanitarianism as such. On the other hand, I base my analysis on my own practice as an insider: having been personally involved as a fellow traveler with several NGOs and more directly as a member of the administrative board of one of them, I build my discussion on issues raised within them (rather than from outside them); many humanitarian agents are themselves conscious of these issues, even though their debates rarely enter very far into these painful territories of reflexivity. So I am not interested in the psychological analysis of humanitarianism, not even in its political science variations studying the motivations of humanitarian agents (Dauvin and Siméant 2002). Neither am I willing to enter into ethical considerations about humanitarian intervention, trying to decide when and where it is desirable or acceptable to intervene (Holzgrefe and Keohane 2003). Nor do I try to give a picture of the new international order, as some political scientists describe it (Suhrke and Klusmeyer 2004). Although I consider these approaches relevant, my aim is different. I intend to explore, from an anthropological perspective, the moral economy of a globally enacted humanitarianism.

The focus of this study is war situations, although humanitarian action is not limited to military conflicts. But I hypothesize that the battlefield, where humanitarianism was born, in Solferino in 1859, when the Red Cross initiated the first age of humanitarianism, and reborn, in Biafra in 1969, when MSF inaugurated its second age, is of special meaning, because humanitarianism is, in Rony Brauman's (2005) words, a "school of dilemmas." Through these dilemmas, illustrated with exemplary case studies from Angola, Iraq, and Palestine, I will distinguish three different types of life which are at stake in these extreme situations: lives to be saved, lives to be exposed, and lives to be told. In each of these cases, where the "cause of the victims" (Fassin 2004) has to be defended, I will attempt to make explicit the sorts of inequalities and processes of evaluation which underlie the corresponding paradigms of humanity.

SAVING LIVES: THE POLITICS OF RESCUE

With these grandiloquent phrases, Jean-Hervé Bradol (2003), the president of MSF, delivers his conception of the humanitarian politics of life.

When the humanitarian spirit is stripped of the illusion that humanity is inexorably progressing toward an ideal society, it can actively resist the very human temptation to accept the death of part of our global community so the “common good” may prevail. The undeniable failure of the humanitarian project resides for many in the allegiance of humanitarian actors to institutional political authorities who have the power to condone human sacrifice, to divide the governed between those who should live and those who are expendable. Humanitarian action can still oppose the elimination of part of humanity by exemplifying an art of living founded on the pleasure of unconditionally offering people at risk of death the assistance that will allow them to survive. Doing so makes victories over the most lethal form of politics possible. The twenty thousand children saved from starvation by Médecins sans Frontières in Angola in 2002 provide a shining example.

In a world where many die because of criminal or indifferent governments, humanitarian agents make it their duty to rescue “those that society sacrifices,” as he also writes in the same text (Bradol 2003). For, according to Bradol, sacrifices are not only active, as a result of wars in which populations are exterminated, they are also passive, as a result of either (or both) a lack of will displayed by powerful states which privilege international realpolitik over people’s survival or a lack of interest by rich countries which abandon the sick inhabiting deprived areas with no treatment for their lethal diseases. In Michel Foucault’s (1991 [1978]) terms, to the “sovereign power” of states which have “the right to decide life and death” or, more precisely, “the right to take life and let live,” humanitarian organizations thus oppose the supreme power to save lives. They confront this sovereign power of the states by stopping its murderous arm, by preventing it from taking lives, by depriving it of its absolute “right to kill.” The obligation to save may be seen simultaneously as different from and more than “biopower,” which is “a power to foster life or disallow it to the point of death,” or in other words “the techniques for achieving the subjugation of bodies or control of populations.” It is not merely a biopolitics, in the sense of a set of technologies

of regulation, it is a politics of life (Fassin 2007b) which qualifies and measures the value and worth of lives.

Here humanitarian medicine distinguishes itself from the clinical art as it emerges at the end of the eighteenth century: not only does it treat individual “bodies”; it intervenes on large “populations.” Thus it does not just save a few lives; it spares tens of thousands of them. If the object of humanitarianism is “life in crisis,” as Peter Redfield (2005) suggests, the difference between this form of intervention and “ordinary” medicine is apparently more quantitative than qualitative. Whereas the hospital doctor may believe that a life is saved once in a while thanks to her or his work, the refugee camp physician has the everyday evidence of tens of existences snatched from death. But this numeric difference is in turn not merely quantitative; it introduces a qualitative change from “persons” to “populations,” using a notion invented with public hygiene in the early nineteenth century. The confined space of the camp, the specific knowledge of epidemiology with its statistics and tests, the elementary technologies of nutrition, rehydration, and immunization, with their remarkable efficiency, produce a new form of practice which is neither clinical medicine nor public health: from the former it borrows its curative objective; from the latter it takes the collective basis. The specificity of its instruments and the hybridity of its references together contribute to the accomplishment of a politics of massive rescue which gives humanitarian organizations such practical and symbolic efficacy.

Angola is indeed an exemplary case study. After a twenty-seven-year civil war which culminated between 1998 and 2002 with extreme levels of violence between the Popular Movement for the Liberation of Angola (Movimento Popular da Libertação de Angola [MPLA]), and the National Union for the Total Independence of Angola (União Nacional para a Independência Total de Angola [UNITA]) and ended with the signing of a cease-fire, MSF, like many other humanitarian organizations, finally got access to populations which had been trapped between the belligerents and had suffered massive killings and displacements. Confronted with a famine, 174 voluntary expatriates from all over the world and 2,260 national personnel were mobilized in what became MSF’s largest operation ever: “at 23 intensive feeding centres, more than 16,000 children have been able to escape certain death,” the organization commented in its report significantly titled, *Angola: Sacrifice of a People* (MSF 2002: 5). Not only did MSF imple-

ment this program, it publicly stigmatized Western governments for being complicit with Luanda and with U.N. institutions in their slow reaction to the emergency, thus initiating a polemic in the field of humanitarianism. However, MSF itself was not exempt from difficulties and errors with dramatic consequences. Faced with external as well as internal critiques that his organization's work was undermined by its arrogance, the president finally admitted frankly in his 2003 annual report: "Priority given to food programmes have had negative consequences for the sick, especially tuberculosis patients and abused women. We could not do everything and we had to choose. We are very proud of what we have done to feed the children and their families. We saved thousands of people. But on the frontline we have felt it very painful to have to choose between categories of victims" (MSF 2003: 6). In spite of these "hard choices" (Moore 1998), Angola was a watershed event for MSF that for years to come will continue to give highest justification to MSF's action and clearest legitimization to its agents: there, lives had been saved in numbers. For many doctors who have long shared the humanitarian saga, and in particular for the MSF president, Angola is a sort of redemption from the nightmare of the genocide in Rwanda, where humanitarian agents had watched helplessly as people were exterminated before their eyes.

Speaking of a humanitarian "way of life," as Bradol does when referring to the act of saving lives, can be seen as an ironic although probably involuntary counterpoint to what Michael Ignatieff (2000) calls "the new American way of war." Reviewing a series of publications on recent conflicts, from the first Gulf War to the bombings of Kosovo, the Canadian journalist and politician analyzes what was defined as "the revolution in military affairs." His interest is less in the justification of war (calling it "humanitarian" rather than "just") or the technological "improvement" in weapons as such than in the consequences of the latter as a reinforcement of the former: the possibility of minimizing human losses in the military intervention makes the intervention acceptable by public opinions in democracies where the death of soldiers has begun to threaten governments. However, as Ignatieff remarks, there is a hidden dimension to this apparently felicitous evolution of warfare: "The central difficulty of the American way of war in Kosovo was that avoiding 'collateral damage' to civilians and to nonmilitary targets and avoiding pilot loss were conflicting. If pilots fly high, they cannot identify targets accurately and the risks of horrifying accidents increase. Flying

low improves accuracy but the risk to pilots is significantly increased. There was no loss of North Atlantic Treaty Organization (NATO) lives but the bombing claimed between 488 and 527 civilian lives.” Clearly choices were made by the military staff to privilege “zero [military] death” over the reality of “collateral [civilian] damage.” These decisions—which have to do with flight altitude or the use of certain weapons—imply a practical evaluation of lives: five hundred Kosovar men, women, and children weigh less than one American or British soldier. Under the moral economy of Western armies, the sacrifice of civilians is the undesired but necessary burden of, at best, establishing human rights or exporting democracy or, at worst, of protecting private and national interests. In the case of Kosovo, it should not be forgotten that the war was described as “humanitarian” by the prime minister of Great Britain and the president of the Czech Republic, and that MSF published a report on the crimes committed by the Serbs a few days after the initiation of the bombings, providing NATO with unexpected support for its military intervention.

In contrast with these “human sacrifices,” the humanitarian organizations can claim the sacredness of all lives. Whereas Western armies consider life sacred only when it is on their side, MSF and its colleague organizations defend the universal value of lives. Against the military politics of sacrificed lives they assert a humanitarian politics of saving lives. In both cases, the type of life which is either sacrificed or saved is very strictly defined. It is what Giorgio Agamben (1998) calls “bare life,” the physical existence of individuals abandoned to death or snatched from it. There is no social or political dimension to it. Just as the Angolan refugees quoted by MSF in its report seem to talk only of “hunger” and “suffering,” the humanitarian agents, who often consider themselves “rescuers,” inscribe their intervention on bodies—malnourished, sick, and wounded. But the humanitarians’ rhetorical opposition to the military forces has one blind spot. Giving themselves the noble role on the battlefield and often denouncing what Bradol (2003) calls the “cannibal order” of the mighty, they omit one fact: if soldiers expose their lives on the battlefield, humanitarian agents demand pacified spaces to intervene, precisely to avoid exposing their lives. This is a limit some of these agents tried to overcome in Iraq.

EXPOSING LIVES: THE POLITICS OF SACRIFICE

In the May 2003 issue of the MSF journal *Infos*, François Calas tells the story of his abduction.

At 10:30 p.m. on April 2, individuals claiming they belonged to the Iraqi intelligence services knocked at our door and asked us to follow them. They took us handcuffed to the central prison of Abu Ghraib. We were two in each tiny cell, without light. Bombings were continuous; we could hear the progression of the American army. After three days, we were transferred to the infamous jail of Al Faluja. No more separate rooms, but a common space where the sanitary conditions were awful. We stayed there two and a half days without going out or being able to lie down. The lack of movement and of privacy raised tensions among the detainees. “This is the kind of place one never gets out of,” they would say.

In March 2002, a few days after the beginning of the U.S. attack on Iraq, the French doctor had been kidnapped with a Sudanese colleague and an Iraqi chauffeur. They were members of a small MSF team that had decided to stay in Baghdad despite the obvious danger, which they thought would come from bombings rather than abduction. For several days MSF could get no information about what had happened to them. In the unstable conditions brought on by the invasion of Iraq, the worst could have occurred. Finally they were released as the battle for Baghdad was ending. The U.S. army was entering the Iraqi capital, and humanitarian organizations were coming in behind it. The French section of MSF decided then to leave the country, criticizing the lack of autonomy for doing their work but also shocked by the recent events. They left without having treated a single patient.

This episode is highly revealing of the effort by humanitarian agents to reintroduce a certain level of equivalence between lives, that is, between their own and local ones. Whereas everyday the world differentiates between lives worthy to be lived and what Zygmunt Bauman (2004) calls “wasted lives”—not only through military means, as we have seen, but also through economic, social, medical, and judicial decisions—humanitarian organizations constantly reassert that every life is valuable. They refuse to take sides in conflicts in the countries where they intervene, offering help to the entire population. The insistence on this stance was crucially reaffirmed

during the crisis of the “boat people” fleeing Vietnam and resulted in ideological dissensions within the humanitarian movement, since the leftist background of many made it difficult to admit that one could be oppressed by a communist regime, as Rony Brauman (2000) recalls. Born from this crisis, Doctors of the World (Médecins du Monde [MDM]) gave itself the motto, “We rescue the victims, all the victims.” But beyond a refusal to distinguish among victims, these organizations also seek to overcome the obvious distinction within humanitarian action between those who assist and those who are assisted. They recognize that humanitarian workers, who come of their own choosing and remain in missions less than six months, on average, before returning to the safety and comfort of their homelands, do not share the same social condition and life expectancy as the persons for whom they intervene. By risking their lives, the members of MSF who decided to stay in Iraq after March 18, when U.S. President George W. Bush told all foreigners to leave the country, were counterbalancing the structural inequality of humanitarian aid with their courageous decision. This decision was not only hard for the team in Baghdad to make but also difficult for headquarters in Paris to accept and ratify.

The monthly meeting of the administrative board which took place on March 28 was the most impassioned in years. Everybody remembered it afterward as one of the turning points in the thirty-year history of MSF. A few days earlier, the discussion among the permanent salaried staff had been heated, with the majority in favor of the decision and a minority against it. Taking place a week after the beginning of the bombing of Iraq, the public debate with the administrators came too late to change anything. The democratic life of the organization, however, required this performance, which mimicked deliberation when decisions had already been made. The dilemma lay in balancing the evident risk of being under the U.S. bombs in Baghdad and the much less obvious utility of this presence on the battlefield. The two dimensions of the argument were partly linked: because it was so dangerous, movement and therefore activity were necessarily restricted. But even more than that, the efficacy seemed compromised by the size of the team (six people: among them a physician, a surgeon, and an anesthesiologist), in comparison with the hundreds of well-trained Iraqi doctors present in the thirty-five well-equipped hospitals in the capital (sixty doctors and seventeen operating rooms in the hospital where the team was to be based).

Why be there, then? An answer could have been: precisely to be there, that is, to stay as witnesses to the expected humanitarian crisis and human rights violations and thus be able to deliver public testimony. But the official position was different: the team would not take such risks if it were not specifically to help the population, treat the sick, heal the wounded, alleviate suffering, and, in the end, save lives. So however little credibility the argument seemed to have for the audience, of the two self-defined mandates of humanitarian organizations—to assist and to testify—the latter was dismissed and the former invoked as the only reason to stay. Later events put the argument to a painful test. The abduction of the three members of the team blocked all action. Their release was followed by MSF's departure from the country after what the head of the local mission, who was one of the kidnapped, described in the August 2003 issue of the internal journal *DazibAG* as a “very precipitous decision . . . justified afterward by fallacious arguments,” in other words by humanitarian organizations' lack of autonomy. This was a cruel acknowledgment for him: not a single Iraqi life had been saved, but six lives of humanitarian agents had been put at risk.

This episode reveals a profound truth about humanitarianism. In the context of global injustice and violence, MSF as well as other organizations of its kind demonstrate their solidarity with the victims. However, the Iraqi story reveals the impossibility of finding a way out of the inequality of lives which structures the humanitarian world in particular, as well as contemporary societies in general: the inequality between those whose life is sacred and those whose life may be sacrificed. In the end, the effort to break this logic of inequality fails as the sacrifice remains too high a price to pay. Analyzing the recent transformations in the international political order, Adi Ophir (2005) asserts that the sovereignty of the states is challenged by two new actors who confront their politics of life: the “humanitarian” and the “terrorist.” Besides the obvious distinction he recognizes in their actions of saving or killing people, another difference merits attention: terrorists (especially suicide bombers) stake their own lives; humanitarians do not. The former reject the sacredness of life—theirs and others'. The latter claim it as a supreme value—definitely for the distant others, but even more so for themselves.

This claim, however, follows a complex path. First, against the evidence to the contrary on the battlefield, humanitarian agents assert that all lives are sacred and deserve to be saved. Still, there remains the difference between

those who are protected in their pacified spaces and those who remain under the bombs. Therefore, second, in a heroic attempt to break this disequilibrium, the humanitarian agents expose themselves to the same fate as the populations they assist by staying among them in spite of the danger, putting their own lives at risk. Obviously, the rule is not the same on both sides, since the humanitarian agents can freely decide to stay, while the Iraqis are not expected to have a choice, but by risking their lives humanitarian agents hope to abolish the distance. However, third, as violence becomes reality, they rediscover the asymmetry of the relation, since not only is it the Iraqis who kidnap them, but the abduction reveals the vulnerability of the French organization, which is paralyzed and finally abandons the field. The initial difference in the evaluation of lives is still present. In spite of all efforts, a line remains between “us” and “them” as a reminder that humanitarianism is always about “saving strangers,” as Nicholas Wheeler (2000) writes. Whatever fraternity the humanitarian agents display in their activity, this distinction persists.

A further fact has remained unnoticed by those who have commented on this episode. In all the news reports referring to it, whether in the press or even within the humanitarian organization, hesitation was perceptible: How many MSF members had been abducted? Sometimes the number given was two, sometimes it was three. In fact, two persons were strictly speaking members of the organization, a French doctor and a Sudanese logistician; the third abductee was an Iraqi salaried worker, thus not considered as belonging to the organization. This distinction, which exists in most humanitarian as well as development institutions, has been a recurrent theme of discussion within MSF. The difference of status means also unequal remuneration, contract stability, and rights to decide and vote. It implies that humanitarian organizations identify two types of persons working for them, those who have a moral involvement in the humanitarian project, who are called “volunteers” but receive a regular salary, and those who are not related to the humanitarian saga, since they are simply “employed” by the organization. This distinction between agents supposedly motivated by altruism and others supposedly motivated by money, between those who have a deep “desire for humanitarianism,” as Gilles Brücker (1993), former president of MDM, expresses it, and those for whom it is just a job, suggests that humanitarian organizations are run in the field by foreign “missionaries” and local “mercenaries.” In their everyday work, the distinction

has long been accepted as inevitable by the international staff (who often do not know they are making it) but criticized as intolerable by national personnel (who frequently see themselves as no less morally involved than their Western colleagues).

This difference of status and image may also have tragic consequences in situations of war, since the foreign workers are protected by their alien status and a sort of symbolic but also political aura since they come mostly from Western countries, while the local workers cannot benefit from humanitarian immunity since they do not even belong to the organization. Belligerents act with full knowledge of this distinction: they kidnap the “expatriates,” whose life, they suppose, will justify a good ransom; but they usually kill “nationals,” who they know have little exchange value and who are often caught up in the local political or ethnic issues. The assassination of seventeen persons working with Action against Hunger in Sri Lanka in August 2006 can only be understood through this distinction: conversely to what has been often said and written, the victims were not “members” of the organization but mere salaried local workers, moreover clearly identified as Tamils. The massacre of hundreds of employees of international agencies and NGOs during the 1994 genocide in Rwanda follows the same logic: they were considered as Tutsis rather than as “members” of these institutions. Bradol (2004), who headed the MSF mission in Kigali during this period, admitted afterward: “We have not been very effective in protecting, or even motivated to protect, our Tutsi colleagues, who were employees just like us in humanitarian organizations. I have seen honorable conduct but also simple abandonment. The lack of protection of our Tutsi colleagues is representative of the relationships between expatriates and local workers.” Of course, I do not mean that these Tutsis were killed because they were not seen as belonging to the humanitarian world. I mean that belligerents distinguish in their criminal projects between the lives of “expatriates,” who are protected and for whom they can get money, and the lives of “nationals,” who are unprotected and whom they may simply eliminate. In Sri Lanka and Rwanda, things are tragically simple. Belonging to the humanitarian world implies a political life which has to be spared. Being on its margins reduces individuals to the biological life of ethnic cleansing. The challenge for humanitarian organizations is to transform this dialectic of the biological and the political. This is what has been at stake in Palestine.

TELLING LIVES: THE POLITICS OF TESTIMONY

The MSF psychiatrists Marie-Rose Moro and Christian Lachal (2002), who lead a mental health program in the Palestinian Territories, have used the stories that their colleagues, mostly physicians and psychologists, collected during the second intifada in order to make public statements about the suffering of the Palestinian people.

Empathy, our capacity to put ourselves in the other's place, is a mental attitude which is mainly emotional. Public opinion mobilizes through empathy, on the basis of information it received as scenarios to read or see. After some time, it gets tired of it, not because of moral deficiency or because of affective laziness, but because empathy is ephemeral. Telling the traumatic events, for instance what inhabitants of the Gaza strip have experienced since the beginning of the second intifada, describing them, documenting them, distinguishing facts and what is amplified or transformed by fear, is useful as testimony. The narration of events is sometimes at the interface between our approach and that of the media.

After MSF's exploratory mission to the Palestinian Territories in 2000, two things were clear: first, MSF wanted to be present by the side of the population under Israeli occupation and oppression; second, Palestinian health infrastructures and professionals were perfectly capable of facing the consequences of the conflict in terms of medicine and surgery. This apparent contradiction was solved by developing a mental health program based on trauma.

During the following years, trauma was presented both as a psychic symptom justifying the presence of the medical organization in a highly politicized field and as the clinical evidence attesting the violence of the conflict (Fassin and Rechtman 2009). In fact, as it soon appeared that the practical conditions of practicing psychotherapy on the front lines were not met since it was impossible to spend the proper time in the proper space with patients, telling Palestinians' stories came to be seen not only as an instrument for constructing public testimonies but also as a tool with psychological benefits. As Pierre Salignon, Fouad Ismael, and Elena Sgorbati (2002) express it: "Faced with their suffering, it is our duty to describe the effects of war on Palestinian families. This implies narrating what we witness in the Territories. And this appears to be highly important for them from a thera-

peutic perspective.” The same choices had been simultaneously made by MDM, with the same arguments. The inscription of trauma in testimonies represents an innovation in the construction of political causes: arousing international indignation through the description of people’s symptoms which psychiatrists and psychologists are able to relate to violence, it transforms the emotional involvement of the public from a sense of injustice to a sentiment of compassion. But this new form of denunciation also underlines a different phenomenon which has a general meaning: when lives cannot be saved, they can still be told. Instead of being rescuers, humanitarian agents may become spokesmen, and they may do so within the framework of their medical competencies.

This shift from saving lives to telling lives is part of a recent change in the humanitarian world. It is, at least partially, the consequence of a situation much more common than generally admitted: there are no lives to be rescued but still a presence to justify for the donors and more broadly to the public. Not all humanitarian interventions are Angola. One could even assert that it was the exception. In many crises on the planet, humanitarian organizations are not in the position of rescuers, either because the spaces of their intervention are not protected, because they arrive too long after the civil security is already at work bringing useful assistance, or because the national actors have the technical capacity to cope with the medical consequences of the conflicts. Medical humanitarianism was invented to assist the wounded and the sick when they were abandoned—under a status of exception which allowed doctors to go on the battlefield with the protection of the belligerents. While they continue to intervene in these traditional contexts, humanitarian organizations today are also increasingly confronted with new configurations where they have to develop new roles. This was obviously the case in Palestine, where MSF and MDM have both been present for a long time, where they cannot claim to have saved a single life, but where medical assistance remains the official reason for their being there, in spite of the local presence of well-trained professionals and well-equipped facilities.

Here, two historical facts converge to delineate a distinct politics of life. On the one hand, humanitarian testimony has become crucial to the public defense of the causes of victims. It is often said that the second generation of humanitarian organizations in the early 1970s emerged in response to the silence of the Red Cross, from Auschwitz to Biafra, as Fiona Terry

(2002) recalls. Even if the genesis of the movement is somewhat more complex, its emergence identified a new function of humanitarianism: to bear witness in the face of a world of violence and injustice, to speak out amid a general indifference to the suffering of distant others. To give more weight to humanitarian testimony, one had to include narratives by the victims. Their words brought additional evidence to the stories told by humanitarian agents. Today, all reports are punctuated with quotes from survivors of the conflicts.

On the other hand, humanitarian psychiatry occupies an increasingly important place within the organizations. If psychiatrists have been present at the margins and even within militaries since the end of the nineteenth century, their introduction on the humanitarian scenes is quite recent. It can even be precisely dated to the aftermath of the 1988 earthquake in Armenia. Fifteen years later, it has become one of the major components of humanitarian interventions in many sites. Not only do mental health specialists emphasize the importance of their curative action, they also claim their share of the public testimony. Trauma has been a part of psychiatric nosology for a long time, but as Allan Young (1995) has shown, it was revived in the early 1980s through posttraumatic stress disorder. It occupies a special place here, since it contributes to the definition of the object of humanitarian psychiatry simultaneously as sign of the suffering to be treated and proof of the violence to be denounced.

What makes human life properly human, explains Hannah Arendt (1958), is that it can be told: “the chief characteristic of this specifically human life is that it is itself always full of events which ultimately can be told as a story, establish a biography.” For her, “this life, *bios*,” which makes men and women distinct from animals, can be “distinguished from mere *zoe*,” which is common to all living beings. Making one’s life into a biography implies two specifically human qualities: making sense of events which have occurred and using language to transmit it to others. In the case of populations exposed to violence and injustice, narrating stories, which means telling lives, implies changing the politics of biological life to be rescued into a politics of biographical life to be heard. Here again it is to make the others closer to oneself: they are not just bodies to be saved but individuals, and these individuals are not passively inscribed in a story but possess a unique perspective on this story. In the move from biology to biography, politics is supposedly brought back to the victims of wars and disasters.

Again, things are not so simple. This politics of narrated lives remains asymmetrical, just like the politics of saved lives for which it acts as substitute. It distinguishes those whose lives can be told from those who can tell them. This difference is not only relational: it constructs the narratives—and consequently the lives—in a specific manner. For the humanitarian organizations, the men and women they deal with are victims. To defend their cause for an international audience, they have to emphasize the pathos of their situations. Of course, these situations are often tragic, but they also have complex genealogies and sociologies. The victims may also be combatants, or terrorists, or simply farmers. In his study of the first intifada, John Collins (2004) has shown how each institution, each actor defined publicly the “children of the stones” in a distinct manner: for some they were heroes, for others they were martyrs; some insisted on their courage, others on their suffering. In these discourses, the psychological element has taken an increasingly important place, not only under the influence of humanitarian psychiatry but also as a consequence of the presence of Palestinian psychiatrists and psychologists generally trained in Europe or North America and well aware of the symptomatology of posttraumatic stress disorder.

The humanitarian construction of suffering others—especially through psychiatry—has two consequences. The first is the abstraction of the figures of the victims from the larger context of the war. This is especially evident in the two consecutive reports that MDM published in 2003 under the joint title *Israeli and Palestinian Civilians: Victims of an Endless Conflict* (*Les Civils israéliens et palestiniens victimes d'un conflit sans fin*). One analyzes the Palestinian victims of the Israeli army, and the other studies the Israeli victims of the Palestinian bombings. The extreme application of the principle of neutrality, but also the political divisions existing within the organization, led the authors to present a “balanced” view of both situations. The result was a reification of victims, made possible by the existence of trauma on both sides: the historical and political asymmetry of the conflict disappeared as all civilians were exposed to intolerable suffering attested to by clinical symptoms. The second consequence of this innovation is the isolation of trauma in the narratives of victims. It is particularly clear in MSF's *Palestinian Chronicles*, which was published in 2002 and received a great deal of exposure, as it was published and discussed in several countries including Palestine and Israel. It consists of a collection of brief observations by physicians and psychologists in Hebron and Gaza. Rather than narratives

making sense of the biography of the persons encountered, they are illustrations of the psychic consequences of the experience of humiliation, fear, and loss. Thus a rebel adolescent throwing stones at the occupation army becomes a child wetting his bed at night, and a man arrested and beaten by enemy soldiers appears as a catatonic patient affected by seizures. The logic of the testimony creates an obligation to prove the causal relation between events and symptoms, rejecting more complex determinism made familiar to us not just by psychoanalysis but also by sociology. All that we know of the persons in these narratives is that they are traumatized victims. The short narrative fragments collected resemble clinical vignettes rather than biographical excerpts.

Several years ago, Annette Wieviorka (1998) asserted that we had entered the era of the witness. She was referring to the multiplication of individual testimonies in the public sphere. Although the phenomenon was of a larger scale, she was interested in the case of the survivors of the Holocaust. These testimonies were written in the first person. By contrast, what humanitarian organizations propose are testimonies written in the third person. The humanitarian agents are the witnesses and they tell the stories. Moreover, they tend to underline the psychological dimension of the experience, leaving aside the historical and political dimensions often so important for the populations enduring war. Victims hardly speak; they have spokespeople. They are not political subjects but moral objects. A few Palestinians protest against the reduction of their condition to that of traumatized victims. Most of them, however, express their gratitude to humanitarians who at least allow them to exist on the international scene.

CONCLUSION

Humanity is a recent invention. It supposes that human beings belong not only to the same biological community but above all to the same moral one. It implies that others can no longer be included in categories which have historically divided the human world between “us” and “them,” the former being more human than the latter, who could even sometimes be cast out of the human world. But humanity is an abstract notion. It becomes concrete in real situations through action on behalf of these others, which reveals an underlying politics of life. From this perspective, when we seek to understand humanitarianism, we are best informed not by the ideal

principles declared in its charters but by its interventions, and sometimes by its abstentions.

On the battlefield, humanitarian agents are confronted with two main kinds of politics of life: one of exclusion, the other of indifference. Belligerents may seek the elimination of the enemy or even the extermination of others, as we have seen in ethnic cleansing and ultimately genocide: this was the case for the Serbs in Bosnia and the Hutus in Rwanda. Or belligerents may rather desire the defeat of the enemy and simply consider as negligible the loss of even large numbers of civilian lives: this was the case for NATO in Kosovo and the United States in Iraq. In the first case, others must be suppressed. In the second, they are simply insignificant. Both are founded on unequal valuations of lives and hierarchies of humanity.

To these principles, humanitarian organizations oppose their own politics. These are of three kinds. The humanitarians' main claim is saving others' lives. Sometimes they may also expose their own lives. Recently they have developed a strategy of telling lives. The three politics—of rescue, sacrifice, and testimony—presuppose the equivalence of lives against armies which attribute lesser value to others—through either exclusion or indifference. However, these operations cannot restore equality. Inequalities of lives and hierarchies of humanity surreptitiously reappear—in spite of the humanitarian agents and often without their knowing it—between the persons who intervene and the persons they assist, or even between foreigners and nationals within the organizations. These inequalities and hierarchies do not result from theoretical premises or from individual prejudices. They are structural aporias of humanitarianism which are grounded in the asymmetry of the objective risk of death and of the subjective relation of compassion. These aporias are more generally characteristic of contemporary societies, especially in the Western world from which most members of humanitarian organizations originate.

Analyzing these politics of life and attempting to give an explicit intelligibility to a reality which remains largely implicit does not condemn the works of humanitarianism. On the contrary, it might contribute to making its agents more reflective, more modest—more human. After all, the best one can expect from them is less that they will promote humanity as an abstract concept or an empty sentiment and more that they will simply produce acts which both reduce the inequality of lives and recognize its existence as a political fact.