

HUMANITARIANISM IN QUESTION

Politics, Power, Ethics

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SACRIFICE, TRIAGE, AND GLOBAL HUMANITARIANISM

PETER REDFIELD

"Are all these deaths necessary?" is the question we systematically address to political powers. Why? Because we have taken the arbitrary and radical decision to help the people society has decided to sacrifice.

JEAN HERVÉ BRADOL, PRESIDENT OF MSF-FRANCE

Everyone, it seems, is a humanitarian now. At least, concern for human life serves as a key value in international moral discourse, referenced by advocacy groups, states, and even military forces. Rarely, however, is the ethical logic of this humanitarian goal delineated in public beyond categorical injunctions, calls to arms, and recriminations. And not infrequently, the media glow of successive crises overshadows the topography of human agony. Rather than occur in a vacuum, humanitarian action now transpires amid a wide field of humanitarian expectations and abstractions, as well as specific local conditions. How then, to defend life in the particular, when it is already rhetorically defended in universal terms? A would-be humanitarian faces a significant problem of selection, particularly if seeking to act on a global stage. Amid a world of endless needs, what causes should be taken up, and what let go?

In this chapter I address part of this problem via an exploration of humanitarian assertions of value. My starting point is a theme introduced by the president of the French section of Médecins Sans Frontières, Jean-Hervé Bradol, namely that humanitarianism works "against" the sort of human sacrifice routinely practiced by an international political order that accepts that certain populations may die.¹ I will take this claim seriously, for I find it potentially

revealing. Certainly humanitarianism categorically refuses to sanction suffering for any end. The term "sacrifice," however, evokes a much broader field of reference, from giving to self-denial, and recalls a longer tradition of anthropological analysis of ritual offering or strategic forfeiture. Most fundamentally, sacrifice represents a deep engagement with religious or political forces. Any claim to oppose sacrifice in general, then, suggests a significant rupture with the system of value maintained by them.

In the first part of this chapter I lay out the logic of sacrifice implied in Bradol's position. Although endorsing his oppositional definition of the humanitarian moral stance, I suggest that the position of any humanitarian organization grows more complicated at the level of operational practice. If matters of life and death play a central role in contemporary politics, such that effective government now entails monitoring and caring for a population, then humanitarianism hardly escapes this broader norm by opposing suffering. Rather, humanitarians seek to humanize and reform political power, so that it will live up to its rhetorical promise of promoting welfare. At the same time, humanitarian organizations operate across national boundaries, actively running projects of their own to promote the creation of healthy subjects. Humanitarianism thus maintains a complex relationship to sovereignty, seeking to restrict and redirect it even while engaging in parallel activities.

In the second part of the chapter I turn from humanitarian principles to the messier terrain of humanitarian projects and their inherent problem of selection. Alongside categorical denunciations of suffering, groups such as MSF must continually decide how to allocate their available resources and whether to let certain projects and populations go. Here we encounter the dilemma of prioritization. To outline this in more formal terms, I refer to the medical tradition of prioritization in crisis settings known as "triage." Triage has the advantage of representing a system of prioritization based on the facts of suffering themselves. As such, it rejects all other claims to value, disengaging with social, political, or religious criteria that might distinguish one victim from another. Unlike sacrifice, triage is not about exchange, strategy, or passionate connection of any sort. Rather, it emphasizes dispassionate separation and a pragmatic focus on immediate action. At the same time, however, selection necessarily entails loss, giving some things up by virtue of putting others first. Moments of triage thus confront humanitarians with a potential conundrum of designating their own sacrifice, even while opposing the sacrifices of others. A widening field of concerns addressed by humanitarian organizations, combined with the global scope of contemporary media and humanitarian action, has exacerbated the problem of selection over the last two decades. Although the potential range for action has expanded, the duration of media attention has not, blurring different crises into a single form. And the more humanitarians respond to inherently social conditions such as AIDS or sexual violence, or recognize root problems such as poverty, the more they confront the problem of triage and the disconcerting shadow of sacrifice.

¹ Jean-Hervé Bradol, "The Sacrificial International Order and Humanitarian Action," in *In the Shadow of "Just Wars": Violence, Politics, and Humanitarian Action*, ed. Fabrice Weissman (Ithaca: Cornell University Press, 2004), 5.

The last part of the chapter examines MSF as a particularly revealing case study—a relatively affluent and independent humanitarian group suffused with a distinctly global ambition. I give two examples of the organization's choice of action that reveal tensions within humanitarian triage, and then a third that marks its limit. MSF's adventures in Uganda, a long-term field location, illustrate the manner in which humanitarianism incorporates a form of triage at the level of practice by opening and closing projects, and resisting or embracing issues such as HIV/AIDS. Although MSF's self-designated purview has expanded, references to fundamental principles plays a significant role in defining and limiting projects. From a local perspective, however, the end of engagement is less clearly justifiable, and appears akin to abandonment or sacrifice of that population. MSF's outspoken rejection of continued fund-raising in response to the Indian Ocean tsunami, on the other hand, illustrates the possibility of a more public form of triage, one that confronts the logic of sacrifice directly in order to disrupt it. In an era of rhetorical humanitarianism, such gestures may grow increasingly vital to ethical claims to humanitarian action, which now must confront not only specific forms of suffering but also widespread symbolic promises of assistance. Finally, MSF's efforts to protect its own personnel illustrates a limit to its ability to stand apart from sacrifice or to evaluate life solely through facts of suffering. In extreme circumstances, its operational response is to restrict or give up a mission.

"Against Sacrifice"

In 2003–04, MSF released the latest volume of its irregular book series on the theme of "populations in danger." *In the Shadow of "Just Wars": Violence, Politics, and Humanitarian Action* addressed dilemmas confronting humanitarianism in an era of warfare justified by humanitarian goals.² In the book's introduction, Bradol denounces what he calls "the sacrificial international order," a political logic that inevitably produces victims in its quest for stability and a "better world."³ Although recognizing that legal efforts to "humanize" warfare might offer tempting situational benefits, he stresses that humanitarianism's investment in law must remain opportunistic, as law itself can also be a form of violence. When law is violence there is a categorical moral imperative to relieve suffering and oppose its sources. Organizations devoted to preserving human life and dignity thus define a refusal of political order that is itself fundamentally oppositional:

² Weissman, *Shadow of "Just Wars."*

³ Bradol, "Sacrificial International Order," 4–5.

Humanitarian action, as we understand it, directly challenges the logic that justifies the premature and avoidable death of a part of humanity in the name of a hypothetical collective good. "Are all these deaths really necessary?" is the question we systematically address to political powers. Why? Because we have taken the arbitrary and radical decision to help the people society has decided to sacrifice. . . . Consequently, if humanitarian action is to be consistent, it will inevitably clash with the established order.⁴

The humanitarian spirit, according to this rendering, rejects both realpolitik and political utopianism by resisting the suffering that each might justify.

However grandiose in the scope of its articulation, Bradol's recourse to sacrifice as a thematic point of opposition is revealing and helpful for a discussion of the humanitarian ethical problem of selection. In place of the superficial redemption through self-sacrifice projected onto humanitarianism, it suggests a more absolute and obstinate commitment to defend actually existing life. The sacrifice that Bradol refuses is not only the classic surrender of valued beings for a greater cause, but also the callous extermination of devalued beings whose life represents an obstacle, or the thoughtless neglect that allows people in precarious circumstances to perish. Beyond the immediate victims of political conflict, he cites AIDS patients lacking drugs, North Korean refugees, and famine victims in Angola. Overlooking any of these suffering populations to focus on a "just war" violates fundamental humanitarian principle. All who are currently living deserve attention, and no death should be justified for other ends. In this sense, Bradol's proclamation represents a break not only with both utopian illusions and realist cynicism but also with the larger pattern of ritual expression that anthropology has understood under the category of ritual sacrifice.

Sacrifice is an old topic for anthropology, so old in fact that it rarely features in contemporary debates. For my purposes here, I turn to a classic work by Henri Hubert and Marcel Mauss, *Sacrifice: Its Nature and Functions*, originally published in 1898. Recognizing the complexities of this central form of religious ritual, Hubert and Mauss examine a wide range of rites before finally providing a definition focused on the relational and transformative significance of destruction.⁵ Following Hubert and Mauss's functionalist schema,

⁴ *Ibid.*, 5–6.

⁵ "But if sacrifice is so complex, whence comes its unity? It is because, fundamentally, beneath the diverse forms it takes, it always consists in one same procedure, which may be used for the most widely differing purposes. This procedure consists in establishing a means of communication between the sacred and the profane worlds through the mediation of a victim, that is, of a thing that in the course of the ceremony is destroyed." Henri Hubert and Marcel Mauss, *Sacrifice: Its*

the sacrificial victim serves as a conduit between the realm of sacred value and the profanity of ordinary existence, and in that sense offers redemption. A victim is chosen and offered up with the expectation of a return. For Hubert and Mauss, struggling to encapsulate a broad swath of human traditions, ritual acts are necessarily significant in social terms. In this sense the loss involved in sacrifice is never absolute, but always relational and ultimately generative. In the case of human sacrifices, these would be deaths that inherently matter. No victim can die in vain, in the sense that the act itself reinforces social bonds for those participating and believing in the rite, even as it may symbolically fertilize the earth. Moreover, classic ritual sacrifice stems from willful action, not carelessness or oversight, and the thing lost necessarily commands value. Whatever sacrifice has been in various times and places, it has always entailed signification extending beyond the being or thing sacrificed. And like any ritual, it would implicate other times than the current moment of action: a past to be taken as precedent and a future to be taken as a promised return. Refusing sacrifice, then, would constitute a radical insistence on the present and disrupt any cyclical renewal of social bonds. It would, as Bradol suggests, be a fundamentally oppositional act, valuing life above all else.

When Bradol refers to a "sacrificial" international order, however, he means something both more and less than traditional sacrifice. The far-flung victims he cites are not all intentional ones, let alone carefully selected to represent an offering. Some are casualties of active devaluation, others of passive neglect. What they share is the fact of their destruction and the suggestion that their lives are expendable, mattering little if at all. The scope of this sacrifice is thus quite expansive, and its significance relatively weak. At the same time the collective good putatively achieved in exchange—political order—remains at best a limited, and relatively profane, variant of the sacred.⁶ Moreover, Bradol implicates a wide range of actors of a greater aid system within the logic that would submit humanitarian concerns to political interests.⁷ Many of these actors (such as UN agencies and NGOs) share MSF's concern for life, and the system as a whole presents itself in the name of alleviating suffering. His humanitarian position is thus hardly external to the international order, however oppositional it may strive to be.

The work of Michel Foucault and Giorgio Agamben offers an analytic context for locating contemporary political values of life and death. In discussing the growing significance of life in political discourse and practice, Foucault proposes a key break between an era where a sovereign paid no attention to

the bodily affairs of subjects and one where facts of existence could become the focus of specific operations of government. Thus the emergence of state interest in such things as birth rates, issues of public hygiene, and the regulation of sexual acts in eighteenth- and nineteenth-century Europe redefines the relationship of those governing with those who are governed: "One might say that the ancient right to take life or let live was replaced by a power to foster life or disallow it to the point of death."⁸ What Foucault's formulation makes clear is the extent to which political rule now involves the domestic welfare of populations. Functioning states are expected to maintain not only order but also ministries of health, education, and the like. The breakdown implied in the terms such as "failed state" thus extends far beyond the simple rule of law. Moreover, the exercise of productive forms of power fostering life implies the inverse possibility of withholding care, of "indirect killing" through expulsion or rejection. The absence of a government clinic or international neglect can therefore represent a violation of political responsibility. In this sense the humanitarian worldview is thoroughly biopolitical, even in its oppositional form.

Political concern for the facts and details of living produces death as well as life. Foucault suggests that justifications for war shift from protecting the sovereign to protecting the population through the adoption of political racism. Race politics introduce a break between "what must live and what must die" in biological terms, suggesting that the death of others may enhance survival.⁹ Giorgio Agamben follows a related theme in a different direction, reading back through Roman law to find *homo sacer*, the "sacred" man who paradoxically can be killed but not sacrificed, because he stands outside the bounds of the law.¹⁰ Embodying the dual nature of *sacer* as both sacred and accursed, this victim escapes the logic of sacrifice altogether, being excluded from ordinary social relations and the constraints of taboo, murder, and contamination. For Agamben, this obscure figure helps define the possibility of "life that does not deserve to live" and the nonsacrificial death of the genocide victim, whose destruction is an act undertaken en masse precisely in rejection, rather than recognition, of its value. Embedded in the legal power of sovereignty to abrogate law, he suggests, lies the capacity to reduce human life to existence, replacing the full political citizen with a bundle of basic needs and physical states. Far from being limited to totalitarian regimes, this attribute of sovereignty runs deep and wide through the liberal form of government. Agamben's dark vision thus features an international order that looms as ominously as Bradol's,

Nature and Functions (Chicago: University of Chicago Press, [1898] 1964), 97, emphasis in original. I am indebted to Christopher Roberts, "Machining the Sacred: A Critical Exploration of 'Sacrifice: Its Nature and Functions,'" MA thesis, Department of Religious Studies, University of North Carolina-Chapel Hill, 2003, for a lucid and provocative reading of this passage.

⁶ It is also one inverted variant of a longer French tradition connecting sacrifice with revolutionary violence. See Jesse Goldhammer, *The Headless Republic: Sacrificial Violence in Modern French Thought* (Ithaca: Cornell University Press, 2005).

⁷ Bradol, "Sacrificial International Order," 21.

⁸ Michel Foucault, *The History of Sexuality*, Vol. 1 (New York: Vintage, 1990), 138; see also Foucault, *Society Must Be Defended: Lectures at the Collège de France, 1975-1976*, ed. Mauro Bertani and Alessandro Fontana (New York: Picador, 2003), 240-41.

⁹ Foucault, *Society Must Be Defended*, 254.

¹⁰ Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life* (Stanford: Stanford University Press, 1998), esp. 71-86. See also *Remnants of Auschwitz: The Witness and the Archive* (New York: Zone Books, 1999), *States of Exception* (Chicago: University of Chicago Press, 2005), Hannah Arendt, *The Human Condition* (Chicago: University of Chicago Press, 1958), and Carl Schmitt, *Political Theology: Four Chapters on the Concept of Sovereignty* (Cambridge: MIT Press, 1985 [1922]).

although it produces bare existence and extermination rather than meaningful sacrifice. It also calls humanitarianism into question, inasmuch as the humanitarian emphasis on human existence, health, and states of crisis ultimately contributes to this larger historical trajectory. Whatever the relative merits of Agamben's larger argument, it serves to highlight the complex contemporary politics of exception and the ambiguities of survival.¹¹

What then to make of Bradol's humanitarian with respect to the problem of sacrifice? On the one hand, humanitarianism lies symbolically embedded in a landscape of altruism and giving, and popular imagination positions the humanitarian worker as a figure of virtuous self-denial. On the other hand, humanitarian morality cannot sanction the loss of human life or dignity, or yield them up in a ceremony of destruction. Classic ritual sacrifice—and a range of traditional rites involving physical pain—would be unthinkable for a proper humanitarian. Secular understandings of life in particular limit the availability of spiritual redemption or meaningful participation in religious ritual.¹² The justification of suffering for utopian ends—a common feature of political ideology—is likewise unavailable because it would betray the fundamental moral value of human life and dignity. For humanitarian thought does not permit the possibility of truly *meaningless* suffering. Any claim that overwrites misery with a higher principle runs the risk of erasing the meaningfulness of that human life, a prospect that the worldview of any humanitarian organization axiomatically rejects. This rejection extends well beyond formal genocide to include all manner of ordinary tragedy. There are no worthless human beings in the humanitarian universe, and thus no one should be written off. To quote a blanket statement that I have encountered in multiple forms and contexts, "People should not die of stupid things." The category of "stupid things" here corresponds to a vast universe of avoidable misfortune, including

¹¹ Agamben, *Homo Sacer*, 133–34. Although skeptical of aspects of Agamben's sweeping analysis, anthropologists addressing humanitarianism have found it generative, e.g., Didier Fassin and Paula Vasquez, "Humanitarian Exception as the Rule: The Political Theology of the 1999 Tragedia in Venezuela," *American Ethnologist* 32, no. 3 (2005): 389–405; and Miriam Ticktin, "Where Ethics and Politics Meet: The Violence of Humanitarianism in France," *American Ethnologist* 33, no. 1 (2006): 33–49. For a broader suggestion of humanitarian "migrant sovereignty," see Mariella Pandolfi, "L'industrie humanitaire: Une souveraineté mouvante et surpacoloniale," *Multitudes* 3 (2000): 97–105.

¹² Although individual humanitarian actors might have various and complex motivations, they inhabit a system that assumes a separation between collective politics and private belief. In this sense, secularism is not simply the absence of religion but an interpretive prism for actions and events that redistributes them into a distinct legal and moral framework. For a secular worldview, the sacred could never transcend the profane, but remains bound up in worldly terms. Life itself, therefore, takes on a heightened significance in defining value, while suffering represents deprivation rather than a path to posthumous virtue. See Talal Asad, *Formations of the Secular: Christianity, Islam, Modernity* (Stanford, Calif.: Stanford University Press, 2003), and James Faubion, "Religion, Violence, and the Vitalistic Economy," *Anthropological Quarterly* 76, no. 1 (2003): 71–85.

otherwise treatable diseases and the by-products of violence. As in Hubert and Mauss's classic understanding of sacrifice, the humanitarian defines death in a manner such that it is always inherently meaningful.

When the president of MSF-France writes in opposition to what he terms "the sacrificial international order," the real violation is the eradication of lives that ultimately do not count in their particularity, even when they are defended in the name of abstract values and "just wars." Like Agamben's *homo sacer*, they stand outside the boundaries that define social significance. But their deaths may not even derive from the focused attention of a certain and powerful state; as well as being killed, they can also be simply left to die or not noticed at all. For whether political powers intervene militarily, pursue political involvement, or abstain completely, their response to crises inevitably involves a political logic that can always justify death and divide those who may live from those who must die. Humanitarian action, Bradol believes, must fundamentally "refuse to collaborate with this fatal selection process."¹³ Faced with multiple outrages and the suffering they generate, MSF and similar organizations seek to reclaim the value of life by loudly defending human "dignity." In this context dignity stands in as a baseline of value inherent in human existence.¹⁴ By appealing to it, even deaths otherwise without weight can be rendered sacred again, "sacrificed" in the etymological sense of the term.

Humanitarian action thus represents a complicated reworking of sacrifice, one extending beyond a gift economy or a volunteer ethos. On the one hand, humanitarians resist the practice of destruction inherent in sacrificial rites, refusing any exchange whatsoever for life. On the other hand, they resist the devaluation of life by others and, in that resistance, effectively reconsecrate nonsacrificial killing by recasting it as tragic destruction. This double logic becomes apparent in the enumeration of victims, a practice in which humanitarians routinely engage even while resisting its potential dehumanization.¹⁵ Counting bodies to measure suffering, they simultaneously demand that each death register as a categorical loss, all equally precious. At a rhetorical level at least, the significance of death remains incalculable, even when it is used to enumerate.

Actual interventions undertaken in the name of humanitarianism, however, face an inherent problem of selection of their own. Amid a landscape of disaster, where should aid be provided, and to whom? To address this second problem, I take a closer look at Bradol's own organization and the medical tradition of triage.

¹³ Bradol, "Sacrificial International Order," 9.

¹⁴ See Paul Rabinow, *French DNA: Trouble in Purgatory* (Chicago: University of Chicago Press, 1999), esp. 102–3 on the emergence of "human dignity" as a category of international concern in the aftermath of World War II.

¹⁵ Bradol's essay, for example, closes with a figure of twenty thousand children saved by MSF in Angola in 2002. Bradol, "Sacrificial International Order," 22.

Triage without Borders

Amid the wider landscape of aid organizations, MSF is a particularly prominent and interesting case. Although hardly typical of the aid community, the group nonetheless embodies the very ambition of global humanitarianism in name and mobility. Furthermore, its complex organizational structure (a loose federation of largely independent national sections), its contentious organizational history, its medical focus, and its continuing goal of self-reflection make MSF a particularly apt case for this discussion. Thus, I present it here as less example than exemplar of the dilemmas of humanitarian selection relative to sacrifice. Like MSF itself, I also alternate between presenting the group as a unified public presence and recognizing its considerable divisions on the ground.¹⁶

Founded in 1971 as a French effort to create an independent and daring medical humanitarianism, MSF expanded into a multinational fixture of emergency responses to international health crises during the 1980s and especially the 1990s, winning the Nobel Peace Prize in 1999. Along the way, it fostered an image of antiheroic heroism, combining an air of urgency with a critical sensibility. The group has also developed a distinctly global portfolio of operations, defining its mission in terms of "populations in danger" rather than any regional geography. By the time it received its Nobel Prize, MSF was a considerable operation, incorporating some two thousand volunteers and fifteen thousand locally hired staff in some eighty countries.¹⁷ In the ensuing years, the organization continued to grow, and its total income in 2004 reached over 450 million euros. Although the majority of MSF's projects address needs amid the debris of former empires in Africa and parts of Asia, it also works in Latin America and Europe, and its rhetoric regularly addresses human life at large. To echo an early advertisement produced on the group's behalf, this waiting room stretches worldwide.

Relying largely on its own private fund-raising and acknowledging an ever-expanding set of health concerns (now including such things as psychosocial interventions, AIDS treatment, and pharmaceutical advocacy alongside emergency

¹⁶ MSF is a highly decentralized NGO composed of nineteen largely autonomous "national" sections, the five most prominent in operational terms being MSF-France, MSF-Belgium, MSF-Holland, MSF-Switzerland, and MSF-Spain. For my purposes here, however, I will gloss over sectional differences in telling a singular history. I began an intermittent ethnographic and historical study of MSF in 2000, concentrating on central nodes in Europe and field projects in Uganda. For more of this project, see Redfield, "Doctors, Borders, and Life in Crisis," and "A Less Modest Witness: Collective Advocacy and Motivated Truth of a Medical Humanitarian Movement," *American Ethnologist* 33, no. 1 (2006): 3–26. For a more expansive history of the original French section, see Anne Vallaëys, *Médecins Sans Frontières: La biographie* (Paris: Fayard, 2004); for a portrait in English including more on the Dutch section, see Dan Bortolotti, *Hope in Hell: Inside the World of Doctors Without Borders* (Buffalo: Firefly Books, 2004).

¹⁷ Figures drawn from the *Médecins Sans Frontières Activity Report for 1999–2000*, 82–85. Later reports are found at <http://www.doctorswithoutborders.org/publications/ar/index.cfm>.

medicine), MSF must continually consider which projects to begin or maintain and which to close. MSF is a fully operational nongovernmental organization, actively planning and running projects. At the same time, it has a long legacy of advocacy and willingness to speak out. Indeed, the group's internal and external claim to authenticity derives not only from daring and high-profile interventions but also from agonized withdrawals. In contexts it deems beyond the humanitarian pale, MSF reserves the right to withdraw, or agitate until it is evicted. The examples are few, but the occasions when sections of MSF have chosen to speak out and leave have played a major and controversial role in the organization's history.¹⁸

Any decision to withdraw or defer response disrupts the fundamental humanitarian ethic: that all humans deserve aid. Rony Brauman, Bradol's defining forerunner as the French section's president, underscores that under humanitarianism's "ethic of emergency" the fact of victimization transcends political affiliation, such that the grim fate of the 1970s "boat people" could unite political opponents Jean-Paul Sartre and Raymond Aron in common protest.¹⁹ But, in practice, victims of different crises have varying degrees and kinds of need. However symbolically taxing, in operational terms the humanitarian faces a constant problem of choice among victims.

To examine the larger issue of selection, I turn to the medical practice of sorting known as triage. Like modern humanitarianism, triage derives from the experience of war and a medical logic of crisis. The term "triage" derives from the French verb *trier* (to pick or cull). Its historical lineage (like that of the ambulance) extends to a surgeon in Napoleon's army, Dominique-Jean Larrey, who recognized the importance of battlefield evaluations and the categorization of wounded soldiers by the severity of their condition rather than their rank or familiarity. The term became standardized in World War I as a principle of military medicine.²⁰ With the rise of emergency medicine in the second half of the twentieth century, it grew into a routine feature of hospital admissions; with the emergence of new technologies it also became a reference in ethical debates about the allocation of medical care.²¹ Triage can signify either a sorting that emphasizes survival (prioritizing those who have a chance to live) or one that emphasizes severity of need (prioritizing those who need more immediate attention). I use the term to gloss the general problem of humanitarian

¹⁸ MSF-France's eviction from Ethiopia at the height of the Live Aid era of famine response in the 1980s, and its withdrawal from refugee camps following the Rwandan genocide, represent two such watershed events. The French section's project to document these events with a bilingual series of "casebooks" (collectively entitled *Prises de parole publiques de MSF/MSF Speaking Out*) has generated its own controversy within the organization.

¹⁹ Rony Brauman, *L'action humanitaire* (Paris: Flammarion, 2000), 65; see also Didier Fassin, "La cause des victimes," *Les Temps Modernes*, no. 627 (2004): 73–91.

²⁰ Richard Gabriel and Karen Metz, *A History of Military Medicine*, vol. 2, *From the Renaissance through Modern Times* (New York: Greenwood Press, 1992), 158.

²¹ C. R. Blagg, "Triage: Napoleon to the Present Day," *Journal of Nephrology* 17, no. 4 (2004): 629–32.

prioritization, which categorizes suffering in order to confront it more effectively. I also stress the potential significance of Larrey's ethical innovation: the tradition of triage assigns value on the basis of immediate bodily states, not previous social identity. It expects dispassionate professional judgment.

Aid agencies generally do not refer to triage except as a technical term. However, they increasingly deploy techniques that mobilize the larger logic of triage, perhaps none more continuously and pervasively than MSF. Because the organization has achieved a degree of financial independence while claiming to impartially treat the entire world, it bears a particular burden of responsibility for choosing where and how to expend its resources. To balance its voluntary ethos and the constantly shifting makeup of its personnel, the group began to establish a framework of standardized equipment and guidelines, bearing such titles as "Rapid Health Assessment of Refugee or Displaced Populations."²² The French section also created a nonprofit subsidiary known as Epicentre to conduct epidemiological research related to humanitarian issues and crises. Epicentre allows MSF to buttress its advocacy documents with numbers as well as clinical stories (rendering them more legible in bureaucratic settings), and to a certain extent helps guide its decision making, particularly in relation to disease-specific programs. The group may oppose the logic of cost-benefit analysis dominant in public health, preferring to center its ethics on the clinical scale of "one patient at a time" (to quote a phrase that appears frequently in recent literature). Yet it regularly generates and deploys epidemiological data. These data allow MSF to represent the biomedical condition of "populations in danger" (another frequent point of reference) and to proclaim and enact a technically appropriate response. At the same time they provide an additional mechanism for project selection and evaluation.

Over the three decades of its existence, MSF has expanded the scope of its operations far beyond its initial emergency response. The categorical logic of humanitarianism is, by its very nature, inflationary. If defending life and alleviating suffering are the goals, then cause matters less than condition.²³ An expanded range of potential duties, however, only further complicates the essential problem of which to actualize. Moreover, issues such as HIV/AIDS, sexual violence, and mental health have inherent social dimensions and do not lend themselves to quick or mobile solutions. Although the group's assets and organizational capacity continue to grow, they are finite. A few of the many potential patients can be treated, but the vast majority must continue to wait. In contrast to sacrifice, triage focuses on salvation rather than destruction. Nonetheless, it involves selection, and thus giving up anything not chosen.

²² Médecins Sans Frontières, *Rapid Health Assessment of Refugee or Displaced Populations* (Paris: Médecins Sans Frontières/Epicentre, 1999).

²³ "In terms of the destruction of human life, what difference is there between the wartime bombing of a civilian population and the distribution of ineffective medicines during a pandemic that is killing millions of people?" Bradol, "Sacrificial International Order," 8.

Uganda amid Global Humanitarianism

To better ground the larger problem of operational triage, I briefly outline MSF's shifting pattern of missions in one national setting, Uganda. Although any long-term field site would illustrate the general point, Uganda has the advantage of being located at the uncertain edge of several crises, rather than being the center of one. North of Rwanda, south of Sudan, and east of the Democratic Republic of Congo (formerly Zaire), Uganda has at various points served as a base for humanitarian operations elsewhere. Prominently featured in HIV/AIDS research and policy debates, the country represents a front line in the broader field of international health. Uganda also struggles with a large displaced population of its own, uprooted by a simmering insurgency in the north. At the same time, international NGOs have found Uganda a relatively easy place in which to operate due to its use of the English language, climate, and relative stability in recent decades. Consequently, the country incorporates a large NGO sector, and the different sections of MSF rub shoulders with many potential substitutes and competitors. Uganda thus presents the organization with a complex of ongoing choices.²⁴

MSF-France first arrived in Uganda in 1980 amid episodes of famine accompanying the fall of Idi Amin. At the time, the group was still quite small and somewhat disorganized, one of several private and state organizations endeavoring to provide a measure of assistance in and around the multiple parts of the United Nations system. Over the following years, it maintained a series of projects, largely located in northern Uganda, serving refugees from neighboring countries. When the refugee situation became relatively stable in 1986, the group reoriented its mission and began to combat sleeping sickness in the northern town of Moyo. By the early 1990s, MSF-France had been joined by teams from other sections of the expanding organization. MSF-Holland opened a refugee project and ran programs in Zaire from Kampala, while MSF-Switzerland joined MSF-France in Moyo to begin an AIDS program and also helped start two local NGOs, one devoted to training traditional healers in combating the disease. At the end of the decade MSF-France began an AIDS-related program in Arua, while MSF-Switzerland was on the Kenyan border at Amudat, treating pastoralists with kala-azar (a chronic and potentially fatal parasitic infection of the viscera). In 2000, the group also responded to the Ebola outbreak in Gulu. The last sleeping sickness site closed in late 2002, even as the Arua AIDS program began offering antiretroviral therapy. The next year the French, Swiss, and Dutch groups opened major new projects to assist populations displaced by the country's shadowy northern war around Soroti, Gulu, and Lira. And

²⁴ The French have the longest track record in Uganda, and a number of influential figures within MSF-France have spent time in one or another Ugandan mission. Although beyond the scope of this chapter to explore, transnational NGOs have geographies and traditions shaped in relation to particular places.

in 2004 that crisis won the country a mention in MSF-USA's annual top-ten list of "underreported crises," a humanitarian barometer of sorts.²⁵ The wheel had come full circle, and MSF was back to monitoring nutrition and providing basic health care in camps, albeit now keeping an eye on such things as AIDS, mental health, and sexual violence in these contexts as well.

Even such a cursory survey of projects illustrates the degree to which MSF has confronted different problems over time. Although all its efforts address perceived medical needs, the group's selection process involves considerable contingency beyond the facts of suffering itself. Individual biography can play a significant role: the doctor who headed MSF's Ugandan operations at the start of the sleeping sickness program happened to have written a thesis about the disease. So too can organizational history: the group located an AIDS program in Arua partly because it had worked there before. At earlier points, funding played a significant role in project selection, given that MSF ran its refugee projects with funds from the UN and other institutional donors. After emphasizing contributions from individual donors in the 1990s, the group had more financial leeway to determine its course of action. This was especially apparent in the antiretroviral AIDS initiative, an experiment it could simply decide to launch worldwide. Some of the recent refugee projects, however, have again involved a greater measure of European institutional funding. Project selection thus stems from a more heterogeneous set of influences than humanitarian rhetoric might suggest, and it can represent quite different rationales and priorities.

MSF's record in Uganda also reveals that it is not entirely immune from the larger logic of sacrifice. Alongside the group's frequent announcement of new missions and projects, it also makes quieter decisions to close old ones. Even as the Arua AIDS effort began to expand, the nearby sleeping sickness program wound down. Incidence rates had fallen, and after eighteen years MSF sought to hand the operation over to the Ugandan government. When I visited in 2003 the project lingered only as a small follow-up study, along with a dwindling supply of donated pharmaceuticals and bicycles, as well as a once-adopted, now-abandoned dog. MSF is hardly alone in shutting up shop or allowing a project to dissipate. But because the organization defines itself in terms of humanitarianism rather than development, and because it specializes in frontline medicine and agitation rather than long-term care, the life span for many of its operational endeavors is quite short. Inevitably, people are left behind; once stabilized, the crisis patient returns to daily life, however unappealing that may be. The continuing emergence of new concerns—a general pattern reinforced by MSF's antibureaucratic ethos and continual turnover of personnel—only amplifies the number of potential choices. Whether the final selection appears as triage or sacrifice depends partly on perspective. When shifting its attention

to suffering elsewhere, MSF breaks social ties, and for those left behind it is harder to achieve professional distance.

Decisions to leave are often painful for the organization as well, particularly for staff in the field whose all-consuming world of activity dissolves to reveal continuing deprivations. Withdrawals are also disturbing at a more conceptual level, for they remind humanitarians that they themselves participate in the selection. As a head of mission in Uganda noted to me in 2006, "it's difficult to admit that we choose, that we make decisions, that we decide." Trained as a nurse, however, she had encountered the necessity of frontline triage following bombing in Chechnya, and found that experience a helpful point of reference in recalling the need for distance.

In keeping with this principle, it falls to the central office of each section—which juggles multiple world areas at a remove—to make the final call whether to end a particular operation and shift resources elsewhere. Individually and collectively, these offices wrestle with the difficult question of determining priorities and limiting MSF's potentially limitless mission. In a characteristic remark, a member of the Paris office told me in 2005, "Fighting poverty, or something like that, that's way beyond our reach. We're like rescue workers on a highway after a car crash. Should they stop just because tomorrow there will be another crash?" The formulation is apt in identifying crisis response as the thematic key to MSF's sense of action, however much the group's portfolio may have expanded. But it skirts the corollary problem facing the organization: how to locate the most serious accidents amid a worldwide pileup, and how to determine when to move on. For all the group's assemblage of guidelines and principles, this is not always clear, and Uganda is precisely the sort of borderline context where such decisions prove difficult.

Before setting up an emergency mission, MSF usually sends an exploratory team to quickly evaluate the situation. I met one such team in northern Uganda at the end of 2004. A multinational trio working for MSF-Spain, they spent several days driving about the area, visiting camps and clinics, and talking to local officials and the staff of other NGOs. In the evenings they discussed the situation among themselves, debating whether the situation was sufficiently dire to warrant intervention. They all agreed it was bad, but they remained uncertain whether it was bad enough. Medical needs were significant but did not constitute an obvious emergency. The Spanish team also noted that other groups (including a mission from MSF-Switzerland) were providing some services in the area and recommended against starting a project. Such an assessment hardly reassures a humanitarian sensibility, however. Six months later another team returned and produced a different recommendation. In the end MSF-Spain did open a mission, justifying the effort in part by a need to further assess and monitor the situation.²⁶

²⁵ "Top Ten Most Underreported Humanitarian Stories of 2004," <http://www.doctorswithoutborders.org/publications/reports/2005/top10.html>. The history assembled here derives from collected documents and the author's field notes.

²⁶ I returned to visit this mission in July 2006. At that point the project remained only partly realized, and its staff chafed under what they saw as excessive security restrictions.

Other moments in the continuing adventure of MSF in Uganda likewise illustrate the fundamental edge of uncertainty beneath the group's mode of decisive action. In the span of just a few years, MSF-Holland decided to cease all operations in the country and then came roaring back after an upsurge of violence in the north. Viewed from Amsterdam, a convincing case could be made either way at different points: to avoid collaboration in a protracted situation subject to political manipulation, or to alleviate the medical needs of people living in camps. Similarly, MSF-France resisted involving itself in AIDS work for many years before dramatically committing itself to pharmaceutical equity and the provision of antiretroviral drugs at the end of the 1990s. Viewed from Paris, a convincing case could be made either way at different moments: to leave a well-publicized and complex condition to others, or to promote a more general cause and the expansion of a new treatment protocol. From the perspective of northern Uganda, or even Kampala, the continual change of direction might appear less sanguine. But MSF always reserves the right to decide whether to stay or leave, or where to go in the first place. In this sense it differs from some similar organizations that maintain a long-term focus on particular project sites, such as Partners in Health.²⁷ And in this sense it regularly participates in determining what constitutes an exception, if less comfortably than Agamben's sovereign.

Unsurprisingly, MSF's focus tends to rest on initiating projects rather than their closure or stillbirth. The practice of any sort of selection disrupts the categorical moral logic usually deployed by humanitarianism by distinguishing among victims. Even if neglect and suffering stem from a "sacrificial international order" as Bradol suggests, it is difficult not to echo its sacrificial logic when choosing to withdraw or declining to intervene. MSF may strive to maintain a realist sensibility about what it can and cannot accomplish. It may favor a medical rationale over a political one. But its actions still involve uncomfortable tasks of selection and prioritization, the act of giving up alongside that of reclaiming. Moreover, like all aid organizations, MSF operates within a wider political and economic context, the same one that produces and reproduces international order. Likewise, humanitarian action depends heavily on media presence, given that even private funds derive from public sentiment. In this sense, aid agencies remain ever partial and limited in their ability to choose a consistent course of action, let alone care for populations. Any triage they practice occurs within a broader field of selection around the value of life, one hardly confined to bodily states or medical criteria.

Following the Wave

Here I turn from Uganda, an "underreported" crisis, to one that occupied the spotlight. The Indonesian earthquake and Indian Ocean tsunami at the end of

2004 prompted an unexpectedly large secondary wave of humanitarian contributions. In response to appeals for help, money poured in—well over \$1.5 billion from the United States alone.²⁸ Commentary on tsunami giving noted several factors that may have contributed to this outbreak of contributions. Not only was the event a dramatic natural disaster in its own right whose victims could appear innocent of any wrongdoing, but also it affected areas involved in international tourism. Furthermore, the tsunami occurred at a high point on the religious calendars of wealthy Christian nations, amid a holiday identified with gift exchange. Thanks to both professional and vernacular fund-raising, giving opportunities proliferated through commercial contexts. In a surprisingly short period of time, tsunami response defined the very currency of humanitarianism.

On New Year's Eve, MSF announced that it would no longer seek donations earmarked for that cause. Coming a mere week after the event itself and at a moment of heightened public concern and record fund-raising in Europe and the United States, the group's statement took both the professional aid community and members of the contributing public by surprise. The moral moment seemed to demand the generosity of contribution and self-sacrifice, at least in the minimal but calculable form of alms. However, MSF had already far exceeded its fund-raising goals and foresaw only a limited role for its medical expertise in this form of natural disaster, which produced considerable death and destruction but relatively little disease. The organization asked contributors to allow it to redirect donations to less well-publicized projects elsewhere and otherwise offered to return the money.

Although private donations represent a significant source of independence for MSF that free it from the potentially compromising control and funding cycles of donors, they also fluctuate according to publicity and the emotive power of crises. In general, major natural disasters produce the greatest waves of charitable donations, as well as graphic visuals of suffering that obviate the need for advocacy or advertising. By contrast, longer-term campaigns addressing specific diseases or health inequities at a structural level—the very sort of thing that private funding has permitted MSF to address—require substantial investment of time, money, and image making. They also yield relatively less income and are not likely to have a tidy closure.²⁹ The tsunami was an extreme case of natural disaster, and MSF's decision to halt its fund-raising not only provoked considerable criticism from many quarters but also confused some of its own contributors. How could a humanitarian organization refuse donations for a worthy cause? Others, however, were impressed by what they took to be the organization's renewed commitment to its moral authenticity. After

²⁸ "Tsunami Relief Giving," http://www.philanthropy.iupui.edu/tsunami_relief_giving_1-18-05.html.

²⁹ Médecins Sans Frontières and Factnova, "Résultats Etude Qualitative Phase Entretien Donateurs," MSF-France report, 2004.

²⁷ For an overview of the history of Partners in Health, see Tracy Kidder, *Mountains: The Quest of Dr. Paul Farmer, a Man Who Would Cure the World* (New York: Random House, 2003).

all, MSF had long embraced controversy in the name of a greater good, and part of its stature derived from appearing rigorously virtuous.³⁰

According to MSF, its decision making in this case derived less from careful accounting than a stark recognition of problems of scale. As a key member of the Paris office described it to me informally in 2005:

With such a catastrophe, the first three days are all about life saving, so that's mostly local people who are on the spot. By week three or four you'll have more therapists than patients, otherwise it's all postemergency work, and that's slow and takes a lot of time. Yes, there is a need for mental health, mental health is important. But it's not life saving in the direct sense. Reconstruction, something like the Marshall Plan in Europe after World War II, that wasn't NGOs—most of it will have to be state to state. If the west coast of France were suddenly hit by something like that we wouldn't be waiting for NGOs, but for something like the U.S. military. The scale is just different. We were out of our depth; it's really the responsibility of the state. But it became this big fiesta of aid world fund-raising, and we opposed that. I mean, forty million euros in ten days, what we spend for a whole year in Darfur. Niger will be financed with unearmarked tsunami money. Ten million euros can save twenty-five thousand children. But we can't pretend we need to keep raising money for the tsunami itself. . . . You can do things with NGOs and be effective, but not total reconstruction of a large area.

From this viewpoint, MSF's public unwillingness to make claims beyond its technical capacity represents a most ethical inflection of triage. Yes, suffering will continue, but by halting fund-raising, MSF rejected that part of the greater "sacrificial international order" that confuses charitable donations with the alleviation of widespread material destitution in the first place, promising far more than it will ever deliver.

A cynic might point out that MSF's public refusal of further funds in this case surely benefited the group's iconoclastic reputation, and in that sense it could ultimately prove self-serving. At the same time, however, it also represents a clear example of the medical logic of triage: prioritization on the basis of suffering and need. Public commentary notwithstanding, this was a simple decision for the organization, according to the director of MSF-USA. But relative to the wider patterns of geopolitical selection and generosity, MSF's response

³⁰ See comments collected in MSF-France's house journal: "Following the Wave," *Messages*, no. 134 (March 2005): 25–27. To quote two contrasting examples: (1) "I don't understand this decision. It would have been easier to make a donation to a less media-savvy NGO than MSF. I won't be donating to your association again. . . ." and (2) "The criticisms [of MSF] aren't justified; on the contrary, it's your attitude that persuades me to donate to other operations of yours in the future to the best of my ability."

represents a reflexive possibility of self-limiting humanitarianism. When a particular gesture comes to define the humanitarian norm, a humanitarian agency exercises financial triage by refusing the wrong gift. This action disrupts an established moral narrative, revealing the larger pattern of destruction that surrounds it. The result promises no easy redemption. Like most of the group's projects, it features only a negative impression of full political life. But it does illustrate the ethical potential of strategic refusal, amid a continuing effort to confront suffering.

Triage amid Sacrifice

It is too simple to suggest that humanitarianism works "against" sacrifice. Rather, humanitarian values rework the logic of sacrifice by resisting justifications for human suffering and insisting on the significance of life. At the same time, however, humanitarian practice involves a form of triage. This grows acutely obvious with the emergence of entities such as Médecins Sans Frontières that operate on a global scale, engaging and disengaging with specific populations and specific conditions. Project selection may derive from internal rationales and contingent influences, but it continually filters through external forces, such as the availability of funds and media exposure. MSF operates with a relative degree of autonomy in this regard, having a well-established apparatus for private fund-raising and communications. But it remains bounded, in a deeper sense, by its self-defined limits as a humanitarian organization, and by its fundamental attachment to the value of life.

The tensions within MSF's ethical project grow clear amid actions undertaken by military forces in the name of humanitarianism. The group's withdrawals from Iraq and Afghanistan mark a newly bitter form of enforced selection, determined by larger forces and events on the ground. When humanitarianism serves as a rhetorical norm, it grows more difficult to distinguish one action from others that appear related, let alone to clarify its oppositional nature. Such is the context in which the president of MSF-France wrote his essay against the "sacrificial international order." The threat of violence beneath humanitarian norms delineates an operational limit. For when MSF confronts intolerable conditions in the field its main strategic response is withdrawal. To withdraw under protest constitutes another form of sacrifice. In giving up a mission, MSF reaffirms larger ethical principles, but at the cost of practical action. Moreover, when humanitarians withdraw to protect personnel (or restrict missions to reduce their risk), their decision acknowledges fields of value that determine which lives count for more and which for less, in terms other than states of suffering.

MSF became famous in part for its self-proclaimed willingness to test boundaries, to denounce and risk expulsion. Even if these actions are historically rare, they have played a defining role for the organization's ethos and

generate a disproportionate amount of its internal and external controversy. They also raise the uncomfortable realities of selection and refusal to a level of ethical recognition, suggesting that humanitarian virtue might limit humanitarian action. Facing the more ordinary moments of selection, MSF practices a form of triage. For all its local ambiguities, this insistence on actual states of suffering can prove a strategic resource, particularly in an era when appeals to humanitarianism saturate public rhetoric. MSF's halt to tsunami fund-raising reveals the inequities of media attention, challenging the singularity of any one disaster. Such triage finds its limit, however, in the threat of violence. Here humanitarians are forced to consider not only which forms of sacrifice they oppose but also which they will accept.

9

THE DISTRIBUTIVE COMMITMENTS OF INTERNATIONAL NGOS

JENNIFER C. RUBENSTEIN

For the past several years, international nongovernmental organizations such as Oxfam and Doctors Without Borders have spent over \$4 billion annually assisting people affected by earthquakes, famines, epidemics, violent group conflicts, and other disasters.¹ This sum is significant, but it is nowhere near adequate to aid all disaster-affected people whom NGOs wish to assist. Although a few high-profile disasters, such as the 2004 Indian Ocean tsunami, have elicited more contributions than NGOs can effectively utilize, for the most part there is not enough money to go around. NGOs must therefore make wrenching decisions about how to distribute the scarce resources at their disposal.² In this chapter I examine the moral and ethical commitments that inform these decisions.

The principles that NGOs use to allocate disaster relief might at first seem readily apparent. Since it was created in 1994, more than four hundred NGOs

¹ Development Initiatives, "Global Humanitarian Assistance 2006," 2006, 47. Available at <http://www.globalhumanitarianassistance.org>. This figure is a conservative estimate for "NGOs" in 2005 (most of which are probably international). The estimate for 2003 was \$3 billion. Although there are millions of local NGOs, I will here use "NGO" to refer to international NGOs, unless otherwise indicated.

² I exclude religiously based distributive commitments. This focus on (international) NGOs and on disasters might seem narrow: NGOs are engaged in many activities other than disaster