

CATASTROPHE

LAW, POLITICS,
AND THE
HUMANITARIAN
IMPULSE

Edited by
AUSTIN SARAT and **JAVIER LEZAUN**

University of Massachusetts Press
Amherst & Boston

6

Reintegration, or the Explosive Remnants of War

PETER REDFIELD

EDWARD B. RACKLEY

The categories used to situate and analyze humanitarian issues in policy are far cleaner than most events on the ground. Perhaps nowhere does this truism grow clearer than at the end of emergencies, when exceptional suffering fades into normal misery. Whereas crises and catastrophes suggest the decisive lucidity associated with urgent need (however superficially or inappropriately applied), their aftermath remains deeply ambiguous and rarely featured in media reports. The "postemergency phase" identified by policy documents substitutes bland generalization for the patchwork of local and international uncertainties that accompany the end of crises, particularly conflicts that enter what anthropologist Carolyn Nordstrom describes as the time of "not-war-not-peace."¹ Although shooting may have lessened or even stopped, neither guns nor alliances simply disappear. In addition, international systems developed to respond to sudden events confront the longer-term effects of upheaval on political and economic ties as well as on individual lives. The medical and legal edges of the humanitarian tradition grow unclear.

In this chapter we examine the problem of defining the "end" of a crisis state when would-be humanitarians include the larger symptoms of social disruption within their purview. We will focus on recent concerns about child soldiers and efforts to reintegrate them into society in the aftermath of conflict. Deploying a technical euphemism for unexploded ordnance—"explosive remnants of war"—we consider how figures such as child soldiers disrupt simple definitions of a postemergency phase in both medical and legal terms. For empirical specificity, we refer to contemporary cases in the Democratic Republic of Congo (DRC) and in Uganda. We also describe the trajectory of an influential, crisis-oriented humanitarian organization with which we are directly familiar: Médecins Sans Frontières (MSF), otherwise known as Doctors Without Borders.

Observing that neither humanitarian organizations nor the medical or legal traditions they draw on are particularly well suited to the problems and contexts they now seek to confront, we suggest that current efforts represent a potential redefinition of international crisis in practice. Issues such as sexual and gender-based violence, mental health, and child soldiering suggest long potential time frames and reveal elements of inertia amid the volatile dynamic of crisis. Although organizations like MSF have typically shied away from chronic crises and development work, fearing the lack of a clear exit strategy, the growing range of humanitarian expectations and scope of humanitarian projects returns them to similar, unstable ground. By recognizing the extended effects of crisis states, humanitarian actors put themselves in a position in which it is increasingly difficult to limit their responsibility or withdraw. When they do so, it is amid a greater sense of uncertainty and incompleteness than that which accompanies more immediate acts of "saving lives."

Crisis and Emergency Tools

The first step in our argument is a brief review of the significance of catastrophic moments of human suffering for the humanitarian tradition. Concepts of crisis have played a foundational role in humanitarianism, from the formation of the Red Cross and the initial Geneva conventions in response to war to the standardization of emergency medicine in response to natural disasters. Like older traditions of charity, humanitarianism frames the ethics of action in terms of a response to pre-existing conditions. Rather than individual misery or a general category like "the poor," however, the modern humanitarian focus has rested on populations defined by particular misfortunes: wounded soldiers on a nineteenth-century battlefield, say, or the shocked survivors of a tsunami. In this sense, the history of the Red Cross movement connects with the practice of missionary medicine amid European empire and the rise of the welfare state in modern governance, all of which connected actions with institutions beyond personal virtue. At the same time, however, the Red Cross lineage of humanitarianism conceived of suffering as an exceptional state and its response as an attempt to re-establish normal conditions appropriate for human dignity. Even if the Red Cross movement created lasting institutions and norms of expectation related to warfare and disaster, it cast its activity in emphatically temporary terms.²

Focused on the short-term needs of suffering people, humanitarianism has thus long oriented itself toward the present and the necessity of

urgent action. Unsurprisingly, humanitarian fund-raising appeals feature dramatic moments when the line between life and death looms large and an immediate response promises continued survival. Although such iconography simplifies the less certain terrain of actual humanitarian practice, it appeals to concerns about life in contemporary moral discourse and retains the force of an essential medical truth: undeniably, there are moments when prompt action saves lives. The concept of crisis itself has a long medical history, marking a turning point and hence the decisive moment for intervention. The standardization of emergency medicine in the second half of the twentieth century only sharpened this medical sensibility as it produced the technical means to quickly stabilize and treat a patient requiring urgent care. The "second wave" of humanitarianism—cast at a global scale, shaped in response to televised images, and marked by the rise of nongovernmental organizations (NGOs)—emerged in conditions in which it had become possible to imagine both immediate knowledge and rapid response.³ The machinery of contemporary relief efforts thus concentrates on matters of human survival, the limited sense of life defined by existence.

Perhaps no organization better embodies the emergency ethos of global humanitarianism than MSF.⁴ Established as a nongovernmental alternative to the Red Cross in 1971, the group initially positioned itself around emergency interventions, suggesting something along the lines of a universal hospital emergency room. Although adopting a role of self-appointed gadfly, the group framed its complaints in relation to action. Amid many other NGOs and state and interstate organizations, MSF slowly developed the material and conceptual basis for a mobile humanitarian apparatus, one that could intervene quickly in a variety of settings, largely in response to displaced populations. Over time, however, even MSF's purview widened alongside its reach. Like other actors in the aid, the group expanded its field of concerns well beyond emergency medicine, addressing a variety of health conditions such as HIV-AIDS. Even when responding to emergency settings, humanitarians increasingly worried about issues such as mental health and sexual violence. Although survival remains of crucial concern, the sense of life that contemporary humanitarianism seeks to defend includes a larger range of well-being. The response therefore exceeds the parameters of emergency medicine associated with immediate, urgent care.

To clarify the distinction involved, let us turn first to a recent fund-raising letter from MSF. "Dear Friend," it begins. "People shouldn't die of

cholera, but they do. Simple things like clean water, proper sanitation, and good hygiene can prevent an outbreak of the disease and immediate rehydration can save a person's life when they are infected." Having established the basic medical facts of the disease, the letter continues to recount a recent cholera outbreak in Zambia and the difference that MSF was able to make by providing rapid response. "Your support," it concludes, "enables Doctors Without Borders to respond to outbreaks of cholera and many other deadly diseases with the speed and resources necessary to save lives. Please help us today." The choice of cholera for this purpose is not arbitrary. In many respects, it is the classic outbreak disease, one closely associated with catastrophe. From the perspective of public health, a primary danger associated with both warfare and natural disasters of any sort is that of sudden population movements, when masses of displaced people in unsanitary conditions quickly lead to outbreaks of infectious disease. As the letter indicates, however, cholera is relatively easy to treat, posing more of a problem of logistics than science for contemporary biomedicine. Based on years of experience working in refugee camps, MSF has developed a packaged "kit" of equipment and guidelines to respond to cholera, one that can be deployed anywhere in the world on a few days' notice. Provided all systems operate and local actors cooperate, cholera response—essentially containment and hygiene—can be highly effective; death rates fall precipitously, and in a relatively short time span all patients who survive can return to ordinary life. For all the mess involved, cholera response is clean and neat. This sort of humanitarian action produces tangible results of the sort easily incorporated into fund-raising materials. Action, in the form of speed and resources, will indeed save lives.

Even in classic emergency settings, however, the end of any crisis is often less clear than the moment of its identification and initial response. People who recover from cholera often return to unsanitary conditions where they can become infected again. On a grander scale, the "post-emergency phase" of any humanitarian operation remains uncertain even in its definition. According to MSF's authoritative volume, *Refugee Health Care: An Approach to Emergency Situations*, by one common criterion a postemergency phase begins when the crude mortality rate of a population falls below one death per 10,000 per day, taken to be the norm. "However," the guidebook quickly adds, "the border between these two phases is not that clearly defined and the evolution from emergency to postemergency is not unidirectional." Moreover, "the post-emergency

phase ends when a permanent solution is found for the refugee problem (repatriation, integration into the host country or re-settlement in a third country). The duration cannot therefore be defined.⁵ As the reference work goes on to note, some refugee crises persist for years, if not decades. A humanitarian health response therefore must shift from a concentrated focus to infectious diseases to include a wider range of chronic concerns, including such things as reproductive health, tuberculosis programs, and psychosocial and mental health. At some point, the problems facing the population no longer appear exceptional, however significant they may be. At that juncture, humanitarian action grows indistinguishable from more general concerns about development and public health.

By pursuing this quick translation of catastrophe into population movements and potential epidemics, then, there is both a field for decisive action and a much larger terrain of uncertainty. What seems like a clear, well-defined response to a sharply defined problem grows fuzzy at a wider angle. Once a sense of immediate urgency fades, longer-term questions return to view. Survival momentarily ensured, people return to the endless task of living. From the perspective of humanitarianism, then, come three general observations:⁶

1. Crisis defines and justifies a milieu for action. An emergency is an exceptional state, one in which time concentrates into an instrumental sense of the present, "where every second counts." This situation invites technical response, in which knowledge compresses into decision.
2. Claims of crisis extend well beyond immediate moments of urgent action. They emerge from and recede into political contexts. Within these contexts, an exceptional state can have effects and can serve as resource.
3. Crises do not simply end as much as fade from view, often displaced by other dramas elsewhere. In fading, they reveal a more complicated topography of time beneath the concentrated present of action. Here an event lives on, affecting the continuing present of everyday life in its aftermath.

We will concentrate on this third observation for the remainder of the chapter. Unsurprisingly, even though humanitarian organizations like MSF have broadened their scope of action, their public image remains deeply attached to moments of crisis, particularly those covered by in-

ternational media. Emergency response remains central to fund-raising efforts (where it reliably provokes generosity), implicit in much of the technical apparatus such organizations use, and a key component of the humanitarian esprit de corps. The newer activities and concerns, however, lend themselves even less well to a clean and surgical end. The contemporary problem of child soldiers illustrates the broader problem.

The Problem of Child Soldiers

Amid the circulation of international media and advocacy in the wealthier parts of the world, the problem of child soldiers has emerged as a topic of growing concern for members of the public and organizations alike.⁷ Children have, of course, long personified the innocent victim, and, by the norms of childhood in wealthy countries, the participation of children in armed conflict appears an unthinkable violation. To situate contemporary concern, however, any anthropologist must first emphasize that both conceptions of childhood and warfare are hardly timeless universals. The definition of who counts as a child and who can count as a legitimate member of a fighting force has varied, and the ethnographic and historical record is more complex than contemporary advocacy movements might imply.⁸ At least two features of the contemporary phenomenon appear relatively distinctive, however. First, the military use of children is now a part of conscious strategy rather than an initial stage in a longer career. Children are recruited as children, not as future adults. Second, the conflict experience does not represent a legitimate form of coming of age for surrounding communities. Being a child soldier, in other words, is no longer an acceptable rite of passage into adulthood, but rather a detour and possible dead end.

Thus, transnational sentiment of humanitarian concern, however parochial in its assumptions, does converge with a very real problem. Contemporary child soldiering represents a sort of living crisis, one that violently detaches an individual child from a given community into a new association shaped by conflict, without offering a clear path of return. To examine responses in relation to humanitarianism, let us examine two areas: the quasi-legal realm of policy and the efforts of specific humanitarian projects, including MSF. Although the result remains a sketch, it indicates the wider tensions revealed by humanitarian efforts to address the issue.

The Policy View on Children in Armed Conflict

"Postconflict reconstruction," a neologism employed by political analysts and humanitarian workers, aims to capture the daunting nexus of immediate and medium-term social, economic, and security needs facing a country emerging from years of conflict. Recovery from war is a long-term process, however, and it often exceeds the scope and expertise of relief agencies, which typically limit their involvement to services tailored to women and children directly affected by conflict: survivors of sexual violence and rape, former child soldiers, war orphans, populations returning from exile or long-term displacement, and the like.

As fighting now increasingly involves civilian targets, armed conflicts have a devastating effect on children. From direct observation, humanitarian policymakers know that thousands of children are killed or die as a result of warfare, and others take part in combat. Moreover, because schools and health facilities are targeted for attack, children often lack both for education and medicine while being denied essential humanitarian aid. Although the increasingly documented phenomenon of child soldiers receives particular attention, it is but one way children are manipulated and exploited by adults as cannon fodder, munitions mules, spies and scouts, camp minders, cooks and porters, and sex slaves.

P. W. Singer's book, *Children at War*, describes how conventions on wartime conduct, both cultural traditions and those born of nineteenth-century humanitarianism, have deteriorated to the point where children are abducted and reprogrammed to kill and be killed while their adult overlords watch from a safe distance.⁹ Youth are attracted by the military's apparent exit from the destitution and vulnerability wrought by the war raging around them, and a chronic absence of economic opportunities in many contemporary conflict settings means that militias and armed groups need to conduct little active recruitment to fill the ranks. At the same time, the political ambitions of military forces relying on child soldiers remain limited in an institutional sense, a matter of sequential raids more than comprehensive conquest and enduring rule. The temporal scope of action on the battlefield thus mirrors that of the larger social issue, emphasizing a continual present rather than an expansive future.

Looking more closely at the child soldier phenomenon, or "children associated with armed conflict" (CAAC), two approaches have emerged for humanitarian agencies to engage the problem: (1) disarmament, demobilization, and reintegration (DDR) programming and (2) United Nations Security Council (UNSC) resolutions, combining legal instruments with

"evidence-based advocacy," most recently and visibly in the 2005 UNSC Resolution 1612. The first approach recognizes the long-term implications of child soldiering, although successful outcomes lie beyond control of relief agencies. The second concentrates on establishing a legal framework for official recognition of the problem, implying a more general and ongoing monitoring and reporting of grave violations against children by parties to conflict. We will examine each briefly in turn as they pertain to two neighboring countries in Africa.

Disarmament, Demobilization, and Reintegration (DDR) in the DRC

The proliferation of United Nations' peacekeeping operations coincides with an increase in UN-led programs to disarm and disband warring parties as well as reintegrate ex-combatants into civilian life. DDR programs have featured in postconflict reconstruction from Afghanistan to Haiti, but the bulk of DDR interventions—twenty-four since 1992—have occurred in Africa. The failure of early DDR programs in Somalia and Liberia, partly attributed to their vague mandates, prompted a shift in recent years toward more focused interventions, now codified in a new set of policy guidelines developed in 2005.¹⁰

In the disarmament phase, weapons belonging both to combatants and the civilian population are collected, documented, and disposed of (in most cases, destroyed). This process includes the assembly of rebel combatants, often in an area guarded by government forces; collection of personal information; collection of weapons; certification of eligibility for benefits; and transportation to a demobilization center. During demobilization, armed groups are formally disbanded. At this stage, combatants are generally separated from their commanders and transported to cantonments, or temporary quarters, where they receive basic necessities and counseling. Eventually, they are transported to a local community where they have chosen to live permanently. "Reinsertion" is the transitional assistance offered to ex-combatants during demobilization before longer-term reintegration begins. Such assistance can include cash payments, in-kind assistance (goods and services), and vocational training. Despite the logistical challenges of disarmament and demobilization, reintegration—the acquisition of civilian status and sustainable employment and income—is considered the most difficult phase of any DDR process.

Because DDR originally focused on short-term disarmament, reintegration is the least developed phase, in some cases confined to vocational

training in one or two fields. In most postconflict countries, particularly those in Africa, job opportunities are scarce, and ex-combatants have little occasion to apply their newly acquired vocational skills. In a survey of ex-combatants in Sierra Leone, more than 75 percent said that the training component of DDR had prepared them well for employment; the most common complaint about the program was that it should have lasted longer.¹¹ By contrast, in the Democratic Republic of Congo, the reintegration process was "chaotic and problematic," according to a 2007 Amnesty International report.¹² "We risked our lives to hand in our weapons," said a former fighter interviewed for the report. "We are incapable of feeding our families and cannot even pay the rent. The solution is for these people to give us our weapons back." Both responses highlight a common tension within the DDR approach: by defining the issue through the military status and equipment of combatants, the sequence overlooks the extent of social and economic rupture surrounding them. The "crisis" in this sense is not one of militarization alone.¹³

A snapshot from the ground provides a better sense of the ambiguities of such policy initiatives. In early 2006, one of the authors (Ed Rackley) evaluated large-scale DDR programs for the World Bank and UNICEF across the DRC. His team was hired to assess the effect of a number of projects to secure the release of child soldiers from an array of military groups and to return them to their families and communities. The projects were designed to provide children with the means and mental wherewithal to resist the pressures of rerecruitment. Such pressures remain constant. Combat continues, and children are attractive soldiers—so the logic runs—because they rarely disobey or run away, do not require a salary, and have more malleable minds than adults and older adolescents. It is no accident that the DRC's richest mineral regions were also the scene of its most intense combat and its highest concentration of child soldiers. During Mobutu Sese Seko's reign (1965–1997), mineral resources and mining industry in the southeastern Katanga province, for example, generated more than 50 percent of the country's gross national product; by 2004, following a decade of war, Katanga festered in a state of aggrieved destitution. From a humanitarian policy perspective, the province lagged at least two or three years behind the rest of the country in terms of the peace process. Ethnic militias and Mai Mai warlords still roamed the interior, and disarmament and demobilization of key military factions had barely begun.

Evaluating DDR programs in rural areas wavering between war and

peace reveals the specific conditions and economic constraints facing the demobilized child soldier, his or her family, and the wider community of return. From Kalemie on the shores of Lake Tanganyika, the team took a motorcycle trip out to a village where a number of children had been reunited with their families. The same trip had been attempted the day before by jeep, but insurmountable mud had forced a return to town, where the team visited a local transit center for recently released children awaiting reunification while their families were traced and contacted. In the village and in the transit center, the situation was disturbingly similar. The boys were mostly under ten years old. Prepubescent children held by Katanga militias typically served mostly ritualistic roles and rarely bore arms; these boys had transported fetishes and various magic effects for Mai Mai militia leaders, who believed their bodies were bulletproof. In similar fashion, prepubescent girls had been made to wash the naked bodies of adult combatants with potions before and after battle. Many were daughters of the Mai Mai officers and commanders, so any prospect of securing their permanent release from military servitude was scant. In the interim, they would be treated as immediate family members of adult combatants, the team was told by DDR officials. The children would be incorporated into the DDR process only when and if their fathers decided to surrender and disarm. Although clearly affected by war, these children did not easily fit into the DDR framework.

After six weeks of such encounters, the team drafted its report. A major finding of the evaluation concerned the difficulties of ensuring successful reintegration for former combatants, children and adults alike. The absence of economic opportunity meant that even skilled manual laborers could find few avenues for income generation. Lack of alternative livelihoods had been the primary motivator behind many children's initial decision to flee their families and join militias. The same pressure threatened to prove the primary cause of their rerecruitment. At the same time, material and psychological needs of former child soldiers remained urgent. Aid agencies had established programs to address these needs during the initial transition phase from militia to communities and families. Once reunited, however, finding both self and livelihood without the aid of a gun remained a primary challenge. Although aid agencies could provide training programs and try to match trainees with apprenticeships in urban areas with a prospect of permanent employment, such a trajectory was far rarer in the commercial desert of the Democratic Republic of Congo.

Evidence-Based Advocacy in Northern Uganda

To provide a parallel with the DDR evaluation in the DRC, we now turn to one of its neighbors to the east, Uganda, and to the UNSC resolution and advocacy approach. Although much of Uganda stabilized following Yoweri Museveni's ascension to power in 1986, the northern region of the country experienced continuing unrest. The conflict has most recently pitted government forces against the Lord's Resistance Army (LRA), a religious insurgency now based in southern Sudan and the northeast of the DRC. From the late 1990s, LRA campaigns began devolving into a "war of children against children" featuring episodic skirmishes, massacres, mutilations, and abductions of local children by LRA combatants, often children themselves. The LRA thus found itself a ready-made subject for the more lurid strains of international journalism. The combination of continuing insecurity and government policies produced large-scale displacement of the civilian population, sending approximately 1.67 million people into more than two hundred camps for internally displaced persons (IDPs), eighty percent of whom were children and women. The five worst affected areas in the north have been Apac, Gulu, Lira, Kitgum, and Pader districts. As of April 2007, the official DDR process had not begun and a political settlement with the LRA was still pending. Aid agencies have nonetheless been running rehabilitation programs for children who had been released or escaped from armed groups.

The sense of "rehabilitation" in this context contained poignant gender and sexual undertones and could involve more than one generation of children. Among the approximately 15,000 formerly abducted children who escaped from the LRA between mid-2002 and 2006, approximately 1,000 girls returned with children of their own as a result of forced sexual relations during captivity.¹⁴ Fear of a similar fate disrupted the lives of a far larger number of people. At the peak of hostilities in mid-2004, an estimated 44,000 children and adults were moving each night from peri-urban squatter camps to shelters in towns and hospitals, thus minimizing the risk of abduction. By October 2006, in response to improving security conditions in the countryside, the official figure had declined to 5,778 such child "commuters" (including 2,962 girls), yet both mobility and vulnerability remained facts of everyday life. The continual search for cooking fuel, wild foods, and livelihood options forced children and women to visit isolated areas outside camp security zones, exposing them to potential attack.

From the perspective of child soldier advocacy, the LRA was the prima-

ry but not the only danger confronting northern youth. Although the government of Uganda had no conscious policy to recruit children, children were present among the Local Defence Units (LDUs) and the Uganda People's Defence Forces (UPDF). During a 2006 visit of the UN Special Representative for Children and Armed Conflict to Uganda, the government agreed to enter into an "action plan" and strengthen the implementation of existing legal and policy frameworks on the recruitment and use of children by the national army and its paramilitary forces, particularly the LDUs. As of early 2007, however, the 1,128 children reportedly mobilized into LDUs around Kitgum, Pader, and parts of Teso more than two years earlier were still awaiting release.

Such bilateral action plans are part of the UN approach to monitoring and reporting on grave violations against children, particularly on sexual violence and child soldiers. Beginning with Resolution 1261 in 1999, the Security Council has produced a series of documents to enhance the protection of children in situations of conflict. As part of this process, in 2003 the secretary-general issued a list of fifty-four countries in which the rights of children were systematically violated as a result of armed conflict. Significantly, Uganda was featured on that list and remains on more recent iterations of this resolution. Specifically, the Security Council requested that the secretary-general order UN agencies on the ground to devise

an Action Plan for a systematic and comprehensive monitoring and reporting mechanism, which utilizes expertise from the United Nations system and the contributions of national governments, regional organizations, non-governmental organizations in their advisory capacity and various civil society actors, in order to provide timely, objective, accurate, and reliable information on the recruitment and use of child soldiers in violation of applicable international law and on other violations and abuses committed against children affected by armed conflict, for consideration in taking appropriate action.¹⁵

Six core grave violations were identified as a guide for reporting and monitoring in the listed countries: killing and maiming of children, abduction of children, attacks on schools and hospitals, sexual violence perpetrated against children, recruitment and use of children as child soldiers, and denial of humanitarian access to children.

A central component of the UN advocacy approach involves the establishment of a research framework and the generation of documented incidents of the above violations. Given Uganda's status on the secretary-general's list of countries violating the rights of children, the Office of

the High Commission for Human Rights (OHCHR) and UNICEF began working with the national government on an Action Plan. As part of this process, a Uganda Task Force on Monitoring and Reporting, comprising OHCHR, UNICEF, Save the Children, and the Uganda Human Rights Commission, was set up and given the mandate of designing and implementing a working mechanism to comply with the Security Council's requirements. The task force developed a reporting and documentation mechanism, beginning with extensive training for human rights and child protection practitioners at the local level. Initial data collected on an ad hoc basis by the task force during the first half of 2006 provided evidence of the six violations across the northern districts.¹⁶ Perpetrators came from within the government armed forces and groups (UPDF/LDU) as well as the LRA. In addition, the secretary-general's resulting report on children in armed conflict confirmed that children continued to be recruited and used by the UPDF and by LDUs.¹⁷

On the basis of resolutions and evidence generated by expanding surveillance and monitoring structures, the United Nations and associated agencies acquired a body of evidence with which to advocate against the use of child soldiers. Although the success of such an approach depends largely on informal pressure and secondary effects amid the larger tides of diplomacy, in the context of Uganda it has produced tangible results. At the point of most recent assessment in early 2007, the number of night commuters continued to decline and aid agencies began to shrink their programs. The UPDF and its auxiliary forces, the LDUs, had largely complied with international standards prohibiting the use and recruitment of child soldiers, although other abuses against children continued, particularly on the side of the LRA. A full DDR process in northern Uganda remained on standby, pending a political settlement to the war. Peace negotiations and an International Criminal Court (ICC) investigation continued to drag on, while some 3,000 women and children were thought to remain in LRA captivity. Things did look better, particularly in comparison to the DRC, but where negotiations with the LRA would lead remained uncertain.

Finding an End?

What, then, to say about the child soldier phenomenon at the level of policy? Following concerted advocacy and direct engagement of the Security Council, the problem of child soldiers is now a part of the UN horizon, for-

mally recognized in UNSC Resolutions 1539 and 1612. In addition to this legal armature, humanitarian organizations have a general model (DDR) for the long-term process of returning former soldiers to civilian life. Together they constitute a strategic framework through which to imagine an end to this form of crisis. Actual implementation of this framework has proved difficult however. In impoverished settings like the Democratic Republic of Congo, the "reintegration" phase of DDR remains particularly elusive, to the extent that a former fighter might suggest reversing the process and returning to arms. The situation in Uganda appears brighter in economic terms, and yet any final resolution remains on hold, awaiting formal conflict settlement. The civilian population may venture back to the countryside, feeling more secure, but the larger threat remains. In neither case does the crisis appear to end cleanly; the aftereffects of child soldiering are hard to contain in resolutions or three step plans.

What these policy efforts undoubtedly produce is a framework defining the problem of child soldiering as currently constituted and outlining its ideal trajectory. Such a framework can function as a resource for both intergovernmental and nongovernmental advocacy projects, which, in turn, reinforce and refine it. At points, the political equation in a given context may yield substantive results and may benefit particular individuals and communities. At the same time, however, the very conceptual framing of the policy approach elides central aspects of everyday experience in conflict settings: poverty, fear, uncertainty, and the litany of small compromises people make to survive. Terms like "reintegration" assume a stable social and economic order, and plans and legal instruments leave open the challenges of their implementation. Overall, as urgency diffuses into a mass of more common complaints, the endgame of crisis lends itself poorly to management and the various technologies of humanitarian intervention.

The Project View: MSF in Uganda

Having approached the issue of child soldiers through a broader policy perspective, let us now look at a specific humanitarian project, one assembled less from plans than improvisation and more directly focused on embodied forms of suffering. Turning from international law back to clinical medicine shifts the scope of expectation as well as the scale of action. Because health conditions have varying timelines and therapies varying effects across a population, clinical work is necessarily indi-

viduated, specific, and potentially recurring. Thus, an additional layer of background about Uganda is helpful. Although the conflict in northern Uganda only recently received significant international attention, it has flared off and on for at least two decades. As anthropologist Tim Allen notes, in a longer view its roots extend back over a century to the travels of armed traders, amid the jostling of rival European forces for influence in the wider region.¹⁸ Regional differences and ethnic rivalries lie beneath the surface conflict between the LRA and the UPDF. The conflict itself is far less of a conventional "war" than a sporadic campaign of fear in which the LRA (and some suspect the UPDF) have managed to incite and perpetuate a state of instability. On its end, the LRA pursues small-scale terror tactics, famously featuring abductions, amputations, and the liberal use of child soldiers. For its part, the national army has failed to provide consistent protection and has been accused of its own atrocities. The result is the ongoing IDP crisis, with most of the displaced population living in squalid camps. The population in the camps, although fearful of the LRA, remains suspicious of the national government and its army, whose power base lies in the south. Further complicating the situation is the fact that this conflict intertwines with the long-simmering war in southern Sudan and a patchwork of alliances through which the two governments have helped sponsor insurgencies against each other. The border itself—like many in Africa—is an artifact of colonial rule rather than a reflection of cultural divides. Although governments, intergovernmental agencies, and NGOs may all work through national boundaries, experiences on the ground are more local, heterogeneous, and interconnected than such units might imply.

MSF has been active in Uganda since 1980. Its most recent ventures in the northern conflict zone, however, only took shape following an upsurge in violence in 2003, when several sections of the organization opened projects addressing the large masses of people living in displacement camps.¹⁹ Here we focus on one such project, undertaken by MSF Switzerland in the town of Gulu. As well as offering a variety of health services to people living in neighboring camps, in response to events on the ground the MSF mission unexpectedly found itself helping administer a night-commuter center on the grounds of St. Mary's Hospital Lacor (the site of an Ebola virus outbreak several years before). Here several thousand children crowded into the gates every night, afraid of the possibility of abduction, and during the day they would return home. While at first they huddled in the open, the aid agency soon built a hygienic environ-

ment for them, with tents and latrines, within the hospital compound. MSF also offered basic clinical care and psychological counseling, particularly aimed at those who had experienced violence firsthand, including abductees and former members of the LRA. Although many elements of the center were classic features of any refugee camp, the total assemblage represented a new variant, and the addition of psychosocial services was a hallmark of the expanded humanitarian project.

The night-commuter centers quickly achieved a relatively high degree of publicity, helping place the Ugandan crisis on the international map. Although MSF included the country on its annual list of top ten "under-reported crises" for 2004, the IDP problem there finally entered media circulation that year, and the beginning of the ICC investigation and UN agency fact-finding missions increased political attention. Child "commuters" fearing for their safety became a vivid symbol of continuing security problems and instability, and that some children had experienced or participated in violence directly, with wrenching personal stories, made good copy. One shelter would host five or more journalists a night. Although MSF refused most requests, believing that the children were becoming overphotographed and overinterviewed, the organization nonetheless deployed its own images freely for advocacy and fund-raising purposes.

By the time one of the authors (Peter Redfield) visited in late 2004, the Lacor center was operating far below peak levels and under its capacity of 4,250 persons. Where once some 6,000 had massed inside, regular numbers now ran one-third of that. Children ran through and around the orderly row of tents (several of which had been shifted from a cholera project just down the road). Some were young, perhaps six or seven years old, but many were older, if all officially under sixteen. The MSF project coordinator outlined the basic features of the center while leading an impromptu tour and inspecting the latest work. Although officially in charge of MSF's side of the enterprise, he evinced some skepticism about its long-term effects, noting that the organization had a weakness for "committing to things we can't or don't want to do." Although MSF could improvise something like the commuter shelter in response to specific need, it was not the group's core mission, and the group was already searching for another entity, perhaps local authorities or an international organization like War Child, to step in and take over operations.

Beyond tents, the water system, the latrines, and the health clinic, MSF also helped sponsor a counseling center, where the tour inevitably led. The therapy tent emitted a glow of neon light. Inside, the decor was

sparse, other than a poster outlining the Convention of the Rights of the Child hanging on one wall. Four Ugandan counselors sought to meet the varying needs of the young population. As well as group sessions, they also offered talks to both the center residents and members of neighboring communities to discuss topics such as sexual violence and its aftermath. The community visits presented a special challenge, one counselor noted, not only due to the sensitivity of the topic, but also because leaders expected tangible returns for attendance. In this poor setting, if a meeting did not offer food, attendance was guaranteed to be low. The counselors focused more on girls than boys, especially those age fourteen and over. As well as the threat of rape (incidents of which had occurred just outside the hospital walls), girls navigated a wider field of potential problems, including harassment, pregnancy, risky abortions, and suicide attempts. They also were thought to be more emotional than the boys and to have greater difficulty talking. In cases in which it seemed warranted, the counselors would try to follow up with home visits, but beyond the center itself, the children had few available resources. The focus of their kin groups lay with immediate subsistence, not long-term therapy, and unless they could achieve official classification as a category of current international donor interest—former soldiers or AIDS orphans—few organizations would help. As an MSF doctor noted with irony, in this sense they might have been materially better off having HIV.

At the end of 2004, the war was in a lull and the rate of abductions slowing. MSF's mission director, less enamored with the project than his colleagues at the organization's Geneva headquarters, believed that the night-commuter center would not last long. If demand kept shrinking, MSF would surely shift its resources to other projects in Uganda or elsewhere, ones with a clearer medical focus and definable outcome. On a return visit in mid-2006, however, the center was still in operation and still run by MSF Switzerland. By now, the overall security situation appeared to be improving, although local optimism remained guarded. MSF Switzerland had a new team in place, and its members puzzled over why, now the war seemed to be winding down or at least growing dormant, a large group of children in the Lacor shelter were not going home. Why weren't they reintegrating? Over drinks at a bar, members of the project team discussed the issue. On the one hand, a small number of children clearly had nowhere else to go or had been deeply scarred by violence. Many more, however, defied such a diagnosis. Although poor and needy, they were not former child soldiers and did appear to have living kin. Some staff

speculated that other members of their household may have grown accustomed to their absence and rather enjoyed the baby-sitting service, or perhaps the children themselves preferred the experience of staying with a fluid group of their peers rather than facing more restrictive social roles at home. At the same time, there was the larger question of the change in the social landscape. If communities had altered as a result of conflict and displacement—kin groups scattered and under economic stress—then where was their home? One team member argued forcefully against "reintegration," suggesting that it was an illusion. Although aware that the local residence patterns did not conform to European norms, the MSF project possessed only a limited sense of the ethnographic terrain and was uncertain the degree to which it might have altered. Had norms changed? Was the "general atmosphere of violence" that an MSF psychologist noted earlier that year now dissipating?²⁰ Just as the surrounding crisis faded but did not end, this specific project resisted any easy resolution. MSF would clearly move on to another frontline, but it was unclear what the organization would leave behind.

The project-level perspective both confirms the degree of uncertainty involved in finding and recognizing humanitarian endpoints and underscores the extent of disruption worked by war. Beyond the figure of the child soldier stretches a larger set of childhoods affected by conflict, their educational trajectories curtailed, social networks reworked, and energies diverted. To grasp and engage with this wider context requires both local knowledge and a deeper sense of history than most international organizations afford. As a sense of crisis fades, however, it becomes increasingly visible, a reminder that events and emergencies never stand completely apart from everyday life and that effects of war reverberate like unexploded ordnance, long after the fighting is over. Here humanitarian action faces structural inequity and lack of basic infrastructure, blending into development. It has no contained, portable toolkits it can simply apply.

Conclusion

In a 2006 collection of essays addressing humanitarian issues, Veena Das explores the complex relationship between a disruptive event and the continuing practice of everyday life. She suggests a more subtle and contingent relation between language and self than the framework of trauma might imply.²¹ The effects of a catastrophic event such as the partition of India can ripple through an extended family over time, affecting not

only individual psyches but also the very fabric of its sociality. A rape or a disappearance alters lives for a generation. From this perspective, it is an illusion to assume that an event is simply contained in time. In another recent work concerned with the experience and politics of suffering, Didier Fassin examines controversies surrounding AIDS in South Africa at the intersection of colonial history and biomedicine.²² Bodies, he suggests, remember violation; they carry the past along with them like scars. Thus, a current crisis, like HIV-AIDS, cannot escape the shadow of earlier struggles against apartheid. A given social order does not simply vanish with the fall of a political regime, and any world remade remains fragile. Beneath the shared commonality of species biology lies the raw inequality of differing conditions. From such a perspective, the aftermath of violence is a very public problem, not reducible to individual therapy.

These truths are, in a sense, old truths, but easily lost amid the language used to describe crisis. The title of this chapter alludes to both the hope of "reintegration" and the problem of unexploded ordinance. From the perspective of humanitarianism, child soldiers present a more complex challenge than cholera. Whereas the classic apparatus of public health, once translated to a local setting, can resolve the immediate threat of certain epidemics, the larger field of psychosocial problems is far harder to bind in time. Child soldiers are more akin to land mines, long-lasting remnants of war that disrupt the social landscape. Deactivating them not only requires delicate and patient technical work, however, but also a milieu in which their postexplosive lives can be sustained. Neither law nor medicine can offer a quick or simple cure for poverty, political uncertainty, or social fragmentation. Unlike the codification of abstract rights or the promotion of immediate survival, war's aftermath is particular and flows through lifetimes. The "crisis" described here remains true to the classic medical etymology of the term, marking only a potential turning point, one that appears decisive from the present, but whose longer-range outcome remains unclear.²³

NOTES

1. Carolyn Nordstrom, *Shadows of War: Violence, Power and International Profiteering in the Twenty-first Century* (Berkeley: University of California Press, 2004).
2. See John F. Hutchinson, *Champions of Charity: War and the Rise of the Red Cross* (Boulder, CO: Westview Press, 1996), on the manner in which the Red Cross came to play an medical auxiliary role for European military forces by World War I.

3. Luc Boltanski, *Distant Suffering: Morality, Media and Politics* (Cambridge: Cambridge University Press, 1999); Michel Fehr, Gaëlle Krikorian, and Yeates McKee, eds., *Nongovernmental Politics* (New York: Zone Books, 2007).
4. MSF is actually a loose assemblage of nineteen national sections that share a common charter and ethos, but often squabble among themselves. For the purposes of this chapter, we treat it as a single organization and foreshorten the historical complexity involved. The kit system referenced in the cholera example below stabilized in the later 1980s and continues to exemplify MSF's mode of emergency response. For more on kits, see Peter Redfield, "Vital Mobility and the Humanitarian Kit," in *Biosecurity Interventions: Global Health and Security in Question*, ed. Andrew Lakoff and Stephen Collier (New York: Columbia University Press, 2008), 147–71. For more on MSF as an organization, see, for example, Peter Redfield, "Doctors, Borders and Life in Crisis," *Cultural Anthropology* 20, no. 3 (2005): 328–61; or, more comprehensively, Anne Vallaeys, *Médecins Sans Frontières: la biographie* (Paris: Fayard, 2004).
5. MSF, *Refugee Health Care: An Approach to Emergency Situations* (London: Macmillan, 1997), 243.
6. For general orientation, see recent work addressing the topic of humanitarian emergencies, for example, Didier Fassin and Paula Vasquez, "Humanitarian Exception as the Rule: The Political Theology of the 1999 Tragedy in Venezuela," *American Ethnologist* 32, no. 3 (2005): 389–405; and Mariella Pandolfi, "Contract of Mutual Indifference: Governance and the Humanitarian Apparatus in Contemporary Albania and Kosovo," *Indiana Journal of Global Legal Studies* 10 (2003): 369–81.
7. For example, University of North Carolina–Chapel Hill's Student Movement to End Child Soldiering, campus-y.unc.edu/index.php/component/content/95?task=view.
8. See, for example, David Rosen, *Armies of the Young: Child Soldiers in War and Terrorism* (New Brunswick, NJ: Rutgers University Press, 2005).
9. Peter Singer, *Children at War* (New York: Pantheon, 2005).
10. www.unhcr.org/jddrs/.
11. www.stanford.edu/~jweinst/docs/manuscripts/humphreys_combatantsurvey.pdf. For a more vivid account of the ambiguities of disarmament on the ground, see Danny Hoffman, "Violent Events as Narrative Blocs: The Disarmament at Bo, Sierra Leone," *Anthropological Quarterly* 78, no. 2 (2005): 329–54.
12. web.amnesty.org/library/Index/ENGAFR620012007.
13. For more on the general figure of African crisis, see Achille Mbembe and Janet Roitman, "Figures of the Subject in Times of Crisis" *Public Culture* 7, no. 2 (1995): 323–52.
14. Over the period from January 2005 to July 2006, local reception centers facilitated the return home of 2,163 newly escaped or released children. These and other statistics in this section derive from Edward B. Rackley's evaluation visit to Uganda in 2007.
15. United Nations Security Council Resolution 1539, April 22, 2004.
16. Uganda Task Force on Monitoring and Reporting, Report contributing to the Preparation of the 6th Report of the Secretary General to the Security Council on Children in Armed Conflict, Developments in Uganda 1 January 2005 to 31 July 2006.
17. United Nations Secretary General, 6th Report to the General Assembly on the status of Children in Armed Conflict, 2006.
18. For additional historical background, see Tim Allen, *The International Criminal Court and the Lord's Resistance Army* (London: Zed Books, 2006); Sverker Finnström, "For God and My Life: War and Cosmology in Northern Uganda," in *No Peace, No War: An Anthropology of Contemporary Armed Conflicts*, ed. Paul Richards (Athens: Ohio University Press, 2005), 98–116; Heidi Behrend, *Alice Lawana and the Holy Spirits, War in Northern Uganda, 1986–97* (Oxford: James Curry, 1999); and Mark Leopold, *Inside West Nile* (Santa Fe, NM: School of American Research Press, 2005).

19. Four of MSF's main operational sections—MSF France, MSF Holland, MSF Switzerland, and MSF Spain—were active in Uganda between 2001 and 2006. MSF Belgium ran projects in neighboring countries but not in Uganda itself.

20. www.doctorswithoutborders.org/news/2006/03-07-2006.cfm.

21. Veena Das, *Life and Words: Violence and the Descent into the Ordinary* (Berkeley: University of California Press, 2006).

22. Didier Fassin, *When Bodies Remember: Experiences and Politics of AIDS in South Africa* (Berkeley: University of California Press, 2007).

23. "The crisis' according to the Hippocratic treatise *On Affections*, 'occurs in diseases whenever the diseases increase in intensity or go away or change into another disease or end altogether.'" Randolph Starn, "Historians and 'Crisis,'" *Past and Present* 52 (August 1971): 4. See also Reinhardt Koselleck, "Crisis," *Journal of the History of Ideas* 67, no. 2 (April 2006): 357–400.

Contributors

THOMAS A. BIRKLAND is the William T. Kretzer Professor of Public Policy at North Carolina State University.

MICHELE LANDIS DAUBER is an associate professor at Stanford Law School.

KIM FORTUN is an associate professor in the Department of Science and Technology Studies, Rensselaer Polytechnic Institute.

JAVIER LEZAUN is University Lecturer in Science and Technology Governance at Oxford University.

EDWARD B. RACKLEY is a consultant researcher for Transition International.

PETER REDFIELD is an associate professor of anthropology at the University of North Carolina.

AUSTIN SARAT is the William Nelson Cromwell Professor of Jurisprudence and Political Science at Amherst College.

PETER SCHUCK is the Simeon E. Baldwin Professor of Law at Yale Law School.

SUSAN STERETT is a professor of political science at the University of Denver.