

Humanitarian Governance and Ethical Cultivation: Médecins sans Frontières and the Advent of the Expert-Witness

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Abstract

This article seeks to analyse contemporary humanitarianism as an advanced-liberal formation of global governance. It tracks the emergence in the 1970s of the French humanitarian organisation Médecins sans Frontières and shows that its care for and control of distant victims has been commingled with and dependent upon care for Western selves. The article contends that humanitarianism ‘without borders’ was the outgrowth of the legitimacy crisis of the medical profession, and that its practice of witnessing has ultimately been a mode of ethical self-cultivation by means of which physicians could fashion themselves as more enlightened personae. It further shows that the recent concern with the detrimental side effects of humanitarian action should be deciphered as the culmination of the practices of the self in which global humanitarianism has been embedded since the 1970s.

Keywords

advanced liberal government, humanitarianism, Médecins sans Frontières, practices of the self, testimony, witnessing

Moral dilemmas, as Ilana Feldman has suggested, are endemic to humanitarianism.¹ This observation seems to have acquired a special poignancy in the 1990s, when – following operation Restore Hope in Somalia (1992–3), the genocide in Rwanda (1994) and the

1. Ilana Feldman, ‘The Quaker Way: Ethical Labor and Humanitarian Relief’, *American Ethnologist* 34, no. 4 (2007): 689–705.

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wars in Bosnia (1992–5) and Kosovo (1999) – humanitarian organisations grew increasingly aware of the dark sides of their own practices. Dozens of essays, monographs and case studies published by practitioners, activists, researchers and journalists since the beginning of the 1990s highlighted the unintended side effects of humanitarian action and its adverse political consequences.² Critics from within humanitarian circles have claimed that the moral minimalism underpinning humanitarian engagement tended to preclude consideration of the broader context of political crises and to function as a substitute for more effective but also more controversial modes of intervention. While most of these critics were far from rejecting humanitarian action outright, they pointed to the material support it provided to violent and oppressive authorities and to its tendency to confer legitimacy both on the warring parties and on metropolitan governments, claiming that humanitarianism fuels conflict and often fails in its promise to provide protection to civilians. Seen from this angle, the major challenge faced by humanitarian organisations was no longer related to the fact that their message remained unheeded. Rather, what has now become one of their greatest concerns is the mounting political impact of the humanitarian cause, deplored as a victim of its own success.

Although ethical reservations were ingrained in humanitarian practice long before the so-called ‘complex emergencies’ of the 1990s, what was peculiar about the debates on humanitarianism that took place during this period was that they cast the humanitarian endeavour as inherently problematic. Challenges and quandaries of intervention that were previously considered a personal matter or a strictly organisational concern have now become a public issue that fuel efforts to restructure humanitarian practices. As Mark Duffield has shown, the troubles of humanitarianism have become inscribed in an ethical discourse that strives to ‘develop systematic methods of prioritising problems, judging one’s responsibility and analysing outcomes in order to make the best decision’.³ Framed by the ‘dilemmas’, ‘hard choices’ and ‘paradoxes’ of intervention, this new version of humanitarian ethics endeavours to recalibrate relief efforts while ensuring their moral efficacy, leading to a reaffirmation of the humanitarian impulse on more solid and rationalised grounds.⁴

This heightened awareness to the costs and unintended consequences of relief operations is usually attributed to the emergence, in the 1990s, of new wars that accentuated the implication of humanitarian aid in the political dynamics of conflict. It is typically considered to be an offshoot of the bitter experiences of the aid community in places such

2. Some of the most notable works are Alex De Waal, *Famine Crimes: Politics and the Disaster Relief Industry in Africa* (Oxford and Bloomington, IN: African Rights and the International African Institute, in association with James Currey and Indiana University Press, 1997); Fiona Terry, *Condemned to Repeat? The Paradox of Humanitarian Action* (Ithaca and London: Cornell University Press, 2002); Rony Brauman, *Humanitaire: le dilemme. Entretien avec Philippe Petit* (Paris: Les éditions Textuel, 1996); David Kennedy, *The Dark Sides of Virtue: Reassessing International Humanitarianism* (Princeton, NJ: Princeton University Press, 2004); David Rieff, *A Bed for the Night: Humanitarianism in Crisis* (New York: Simon & Schuster, 2002).
3. Mark Duffield, *Global Governance and the New Wars: The Merging of Development and Security* (London and New York: Zed Books, 2001), 91.
4. For an overview of this humanitarian ethics, see Hugo Slim, ‘Doing the Right Thing: Relief Agencies, Moral Dilemmas and Moral Responsibility in Political Emergencies and War’, *Disasters* 21, no. 3 (1997): 244–57.

as Bosnia and Somalia, and a ‘response to [the] complexity’ of these and other theatres of intervention.⁵ In what follows, however, I show that the recent concern with the quandaries of humanitarianism is not merely a reflection of the shifting terrain of crisis. Based on a close examination of the case of the medical humanitarian organisation Médecins sans Frontières (MSF, Doctors without Borders), a particularly fitting representative of reflexive humanitarianism, I argue that the ethical malaise of humanitarian practitioners should be recontextualised and construed against the backdrop of the new moral subjectivity that non-governmental humanitarianism both fosters and presupposes. I show that the analytical attention to the quandaries of humanitarianism is a medium through which Western physicians as well as other experts, who have come to dominate the humanitarian scene, morph into moral personae equipped with technical skills yet not fully determined by them. As such, it is the late, elaborate and reflexive form of an ethical work that has served to engrave humanitarian commitments in durable moral conducts. Put somewhat differently, I argue that this new mode of humanitarian reasoning should prompt us to probe the dual character of contemporary humanitarian ethics and its unique combination of care for distant victims with care for Western selves.

The main purpose of this article is to provide a more comprehensive portrait of humanitarian ethics, which has thus far been studied mostly from a liberal and normative perspective, by addressing the practices of the self in which the concern for ‘life in crisis’⁶ has been embedded in MSF since the 1970s. While the moral ends, rules of conduct and ethical priorities that underlie contemporary humanitarianism have been discussed extensively in recent years, most often in the context of debates about the justification of military intervention for humanitarian causes and about the measures needed to promote accountability on the part of relief organisations, less well noted is the moral habitus that translates the humanitarian imperative into practice, and the modes of being that invigorate what otherwise could remain an idle prescription.⁷ This is not a question merely of the kind of attitudes one has to mould and adopt in order to become a humanitarian personality. More fundamentally, what still awaits an exploration is the extent to which the humanitarian endeavour has depended on and profited from the valorisation of an ethical crafting of character.

In order to gain a fuller understanding of humanitarian ethics it is therefore necessary to bring to light what Thomas Osborne has defined, following Michel Foucault, as ‘those practices, ideals, norms and techniques through which agents [in this case, the humanitarian rescuers] seek to “stylize” their attributes such as to make themselves coherent subjects of conduct’.⁸ In this vein, the notion of humanitarian ethics that I

5. Duffield, *Global Governance*, 92. On the increasing complexity of what were variously described as ‘new wars’ and as ‘complex humanitarian emergencies’, see, respectively, Mary Kaldor, *New and Old Wars: Organized Violence in a Global Era* (Cambridge: Polity Press, 2001) and E. Wayne Nafziger, Frances Stewart and Raimo Väyrynen, *War, Hunger and Displacement: The Origins of Humanitarian Emergencies* (Oxford: Oxford University Press, 2000).

6. See Peter Redfield, ‘Doctors, Borders, and Life in Crisis’, *Cultural Anthropology* 20, no. 3 (2005): 328–61.

7. The notable exceptions are Feldman, ‘The Quaker Way’, and, from a more sociological viewpoint, Pascal Dauvin, Joanna Siméant and C.A.H.I.E.R., *Le travail humanitaire: Les acteurs des ONG, du siège au terrain* (Paris: Presses de Sciences Po, 2002).

8. Thomas Osborne, ‘Power and Persons: On Ethical Stylization and Person-Centered Medicine’, *Sociology of Health and Illness* 16, (1994): 517.

attempt to elaborate here does not refer to the imperatives and deliberations that seek to guide relief activity and ensure that it works to the benefit of the victims. It points, rather, to the modes in which humanitarian actors fashion their bodily, psychic and discursive behaviours so as to bring them into line with abstract norms and obligations. According to this perspective, ethics primarily consists of a cultivation of conduct, or what Foucault has famously called a 'care of the self', which frames both the exercise of freedom and the exercise of responsibility, aligning the experience of subjectivity with the government of the subject.⁹ In this sense, it is a style of life – to use a term put forward by Arnold Davidson – which constitutes the 'matrix for ... moralities', producing subjectivities that sustain and pre-conform to ethical precepts.¹⁰ By tracking the ethical work that lies at the roots of humanitarianism 'without borders', I wish to show that what Foucault has termed 'technologies of the self' have been pivotal to contemporary non-governmental humanitarianism.¹¹ This does not entail that the humanitarian endeavour is, in the final account, a purely narcissistic one. It rather means that the care exercised by experts for their own moral being has become increasingly enmeshed with their concern for others, forming the condition and the medium for the effective realisation of a contemporary politics of pity.¹²

The case of MSF makes it possible to trace the contours of one of the ethical supplements that became fused with professional practices of aid. For MSF, the burden of humanitarian dilemmas, when properly assumed, has been commingled with the figure of the witness. This figure, as I will show in what follows, had to be made and maintained, while crafting physicians as vigilant observers of distant suffering and as compelling, rather than simply credible, spokespersons of victims worldwide. The humanitarian witness has been more than just a source of testimony whose own existence could be taken for granted: the witness has been a character to take on, an appealing moral position that could be attained by undertaking voluntary relief action in the Third World, and later deliberations and outspoken statements in Western public spheres. In Foucault's terms, the witness has been the *telos* of varying modes of self-formation adopted by humanitarian practitioners.¹³ It has been the product of a sustained cultivation of individual and collective selves that, much like the care of the self in antiquity explored by Foucault, was not geared towards a hedonistic stylisation of character, but rather towards the surpassing of one's bounded existence, inextricably merging the practitioners' destinies with those of distant victims.¹⁴

9. See Arnold I. Davidson, 'Ethics as Ascetics: Foucault, the History of Ethics, and Ancient Thought', in *The Cambridge Companion to Foucault* (2nd edn), ed. Gary Gutting (Cambridge: Cambridge University Press, 2005), 127.

10. The quote is taken from Michel Foucault, *The Hermeneutics of the Subject: Lectures at the Collège de France, 1981–82*, ed. Frédéric Gros (Basingstoke: Palgrave Macmillan, 2005), 13.

11. See Michel Foucault, 'Technologies of the Self', in *Technologies of the Self: A Seminar with Michel Foucault*, eds L.H. Martin, H. Gutman and P.H. Hutton (London: Tavistock, 1988), 16–49.

12. On humanitarian action as a politics of pity, see Luc Boltanski, *Distant Suffering: Morality, Media and Politics* (Cambridge: Cambridge University Press, 1999).

13. See Michel Foucault, *The Use of Pleasure* (New York: Vintage Books, 1990), 27–8.

14. On care of the self as a way of transcending the self in ancient thought, see Davidson, 'Ethics as Ascetics'. The nexus of ethics and witnessing manifested both in humanitarian activism and in contemporary work of collective memory is characteristic mainly of Western societies. Unlike their European and North American counterparts, practices of witnessing in Latin America, for example, are of a primarily political,

In order to draw out the full resonance of the ethical practices that set witnessing as an end in itself it is necessary to turn our gaze back to the 1970s, when humanitarianism 'without borders' was only beginning to take shape. This period of incubation provides a privileged window into the making of a 'specific intellectual',¹⁵ a valuable historical record of how the figure of an engaged expert that came to constitute a new point of relay between truth and politics was forged in the field of medical humanitarianism.¹⁶ Yet MSF's effort to weave together witnessing and medicine as a means to transcend the confines of the latter also casts critical light on this new intellectual project. It discloses the hitherto neglected connections of the expert-witness to a neo liberal political rationality that mobilises the freedom and autonomy of individuals as prime resources for the redeployment on a global scale of an efficacious political power.

The recognition that in humanitarian work it is not only 'impossible ... to distinguish altruism from narcissism', as James Dawes has put it, but also potentially detrimental to do so has important repercussions for our appraisal of both the morality and the politics of humanitarianism.¹⁷ What need to be addressed are the affinities of the humanitarian endeavour with a configuration of political power in which, in the words of Foucault, 'technologies of domination of individuals over one another have recourse to processes by which the individual acts upon himself and, conversely, ... [in which] techniques of the self are integrated into structures of coercion'.¹⁸ While the concern of critics of humanitarianism has focused largely on its alignment with sovereign biopolitics¹⁹ and with a discriminatory politics of life,²⁰ there exists also a different kind of power game that renders this form of global benevolence politically problematic, albeit in a less decisive way. If the humanitarian administration of bare life is currently anchored in the ethical cultivation of enlightened experts, if control over and surveillance of the unruly global peripheries is achieved not only through care for endangered populations but also through care for disconcerted selves, then there is a need to further complicate the picture drawn by the critical accounts of humanitarianism. This article makes a first step in this direction, using the study of the early years of MSF as a basis for a revised analytics of humanitarian power. Without presuming to argue that the case of MSF is representative

rather than ethical, nature. See John Beverley, *Testimonio – On the Politics of Truth* (Minneapolis and London: University of Minnesota Press, 2004).

15. On the notion of the specific intellectual, see Michel Foucault, 'Truth and Power', in *Power/Knowledge: Selected Interviews and Other Writings, 1972–1977*, ed. Colin Gordon (Brighton: Harvester Press, 1980), 109–33.
16. As Peter Redfield suggests, this figure of a specific intellectual will later give rise to a more ambitious formation of expertise in which truth-claims are essentially the product of a collective, rather than an individual, effort. See Peter Redfield, 'A Less Modest Witness: Collective Advocacy and Motivated Truth in a Medical Humanitarian Movement', *American Ethnologist* 33, no. 1 (2006): 16.
17. James Dawes, *That the World May Know: Bearing Witness to Atrocity* (Cambridge, MA and London: Harvard University Press, 2007), 122.
18. Quoted in Graham Burchell, 'Liberal Government and Techniques of the Self', in *Foucault and Political Reason*, eds A. Barry, T. Osborne and N. Rose (Chicago: University of Chicago Press, 1996), 20.
19. See Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life* (Stanford, CA: Stanford University Press, 1998), and Jenny Edkins, 'Sovereign Power, Zones of Indistinction, and the Camp', *Alternatives* 25, no. 1 (2000): 3–25.
20. Didier Fassin, 'Humanitarianism as a Politics of Life', *Public Culture* 19, no. 3 (2007): 499–520.

of other humanitarian organisations, a claim that would require a far broader investigation of the humanitarian field, I wish to show that the ethics of this prominent and influential humanitarian actor shed light on the discrepancies within the contemporary apparatus of humanitarian governance and point to the need to revisit our conceptions of its mechanisms. Moving beyond the topos of bare life and its emphasis on the clinical and depoliticised framing of the suffering body in humanitarian practice, this article shows that the affinity between humanitarianism, medicine and politics draws, to a no lesser extent, on the 'pursuit of enlightened subjectivity' for which medicine has become 'a privileged site'.²¹

A New Humanitarian Rationality

One of the emblems of the acute awareness of the limitations of humanitarianism in the 1990s has been the decision by the French section of MSF to close down its aid projects in the Hutu refugee camps in the Democratic Republic of Congo (then Zaïre) and Tanzania several months after the genocide in Rwanda. This announcement came in response to the aggression of the Hutu *génocidaires*, who, plotting to use the camps as a rear-base for their guerrilla warfare against the new government in Rwanda, were materially and symbolically sustained by humanitarian aid. Framed and construed as an act of testimony, MSF-France's proclamation of its decision to put an end to its relief programme in the camps was the high-point of a series of dissenting statements in which it highlighted the negative side effects of humanitarian action or warned of the drifts that humanitarian compassion is bound to produce. Representing a minority view within the humanitarian field, this testimony was inspired by the organisation's resounding denunciation of the exploitation of the relief apparatus to facilitate forced relocations in Ethiopia in 1985, and followed in the footsteps of its critique of the political manipulation of the humanitarian cause by Western governments in Somalia and Bosnia.²² Followed by, and later anchored in, platforms of research and reflection whose main mission has been to ponder the limits and ambiguities of humanitarian action so as to promote its efficacy, this and similar statements emerged as the tip of a new and heterodox humanitarian rationality that strove to wrestle with the unintended consequences of aid by making them public.

MSF, recipient of the 1999 Nobel Peace Prize, is considered a pioneer of the second generation of humanitarian organisations in terms of the innovative medical and logistic

21. Thomas Osborne, 'On Anti-Medicine and Clinical Reason', in *Reassessing Foucault: Power, Medicine and the Body*, eds Colin Jones and Roy Porter (London and New York: Routledge, 1994), 43.

22. On these earlier proclamations, see, respectively, Laurence Binet, *Famine and Forced Relocations in Ethiopia 1984–1986* (MSF, Internal document, 2005) and Judith Soussan, *MSF et la protection: une question réglée?* (MSF, 2008), 21–2. MSF's statement was reinforced by the fact that, a year later, most of the other aid agencies still working in the camps halted their relief operations there. The violence in, and subsequent dissolution of, the Hutu refugee camps in 1994–6 are associated for this reason with the birth of a new conditionality of aid that marks the 'nadir of a neutral and universal humanitarianism' (see Duffield, *Global Governance*, 81). On the positions of other relief organisations that initially preferred to remain in the camps, see Fiona Terry, *Condemned to Repeat*, 195–213.

techniques it introduced, the central role it accorded to the media and to public opinion, and its commitment to bearing witness (*témoignage*), which the group defines as ‘an inseparable supplement to the medical action’.²³ Indeed, MSF’s preoccupation with the unintended consequences of intervention was often articulated in terms of its dual commitment to provide medical care to ‘populations in danger’ and to bear witness to their predicament. *Témoignage* – the French term encompasses the meanings of witnessing, bearing witness and testimony – is, as MSF members themselves admit, a murky concept.²⁴ Nonetheless, it has grown to be the hallmark and the banner of a new paradigm of transnational philanthropy wary of the moral consequences of silent neutrality.

In the conventional historiography of humanitarianism, testimony is presented as a watershed, marking a brave new age that turned its back on the old rule of the International Committee of the Red Cross (ICRC). The myth of the origins of MSF, which was officially founded in 1971, relates the birth of the organisation to one particular resounding act of testimony. According to this narrative, the seeds of MSF were sown by a group of French physicians disillusioned with revolutionary politics, who volunteered to work for the ICRC in the Biafra war (1967–70). It was the decision of this committed group to break from the ICRC’s policy of confidentiality and discretion and testify to the atrocious condition of the Biafran enclave, thereby voicing its protest against the silence of the ICRC during the Holocaust, that inaugurated what would later be identified as ‘rebellious humanitarianism’.²⁵

In her comprehensive narration of the history of MSF, Anne Vallaëys has recently challenged this view of the spontaneous generation of humanitarianism ‘without borders’ and the radical split that it supposedly involved with the humanitarian tradition of the ICRC. Striving to expose the neglected origins of MSF, Vallaëys maintains that the organisation was born out of the conflicting agendas of the ‘Biafrans’ and another core group with which they had joined forces, consisting of physicians and journalists that coalesced around the medical newspaper *Tonus* following the 1970 cyclone in East Pakistan. Rather than the direct outcome of a heroic venture, MSF, she argues, was the product of a marriage of convenience between hospital physicians seeking to gain experience in emergency interventions and general practitioners from the French province taken up by the humanitarian cause.²⁶

Although this new historiography advances a more nuanced and balanced description of this formative phase in MSF history, it largely leaves untheorised the ethical discourse advanced by MSF in this period and provides few clues as to the origins of the ethical

23. See MSF, ‘Principes de référence du mouvement Médecins Sans Frontières’, 1995.

24. See E.B. Rackley, *Bearing Witness: Strategies and Risks* (MSF, Centre de Recherche, Operational Center Brussels, November 2001), 1.

25. The term is drawn from Françoise Bouchet-Saulnier, ‘Between Humanitarian Law and Principles’, 2000. Available at: http://www.msf.org/msfinternational/invite.cfm?objectid=6589C8A5-DC2C-11D4-B2010060084A6370&component=toolkit.article&method=full_html. This narrative is propagated most notably by Bernard Kouchner (see, for example, Bernard Kouchner, ‘L’humanitaire a changé le monde’, *Les Temps Modernes* 627 [2004]: 10–21) but also informs less embedded accounts such as Olivier Weber, *French Doctors: L’épopée des hommes et des femmes qui ont inventé la médecine humanitaire* (Paris: Robert Laffont, 1995).

26. Anne Vallaëys, *Médecins sans Frontières: la biographie* (Paris: Fayard, 2004), 107–26.

reflexivity that has come to distinguish MSF from other humanitarian organisations. In the following sections, I propose to re-examine the genesis of humanitarianism ‘without borders’ so as to shed new light on the kind of ethical reasoning that it has recently endorsed and on the practice of witnessing and testimony in which it is anchored. This investigation will complement recent studies by Peter Redfield and Didier Fassin, which provide an anatomy of humanitarian witnessing in its current shape and trace its novel configurations of, respectively, truth and morality, and neutrality and emotion.²⁷ By turning the gaze on the infancy of MSF, I attempt to unpack humanitarian witnessing and analytically distinguish the act of witnessing from the more conventional practice of advocacy. I seek to show that humanitarianism without borders has brought forth a modality of witnessing that has consisted not so much in a sudden verbalisation of distant suffering, but rather in a broader reconfiguration of the ways in which crises and their victims are met with, conceived of and acted upon.

The arguments presented in the following section are based on an archival research I conducted in the Parisian headquarters of MSF-Paris, encompassing internal documents, newsletters and other publications by MSF, as well as newspaper articles and interviews published in the medical newspaper *Tonus* and in the French general press during the 1970s. Though I emphasize the variety and in some cases incompatibility of interpretations of the humanitarian mission that divided the ‘Biafrans’ from the founders and members of the organisation associated with *Tonus*, my reading of these primary sources attempts to provide a discursive analysis that underscores their ethical common grounds, that is, the widely shared presuppositions regarding the grounds of humanitarian responsibility and the personal engagement it calls forth, which informed MSF’s founders and members in the years that preceded and immediately succeeded its foundation. Without attempting to present a comprehensive survey of individual positions, I trace the contours of these prevalent concerns while relating to the views of several personalities otherwise associated with divergent conceptions of humanitarian action, as well as to internal debates and to more diffuse practices by MSF’s volunteer physicians.²⁸

The Physician’s Burden

The founding, in December 1971, of MSF was heralded in the front page of the medical newspaper *Tonus* with a fanfare reserved for landmark events. The top headline, running above a photograph of the founders of the organisation on what appears to be the occasion of the signing of its charter, left no doubts as to the gravity of the moment: ‘Médecins sans Frontières Has Become a Reality’. Addressing their readers – physicians and other

27. See Redfield, ‘A Less Modest Witness’, and Didier Fassin, ‘The Humanitarian Politics of Testimony: Subjectification through Trauma in the Israeli-Palestinian Conflict’, *Cultural Anthropology* 23, no. 3 (2008): 531–58.

28. The discussion that follows relates, among others, to the views of Philippe Bernier, *Tonus* journalist who favoured discreet and professional relief operations that would encourage a wide participation of general practitioners and physicians from the province; Bernard Kouchner, one of the leaders of the group of ‘Biafrans’ whose promotion of an assertive and vocal humanitarian action would lead to the split in MSF in 1979; and Xavier Emmanuelli, who regarded humanitarian work as an expression of the broader ethical vocation of medicine.

members of the medical professions – in a victorious second-person voice, *Tonus* editors enthroned the new organisation as '[t]he answer to all those who have doubted you'.²⁹ Painting the physician as the 'scapegoat of a certain society of consumption', they lauded those '[t]hree hundred among you and if necessary others more tomorrow' who 'proved that disinterestedness, dedication, and a certain form of abnegation were the mark of this medical profession so much decried'.³⁰ For *Tonus*, whose editor Raymond Borel and reporter Philippe Bernier were among those architects of MSF who would remain relatively anonymous – overshadowed by the physicians who served in Biafra and by their self-proclaimed leader Bernard Kouchner – the heart of the initiative lay in the new links that it forged between medicine and ethics. Framed as a distinctively medical responsibility, assistance to victims in the global peripheries was to uplift the morale of the medical profession, and to help retrieve its original spirit and ethical qualities. It was bound, as another medical newspaper put it, to 'put in practice this idealism that lies dormant deep inside every physician, and without which a physician risks being nothing but a merchant'.³¹

Tonus's article prefigured what would come to be a dominant strategy for MSF in the years to come. The organisation, which went on to establish itself as a brand name of sorts for an interventionist form of humanitarian action willing to violate state sovereignty in the name of human rights, was at this stage more of a corporatist venture. Indeed, more than to the transgression of political borders, the suffix 'sans frontières' referred, at this embryonic stage, to the dismantling of professional barriers that confined physicians to a tedious, bureaucratic and commercialised labour. Coined by the founders of MSF, the phrase was adopted in the 1970s and early 1980s by several French associations established by members of other professions, who were similarly keen on putting their expertise to use in the Third World.³² In *Tonus*'s prose, this 'sans frontières' endeavour stood for the attempt to 'bring down all the barriers, all the boundaries [frontières], that still stand between those whose vocation is to save, to provide care, and the victims of human barbarity or of the disorders of nature'.³³ Kouchner proclaimed in a similar spirit that the term Médecins sans Frontières suggested that 'the other physicians have boundaries [frontières]'.³⁴ For Kouchner and his colleagues, MSF represented an attempt to set up a more balanced economy of medical services, one that would be more in tune with the global distribution of suffering. As Kouchner put it, 'there is an under-medicalisation of the third world with regard to which we have to be able to play a small role, instead of being satisfied too often with treating people who suffer from nothing'.³⁵ What stood condemned by the universalising ambition of

29. Philippe Bernier, 'La reponse à tous ceux qui doutaient de vous', *Tonus*, 3 January 1972, 1, 3.

30. Ibid.

31. Françoise Pradier, 'Médecins sans Frontières, au service de la médecine des catastrophes', *Le Quotidien du Médecin*, 16 December 1971, 5.

32. The list includes architects, pilots, engineers, dentists, educators, sailors, veterinarians and journalists. A similar view that sees the notion of 'sans frontières' as implying an overcoming of barriers rather than a transgression of national borders is expressed in Redfield, 'Doctors, Borders, and Life in Crisis', 352, n. 13.

33. Philippe Bernier, 'Inde: aider-les à survivre!', *Tonus*, 15 November 1971, 1, 7.

34. 'Les Médecins sans Frontières', *Marie France*, October 1974, 18–19.

35. Ibid.

MSF was, therefore, not the state and its intrinsic exclusions, but first and foremost a certain image, or rather self-image, of the medical profession.

Reading through documents and interviews from the 1970s, one is struck by the fact that the terms 'humanitarian' or 'humanitarianism' were hardly in circulation in MSF – nor are they mentioned in the group's first charter and statute. Instead, it was the medical responsibility to relieve human suffering that lent MSF its moral impetus and distinctive ethical tone. Until 1976, when it launched its first advertising campaign directed at the general public, MSF fund-raising had relied solely on direct appeals to physicians.³⁶ One such 'letter to 60,000 doctors', reproduced in its entirety in MSF's newsletter, presented MSF as 'the sole organisation worldwide that addresses itself only to doctors, is managed only by doctors, and operates only in the area of medical aid'.³⁷ What was unique about this position was not simply its emphasis on MSF's medical identity, a feature that has always occupied centre stage in the group's publicity and advocacy campaigns, but rather the fact that this medical identity served as an almost exclusive marker of the initiative, overtaking other available framings of international relief. Xavier Emmanuelli, one of MSF's founders, stated in this spirit that 'we are technicians and we don't have any hidden agenda, not political, not religious, and especially not charity or imperialism ... just the technique'.³⁸

At a time when humanitarian expertise was only starting to take shape, MSF was viewed by its founders as a tool for bolstering the role of medical experts in the aid apparatus. One of their aims was to ensure that physicians, who until then had had only meagre representation in the ranks of humanitarian organisations, would be the ones who 'assess needs, decide upon the action to lead and ... take charge of its execution'.³⁹ This distinction of the medical action from a purely philanthropic one was reiterated by MSF's members, who professed that they were not 'secular saints' but 'men and women who have chosen a profession whose principal end is to serve humanity, and which they intend to implement so as to realise this purpose'.⁴⁰

MSF's operational priorities reflected this vision of the physician's burden. Until 1976, the organisation functioned largely as a placement agency, matching international development agencies and other humanitarian organisations with French physicians interested in working in developing countries. It was only in the second half of the decade, following its work in the Cambodian refugee camps in Thailand, that MSF first took charge of extensive relief missions and began to fashion the distinctive emergency expertise for which

36. An earlier proposal to launch a publicity campaign was rejected in the second general assembly of MSF in 1973.

37. 'Lettre aux 60.000 médecins', *Bulletin Interieur de M.S.F.* no. 1, 1974, 4–6. These fund-raising attempts yielded meagre results, with only 280 physicians responding to MSF's appeal (see 'Médecins sans Frontières', *Médecine Mondiale*, 9 May 1974, 23).

38. Xavier Emmanuelli, 'A quoi servons-nous?', *Bulletin Médecins Sans Frontières* no. 2, January–March 1975, 4.

39. According to Max Récamier, one of MSF's founders. See Armelle Lefevre, 'Du Biafra à Médecins sans Frontières, Interview du Dr Max Récamier', in *Partir: guide pratique de médecine humanitaire*, ed. Alain Delbos (Toulouse: Privat, 1985), 121–7. A similar intention is expressed in François Jacquemont, 'Le docteur Pigeon, "La souffrance, partout, c'est l'ennemi"', *L'est republicaine*, 26 December 1971, and see also Jean-Christophe Rufin, *Le Piège: Quand l'aide humanitaire remplace la guerre* (Paris: Jean-Claude Lattès, 1986), 62.

40. 'Les Médecins sans Frontières', *Marie France*.

it would become reputed.⁴¹ MSF's proclivity towards emergency situations – a setting that did not overlap with the strictly medical emergency – did not evolve directly from its medical specialisation and needed the extra push that a rationalised and controlled space of observation and care such as the refugee camp could provide.⁴² Yet in the early 1970s, it was still medical engagement that was at the forefront of MSF's activism, subsuming both emergency relief and development projects. In debates that took place within the organisation, the view that more sustained intervention was needed to address the 'chronic state of emergency' in the Third World gained power over voices calling for a focus on emergency relief, and many volunteers were dispatched to long-term development missions.⁴³ MSF even envisioned taking under its charge a region or a hospital where volunteer physicians, changing over every three months, would provide medical care and assist in the training of local teams.⁴⁴

Most scholarly attempts to contextualise the genesis of MSF point to factors that may help explain why MSF emerged when it did, but not why it emerged in the way that it did. Events and processes such as the Holocaust and its traumatised memory, decolonisation, the anti-totalitarian sentiment, and the fervour and disillusionment related to the May 1968 events in France have been typically cast as forming the backdrop to the *sans frontières* initiative.⁴⁵ Yet these historical developments hardly clarify why the renewed moral interest in the Third World was originally framed as a medical project. The answer may be gleaned from the pages of *Tonus*, where a preoccupation with the malaise of the medical profession made itself increasingly apparent in the period that followed the protests of May 1968. Fearing a socialisation of the medical practice, whose liberal status had been preserved in France, *Tonus*, a medical publication funded by the American pharmaceutical company Winthrop, sought to uphold the virtues of liberal medicine against its alleged detractors. The basic tenets of the liberal set-up of the doctor–patient relationship – the patient's free choice of physician, the direct payment made by the patient on a fee-for-service basis and the physician's unrestricted action and discretion in prescribing drugs – were presented as the ultimate line of defence against a mounting technicalisation of medicine. The latter, according to *Tonus*'s view, threatened to paralyse both the clinical skilfulness and the humane attitude of the doctor. It is worth noting that *Tonus*'s insistence on the human dimensions of medicine was meant not only to convince others of its merit and of the need to preserve

41. See Rony Brauman and Joelle Tanguy, 'Volunteering: The Médecins sans Frontières Experience', 1998. Available at: <http://www.doctorswithoutborders.org/volunteer/field/themsfexperience.cfm>.

42. See Xavier Emmanuelli, *Les prédateurs de l'action humanitaire* (Paris: Albin Michel, 1991), 215.

43. See Bernard Kouchner, 'Editorial', *Bulletin Interieur de M.S.F.* no. 1 (1974): 1; Philippe Bernier, 'Au 1er congres de "Médecins sans Frontières": La médecine d'urgence peut-elle être efficace sans "professionnels"?' *Tonus*, 18 December 1972, 1, 3; 'Corps mondial de secours and Médecins sans Frontières', *Ouragan "Fifi"*, *Honduras 1974* [Hors série]; Vallaeys, *Médecins sans Frontières*, 127–30. According to an activity report published in MSF's newsletter in 1974, 16 out of 64 volunteers who had gone on a mission in the preceding two years left for a period of one year or longer. See 'Bilan des activités depuis 2 ans', Annex à *Bulletin Interieur de M.S.F.* no. 1, 1974.

44. See Kouchner, 'Editorial', and M. Recamier, 'Editorial', *Bulletin Médecins sans Frontières* 3 (April–July 1975): 3.

45. For an overview of these factors, see, for example, Renée C. Fox, 'Medical Humanitarianism and Human Rights: Reflections on Doctors without Borders and Doctors of the World', *Social Science and Medicine* 41 (1995): 1607–16.

its autonomy, but also to inspire physicians, who were growing increasingly frustrated with their medical practice, with a different perception of it. This resonated in particular with the concerns of general practitioners, who were undergoing a crisis of identity and purpose as a result of the rise of what was referred to as 'scientific medicine', and corresponded to the feeling that general practitioners had to 'justify their medicine' by showing that 'technique and specialization, as useful as they are, [could not] resolve all the problems of medicine'.⁴⁶

French medical humanitarianism germinated in a climate characterised by a symbolic devaluation of the medical profession and by a general crisis in the health-care system, but also by a tremendous growth in the number of medical practitioners.⁴⁷ Boosted in France by the subversive spirit of the students' uprising, approaches affiliated with what came to be known as anti-medicine or the medicalisation critique, whose most poignant articulation was given in Ivan Illich's *Medical Nemesis* published in French in 1975, denounced the rationalisation and the commercialisation of medicine and called into question the effectiveness of scientific medicine and the authority of medical experts.⁴⁸ Concomitantly, state efforts to curb mounting health-care costs by a reinforced control over tariffs of treatment and consultation and drugs prescription were seen as an assault on the tenets of liberal medicine and on the cherished independence and discretion of physicians.⁴⁹ During the 1970s, French physicians' self-critique of 'the medical practice, the doctor-patient relations, the system of health care and the system in general' would

46. This view was expressed by the head of SNMOF, a French association of general practitioners, in its annual congress. See "'Nous ne devons pas être des médecins auxiliaires", déclare Dr Valingot', *Tonus* 437, 19 October 1970, 1, 2. General practitioners would come to constitute a significant share of the ranks of MSF in the first years of its existence. In 1975, 238 out of 528 MSF members were general practitioners; in 1977, 501 out of 1256 (see, respectively, Bernard Kouchner, 'Rapport moral de l'Assemblée Générale 22–23 Février 1975', *Bulletin Médecins sans Frontières* 3 [April–July 1975]: 29–34, 29; Bernard Kouchner, *Rapport Moral*, Assemblée Générale de MSF, 1977). The disparities between general practitioners, with whom *Tonus* representatives in the executive committee of MSF would be particularly associated, and hospital specialists such as the 'Biafrans', who were mainly interested in pursuing short-term emergency missions, were at the root of some of the prominent tensions within MSF in the early years of its existence (see Bernier, 'Au 1er congrès de 'Médecins sans Frontières', and Vallaëys, *Médecins sans Frontières*, 159). However, it is important to note that both the 'Biafrans' and the physicians associated with *Tonus*'s line expresses a reserved approach toward professional medicine, an attitude that would also be manifested by future members of the organisation. On this latter point, see Dauvin et al., *Le travail humanitaire*, 51–2.

47. Between 1966 and 1968 the number of students admitted to second year in medical schools in France rose sharply, from 8870 to 14,713. See David Wilsford, *Doctors and the State: The Politics of Health Care in France and the United States* (Durham, NC: Duke University Press, 1991), 97.

48. On the rise of the medicalisation critique in the 1970s, see Deborah Lupton, 'Foucault and the Medicalisation Critique', in *Foucault, Health and Medicine*, eds Alan Petersen and Robin Bunton (London: Routledge, 1997), 94–110. On the anti-medicine discourse in France in that period, see the special issue of the journal *La NEF* 49 (October–December 1972).

49. See François Steudler, 'Crise des institutions et pouvoir médical', *Autrement* 9 (1977): 136–49. The concern over what came to be known as the crisis in health care and over state attempts to curb it by reducing health-care costs affected many Western societies during the 1970s. See Claudine Herzlich, 'The Evolution of Relations between French Physicians and the State from 1880 to 1980', *Sociology of Health and Illness* 4, no. 3 (1982): 251. On the repercussions of the crisis in the US, see Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 379–419.

give rise to numerous initiatives to supplement technical medicine by a human, socially engaged and even subversive one.⁵⁰

In this context, relief missions in the Third World were viewed as more than just a means to justify social privilege and enshrine an existing form of medical practice. For *Tonus*, they offered the opportunity for a genuine re-enchantment of the profession, which could, potentially, affect the ways in which physicians practised and made sense of medicine. Unlike previous appeals to donate money, equipment and drugs to benevolent causes, the call published by *Tonus* shortly after the November 1970 cyclone in Pakistan, in which the idea of putting together an ‘organised body of [medical] volunteers’ was first submitted, opened the way for a direct, physical involvement of doctors in the plight of distant sufferers.⁵¹ Noting the disorder in which relief efforts typically unfolded and the ‘incompetence of governments and of official bodies’, *Tonus* proposed to put together a private force of French physicians, viewing it as an efficient and agile alternative.⁵² The entire liberal persona of the doctor seems to have been mobilised against what was perceived as the ‘incompetence of the authorities, the time it took the public services to start working ... and a hundred other bad reasons that almost doubled the number of victims in five days’ in the wake of the Pakistan catastrophe.⁵³

Tonus’s call, published under the provocative title ‘Are We Mercenaries?’, was heeded by some 300 physicians, of which 180 would later form a group named Secours Médical Français (SMF, French Medical Relief). SMF’s consolidation with Gimcu (the Groupe d’intervention médicale et chirurgicale d’urgence; Group for Emergency Medical and Surgical Intervention), formed by the doctors who had served in the ICRC’s mission in Biafra, would eventually lead to the foundation of MSF. Despite this lineage, however, *Tonus*’s view of the moral persona of the doctor as both an asset and a stake of international relief intervention would not be entirely preserved by MSF. Whereas for *Tonus* it was mainly the well-established liberal features of the medical profession that relief missions both reflected and enhanced, many members of MSF would come to consider the moral subjectivity of the physician as an attribute that had to be more thoughtfully cultivated. During the 1970s, the aura of the free, autonomous and compassionate physician upheld by *Tonus*’s representatives in the executive committee of MSF clashed with, and then gradually gave way to, the idea that the morality of the humanitarian endeavour, and, by extension, of the doctors involved in it, hinged upon a particular action, associated with the somewhat vague commitment to bear witness to crises and their victims.

Expert-Witnessing and Active Presence

Although *témoignage* is recognised today as one of the ethical pillars of humanitarianism ‘without borders’, it has always been one of its most controversial and elusive components.⁵⁴ This duality of an ethos that is both persistent and contested is visible from the

50. These initiatives are surveyed in a special issue of the journal *Autrement* dedicated to ‘Guerillas of Medicine’. The quotation is from an editorial text in the same issue. See *Autrement* 9 (1977): 84.

51. Philippe Bernier, ‘Sommes-nous des mercenaires?’, *Tonus*, 23 November 1970, 1, 6.

52. ‘Pakistan: pour qui sonne le glas...?’, *Tonus*, 14 December 1970, 1, 6.

53. ‘Des morts de la honte’, *Tonus*, 7 December 1970, 1.

54. A similar claim is made by Redfield, ‘A Less Modest Witness’.

very early days of MSF, when – in what can only be construed as a sign of the actual weight of the commitment to bear witness to atrocities – the volunteers of the organisation were prohibited from communicating their impressions in public.⁵⁵ Some of the founders accordingly declared that they will ‘go off on a mission as doctors, not as witnesses, and will come back the same’.⁵⁶ ‘Silence’, they stated, ‘is the condition of our efficacy’: medical confidentiality alone can assure that the doctors will be granted access to theatres of war.⁵⁷

In practice, however, this opposition to testimony, spearheaded by *Tonus* journalist Bernier, was not equally hostile to all forms of public speech relating to mass suffering. In fact, from a very early stage, doctors who went on missions testified: on post-cyclone Honduras,⁵⁸ on the Kurdish victims of Iraqi bombardments⁵⁹ and on the civil war in Lebanon.⁶⁰ These eyewitness accounts, which were often framed explicitly as acts of testimony, adopted for the most part a distinctive grammar, identified by Luc Boltanski as the ‘topic of sentiment’.⁶¹ They put the victims and the witnesses in the fore, leaving vacant the position of the persecutor in a manner that encouraged compassion while downplaying responsibility.

Whereas this form of first-person testimony, which was still sporadic and would start to be produced more systematically only towards the end of the decade, was tolerated and sometimes even encouraged, it was rather a different modality of witnessing, one that put forward a public denunciation of atrocities, that was vehemently resented by the opponents of testimony. The debate that unfolded over these testimonies in an internal seminar held in 1978 revealed their controversial status but also the ethical value invested in statements of indignation that were, for the time being, mostly hypothetical. ‘There is, of course, no question of taking the place of organisations for the protection of the individual, such as Amnesty International or the Human Rights League, that have turned this into a profession, and passing one’s time denouncing all the violations encountered here and there’, stated the meeting summary, ‘but it is probably more detestable still to sanction, by our silent presence, errors or, worse, heinous acts’.⁶² Against the view that testimony was an act that compromised medical assistance and therefore had to be restricted, an opposing view was gaining ground. Prefiguring later controversies on the pros and cons of speaking out, this position held that testimony was a necessary, if exceptional, gesture that alone could ensure the moral integrity of relief actions in ‘intolerable occasions’.⁶³

55. See MSF’s first charter (‘La Charte de Médecins sans Frontières’, *Tonus*, 3 January 1972) and first statute (‘Statuts de Médecins sans Frontières’, 20 December 1971, article 8).

56. Françoise Cordier, ‘Médecins sans Frontières’, *Le Quotidien du Médecin*, 16 December 1971, 5.

57. Jacquemont, ‘Le docteur Pigeon’, and see also Vallaëys, *Médecins sans Frontières*, 125.

58. Philippe Bernier, ‘Des M.S.F. témoignent’, *Tonus*, 14 October 1974, 1, 6; Marie-Claude Decamps, ‘Les médecins de l’Apocalypse’, *Le Point*, 28 October 1974.

59. Isabelle Vichniac, ‘Kurdistan: scandale d’un silence’, *Coopération Bale*, 6 March 1975.

60. ‘Philippe Delaunes, un Médecin sans Frontières témoigne: “On soignait sous le feu des tireurs d’élite”’, *Tonus*, 14–20 June 1976, 1, 10; D. Dumas, ‘Liban’, *Bulletin Médecins sans Frontières* 6 (April–July 1977), 44–49; ‘Le témoignage d’un médecin français: Un effroyable massacre’, *Le monde*, 6 October 1978.

61. Boltanski, *Distant Suffering*, 77–95.

62. P. Pradier, ‘A propos d’une réunion à Bordeaux’, *Bulletin Médecins sans Frontières* 7 (April 1978).

63. Kouchner quoted in ‘VIe Congrès de Médecins sans frontières’, 28 April 1978, Compte-rendu, archive MSF-France, 27.

What is striking about MSF's early preoccupation with the issue of public speech is that it cast testimony as a problem that had to be addressed long before this actually became a regular practice of medical relief workers.⁶⁴ This concern over testimony can be traced back to the public profile of the 'Biafrans' and especially of Bernard Kouchner, a former activist who had led an outspoken advocacy campaign on behalf of Biafra and had, in the years preceding his humanitarian career, briefly worked as a journalist. Yet the efforts to regulate testimony also stemmed from a more elementary reason: physicians were now becoming witnesses to distant atrocities in increasing numbers and rates, placing the act of witnessing at the core of their moral practice. In fact, testimony has become a problem for MSF's members because witnessing came to be featured as one of their main solutions both to mass suffering and to the legitimacy crisis of the medical profession.

Conceived as a platform of 'personal political act[s]'⁶⁵ that sought to provide an alternative both to humanitarian neutrality and to political engagement, one of the fundamental aims of the organisation has been to bring Western experts into direct, personal contact with emergencies and their victims. 'At a time when partisan tensions leave little hope for a dialogue', stated Kouchner in MSF's general assembly held in April 1977, 'we attempt to go to the discovery of the other'.⁶⁶ This encounter was seen to provide an alternative both to the sway of political ideologies and to the dreary routine of medical practice. 'The physician rediscovers a relationship with the sick person that has all but disappeared in the hyper-medicalised Western world', claimed a volunteer physician in a press interview. 'He is not sitting behind a desk in his office. He is close to the people, lives in their midst.'⁶⁷ An early brochure produced by MSF proclaimed in this vein that 'there exists no act, especially in our domain, that does not carry a political significance. But it is up to each one to seek this significance, which cannot be taken into account in the technique of the missions'.⁶⁸ This emphasis upon the individual relief worker and his or her idiosyncratic engagement with the misfortunes of distant victims amounted not only to a privatisation of the humanitarian act, but also to a responsabilisation of members of the professions who took an increasingly significant part in carrying it out.

Until the mid-1980s, bearing witness was construed in MSF for the most part as a discreet, personal act, occurring far from the limelight of the public sphere.⁶⁹ It was associated, as one of the definitions of witnessing in MSF's core principles would later put it, with 'the direct presence of the volunteers next to people in danger in order to perform

64. Debates over what was referred to as 'medical neutrality' were already signalled in MSF's newsletter in early 1975. See Max Recamier, Editorial, *Bulletin Médecins sans Frontières* 2 (January–March 1975): 3.

65. Bernard Kouchner, 'Rapport moral présenté à l'assemblée générale de MSF', 1977, archive MSF-France.

66. Bernard Kouchner, 'Cinq ans', *Bulletin Médecins sans Frontières* 6 (April–July 1977): 5.

67. Quoted in Nicole Lauroy, 'Soigner, c'est servir', *Femmes d'Aujourd'hui*, 16 April 1975.

68. Médecins sans Frontières, 'Qui Êtes Vous? Médecins sans Frontières', undated brochure, 20.

69. Following the change of leadership in MSF in 1979 and the split that led, in the same year, to the foundation of the competing organisation Médecins du Monde (MDM) by Kouchner and some of his colleagues, *témoignage* began to take on more politicised meanings. Although both MSF and MDM were producing and disseminating bolder statements in that period, presence in emergency zones still remained the dominant form of humanitarian witnessing.

the medical gesture that combines proximity and listening'.⁷⁰ Presence, as Judith Soussan has shown, was, in this period, 'more than a neutral fact: in a world that is "closing", it is an act – an act considered protective (in the common sense of setting an obstacle to acts of violence) by its double aim of being "close to" and being a witness'.⁷¹ Witnessing in its sense as presence 'where the others don't go', to quote one of MSF's most familiar slogans during the 1970s, was construed as that element which, although emanating from within the medical commitment, lends a moral twist to standard medical practice. In a way that is reminiscent of the position of the witness in Albert Camus's celebrated allegory *The Plague*, which, as Redfield has shown, prefigured the moral economy of humanitarian *témoignage*, witnessing translated the ordinary medical gesture embedded in it into a 'supremely moral act'.⁷² Concomitantly, it was framed as an exceptional and even privileged experience that possessed the power to expand not just the physician's relations to the other, but also his or her relations to him or herself. 'Physicians returning from such missions', stated Emmanuelli, 'will no longer be entirely the same'.⁷³ In these combined senses, witnessing as presence was not just a means to a higher end – the provision of medical assistance or the unhindered observation and documentation of atrocities. 'Going there' and 'being there' emerged as meaningful actions in their own right, as gestures that, however much they were entangled with other practices of care and protection, produced their own beneficial consequences. Witnessing was at one and the same time a protective act, a sign of solidarity, and an ethical procedure that allowed physicians to fashion a more enlightened character – to 'finally stop being a dispenser of prescriptions in order to re-become, faced with a chronic emergency, a physician – not a boy-scout but simply a responsible man'.⁷⁴

Direct, unmediated witnessing was thus one of the leitmotifs of the first publicity campaign launched by MSF in December 1976. The series of ads, featuring various crises, was premised on a simple logic: the doctors without borders were public emissaries, and their public role was sustained by the gap that separated those first-hand witnesses from the remote spectators. 'TV shows it to you, the doctors without borders are there', read one of the ads; 'We know. But the reality is always worse. The cries, the smell, the horrible silence that succeeds all the disasters, nothing can ever transmit that. One has to imagine. One would have to go there. The doctors without borders go.' This emphasis on presence in emergency zones was also evinced by more sceptical accounts of MSF's missions, from within the group itself, which questioned whether witnessing alone could furnish a legitimate ground for action. Echoing the increasing professionalisation of MSF, Emmanuelli, the then Vice-President of the organisation, submitted in its newsletter that 'it is not enough to say "we were there". One has to add: we worked there, we were useful and we ensured the relief'.⁷⁵

70. MSF, 'Principes de référence du mouvement Médecins sans Frontières'.

71. Soussan, *MSF et la protection*, 13.

72. Redfield, 'A Less Modest Witness', 7.

73. Emmanuelli, 'A quoi servons-nous?'.

74. Emmanuelli quoted in 'Les médecins de l'Apocalypse', *Le Point* 110 (28 October 1974): 109.

75. Xavier Emmanuelli, 'L'âge de raison', *MSF. Bulletin d'informations de Médecins sans Frontières* 2 (April 1979): 1, 8. Similar tensions were reflected in the testimonies of volunteers in MSF's heroic missions in Afghanistan, who variously claimed that the role of the witness does not justify any activity on the ground and that witnessing was meaningful in and of itself.

The emphasis on actual presence in far-flung crises was inscribed in an ethos of action, in which practical gestures of aid were regarded as self-justifying and valued both for their moral and for their existential effects. Neither saints nor heroes, the doctors without borders are ‘guided solely by their will to act’, declared the grandiloquent introduction to an anthology of photographs published in 1982 by MSF.⁷⁶ During the 1970s and early 1980s, aid work in the Third World was repeatedly presented by volunteers as a ‘useful adventure’ rather than an altruistic venture.⁷⁷ A study conducted in 1980 accordingly revealed that most volunteers reported a mixture of personal and humanitarian motives for their engagement, a fact that supported Kouchner’s later observation that French doctors ‘take human rights seriously, that is, as an adventure’.⁷⁸

The ethical dimension of presence as witnessing was expressed most clearly in eyewitness accounts by volunteer physicians that began to burgeon towards the end of the 1970s, mainly around the programmes launched in Afghanistan by MSF and other French medical organisations. Published in the regional press or delivered in conferences, these testimonies were shaped as travel tales, referring only occasionally and in passing to political issues or human rights violations. Often entitled ‘A Doctor without Borders Bears Witness’, they transmitted impressionistic descriptions of alien regions, lingering on the lack of medical services and the rudimentary nature of medical aid. These testimonies, as Didier Fassin would later observe in the context of humanitarian testimonies about victims of trauma, ‘express[ed] more of the witness’s moral sentiment than of the experience lived by the victims’.⁷⁹ Yet setting the physician-witness, or rather the act of witnessing, as their centrepiece, these testimonies did not just reflect the biographical trajectories of their authors.

Storytelling was, in this context, part of the ethical process it sought to describe, a final manoeuvre in a moral alchemy that transformed a physician into an expert-witness. In this sense, it was less geared towards accomplishing political change than an individual transformation. With public speech by MSF members taking on such a personal bent and putting forward an ethos of medical devotion, testimony was made subservient to the largely non-verbal practice of witnessing. Moreover, it was in these eyewitness accounts that witnessing was most vividly revealed to be a deliberated and repeatable action – an ethical practice of the self, in Foucault’s terms, which could be variously put to use by different individuals, producing similar results.⁸⁰ Witnessing emerged as a protocol that experts could follow so as to become new subjects endowed with both technical skills and humane capacities.

76. *Médecins sans Frontières, Dans Leur Salle d’Attente 2 Milliards d’Hommes* (Chêne/Hachette, 1982), Introduction (unpaginated).

77. See, for example, Monique Lefebvre, ‘Médecins sans Frontières, dans leur salle d’attente 2 milliards d’hommes’, *Teherama*, 2 March 1977, 28–30.

78. Michel Chauliac, *Profil psychologique, sociologique et technique d’un Médecin sans Frontières* (Thèse pour le Doctorat en Médecine, 1980); Bernard Kouchner, ‘Préface’, in *Le Devoir d’Ingérence. peut-on les laisser mourir?* eds Mario Bettati and Bernard Kouchner (Paris: Denoel, 1987), 9. Similar findings were reported in a comprehensive sociological study of French humanitarian organisations published in 2002. See Dauvin et al., *Travail humanitaire*, 137–67.

79. Fassin, ‘The Humanitarian Politics of Testimony’, 554.

80. See Foucault, *The Use of Pleasure*.

The Discrepancies of Global Governance

Insofar as it was a personal matter affecting the very being of volunteer physicians, the ethical labour of witnessing may also be understood as a political one. The attempt to revive an enlightened medical personality that could reaffirm the hold of medical power over societies and individuals in the West may actually be construed as a move that eventually came to sustain a new apparatus of global governance in which moral experts played a critical role. Since the 1980s, international aid was increasingly subcontracted from metropolitan governments to NGOs and deployed in public–private networks of relief that took over bilateral interstate channels of development assistance.⁸¹ Humanitarian organisations played an important role in the ‘securitisation’ of the unruly global peripheries, merging care for and control of populations whose distress was now construed as a threat to liberal peace and security.⁸²

As Duffield has shown, the effort to remodulate lives and behaviours in the ‘global south’ passed through a reshaping of the habits and conducts of aid practitioners themselves. It was premised upon the institutionalisation of a wide range of ‘contractual tools, performance indicators, partnership frameworks and auditing techniques’ that instilled non-state humanitarian practice with the same strategic worldview, risk calculations, and value–cost considerations informing public policies in metropolitan states.⁸³

Yet the indirect mechanisms for the protection and surveillance of distant victims did not hinge only on this fusion of political and humanitarian reason. The case of MSF suggests that they were also wedded to and dependent upon the independent gaze of private experts and the public mobilisation that their act of witnessing both encapsulated and called forth.⁸⁴ The autonomy of humanitarian witnesses, which lent their testimonies epistemic and moral credibility, may actually be deciphered as a double-edged sword. By virtue of their independent standing, expert-witnessing could operate as a powerful system of alert that, while providing real-time information on atrocities, would eventually pave the way for military interventions in crises and for an ever-deepening encroachment by the humanitarian network upon real and imagined emergency zones.⁸⁵

81. See Mark Duffield, ‘Governing the Borderlands: Decoding the Power of Aid’, *Disasters* 25, no. 4 (2001): 308–20. This trend was reflected in the overall decline during the 1990s in official development aid as a share of donor countries’ wealth and in the concomitant increase in the share of humanitarian assistance channelled through NGOs. See Judith Randel and Tony German, ‘Trends in the Financing of Humanitarian Assistance’, in *The New Humanitarianism: A Review of Policy Trends in Global Humanitarian Action*, ed. Joanna Macrae (Humanitarian Policy Group, Report no. 11, April 2002), 19–28.

82. Duffield, ‘Governing the Borderlands’. As Vanessa Pupavac has pointed out, this humanitarian governance has increasingly embraced a therapeutic rationality, focusing on traumatic symptoms and targeting individual emotions regarded as politically destabilising. See Vanessa Pupavac, ‘War on the Couch: The Emotionology of the New International Security Paradigm’, *European Journal of Social Theory* 7, no. 2 (2004): 149–70.

83. Duffield, ‘Governing the Borderlands’, 318.

84. On this point, see also B. Steele and J.L. Amoureux, ‘NGOs and Monitoring Genocide: The Benefits and Limits to Human Right Panopticism’, *Millennium* 34, no. 2 (2006): 403–32.

85. See David Chandler, ‘The Road to Military Humanitarianism: How the Human Rights NGOs Shaped a New Humanitarian Agenda’, *Human Rights Quarterly* 23, no. 3 (2001): 678–700, and Didier Fassin, ‘Humanitarianism: A Nongovernmental Government’, in *Non Governmental Politics*, ed. Michel Feher (New York: Zone Books, 2007), 149–59, 157.

Witnessing thus helped crystallise a global formation of power in which the humanitarian government of distant others could be rendered more efficient and robust by being commingled with and premised upon the government of Western selves. Subject to the penetrating gaze of individual witnesses, emergency zones have been the site at which two modes of government – an apparatus of security and bio-power applied to populations, and an ethical cultivation of subjectivity applied to individual experts – could intersect in a mutually reinforcing manner. By becoming a witness to emergency, one could simultaneously attend to one's personal troubles and to the political challenge arising from the need, amplified in a rapidly shrinking world, to have a fine-tuned knowledge about remote crises. Witnessing could thus acquire a strategic import by virtue of its authentically engaged disposition.

Seen in this light, the advent of the expert-witness becomes fully intelligible against the background of a broader 'mutation of the "political game"' in Western societies.⁸⁶ It seems to be akin to a new formation of advanced-liberal governmentality that operates through the independent judgement of individuals, drawing on and reinforcing their freedom of action and personal responsibility.⁸⁷ This mode of government, which gained momentum since the 1960s, has less to do with the establishment of new political institutions than with the emergence of practical ways to correlate political ends with social resources that go beyond the direct control and training of individuals. Advanced liberalism denotes an inventive mode of government insofar as it sets up contrivances that do not seek to uphold social norms by surveillance and regulation, but rather by propelling both experts and individuals subject to their power to cultivate their autonomy and free choice, to become social entrepreneurs, and to strive for self-realisation.⁸⁸ The face-to-face encounter with other people's miseries, which has been advocated by MSF members since the inception of the organisation, may, in this sense, be read as analogous to other ventures that encourage liberal experts to actualise their sensibility and sense of initiative so as to better accomplish their professional, and, concomitantly, governmental, tasks. Seen in this light, humanitarian witnessing cannot simply be regarded as a sign of the diminution of government, which allegedly cedes place to a cosmopolitan citizenry. Rather, humanitarian witnessing should be re-examined as a means for the redeployment of global rule, and as a practice that unwittingly advances a more efficient and

86. Osborne, 'Power and Persons', 532.

87. Ibid.; Nicolas Rose, *Powers of Freedom: Reframing Political Thought* (Cambridge: Cambridge University Press, 1999), ch. 2.

88. Ibid. This responsabilisation joins other modes of subjectification fostered by advanced liberal government as a condition for its efficient and frugal functioning, which are similarly operating on a globalised scale. Louiza Odysseos pointed to the role of contemporary human rights discourse in producing a distinct subjectivity that she calls '*homo juridicus*', which itself parallels another type of subjectivity, the *homo oeconomicus*, discussed by Foucault. The humanitarian alignment of political and ethical government should therefore be construed in the larger context of an advanced-liberal formation of government that variously propels individuals to constitute themselves as responsible agents, as holders of rights and as rational beings. See Louiza Odysseos, 'Human Rights, Liberal Ontogenesis and Freedom: Producing a Subject for Neoliberalism?', *Millennium* 38, no. 1 (2010): 747–71, and Michel Foucault, *The Birth of Biopolitics: Lectures at the College de France, 1978–79* (Palgrave Macmillan, 2008), 267–89.

economical mode of 'government at a distance' that utilises the freedom and autonomy of private experts as one of its prime resources.⁸⁹

Insofar as it relies on witnessing, however, this mode of humanitarian governance cannot be considered to be harmonious or fully predictable in its effects. Setting the witness as its desired end rather than its pre-given source, the practice of witnessing also creates an opening for dissenting actions within the apparatuses of global governmentality. This was made apparent when, following the war in Bosnia, the genocide in Rwanda and the protracted crisis in the Great Lakes region, humanitarian witnessing lost its seemingly smooth and automatic functioning. In MSF-France, the 1990s were the heyday of outspoken statements in which the organisation publicly denounced, often against the view of other sections in the now multinational MSF movement, the political instrumentalisation of aid. Heralded as the authentic expression of *témoignage*, these statements exposed the shortcomings and the vulnerability of an act of witnessing that was widely considered to be increasingly co-opted in violent political projects, thus losing its self-justifying aura.

The demand to speak out when humanitarian action is diverted from its track amounted to a reinterpretation of what bearing witness entails. The latter was portrayed now by MSF-France as a moral commitment that active presence in emergency zones and the standard accounts to which it gave rise could not exhaust nor actualise alone. Testimony was entrusted with the task of salvaging the ethical character of humanitarian witnessing and preventing it from becoming a mere cog in the machine of international politics. It encapsulated a new mode for the formation of and care for the witness that was far more calculated and reflective than presence or even sensitisation. To become a genuine humanitarian witness, one now had to engage in an ethical reasoning in which the provision of humanitarian assistance was weighed against the repercussions of speaking up. Torn between the needs of the population at risk and the moral integrity of the witness, the act of testimony carried the mark of the humanitarian dilemma, construed as the unavoidable prelude to the decision to speak out.⁹⁰

These torments of witnessing and the sui generis humanitarian knowledge in which they became embedded point once more to the ethicalisation of witnessing in the humanitarian domain. They serve as a reminder of the fact that in the contemporary politics of pity, witnessing and testimony have been framed as acts that generate a subjective transformation and do not just capture an objective state of affairs. Humanitarian *témoignage* should therefore be deciphered as a way to become a witness and as a practical model for acting upon oneself while acting on others. Severed from its erstwhile religious and epistemic coordinates, and having nothing but an abstract figure of a witness as its desired end, witnessing and testimony turn out to be inherently open-ended practices, floating signifiers that can be translated into a varied and sometimes incoherent array of deeds and speech-acts.

It might be that the moral practices of *sans frontières* form part of a bigger story, one yet to be told, about the making and remaking of the ethics of testimony in an 'era

89. See Rose, *Powers of Freedom*, 49.

90. See, for example, Lorence Binet, *Genocide of Rwandan Tutsis* (MSF, Internal document, 2003), Introduction.

of the witness'.⁹¹ Maybe the most fruitful way to approach humanitarian *témoignage* would be to situate it within the series of metamorphoses that have affected the social institution of testimony in the 20th century. Such an apprehension of how testimony – a legal, scientific and theological notion – could in the first place come to perform as a political action must, in turn, be interwoven with analyses of the rationalities it has assumed in particular settings. The case of MSF provides this inquiry with a valuable clue by showing that it is ultimately the concern for moral subjectivities that grounds the politics of witnessing today.

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91. Annette Wieviorka, *L'ère du témoin* (Paris: Hachette Littératures, 2002).