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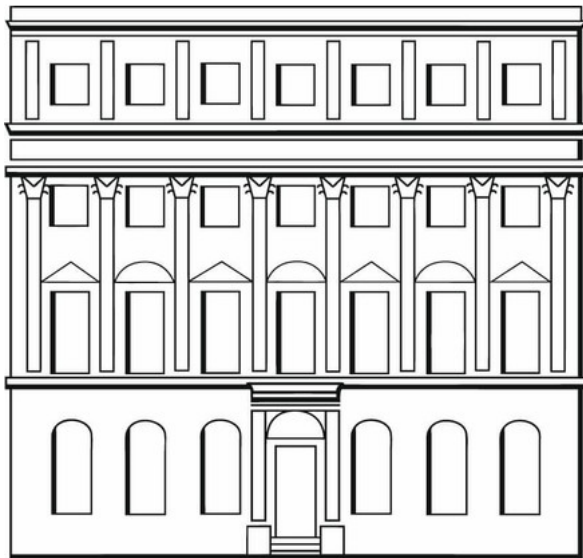
Humanitarian Dilemmas, Concern for Others, and Care of the Self: The
Case of Médecins sans Frontières

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Humanitarian Dilemmas, Concern
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The Case of Médecins sans Frontières

MICHAL GIVONI

In the standard account of contemporary humanitarianism the 1990s stand out as a transformative moment. Following the end of the Cold War, the story goes, political violence became chaotic and the crises it engendered grew more complex. With the withdrawal of superpower patronage, civil wars were deregulated, with a myriad of paramilitary and non-state actors vying for power. Freed from the straitjacket of the Cold War, humanitarian organizations gained access to conflict zones that had hitherto been beyond reach. Their mandates expanded and became more ambitious, while their aid missions unwittingly fed into the political dynamics of highly fragmented conflicts. According to this account, the heyday of transnational humanitarianism was simultaneously also a time of deep crisis. In the wake of the international intervention in Somalia, the genocide in Rwanda, the ethnic cleansing in Bosnia, and the war in Kosovo, humanitarian action moved from the margins of the international arena to the centre of world politics. At the same time, however, its fundamental principles were shattered by the failure to respond adequately to political violence and, when such a response was undertaken, by the militarization of the humanitarian endeavour. As David Rieff, who covered the humanitarian crises of the 1990s, has put it, ‘by the beginning of the twenty-first century every experienced relief worker need[ed] no reminder of the new conventional wisdom that there are no humanitarian solutions to humanitarian problems’.¹

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¹ David Rieff, *A Bed for the Night: Humanitarianism in Crisis* (New York, 2002), 304.

In fact, for many humanitarian practitioners who witnessed and reflected on the political disasters of that decade, humanitarianism was increasingly coming to seem a part of the problem. Dozens of essays, monographs, and case studies published since the beginning of the 1990s highlighted the unintended side effects of humanitarian action and its adverse political consequences.² No longer focused on such familiar pitfalls of humanitarian assistance as the embezzlement of funds or the creation of a dependency syndrome, these critical accounts were preoccupied with the structural problems that beset aid missions when they were properly and successfully carried out. Prominent voices from within humanitarian circles now claimed that the moral minimalism underpinning humanitarian engagement tended to preclude consideration of the broader context of crises and to function as a substitute for firmer, more effective but also more controversial modes of intervention. Seen from this angle, the major challenge faced by humanitarian ethics was not the fact that its message remained unheeded but rather the mounting political impact of a humanitarian cause deplored as a victim of its own success.

This grim diagnosis of the humanitarian predicament was far from being a paralysing one. As Mark Duffield has shown, it led to a reaffirmation of the humanitarian impulse while investing it with more solid and rationalized grounds. The troubles of humanitarianism were inscribed in an ethical discourse that strove to 'develop systematic methods of prioritizing problems, judging one's responsibility and analysing outcomes in order to make the best decision'.³ Endeavouring to recalibrate humanitarian action and ensure its moral efficiency, this highly prolific version of humanitarian ethics was framed by the 'dilemmas', 'hard choices', and 'paradoxes' of intervention.⁴ The new awareness of the dark sides of humanitarianism gave rise to two disparate ethical devices. On the one hand, it led to the formulation of ethical guidelines and codes of conduct that affirmed the categorical power of the humanitarian imperative

² Some of the most notable works are Alex De Waal, *Famine Crimes: Politics and the Disaster Relief Industry in Africa* (Oxford, 1997); Fiona Terry, *Condemned to Repeat? The Paradox of Humanitarian Action* (Ithaca, NY, 2002); Rony Brauman, *Humanitaire: le dilemme*, interview with Philippe Petit (Paris, 1996); David Kennedy, *The Dark Sides of Virtue: Reassessing International Humanitarianism* (Princeton, 2004).

³ Mark Duffield, *Global Governance and the New Wars: The Merging of Development and Security* (London, 2001), 91.

⁴ Hugo Slim, 'Doing the Right Thing: Relief Agencies, Moral Dilemmas and Moral Responsibility in Political Emergencies and War', *Disasters*, 21 (1997), 244–57.

and set out its basic tenets. On the other hand, it engendered a case-based analysis of interventions in crises that fed into a more supple casuistic morality that sought to cultivate the discretion and critical skills of aid workers.

The growing recognition of the costs and unintended consequences of relief operations is usually related 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 a 'response to [the] complexity' of the new theatres of intervention that surged in the wake of the Cold War.⁵ In what follows, however, I will argue that this recent concern with the quandaries of humanitarianism has older roots, which go back to the particular rationalities that non-governmental humanitarianism assumed as it was taking shape in the 1970s. Contemporary humanitarian dilemmas, or rather, the ethical discourse that has been animated and shaped by them, are not mere reflections of the shifting terrain of crisis. They can be traced back to earlier modes in which the moral sensibility to the plight of distant victims has been put into practice and operationalized. From a close examination of the case of the medical humanitarian organization Médecins sans Frontières (MSF: Doctors without Borders), one of the most prominent humanitarian NGOs operating today and a particularly fitting representative of reflexive humanitarianism, I argue that the ethical malaise of humanitarian practitioners and their immanent critique of international relief were facilitated by the new moral subjectivity that non-governmental humanitarianism both fostered and presupposed. They were made possible by—indeed, they were the logical outcome of—the dual character of a humanitarian ethics that combined care for distant victims with care for Western selves.

Moral dilemmas, as Ilana Feldman has rightly suggested, are endemic to humanitarianism.⁶ Yet while humanitarian work is almost inevitably compromised, it is grounded in moral conceptions and ethical practices whose shifting historical forms determine which tensions are perceived as pertinent, how contradictions are enacted, and what practical import is accorded to them. Whereas the Quakers' dilemmas analysed by Feldman stemmed from the effort to pursue two incompatible ethical projects—the humanitarian,

⁵ Duffield, *Global Governance*, 92.

⁶ Ilana Feldman, 'The Quaker Way: Ethical Labor and Humanitarian Relief', *American Ethnologist*, 34/4 (2007), 689–705.

together with a more ambitious peace mission—recent debates have focused on the double-bind of the humanitarian imperative, casting the humanitarian endeavour itself as inherently problematic. Additionally, contemporary challenges and dilemmas of intervention are no longer perceived as merely a personal matter or an organizational concern. Debated in conferences, analysed in case studies and books, and discussed in the media, they have become a public issue undergirding calls for a reconsideration of humanitarian practices.

What was there in contemporary humanitarianism that allowed for age-old anxieties to be turned into pressing problems with both operational and political ramifications? Without attempting to provide a comprehensive account of this new mode of humanitarian reasoning, I wish to show that it should be deciphered as the culmination of the practical ethics in which the concern for ‘life in crisis’ has been embedded since the 1970s.⁷ The notion of practical ethics that I use here, following Michel Foucault, does not refer to the imperatives and deliberations that seek to guide humanitarian activity and ensure that it works to the benefit of the victims. It consists, rather, of the philosophies, protocols, exercises, and devices that promote the ‘care of the self’ and the cultivation of freedom.⁸ In Thomas Osborne’s apt definition, ethics of the kind that I have in mind here refers to ‘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’.⁹ Based on these Foucauldian insights, the claim that I wish to make in what follows is that the analytical attention to the quandaries of humanitarianism is the late, elaborate, and reflexive form of an ethical work (*askēsis*) that has served to engrave humanitarian commitments in durable moral conducts.¹⁰ Contemporary humanitarian dilemmas, in other words, are a medium through which Western experts, who have come to dominate the humanitarian scene, morph into moral personae equipped with technical skills yet not fully determined by them.

⁷ See Peter Redfield, ‘Doctors, Borders, and Life in Crisis’, *Cultural Anthropology*, 20/3 (2005), 328–61.

⁸ Michel Foucault, *The Hermeneutics of the Subject: Lectures at the Collège de France, 1981–82*, ed. Frédéric Gros (New York, 2005); id., *The Use of Pleasure* (New York, 1990), 25–32.

⁹ Thomas Osborne, ‘Power and Persons: On Ethical Stylization and Person-Centered Medicine’, *Sociology of Health and Illness*, 16 (1994), 515–35, at 517.

¹⁰ Foucault, *The Use of Pleasure*, 28.

The case of MSF makes it possible to trace the contours of one of the prominent ethical supplements that came to be an integral part of professional practices of aid. For MSF, the burden of humanitarian dilemmas, when properly assumed, became commingled with the figure of the witness. This figure, as the history and practices of MSF make patent, 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 ethical deliberations as well as outspoken statements in Western public spheres.

In order to draw out the full resonance and political stakes 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 beginning to take shape. This period of incubation provides a privileged window into the making of a 'specific intellectual';¹¹ 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.¹² 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 mobilizes the freedom and autonomy of individuals as prime resources for the redeployment on a global scale of more efficient and effective political power.¹³

By tracking the ethical work that lies at the roots of contemporary humanitarian engagement, this essay seeks to provide a more comprehensive portrait of the ethics of humanitarianism, which has thus

¹¹ On the notion of the specific intellectual see Michel Foucault, 'Truth and Power', in id., *Power/Knowledge: Selected Interviews and Other Writings, 1972–1977*, ed. Colin Gordon (Brighton, 1980), 109–33.

¹² 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*, 33/1 (2006), 3–26, at 16.

¹³ On advanced liberal governmentality see Nikolas Rose, *Powers of Freedom: Reframing Political Thought* (Cambridge, 1999).

far been studied mostly from a liberal and normative perspective. 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 organizations, 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.¹⁴ 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 exploration is the extent to which the humanitarian endeavour has depended on and profited from the valorization of an ethical crafting of character. By looking back at the making, in the 1970s, of humanitarianism without borders, I wish to show that technologies of the self have been pivotal to contemporary non-governmental humanitarianism.¹⁵ 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 realization of contemporary 'politics of pity'.¹⁶

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 needs to be addressed is 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] tech-

¹⁴ 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, 2002).

¹⁵ See Michel Foucault, 'Technologies of the Self', in Luther H. Martin, Huck Gutman, and Patrick H. Hutton (eds.), *Technologies of the Self: A Seminar with Michel Foucault* (London, 1988), 16–49.

¹⁶ Luc Boltanski, *Distant Suffering: Morality, Media and Politics* (Cambridge, 1999), 3–19.

¹⁷ James Dawes, *That the World May Know: Bearing Witness to Atrocity* (Cambridge, Mass., 2007), 122.

niques 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 biopolitics and its logic of the exception and on its transformation into an extremely potent instrument of political violence and control, there also exists a different kind of power game that renders this form of global benevolence politically problematic, albeit in a less decisive way.¹⁹ 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 essay takes 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. Moving beyond the topos of bare life, it 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'.²⁰

A New Humanitarian Rationality

MSF, recipient of the 1999 Nobel Peace Prize, is considered a pioneer of the second generation of humanitarian organizations in terms of the innovative medical and logistic 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'.²¹ Indeed, MSF's preoccupation with the unintended consequences of

¹⁸ Quoted in Graham Burchell, 'Liberal Government and Techniques of the Self', in Andrew Barry, Thomas Osborne, and Nikolas S. Rose (eds.), *Foucault and Political Reason* (Chicago, 1996), 19–36, at 20.

¹⁹ See Giorgio Agamben, *Homo Sacer: Sovereign Power and Bare Life* (Stanford, Calif., 1998); Didier Fassin, *Humanitarian Reason: A Moral History of the Present* (Berkeley, 2012); Eyal Weizman, *The Least of All Possible Evils: Humanitarian Violence from Arendt to Gaza* (London, 2011).

²⁰ Thomas Osborne, 'On Anti-Medicine and Clinical Reason', in Colin Jones and Roy Porter (eds.), *Reassessing Foucault: Power, Medicine and the Body* (London, 1994), 28–47, at 43.

²¹ See MSF, 'Principes de référence du mouvement Médecins sans Frontières', 17 Feb. 1997, available online at (<http://association.msf.org/sites/default/files/documents/Principes%20Chantilly%20FR.pdf>) [accessed 6 Jan. 2016].

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.²² 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 origin of MSF, which was officially founded in 1971, relates the birth of the organization 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 Biafran War (1967–70). It was the decision of this committed group to break with 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’.²³

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 organization 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

²² See E. B. Rackley, *Bearing Witness: Strategies and Risks* (MSF, Centre de Recherche, Operational Centre Brussels, Nov. 2001), 1.

²³ Françoise Bouchet-Saulnier, ‘The Theory and Practice of “rebellious humanitarianism”’, *Humanitarian Exchange Magazine*, 19 (Sept. 1999), available online at <http://www.odihpn.org/humanitarian-exchange-magazine/issue-19/the-theory-and-practice-of-rebellious-humanitarianism> [accessed 4 Mar. 2014]. This narrative is propagated most notably by Bernard Kouchner, e.g. ‘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: les 25 ans d’épopée des hommes et des femmes qui ont inventé la médecine humanitaire* (Paris, 1995).

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.²⁴

Although this new historiography advances a more nuanced and balanced description of the formative phase in MSF history, it largely leaves untheorized the ethical discourse advanced by MSF in this period and provides few clues as to the origins of the ethical reflexivity that has come to distinguish MSF from other humanitarian organizations. 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.²⁵ By turning the gaze on the infancy of MSF I attempt to unpack humanitarian witnessing and analytically distinguish the act of testimony 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 verbalization 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 Physician's Burden

The founding, in December 1971, of MSF was heralded on 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 organization 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 members of the medical professions, in a victorious second-person voice, *Tonus* editors

²⁴ Anne Vallaëys, *Médecins sans Frontières: la biographie* (Paris, 2004), 107–26.

²⁵ See Redfield, ‘A Less Modest Witness’, and Didier Fassin, ‘The Humanitarian Politics of Testimony: Subjectification through Trauma in the Israeli–Palestinian Conflict’, *Cultural Anthropology*, 23/3 (2008), 531–58.

enthroned the new organization as ‘the answer to all those who have doubted you’.²⁶ Painting the physician as the ‘scapegoat of a certain society of consumption’, they lauded those ‘three 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’.²⁷ 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 on 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 into practice this idealism that lies dormant deep inside every physician, and without which a physician risks being nothing but a merchant’.²⁸

Tonus’s article prefigured what would come to be a dominant strategy for MSF in the years to come. The organization, 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 tedious, bureaucratic, and commercialized 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.²⁹ 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

²⁶ Philippe Bernier, ‘La Réponse à tous ceux qui doutaient de vous’, *Tonus*, 3 Jan. 1972, 1, 3.

²⁷ Ibid.

²⁸ Françoise Pradier, ‘Médecins sans Frontières, au service de la médecine des catastrophes’, *Le Quotidien du Médecin*, 16 Dec. 1971, 5.

²⁹ 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.

barbarity or of the disorders of nature'.³⁰ Kouchner proclaimed in a similar spirit that the term Médecins sans Frontières suggested that 'the other physicians have boundaries [*frontières*]'.³¹ 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-medicalization 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'.³² What stood condemned by the universalizing ambition of 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' and '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.³³ One such 'letter to 60,000 doctors', reproduced in its entirety in MSF's newsletter, presented MSF as 'the sole organization worldwide that addresses itself only to doctors, is managed only by doctors, and operates only in the area of medical aid'.³⁴ 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 operational and symbolic 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'.³⁵

³⁰ Philippe Bernier, 'Inde: aider-les à survivre!', *Tonus*, 15 Nov. 1971, 1, 7.

³¹ 'Les Médecins sans Frontières', *Marie France*, Oct. 1974, 18–19, at 18. ³² Ibid.

³³ An earlier proposal to launch a publicity campaign was rejected by MSF's second general assembly.

³⁴ 'Lettre aux 60.000 médecins', *Bulletin Intérieur de M.S.F.*, 1 (1974), 4–6.

³⁵ Xavier Emmanuelli, 'A quoi servons-nous?', *Bulletin Médecins sans Frontières*, 2 (Jan.–Mar. 1975), 4.

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 organizations, would be the ones who 'assess needs, decide upon the action to lead and . . . take charge of its execution'.³⁶ This distinction between medical and purely philanthropic action 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 realize this purpose'.³⁷

MSF's operational priorities reflected this vision of the physician's burden. Until 1976, the organization functioned largely as a placement agency, matching international development agencies and other humanitarian organizations 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 it would become famous.³⁸ MSF's proclivity towards emergency situations—a setting that did not overlap with the strictly medical emergency—did not evolve directly from its medical specialization and needed the extra push that a rationalized and controlled space of observation and care such as the refugee camp could provide.³⁹ 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 organization, 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.⁴⁰

³⁶ According to Max Récamier, one of MSF's founders. See Armelle Lèfevre, 'Du Biafra à Médecins sans Frontières: interview du Dr Max Récamier', in Alain Delbos (ed.) *Partir: guide pratique de médecine humanitaire* (Toulouse, 1985), 121–7, at 125.

³⁷ 'Les Médecins sans Frontières', *Marie France*, 18.

³⁸ See Rony Brauman and Joelle Tanguy, 'Volunteering: The Médecins sans Frontières Experience' (1998), available online at (<http://www.doctorswithoutborders.org/volunteer/field/themsfexperience.cfm>) [accessed 25 Nov. 2013].

³⁹ See Xavier Emmanuelli, *Les Prédateurs de l'action humanitaire* (Paris, 1991), 215.

⁴⁰ See Bernard Kouchner, 'Editorial', *Bulletin Interieur de M.S.F.*, 1 (1974), 1; Philippe

Most scholarly attempts to contextualize 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 traumatized memory, decolonization, the anti-totalitarian sentiment, and the fervour and disillusionment related to the events of May 1968 in France have been typically cast as forming the backdrop to the *sans frontières* initiative.⁴¹ 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 socialization of 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 technicalization of medicine. The latter, in *Tonus*’s view, threatened to paralyse the doctor’s clinical skill and humane attitude. 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 its autonomy but also to inspire physicians, who were growing increasingly frustrated with their medical practice, with a different perception of it.

French medical humanitarianism germinated in a climate characterized by a symbolic devaluation of the medical profession and a general crisis in the health care system, but also by a tremendous growth in the number of medical practitioners.⁴² Boosted in France

Bernier, ‘Au 1^{er} congrès de “Médecins sans Frontières”: la médecine d’urgence peut-elle être efficace sans “professionnels”?’ *Tonus*, 18 Dec. 1972, 1, 3; ‘Médecins sans Frontières’, *Ouragan ‘Fifi’*, *Honduras 1974* [hors série]; Vallaeys, *Médecins sans Frontières*, 127–30.

⁴¹ For an overview of these factors see e.g. 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.

⁴² David Wilsford, *Doctors and the State: The Politics of Health Care in France and the United States* (Durham, NC, 1991), 97.

by the subversive spirit of the student uprising, approaches affiliated with what came to be known as anti-medicine or the medicalization critique, whose most poignant articulation was given in Ivan Illich's *Medical Nemesis* (published in French in 1975), denounced the rationalization and commercialization of medicine and called into question the effectiveness of scientific medicine and the authority of medical experts.⁴³ Concomitantly, state efforts to curb mounting health care costs by reinforced control over tariffs for treatment, consultations, and drug prescriptions were seen as an assault on the tenets of liberal medicine and the cherished independence and discretion of physicians.⁴⁴ During the 1970s, French physicians' self-critique of 'medical practice, the doctor-patient relationship, the system of health care, and the system in general' would give rise to numerous initiatives to supplement technical medicine by a human, socially engaged, and even subversive one.⁴⁵

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 'organized body of [medical] volunteers' was first put forward, opened the way for the direct, physical involvement of doctors in the plight of distant sufferers.⁴⁶ 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 flexible alternative.⁴⁷ The entire liberal persona of the doctor seems to have been mobilized against what was perceived as the 'incompetence of the authorities, the time it

⁴³ See Deborah Lipton, 'Foucault and the Medicalisation Critique', in Alan Petersen and Robin Bunton (eds.), *Foucault, Health and Medicine* (London, 1997), 94–110, and the special issue of the journal *La NEF* 49 (Oct.–Dec. 1972).

⁴⁴ François Steudler, 'Crise des institutions et pouvoir médical', *Autrement*, 9 (1977), 136–49.

⁴⁵ 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.

⁴⁶ Philippe Bernier, 'Sommes-nous des mercenaires?', *Tonus*, 23 Nov. 1970, 1, 6.

⁴⁷ 'Pakistan: pour qui sonne le glas . . .?', *Tonus*, 14 Dec. 1970, 1, 6.

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.⁴⁸

Tonus's call, published under the provocative title 'Are we mercenaries?', was heeded by some 300 physicians, 180 of whom would later form a group named Secours Médical Français (SMF: French Medical Relief). SMF's consolidation with Gimco, 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 on 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 recognized today as one of the ethical pillars of humanitarianism 'without borders', it has always been one of its most controversial and elusive components.⁴⁹ This duality of an ethos that is both persistent and contested is visible from the 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 organization's volunteers were prohibited from communicating their impressions in public.⁵⁰ Some of the founders accordingly

⁴⁸ 'Des morts de la honte', *Tonus*, 7 Dec. 1970, 1.

⁴⁹ A similar claim is made by Redfield, 'A Less Modest Witness'.

⁵⁰ See MSF's first charter ('La Charte de Médecins sans Frontières', *Tonus*, 3 Jan. 1972) and first statute (Statuts de Médecins sans Frontières, 20 Dec. 1971, art. 8).

declared that they would 'go off on a mission as doctors, not as witnesses, and would come back the same'.⁵¹ 'Silence', they stated, 'is the condition of our efficacy': medical confidentiality alone can ensure that the doctors will be granted access to theatres of war.⁵²

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 gave testimony: on post-cyclone Honduras;⁵³ on the Kurdish victims of Iraqi bombardments;⁵⁴ and on the civil war in Lebanon.⁵⁵ These eyewitness accounts, which were often framed explicitly as acts of testimony, adopted for the most part a distinctive format, identified by Luc Boltanski as the 'topic of sentiment'.⁵⁶ They put the victims and the witnesses to 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 started to be produced more systematically only towards the end of the decade, was tolerated and sometimes even encouraged, it was 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 organizations 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

⁵¹ Françoise Cordier, 'Médecins sans Frontières', *Le Quotidien du Médecin*, 16 Dec. 1971, 5.

⁵² François Jacquemont, 'Le docteur Pigeon, "La souffrance, partout, c'est l'ennemi"', *L'Est Républicain*, 26 Dec. 1971, and see also Vallaëys, *Médecins sans Frontières*, 125.

⁵³ Philippe Bernier, 'Des M.S.F. témoignent', *Tonus*, 14 Oct. 1974, 1, 6; Marie-Claude Decamps, 'Les Médecins de l'Apocalypse', *Le Point*, 110 (28 Oct. 1974).

⁵⁴ Isabelle Vichniac, 'Kurdistan: scandale d'un silence', *Coopération Bale*, 6 Mar. 1975.

⁵⁵ '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 (Apr.–July 1977), 44–9; 'Le Témoignage d'un médecin français: un effroyable massacre', *Le Monde*, 6 Oct. 1978.

⁵⁶ Boltanski, *Distant Suffering*, 77–95.

presence, errors or, worse, heinous acts.⁵⁷ 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 on 'intolerable occasions'.⁵⁸

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.⁵⁹ 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 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 professions.

Conceived as a platform of 'personal political act[s]'⁶⁰ that sought to provide an alternative both to humanitarian neutrality and to political engagement, one of the fundamental aims of the organization 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.'⁶¹ This emphasis upon the individual relief worker and his or her idiosyncratic engagement with the misfortunes of distant victims

⁵⁷ P. Pradier, 'A propos d'une réunion à Bordeaux', *Bulletin Médecins sans Frontières*, 7 (Apr. 1978).

⁵⁸ Kouchner, quoted in 'VI^e Congrès de Médecins sans Frontières', 28 Apr. 1978, *Compte-rendu*, archive MSF-France.

⁵⁹ 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 (Jan.–Mar. 1975), 3.

⁶⁰ Bernard Kouchner, 'Rapport moral présenté à l'assemblée générale de MSF, 1977', archive MSF-France.

⁶¹ Bernard Kouchner, 'Cinq ans', *Bulletin Médecins sans Frontières*, 6 (Apr.–July 1977), 4–5, at 5.

was unparalleled in modern humanitarianism. It amounted not only to a privatization of the humanitarian act but also to the placement of responsibility in the hands of members of the professions which took an increasingly significant part in carrying it out.

Until the mid 1980s, bearing witness was construed for the most part as a discreet, personal act, occurring far from the limelight of the public sphere.⁶² It was associated, as one of the definitions of testimony 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 the medical gesture that combines proximity and listening'.⁶³ Presence, as Judith Soussan has shown, was, at 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'.⁶⁴ 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'.⁶⁵ Concomitantly, it was framed as an exceptional and even privileged experience that possessed the power to expand physicians' relations not just to the other, but also to themselves. 'Physicians returning from such missions', stated Emmanuelli, 'will no longer be entirely the same'.⁶⁶ In these combined senses, witnessing as presence was not just a means to a higher end, viz. the provision of medical

⁶² Following the change of leadership in MSF in 1979 and the split that led, in the same year, to the foundation of the competing organization Médecins du Monde by Kouchner and some of his colleagues, *témoignage* began to take on more politicized meanings. Although both MSF and MDM were producing and disseminating bolder statements at that period, presence in emergency zones still remained the dominant form of humanitarian witnessing.

⁶³ MSF, 'Principes de référence du mouvement Médecins sans Frontières'.

⁶⁴ Judith Soussan, *MSF et la protection: une question réglée? Discours et pratiques autour de la 'protection des civils'*, Collection des Cahiers du CRASH (Paris, Apr. 2008), 13, available online at (<http://www.msf.fr/sites/www.msf.fr/files/97590daa8b1b115332a0d77bc14d9113.pdf>) [accessed 30 December 2015].

⁶⁵ Redfield, 'A Less Modest Witness', 7.

⁶⁶ Emmanuelli, 'A quoi servons-nous?'.

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'.⁶⁷

Direct, unmediated witnessing was thus one of the leitmotifs of the first publicity campaign launched by MSF in December 1976. The series of advertisements, 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.⁶⁸

The ethical dimension of presence as witnessing was expressed most clearly in the eyewitness accounts of 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 organizations. Published in the regional press or delivered at 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, drawing attention to the lack of medical services and the

⁶⁷ Emmanuelli, quoted in Decamps, 'Les Médecins de l'Apocalypse', 109.

⁶⁸ Xavier Emmanuelli, 'L'Âge de raison', *MSF: Bulletin d'informations de Médecins sans Frontières*, 2 (Apr. 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.

rudimentary nature of medical aid. These testimonies, as Didier Fassin would later observe in the context of humanitarian testimonies concerning victims of trauma, 'express[ed] more of the witness's moral sentiment than of the experience lived by the victims'.⁶⁹ 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 geared less 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.⁷⁰ Witnessing emerged as a protocol that experts could follow so as to become new subjects endowed with both technical skills and humane capacities.

Complex Emergencies, Perplexing Choices

In so far as it was a personal matter affecting the very being of volunteer physicians, the ethical labour of witnessing also had a political edge. This would become fully apparent in the 1990s, when disillusionment with the prospects of international aid became the prevailing mood in the humanitarian community. The ethical qualities of humanitarian witnessing kept generating a committed cadre of volunteers for a seemingly private endeavour that came to play a highly strategic role in apparatuses of government, operating both within states and beyond them.⁷¹ Yet, by setting the witness as the desired end of acts of witnessing rather than as their pre-given source, they also created an opening for dissenting actions within them.

⁶⁹ Fassin, 'The Humanitarian Politics of Testimony', 554.

⁷⁰ See Foucault, *The Use of Pleasure*.

⁷¹ Mark Duffield, 'Governing the Borderlands: Decoding the Power of Aid', *Disasters*, 25/4 (2001), 308–20; Fassin, *Humanitarian Reason*.

The alignment between humanitarian witnessing and ethical concerns became manifest 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 organization publicly denounced, often against the view of other sections in the now multinational MSF movement, the political instrumentalization of aid. One of the emblems of the acute awareness of the limitations of humanitarianism in the 1990s was 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 Zaire) 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 organization'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 during the 1990s.⁷² Heralded as the authentic expression of *témoignage*, these statements exposed the shortcomings and 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 now portrayed by MSF-France as a moral commitment that active presence in emergency zones and

⁷² On these earlier proclamations see, respectively, Laurence Binet, *Famine and Forced Relocations in Ethiopia 1984–1986* (MSF, 2005), available online at <http://speakingout.msf.org/en/famine-and-forced-relocations-in-ethiopia> [accessed 4 Mar. 2014]; and Soussan, *MSF et la protection*, 21–2.

the standard accounts to which it gave rise could not exhaust or actualize 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 sensitization. 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.⁷³

These torments of witnessing and the knowledge apparatuses in which they became embedded serve as a reminder to the humanitarian framing of witnessing and testimony as acts that generate a subjective transformation and do not just capture an objective state of affairs. But the fact that witnessing and testimony occupied such a central position on the agenda of humanitarian debates, eliciting and channelling vivid emotions and moral doubts, also exposes the historical roots of contemporary dilemmas of intervention. Those dilemmas might well be intrinsic to moral responsibility, and their intensity might well be reflective of particular political failures; but neither moral concern nor the political upheavals that prompt it can explain why those dilemmas articulate certain perplexities and urgencies and not others. Moral dilemmas have a history; and in the case of contemporary humanitarianism, as I hope to have shown, they lead back to the moral crisis of experts and to the figure of the expert witness that emerged as their ethical double.

⁷³ See e.g. Laurence Binet, *Genocide of Rwandan Tutsi, 1994* (MSF, 2003), Introduction, available online at (<http://speakingout.msf.org/en/genocide-of-rwandan-tutsi>) [accessed 19 June 2014].