Forces of Compassion

*Humanitarianism Between Ethics and Politics*

Edited by Erica Bornstein and Peter Redfield

SAR PRESS

School for Advanced Research Press
Santa Fe
Contents

List of Figures and Tables
Acknowledgments ix xi

1. An Introduction to the Anthropology of Humanitarianism
   Peter Redfield and Erica Bornstein 3

Part I. Moral and Empirical Engagements

2. Noli Me Tangere: The Moral Untouchability of
   Humanitarianism
   Didier Fassin 35

3. The Impossible Problem of Neutrality
   Peter Redfield 53

4. The Anthropologist and His Poor
   Harri Englund 71

Part II. Cosmologies of Humanitarianism

5. Islamic Humanitarianism in Adversarial Context
   Jonathan Benthall 99

6. The Value of Orphans
   Erica Bornstein 123

Part III. Humanitarian Bodies

7. Screams, Cries, and Whispers: Traveling Heroin Therapeutics
   and Humanitarian Aid in Post-socialist China
   Sandra Teresa Hyde 153

vii
8. From Redundancy to Recognition: Transnational Humanitarianism and the Production of Nonmoderns
   Miriam Ticktin

Part IV. Political Limits and Stakes

   Ilana Feldman

10. Humanitarianism and Its Discontents
    Mariella Pandolfi

Afterword: Humanitarianism and the Scale of Disaster

References
Index

Figures

8.1 Image from the cover of a HealthRight International pamphlet
   191
8.2 Image from the cover of field notes newsletter of HealthRight International
   192

Tables

1.1 Governmental Humanitarian Aid 2006
   17
1.2 Selected Intergovernmental Agencies
   18
1.3 Selected Proto-NGOs and NGOs' Annual Expenditures
   19
5.1 Summary of Cases (All Outside Israel-Palestine) Bearing on the Question of the Independence of the Palestinian Zakat Committees
   107
From Redundancy to Recognition

*Transnational Humanitarianism and the Production of Nonmoderns*

Miriam Ticktin

The primary domestic program of HealthRight International (formerly Doctors of the World-USA)—their “Human Rights Clinic”—works to help refugees and immigrants attain legal status. The project started in 1993 by supporting cases of torture survivors and providing written affidavits by doctors for use in asylum proceedings. I spoke with Dr. Taylor in the spring of 2004. She volunteered her time with both HealthRight International (formerly Doctors of the World-USA) and Physicians for Human Rights. As part of HealthRight International’s human rights clinic, Dr. Taylor told me that she had spent a number of years going into detention centers to evaluate refugee claimants, evidence she subsequently used to write affidavits on the basis of her medical expertise. Having attended a training session and several follow-up discussions, I know that she, like other doctors, is trained to look for clear, delineated symptoms, forensic evidence, and “not to believe the patients.” She looks for scars or incompletely healed bones, altered vision or amputated body parts. She looks for inconsistencies in their accounts, intrusive memories, detachment—signs of post-traumatic stress disorder, or PTSD. The training sessions teach doctors, psychologists, and social workers to read the body—to see the body as a site of truth and authentication, one that, while it may not tell the whole
truth, has the power to legitimate or undermine the larger narrative constructed by both refugee claimant and lawyer.2

On one of her visits to a detention center, Dr. Taylor told me that she had evaluated a woman who was claiming asylum. She had visited the asylum seeker—whom I will call Fatou—once before. When she arrived, Fatou said that she was not quite ready to be seen. Once in the examination, Dr. Taylor saw that the woman in front of her had undergone FGC, or female genital cutting. But Dr. Taylor gradually realized that she was not examining the same person she had seen before—but rather, an acquaintance of Fatou’s. It was unclear whether Fatou herself had also undergone genital surgery.

While this story about Fatou remains itself a fragment—it was all I was able to learn about her—it nevertheless reveals the encounter between humanitarian doctor and asylum seeker as a space shaped by expectations, desires, and a contested notion of what counts as truth—the truth of persecution. Such a space forces us to look beyond the question of fraud and focus instead on the interaction, and the game of truth and counter-truth. Indeed, I want to suggest that looking at this as an issue of fraud leaves unexamined the logic on which it turns, namely, the way that the body is the main source of truth for asylum claimants like Fatou. Many people have participated in producing and reproducing this truth, Fatou and Dr. Taylor just two among them. In this logic, while she may be able to speak, her body is both the origin of and the necessary supplement for her account—it is what makes her account legible.3 More precisely, according to this scene, it is not just her body, but a specific part of her body: at issue were her genitals. Her exchange of bodies with her friend reveals an implicit acknowledgment of biology as that which matters; body parts disembodied, disaggregated, although not entirely abstracted from selves, as the biology that matters is determined by gendered and racialized perceptions. Fatou got caught in the messy space of the relationship between biology and identities: it is not clear when biology renders identity irrelevant and when biology stands in for the self—when does it become identical with her as a person? To be sure, biology is a resource that must be used strategically in this messy space; Fatou traded on the popular knowledge that her biology—as a refugee—was also her locus of ultimate truth. Humanitarians are not just observers in this matter, but they participate in shaping this regime. As another member of HealthRight International (formerly Doctors of the World-USA) said to me when talking about cases of so-called fraud, “One cannot deny that with these kinds of programs, immigrants or refugees have to highlight their pathologies in order to access basic rights; this is the unfortunate fallout of the structural reality.” In other words, for immigrants, biology is becoming more central in the recognition of political worth, and humanitarians are key players in producing this reality.

In this essay, I want to explore how biology allows for and fuels a form of hope: how it provides a hope for a better life. And in particular, I am going to focus on the role biology plays in the politics of immigration. I am interested in how biology has become a central tool in the ability to travel, while labor power is rendered a liability—a threat, even. Here, I use “biology” to focus on the materiality of the life processes of human beings, from the molecular to the species level, emphasizing biology as a signifier within the larger fields of biomedicine, biotechnology, and genomics, one which is constantly being negotiated. In other words, this comes from the recognition that bodies are increasingly understood in biological terms: whether it be through biometrics or genetic testing. Here, I combine one part of my previous ethnographic research with undocumented immigrants in Paris (2005, 2006a, and 2006b) with comparative research in the United States, which has included interviews and participant observation with members and volunteers of HealthRight International (formerly Doctors of the World-USA), the New York chapter of Doctors Without Borders, New York immigration and asylum lawyers and activists, and some participant observation of clinics for refugees in the Detroit area. In other words, this essay brings my earlier arguments about the politics of immigration in France into a larger, transnational framework.

To be sure, there is a vibrant ongoing debate about how biological understandings of human beings relate to notions of political belonging such as citizenship and projects of citizen-building. Adriana Petryna first coined the term “biological citizenship” in her ethnography Life Explored: Biological Citizens after Chernobyl (2002), and of this literature, I engage most directly with this notion of biological citizenship as articulated by both Petryna and by Nikolai Rose and Carlos Novas in their article by the same name.4 In a broad sense, each of these analyses builds on a Foucauldian notion of biopower, where discipline of the body and regulation of the population constitute the two poles around which the power over life is now deployed (Foucault 1978). In this essay, I emphasize the biopolitics of immigration, where both human life and biology have new potential value to be negotiated through a range of novel and often counter-intuitive practices.

In exploring the biopolitics of immigration, and the hope linked to biology in this arena, I make two specific interventions. First, I want to suggest that while everyone is subject to what Rose and Novas call “a new political economy of hope” (2005:442; Rose 2007) created by the notion of
biology as manipulable, one's corporeality is subject to different types of manipulation and choice, depending on one's positioning; in other words, there is always hope, but this hope takes on different meanings and exhibits different constraints, depending on whether one is a subject of the global North or South, elite or underclass, whether one is black, brown, or white, a man or a woman. In a situation where biology is a primary resource, I ask whether the hope connected to it might need to be qualified by what I call “biological involution”—the way that the manipulation of one's biology can come with limited returns, even to the point of death.

Second, I argue that while immigrants—often coming from the global South—make use of their biology in the process of immigration, participating in this political economy of hope whatever the form or constraint, they are often subject to a different regime than those already a part of the privileged classes of the global North, who are seen as increasingly able to manipulate their biology due to new forms of biotechnology. For the modern neoliberal subject, biology is increasingly fluid, open to choice; biological norms can be created and manipulated. In contrast, this regime sees immigrants from the global South and anyone else not yet counted as a modern liberal subject as biologically determined, and I relate this to government in the form of humanitarianism. Thus, more specifically, I am describing a dual regime of truth—where different epistemologies and disciplinary practices are used to both produce and govern different populations. As I will argue, immigrants are governed increasingly by humanitarian practices and by the humanitarian industry, not by immigration laws and policies. And because humanitarianism works largely on the basis of biomedical intervention, biology plays a more central role in claims to recognition in ways that both include and go beyond the commodification of body parts. What I am suggesting, then, is that while biology fuels hope for a better life whatever the context, because of the mediating influence of humanitarianism and the way that it replaces other means of entry, biology simultaneously provides a means for stratifying populations and maintaining discriminations that derive from colonial and imperial histories, by rendering those histories invisible.

I want to point out that the biopolitics of immigration brings into relief not only the hierarchies created by external borders, but the role biology increasingly plays in structuring all kinds of borders—external and internal—obfuscating inequalities in race, class, gender, and sexuality. These borders and hierarchies are at play for everyone: indeed, who gets to be a full-fledged neoliberal subject or “citizen” is often negotiated and renegotiated through biology and whether one is seen as properly “responsible” for one's health. While not treated in depth in this essay, these “internal” borders are nonetheless an integral part of this dual regime of truth.

In order to think about both the political economy of biology and of hope I am going to follow what I see as the trajectory from a “redundant” humanity to a “nonmodern” humanity.

FROM A REDUNDANT HUMANITY...

As I have been suggesting, in their discussion of “biological citizenship” Rose and Novas (2005) raise the idea of a “political economy of hope” created by a notion of biology as manipulable. In this logic, life is open to shaping and reshaping, even at the molecular level. As Rose writes, “natural” life is no longer “the ground or norm against which a politics of life may be judged”; the “natural” must be produced through labor on the self (Rose 2001:17). This sense of hope or optimism grounds their notion of biological citizenship, which is shaped by technological and biomedical changes as well as a sense of responsibility, vis-à-vis one's biology, to make the right choices. In this logic, bodies are all open to alteration and modification: it is not the exception to be treated with Prozac, Viagra, and plastic surgery, but the routine—it is almost expected. Indeed, in this moral economy, ignorance and resignation in the face of the future are demeaned. I want to suggest that this logic of alteration and modification of one's biology must be seen through another lens. Indeed, depending on one's location, this regime of citizenship can be seen as a part of a larger, more drastic reduction in choice and possibility. In order to understand how a similar political economy of hope can result in such a different form of biopolitics, I think is critical to look to the global political economy.

Thus, even as we all become potential sources of “biovalue” (Rose and Novas 2005:454), and part of a market economy of health more broadly, we cannot lose sight of the fact that the context for this form of biopolitics is one of deepening inequality between the global North and South, with growing urbanization and poverty. This shapes the contours of the political economy of hope for those who choose to migrate and the biopolitical form it takes. Mike Davis calls those produced by these changes “the New Wretched of the Earth” (2004a:11). He describes a situation where the developing world is increasingly a universe of urban slums and shantytowns and where 90 percent of the increase in world population over the next generation will be accommodated in urban areas of the developing world (2004a:11). Davis draws on reports produced by UN researchers to suggest that this urban population will be almost completely removed or “disincorporated” from industrial growth and the supply of formal jobs.
(2004a:11)—according to a document produced by the United Nations Human Settlements Programme, nearly two-fifths of the economically active population of the developing world are so-called informal workers (Davis 2004b:24). This has resulted in people fitting themselves into further subdivided economic niches such as casual labor, street-vending, begging, and crime.

There are different ways of naming and hence thinking about the people engaged in these types of temporary, physically dangerous, and socially degrading forms of work, whose everyday life is dominated by risk; for instance, Sandeep Pendse (1995) calls the poorest of the poor in Mumbai "tollers," distinguishing them from the working or laboring classes. Zygmunt Bauman speaks of the production of "wasted humans" or those he defines as "excessive" or "redundant" as an inevitable outcome of modernization and now globalization, where the modern form of life creates greater and greater numbers of "human beings bereaved of their heretofore adequate ways and means of survival in both the biological and social/cultural sense of that notion" (2004:7). He likens a state of redundancy to that of being disposable, like a plastic bottle or syringe, the destination of which is the garbage heap; he is careful to distinguish this state from what it meant earlier to be unemployed, that is, part of the reserve army of labor (2004:12). A critical difference here is that this redundant or excess group is excluded from the realm of social communication—they are unable to speak and be heard. Perhaps most damningly, Bauman reminds us that to be modern, each of us requires the production of excess, the production of human waste and wasted humans—we need them to become our modern selves.

In a similar manner, Davis calls this group the "outcaste proletariat" and states that it is both the fastest growing social class on the planet and yet also the most novel, in the sense that this urban informal working class is not a more traditional labor reserve army with the strategic economic power of socialized labor, but rather, "a mass of humanity structurally and biologically redundant to global accumulation and the corporate matrix" (2004a:11). For this "surplus humanity," informal survivalism is the new primary mode of livelihood in a majority of Third World cities (2004b:26). Ultimately, Davis is interested in the sorts of historical subjects that emerge from these circumstances; he does not assume that this "surplus humanity" is passive and points to the way they tap into historical and cultural traditions of resistance. However, as part of this process, he nevertheless argues that there are vicious networks of microexploitation with poor exploiting the poor and, indeed, "ever more heroic feats of self-exploitation,"

what Davis, adapting Geertz, calls "involution": "a spiraling labour self-exploitation...which continues, despite rapidly diminishing returns, as long as any return or increment is produced" (2004b:27).

I suggest that it is this condition of a "redundant" portion of humanity, existing outside formal relations of production and channels of social communication, which must be placed alongside the new citizenship that Rose and Novas speak of, where biology is no longer seen as destiny. Biology becomes one of the few sources of value for those who exist outside the socialized collectivity of labor. The global economy has produced a set of circuits of capital and people that move, as Nancy Schepers-Hughes has written, from South to North, Third World to First, poor to rich, black and brown to white, and female to male (2000:193). I do not mean to suggest that biology is the only resource available to the poorest of the poor; as Appadurai suggests in his essay "Deep Democracy," there are those who engage in what he calls "the politics of patience" by opting for various sorts of partnerships with other more powerful actors, including the state, to achieve their goals (2002:27). What I am arguing is that for those moving from the South into the North or, more broadly, from what Bauman calls the "social homelessness" of the redundant into social recognition, biology is clearly a central field of action, as it is for those designated "modern."

My point here is that this choice about biology must be placed in a context in which those migrating—whether to the United States, France, or elsewhere—may be part of networks that make biological trades more thinkable than selling one's labor power, which has become difficult in any formal manner. For instance, Cohen writes that in a Chennai slum, just outside the real "kidney belts" of southern India, kidneys have become a "normal" way for the poor to pay off their debts. However, he makes clear that kidney zones are not simply the result of a naturalized state of poverty. Rather, they emerge at the intersection of poverty and established networks for trafficking in kidneys—moneylenders lend more to those who live near kidney zones, creating greater debt crises than might have otherwise occurred. Knowing that one can sell one's organs provides a sense of hope and a way to imagine a different kind of future. That said, if one sells one's organs for a passport—as depicted in Stephen Frears's 2002 film Dirty Pretty Things—or perhaps just for money, it carries with it immediate and future health risk, as well as the risk of getting caught and losing all. In other words, in looking at how "operability" (Cohen 1999:139, 2004a) becomes a central modality of citizenship and of hope, we must not neglect the second order phenomena in such transactions. In the case of the kidney trade that Cohen writes about, this means looking beyond the dyadic
relationship between buyer and seller, or donor and recipient, to look at everyday phenomena such as the debt bondage of those who decide to sell their organs, which does not go away with the sale of the organ (Cohen 1999:148). Those who sell do get money: “life for life.” However, it rarely lifts them out of poverty. This is not always part of discussions of organ sales. Perhaps, as Cohen has written (2004a), the wish to sell one’s organs is actually just a form of sacrifice that stands in for the real deal. Here, we must ask whether “involution” can also become biological involution; in other words, we must ask how and under what conditions the exploitation of one’s biology can potentially become a losing proposition, the biggest risk of course being death.

...TO A NONMODERN HUMANITY

Shifting now to the context of the West, or the global North—the destination point of many of these circuits of capital and people I have just described, often to escape a type of “redundancy”—we see that borders are formally closed to immigrants and refugees in the majority of these nation-states. With temporary protection rather than permanent settlement being the order of the day, there are fewer and fewer ways in which immigrants can enter and claim basic rights. Indeed, the larger context is one in which increasingly restrictive legislation has forced borders closed, while black market and informal economies have grown, and labor conditions have otherwise changed to favor insecure forms of labor with no legal protection. While certain immigrants are still explicitly courted, such as those who are highly technically qualified, and those who are wealthy, these make up a small proportion of the global flow of immigrants. For the most part, those who migrate must enter or gain legal status in countries of the global North through other means, despite being important to the larger economy.

To reiterate, I am suggesting that these means are not guided by immigration laws or policies, but rather by humanitarian or exceptional clauses, and often mediated by medical humanitarian organizations. For instance, the increasing transnational importance of humanitarianism in regulating immigration is revealed by MSF-Europe’s growing number of programs that deal explicitly with issues related to immigration—they have focused programs in Italy, Spain, France, Belgium, and Sweden, providing blankets and food when boatloads of immigrants arrive on the shores of Europe, monitoring health conditions at detention centers, and setting up at airports for potential deportation problems when those who are too sick to be deported are forced onto planes. The membership immigrants claim is thus based on what Pandolfi calls a “mobile sovereignty” where politics is displaced from the state onto a “humanitarian apparatus” of transnational processes and NGOs (2008:371). And again, because humanitarianism is most significantly focused on health issues, and the lives and well-being of populations, biology plays a more central role in claims to political recognition.

France

I look to France for my first example of how biology plays in the politics of immigration and to the “illness clause.” I am referring to the 1998 amendment to the Edict (Ordonnance) of November 2, 1945, no. 45–2658 on Conditions of Entry and Residence of Foreigners. Article 12b is the right to “private and family life,” which is itself a direct reference to Article 8 of the European Convention on Human Rights (CEDH). There are eleven categories, of which the “Autorisation Provisoire pour Soins” or “APS” (temporary authorization for medical care) is the eleventh. This 1998 provision to French immigration law grants legal permits to undocumented immigrants or “les sans papiers” already living in France with pathologies that entail life-threatening consequences if they are declared unable to receive proper treatment in their home countries; the goal was to permit them to receive treatment in France. The logic behind this was humanitarian and exceptional; the French state felt it could not deport people if such a deportation had consequences of exceptional gravity, such as their death. It was the lobbying of medical humanitarian groups such as Médecins Sans Frontières or “Doctors Without Borders” and Médecins du Monde or “Doctors of the World” that helped institute the illness clause in France.

During the primary period of my field research in France (1999–2001), this illness clause became one of the most promising avenues of legal entry into France, despite the significant political struggle by and for undocumented immigrants. The local statistics from the state medical office (DDASS) where I did my research show that applications for the “illness residency permit” increased seven times over the course of the 1990s, three quarters of which were given positive responses. Indeed, the most recent statistics are even more striking: from 194 patients treated in 1993, the number of those treated rose to 4,000 in 2008. Similarly, as Didier Fassin (2001a) has noted, the increase in numbers admitted for the illness clause is directly correlated with a decrease in number of refugees accepted. With illness one of the only clear means by which to apply for papers, I watched as social workers in hospital clinics for the underprivileged and excluded asked if their undocumented clients were sick, suggesting it implicitly as a
means of entry, and this was happening increasingly in the NGOs I worked with. A woman from an immigrant-rights association confirmed this practice at a workshop for sans papiers and HIV/AIDS, stating, “Isn’t it terrible? We almost wish for illness when we talk to sans papiers.” This wish for illness, of course, was not out of malice, but in order to better help them.

This said, we must certainly inquire how the French state reconciles the denial of papers to immigrants because they are perceived to be criminal or economically burdensome with the decision to give papers and social services to immigrants who are sick. Stated otherwise, why is it that illness is allowed to travel across borders, while poverty cannot?

I suggest that those entering under the illness clause do so—and are permitted to do so—only when they appear as apolitical, suffering bodies. This is the face of the population required for humanitarian intervention. As Lisa Malkki first argued in 1996, the refugee as a universal humanitarian subject is one whose corporeal wounds speak louder than words; political history is rendered irrelevant (Malkki 1996). What mobilizes action is the ahistorical victim, the suffering body. Indeed, the same logic holds for immigrants trying to claim legal status through the illness clause. While immigrants and refugees have been recast as suspicious—and Western nation-states consistently function on the basis of a belief that immigrants lie and cheat—insofar as sick immigrants present themselves as “bare” biological life, they are seen as legitimate (Fassin 2001a; Ticktin 2005, 2006a; Agamben 1998). Their biological bodies tell the truth; biology cannot dupe the system. Indeed, this humanitarian clause presumes that biology is the domain of the incontestable; it derives legitimacy from the belief in biology’s fixity. Scars in the right place attest to torture, and immunity levels cannot lie about one’s HIV status. This reveals that a dual regime of truth is at work. For the modern neoliberal subject, biology is fluid, open to choice; biological norms can be created and manipulated. In fact, they must be, to be a responsible citizen. Yet for immigrants, particularly those from former colonies or from the global South, biology is seen as their very essence. While biology may be one of their few resources, they are seen, paradoxically, as unable to work on themselves, to be subjects or agents; they are perceived as victims of their environment, of war, of larger struggles. In fact, there is another aspect to this dual regime of truth: immigrants or refugees only become visible en masse, as an undifferentiated group of suffering or dying bodies—we are rarely allowed to notice individuals, except as those generic specimens whose stories are used for NGO fund-raising purposes. Here, biology serves as a resource only in the form of mass; this is in stark contrast to the individualized biology of the modern liberal subject.

Of course, biology is in fact not incontestable, even en masse, as we have seen, for the new “wretched of the earth” biology can be the quintessential domain of action. Biology is the domain of possibility and of hope, just as it is for the privileged citizen-subjects of the global North. In this vein, I came across examples of immigrants not treating their illnesses in order to keep their papers. Indeed, there was a huge range of creative ways in which undocumented immigrants worked with and on their biology to obtain papers (Ticktin 2006a). Through the illness clause, legal papers are initially granted as temporary permits, which can be renewed if the medical condition persists. Here, “papers” can mean anything from three-month to six-month to one-year to ten-year permits, none of which automatically leads to citizenship. In other words, papers certainly give hope of a different or better life, but this is not necessarily the equivalent of citizenship. I encountered perhaps the most extreme example of manipulation of biology near the end of my fieldwork—one which could be an example of this idea of biological invocation, where the hope held out by biology could lead to a quicker demise than without it: the former president of Act UP-Paris told me that he had received calls from people inquiring how they could inject themselves with HIV in order to obtain legal status in France. I should not have been surprised because it was the logical end-result of the tendency I had been witnessing, where one must remain diseased to remain in France and eventually claim citizenship. While this particular account is anecdotal—I have no way of knowing if such self-infections occurred—it is the rhetoric of willful self-infection that is important, as it must be located in the larger reality I observed, which was the turn to physical injury or infection to claim the basic rights supposedly granted to all human beings, illustrating the fact that biology is one of the only resources left to many.

Biology thus becomes the domain of strategy, by transforming it into a resource, whether as a market commodity or as part of a humanitarian regime. But contrary to commodification, humanitarianism serves to regulate and govern bodies directly, without the market as intermediary—or perhaps, more precisely, with its own parallel market (Dezalay and Garth 1998); this is what shapes the dual regime of truth that governs immigrant bodies. One can become a subject of humanitarian clauses by either directly transforming the materiality of one’s biology or by discursively redefining it, foregrounding it—I suggest these are part of the same continuum. To illustrate this, I want to turn to an example from my research in the Paris suburbs. One day in the state public health office where I sat with nurses and doctors as they received undocumented immigrants in their quest for papers, Felicia, the nurse on duty, received a phone call.
from an official at the prêfecture (immigration office). She was very wary at first, because the prêfecture focused primarily on reducing the numbers of people let in, working at cross-purposes with the nurses and doctors whose goal was to help heal people, regardless of status or circumstance. The official spoke of a young man named Boris who had tried to claim refugee status but had been refused by the prêfecture because this official’s boss would not acknowledge the claim that the young man made: that he had been forced into a prostitution ring, one that was linked to drug smuggling. The boss refused to acknowledge that there were links between these two types of activities.

The official had clearly been moved by the story of Boris, who had come from Eastern Europe. The official was calling confidentially to ask if the medical office could help him and suggested that the young man might have hepatitis. Felicia, the nurse, was excited and intrigued but nervous that it was a trap designed to catch her in creating pathologies for papers. She said, “No problem, we’ll take care of it.” Whatever this young man had in the way of pathology, it was clear they would find a way to help him. We waited and waited for him to show up with his file; I was there with the nurses when he did. He was a young blond man who appeared very nervous and uncomfortable. One nurse asked him a few questions in a kind voice, trying to draw him out; she was hoping to hear his full story, but he revealed only the minimum and left as quickly as he could. The nurses translated stories into pathologies, trauma narratives into biologically based injury; this translation between regimes of truth was in many ways their job and what they themselves saw as their moral calling. Even the short version of his story sufficed; they let Boris use his biology to tell a truth that otherwise would remain unheard.

Like many sans papiers, Boris experienced his illness as a political condition. In other words, for him, he experienced his illness first and foremost as a way to get papers, establishing his relationship to the French state. He seemed less concerned with treating his illness—it was incidental, in some sense, that he had hepatitis and likely other illnesses. He had fallen ill through his forced participation in a prostitution ring—for him, that was the problem. His condition was at once political, social, and biological but understood primarily for him through a political and social lens—he wanted to escape the prostitution ring. Yet he was granted papers for “humanitarian reasons,” that is, on the basis of the illness clause. Ultimately, his biological condition determined his social condition—that is, insofar as he proved he was life-threateningly sick, he was granted social and legal status in France. Of course, because the illness clause requires a life-threatening condition,
hospitals to contemporary universal health care. In the United States, migrants have consistently been desired as laborers but largely excluded from public benefits, especially health benefits, which have been either contradictory or nonexistent (Hoffman 2006). For instance, California Proposition 187, proposed in 1994, required doctors to report suspected aliens rather than to treat them. Strikingly, in the French case, an immigrant can have the right to health, without the right to work; in the United States, an immigrant may have the right to work without the right to health. Up until January 4, 2010, in the United States, HIV-positive immigrants were excluded or deported rather than taken care of. That is, so-called aliens infected with HIV/AIDS were prohibited from entering the United States. Even low-income, unemployed, or marginally housed citizens who are HIV-positive cannot get assistance with housing or social services unless their T-cell count goes below 200, which means five to ten years after infection. In the American context, it is easy to see how immigrants and those considered second-class citizens blend into a global underclass, governed by a logic by which biology is their key resource, one which is increasingly commodified.

The United States and France also have different histories of incorporating immigrants into their fold. The French hold on to the idea of republican citizenship—a particular incarnation of universalism, sees that everyone has the potential to be equal, to be assimilated as citizens of the Republic. Yet what is now termed “the immigrant question” in France, which puts immigration at the center of political debate, is grounded in post–World War II migrations from the French colonial empire. France’s relationship to its immigrants is shaped in large part by the tension between its republican ideas of universal equality and inclusion and the bitter legacy of French colonialism. Jean-Marie Le Pen, leader of the extreme right-wing party, le Front National, who came in second in the 2002 presidential elections, has successfully mobilized the hatred and bitterness from this colonial history to push for “zero-immigration” policies. With Sarkozy’s entry into power in 2007, this trend has been furthered in the language of “law and order.” Yet there is still an underlying ideological commitment to universal equality. In this sense, contemporary medical humanitarianism continues in the footsteps of one of its predecessors—colonial humanitarianism—in fixing the problems caused by the deferral of the application of universal ideals. Medical humanitarianism has particular appeal in France even in the realm of immigration insofar as it is a revamped universalist project, grounded in the idea that all people have equal dignity by virtue of their membership in humanity.

The United States, on the other hand, is not haunted by this history of universalism; rather, a model of pluralism has shaped its relationship to immigrants and immigration. The United States is considered a nation of immigrants, yet there is a complex relationship with migrants who enter its territory—they are simultaneously celebrated and denigrated, desired and yet excluded by forms of nativism (Coutin 2003). And rather than colonialism, the history of the post–World War II, Cold-War era national security state sets the stage for contemporary immigration policies, that is, where national security and imperialist ventures get conflated and the protection of borders simultaneously requires proactive containment. This has now been renovated for a post–September 11 world into what De Genova calls “the Homeland Security State” (2007:422), with its focus on the “securitization of immigration” as Bigo notes (De Genova 2007:423). The context for the current relationship between biology and immigration in the United States includes increasingly restrictive standards for welfare eligibility and a restrictive immigration act passed in 1996 that was subsequently reinforced by September 11, 2001. Here, a politics of immigration has in many ways been replaced by a regime of security that puts immigrants and asylum seekers straight into detention centers. Studies in the New York City area have shown that 75 percent of asylum seekers are hand-cuffed upon arrival, and because detention centers are overflowing, asylum seekers are held in county jails, alongside convicted criminals. It is in this context in the United States that humanitarian organizations—which also have an increasingly global presence, including greater numbers of operational offices in Western nation-states, such as the MSF-USA office, which has changed from a fund-raising to an operative office—have started to play a more important role in the government of immigrants and refugees, seeking the increased need for emergency health measures.

Obviously, humanitarianism is not a blueprint form of intervention imposed identically in each context; it takes shape in the intersection of global, national, and local discourses and practices. For instance, particularly since the dismantling of welfare in the United States in the 1980s and 1990s, charity plays a much more important role in governing those who are marginalized or disenfranchised; as part of this, religious organizations—charities, social service organizations, and congregations—have been critical players in the nongovernmental management of both immigrants and citizens. The role played by biology for immigrants is inevitably different then, since charities are not simply focused on medicine or health. In this sense, the humanitarian organizations I made contact with...
in the United States focused more on asylum seekers and detention centers and less on regular health care, since of course lack of health insurance is an issue for so many millions of Americans. Thus, in an interview with a representative from MSF-USA (US section of Doctors Without Borders), I was told that while perhaps concerned about the working poor, MSF could not intervene to help them, as this would entail a political program, not an exclusively medical one. A possible project, however, might involve setting up water tanks for those sitting on the US-Mexico border—this is a critical health issue. Similarly, while being more explicit about feeling that immigration policies are unjust, HealthRight International (formerly Doctors of the World-USA) also shies away from any explicitly political action, feeling that if they did not do so, they would risk their access to detention centers where they are able to intervene on the issue of basic health conditions. Yet, the growing part HealthRight International plays in regulating immigrant and asylum status in the United States is revealed by the fact that they have had to massively expand the program since its inception in 1998. In addition, they have expanded the number of categories for which they can write medical affidavits (for trafficking, domestic violence, forced abortion, rape, FGM, and so forth), revealing that they are increasingly medicalizing—or perhaps humanitarianizing—the field of asylum.

Humanitarian organizations never govern explicitly; they act on the level of the everyday, prioritizing emergency or crisis situations. However, what is considered to be a "crisis" changes according to the context. Thus while immigrant bodies may be read differently in the United States—illness evoking less compassion than in France—my research shows that they are still governed by the same humanitarian regime in which biology reveals a truth that words cannot. In both cases, this truth is revealed using the techniques of biomedicine, despite the fact that different manifestations of biology are drawn on as evidence: rather than as pathology or as illness, as in the French case of immigration, anatomical evidence is what is significant in claims for asylum in the United States. Several different pamphlets advertising the Human Rights Clinic of HealthRight International exemplify this logic: one photo from the cover of one of their pamphlets features the scars on a man’s back, obscuring his face, while two female health professionals—one white, one of Asian origin—are pictured head-on. He is a person of color, but he is faceless, his origins unclear; his scars are what count, not who he is, or where he comes from (see Figure 8.1). Nothing further about him is mentioned in the pamphlet itself. Similarly, we see another man of color featured on the cover of field notes newsletter published by HealthRight International (when it was still Doctors of the World-USA) in 2003; this time he is shown head-on, but he is pulling up his sleeve to reveal his arm—the focus is on his body, on what it can tell us. The racial distinctions between refugee and volunteer are marked. Here, while illness may not count in the same way, disfigured anatomy certainly does.
—who is interpellated as gatekeeper or guard—and the asylum seeker, who must play the role of impersonator or imposter. Again, as with Fatou, the case is one in which the idea of fraud does not explain all elements of the story. Here, the asylum seeker could still have been tortured, but he acted according to a logic that assumed his story would be much more likely to be believed if it was inscribed on his body. He made use of scars to reveal this truth. The doctor, for his part, patrolled this notion of truth and trained his counterparts to do the same.

This regime of truth recalls the relationship between slaves’ bodies and torture, as described by Page duBois in her book on fifth-century Athens. The slave’s body is constructed as a site of truth, according to Aristotelian logic: “Truth is constituted as residing in the body of the slave; because he can apprehend reason, without possessing reason” (1991:68). The body is a source of authentication in situations where the subject is conceived of as unable to provide a reasoned, spoken truth. In his analysis of trauma and memory in the context of South Africa, Allen Feldman places duBois’s text in a longer line of analyses of slavery in the United States, where he suggests there is a cultural logic of testimonial authentication in the body; for instance, he looks at the famous “Ain’t I a Woman” speech given by Sojourner Truth, who also resorts to a testimony of the body (2004:189). Similarly, I am suggesting that truth for immigrants and refugees, as members of an underclass, is found in “the primordial landscape of the racialized body” (Feldman 2004:190), both designating and producing them as “other,” as beyond and outside reason.

Following this logic, in the contemporary American context, medical affidavits are increasingly important—according to an immigration lawyer in New York City, one almost needs to have physical evidence or a doctor’s testimony in order to get one’s claim accepted. The lawyer told me that now that immigrants and refugees have access to medical services through humanitarian NGOs, judges expect “richer evidence.” Indeed, humanitarian organizations have systematized the ability to access medical evidence; before, this lawyer said he had difficulty getting physicians to write affidavits and would turn to university psychology or psychiatry departments. Of cases with a HealthRight International Human Rights Clinic affidavit, 85 percent are granted immigration relief, as compared to the national average of 23 percent (Stadtmueller, Singer, and Metallos 2010). It raises the bar for everyone. This reveals, therefore, how humanitarianism has changed the way that refugees are understood, and regulated. While citizenship is the goal here, unlike the French case, it implies that in both places there is little room for the immigrant or refugee to be anything
CONCLUSION

Now I want to bring these pieces together. With the entry of a right-wing government in France in 2002, the illness clause came under attack by then-interior minister (now president) Nicolas Sarkozy and his new “loi sécuritaire” (security law). Increasing numbers of claims led to suggestions that both immigrants and doctors were acting fraudulently; those getting papers were not seen as valid humanitarian subjects, but rather as politically motivated actors. This reveals that humanitarian subjects cannot be seen to be modern liberal individuals; they cannot appear to be enterprise nor politically embedded. They cannot engage in corporeal self-fashioning in the way that citizens do in the regime of biological citizenship depicted by Rose and Novas. Interestingly, while modern liberal sensibilities still recoil from willing engagement with suffering, as Talal Asad (2003:121) has noted, in this case, it is not clear that the state is recollecting from cases of willed infection or purposefully prolonged illness; what seems most problematic for the state is that these people are manipulating their own biology, so that their bodies are no longer legible. In other words, the disruption is epistemological: the regime of truth has been disturbed, and the state no longer knows how to recognize and understand the “other” in its midst.

The relationship between the political economy of hope and biology for immigrants cannot be separated from the fact that government in the form of humanitarianism works primarily in the idiom of health; it seeks to isolate and address threats to lives and well-being. Doctors Without Borders/MSF, HealthRight International (formerly Doctors of the World—USA), and other humanitarian organizations do this by focusing on biology in a minimal sense—they often focus on survival, but without its social component. Yet in so doing, they never isolate or protect this minimal or “bare” life (Agamben 1998); rather they serve to produce a particular form of political or governable humanity. The result is often diseased, disabled, or biologically compromised citizen-subjects and a continued racialized division between the humanity of the elite and that of the underclass couched in biological terms.

Let me sum up. I have argued here that we are all subject to a new political economy of hope linked to biology and to new biotechnologies. However, by broadening the context to think about what this political economy means, and the different circuits of capital and labor it is connected to,

I have suggested that we need to understand that the stakes can be higher and the picture perhaps starker depending on one's positioning. In this sense, while the hope might remain the same, there is nonetheless a distinction between those whose biology is their primary resource and those for whom biology is still one of many potential arenas in which one's recognition—as a legal, moral, cultural, social, and economic actor—can be enacted and claimed. Or, in Lawrence Cohen's (2004a) terms, people must be understood as differently “bioavailable,” a term he uses to describe the likelihood for a person or population that its tissues may be disaggregated and transferred to some other entity or process. We can broaden this term to mean the likelihood that one needs to use biology as a primary resource. Hope takes shape in the space of these material realities. Indeed, by looking at this regime of biopolitics, we see that the will to health must be distinguished from the will to biological integrity; the will to health embraces an overall well-being that may not be identical with—and may even be in opposition to—the will to biological integrity. This is particularly true if we follow Bauman's argument that the modern liberal subjects that Rose and Novas describe require the production of excess, surplus, "wasted humans." Well-being for one inevitably circumscribes the well-being of the other.

Circuits of migration from the global South to the global North—or from the underclass to positions of privilege—might then predictably involve biology, seeing as it may be one of the few resources available; yet insofar as humanitarianism increasingly performs the techniques of government, targeting certain disenfranchised populations including immigrants, humanitarianism manages the ways that biology is leveraged. And as humanitarian subjects, immigrants' biology only has value when it is perceived as pure, untouched; it gives them access to the circuits of wealth and privilege only insofar as it does not reveal them as modern political subjects. Biology therefore plays a fundamentally different role in their relationship to the nation-state, due to the mediating influence of humanitarianism. And here, I think, biological involution could take on a different, more powerful meaning, related not only to the individual physical returns, but to the spiraling effect on the host societies of the global North; while biology provides hope for a better life, this biopolitics of immigration refuses inclusion or recognition under conditions of equality, which in this case would mean recognizing that immigrants are also self-enterprising subjects, able to engage and fashion themselves and to actualize their aspirations and desires. Recognition is given instead to subjects of humanitarian regimes as victims, as nonmoderns. This can only have diminishing
returns, both in terms of future possibilities and sense of self for immigrants and for a society built on the principles of equality for all. And while immigrants may have escaped the redundancy of the new “wretched of the earth,” recognition only comes as the necessary “other” against which the privileged of the West, or the global North, may continue to define themselves.

Notes

1. HealthRight International (formerly Doctors of the World-USA) was “Doctors of the World-USA” when I conducted most of the research for this essay. It changed its name in 2009. In the rest of the essay, I refer to it in its present incarnation, as HealthRight International (formerly Doctors of the World-USA), as requested by the organization itself.


3. For other work on how the body functions as a site of truth, particularly in the case of asylum seekers or refugees, see Fassin and D’Halleux 2005; Malik 1996.

4. Unfortunately, in the limited space I have here I cannot do justice to these various insightful and distinctive approaches to the relationship between biology and citizenship: in addition to Petryna and Rose and Novas, Vinh-Quan Nguyen describes what he calls “therapeutic citizenship,” which he defines as “claims made on global social order on the basis of a therapeutic predicament” (2005:126), while Deborah Heath, Rayna Rapp, and Karen-Sue Taussig (2007) describe “genetic citizenship”—a new form of technosocial engagement where emergent forms of public discourse take place related to identities and subjectivities inscribed at the molecular level. Nancy Scheper-Hughes (2002) has talked about “medical citizenship” while João Biehl has written about “biomedical citizenship” (2001) and “patient citizenship” (2007) in the context of AIDS in Brazil. Didier Fassin (2001a) provides an analysis of the links between biology and citizenship in France using a slightly different concept, “biolegitimacy.” Finally, Stephen Collier and Andy Lakoff (2005) describe the relationship between citizenship and biology as “a counter politics of sheer life.”

5. Rose and Novas take this term from Catherine Waldby in her study of the “Visible Human Project,” where it refers to the ways that bodies and tissues derived from the dead are redepolyed for the preservation and enhancement of the health of the living (2000:30).

6. Geertz’s original notion of involution referred to “an overdriving of an established form in such a way that it becomes rigid through an inward over-elaboration of detail” (1963:82).

7. This has been dubbed “Fortress Europe” in the European context, where there is a growing number of viable groups on the far right who ground their political platforms on an anti-immigrant rhetoric. This phenomenon began well before Le Pen’s second place finish in the French elections of 2002: Austria’s Jörg Haider led the way by creating a right-wing coalition in February 2000, with Italian Silvio Berlusconi following suit not long after. The murder of far-right anti-immigrant candidate Pim Fortuyn in the Netherlands on May 6, 2002, did not deter Dutch voters from voting for Party Pim Fortuyn. Denmark, Spain, Portugal, Switzerland, Belgium, and Germany all have substantive extreme-right xenophobic parties that threaten to enter into coalition governments, if they haven’t already. “Immigration, asylum seekers, crime and security” have together become a mantra that accompanies talk by and about the far right, touted as the cause of the political shift.

8. See Didier Fassin (2001a and 2001b) for work on this topic; I thank him for bringing the illness clause to my attention. For a more explicit analysis of the illness clause, see also Ticktin 2005, 2006a.


10. See Didier Fassin’s (2001b) article about immigrants with HIV/AIDS, where he describes how HIV/AIDS can function as a political condition before it is experienced as an illness.

11. This list comes from the regional state medical office with the largest number of claims for papers. The statistics from the year 2000 showed the Ivory Coast as next on the list, followed by Cameroon, Tunisia, and China, Pakistan, Haiti, and Yugoslavia; and finally, Senegal. French colonies made up well over 80 percent of claimants.

12. This changed when the Centers for Disease Control and Prevention (CDC), within the United States Department of Health and Human Services (HHS), amended its regulations to remove “Human Immunodeficiency Virus (HIV) infection” from the definition of “communicable disease of public health significance.” Those requesting papers no longer have to undergo a medical examination testing for HIV. Prior to this final rule, “aliens” with HIV infection were considered to have a communicable disease of public health significance and were thus inadmissible to the United States according to the Immigration and Nationality Act (INA). See Federal Register/Vol. 74, No. 210/Monday, November 2, 2009/Rules and Regulations http://www.immigrationandunemployment.org/uploadedfiles/F9265137.pdf, accessed February 20, 2010.

13. See, for instance, “Come back when you’re dying”: The Commodification of AIDS among California’s Urban Poor” by Crane, Quirk, and Van der Steen
(2002), which discusses how for low-income, marginally housed, and former or active substance users, a diagnosis of HIV-positive or of AIDS could result in improved quality of life by allowing access to subsidized housing, food, and services. In this case, they argue that an HIV/AIDS diagnosis operated as a commodity.


15. For the management of immigrants and asylum seekers, see, for instance, Susan Coutin (1993) on the Sanctuary movement and the role churches played in helping undocumented immigrants. See also Omri Elisha (2008) on evangelical faith-based activism.


17. Interestingly, and perhaps as evidence of a transnational logic, Fassin and D’Halleux write that the same goes for asylum claims in France: the number of medical certificates issued as part of applications for asylum doubled from 1990 to 2000, as recorded by the institution the Comède (2005:599).

18. See the published circular of May 7, 2003, which adapts the previous immigration law; in particular, see Section 2.2.3 on “The Case of Sick Foreigners” (La situation des étrangers malades).

19. As Dr. James Orbinski, who accepted the prize for MSF, stated in his Nobel lecture, “For MSF, this is the humanitarian act: to seek to relieve suffering... We affirm the independence of the humanitarian from the political.”

20. This has recently changed at HealthRight International (formerly Doctors of the World-USA); as part of their new identity adopted in 2009, they focus on sustainable forms of development and engagement with local people.

PART IV

Political Limits and Stakes

The last part of this volume begins with Ilana Feldman’s chapter, which provides a historical perspective on the liminal boundaries between humanitarian relief and development initiatives. Focusing on responses to the 1948 displacement of Palestinians in the Gaza Strip, a key early (and long-lasting) case of contemporary humanitarianism, she concentrates on the organization CARE and its operations in Palestine between 1955 and 1967. Feldman traces what she calls the “humanitarian circuit”—relations between donors, relief organizations, and recipients of aid through the medium of assistance technologies—and analyzes the nodes formed by a particular form of giving. We learn that as CARE’s work in Gaza continued, its focus shifted from emergency relief to a self-help model of development, resolving problems of governance into those of fostering a properly self-fashioning subject (parallel with Hyde’s chapter in this volume). Feldman’s particular case provokes a critical temporal question: What does it mean when a humanitarian crisis extends into a more permanent condition, as in the case of Palestinian refugees in Gaza? Here, the temporary strategy of relief encounters longer-term questions of development. Debates at the inception of CARE’s work in Gaza about the terms of its engagement held implications for the future, defining who constituted an appropriate recipient of aid amid the continuing deferral of a political