The Gendered Human of Humanitarianism: Medicalising and Politicising Sexual Violence

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The Médecins Sans Frontières (MSF) collection of essays, Civilians Under Fire, describes MSF’s practices in the Congo Republic between 1998 and 2000. The book focuses on why MSF did not do more to address the special medical needs of what they call ‘a particular group of victims: the large number of women who were raped during this episode of the Congo Republic’s civil war’. They confess that ‘survivors of sexual violence have generally been neglected in standard models of humanitarian aid delivery’. In describing the dilemmas of care in the Congo, the MSF authors keep returning to the issue of rape, recounting the debates among MSF workers on the ground about how to treat women: should they be a special category of victim? Yet if men are being tortured, and children dying of hunger, how does it help to identify women survivors of sexual assault as different? Does it not just stigmatise them further, asked Jean-Hervé Bradol, then MSF’s Operations Director in Paris and later its president.

These debates about whether to include women as equal subjects/objects of humanitarian aid, indistinguishable from other types of victims, or whether to single them out as different in order for them to receive the same critical attention and care as other victims, exemplify what Joan Scott calls ‘the paradoxes of feminism’: one must emphasise one’s difference (as women) in order to claim one’s sameness (as equal human beings). This tension between sameness and difference in feminist thought illuminates some of the challenges of responding to exclusions within a universalist frame. This paradox notwithstanding, humanitarians seem to have come a long way in the decade since the 1998–2000 war in the Congo, when rape was not taken seriously as a humanitarian concern. Today, looking at the websites of, and publicity by, many prominent humanitarian organisations, we see that victims of sexual violence are in fact the model subjects of aid; they dominate the face of many humanitarian campaigns. MSF states that, in 2008, they provided health care to 15,145 victims of sexual violence in 117 projects worldwide. Not only that, but sexual violence is at the forefront of major international policy: the United Nations Security Council has passed three resolutions since 2008 condemning and addressing issues of sexual violence.

In this article, I trace the recent history of the entry of gender-based violence into the medical humanitarian portfolio, as it became the poster-child for
humanitarian aid: what happens when we declare women who experience sexual violence as both exceptional and representative of the humanity produced and protected by humanitarianism? More concretely, how does this strategy work to address or alleviate the violence they experience? My argument is that this unprecedented attention to gender-based violence, and its incorporation into the mandate of humanitarians and their mission to protect a universal humanity, works to depoliticise the issue, thereby limiting the ability to address this violence in all its manifestations. In other words, the now well-known exclusions and paradoxes of liberal humanism remain. But I suggest that paying attention to the details of this attempted incorporation, and its ultimate failure, actually offers us something more important and interesting to think with: it opens the way to new possibilities for the political, and hence for addressing such forms of violence and inequality. Here, I make a distinction between politics and the political – that is, while politics is a set of practices by which order is created and maintained, the political refers to the disruption of an established order. I am interested in emergent spaces of the political, particularly in an era when so much space is taken by a politics of humanity that focuses on care and rescue, serving to reproduce the social order, not to challenge it.

In the first part of the article, I argue that the shift to gender-based violence as the exemplary humanitarian problem could not have happened without the prior move to medicalise gender-based violence, and render it a medical condition like all others. Yet medicalisation has had the strange effect of erasing gender – that is, the power relations that produce and inform gender – leaving in its place suffering bodies, without perpetrators or causes, each of which can be treated by the universal ‘humanitarian kit’. In the second part of the article, I show how this constructed equivalence of suffering bodies is actually quite fragile, and remains troubled by the spectre of gender which consistently haunts humanitarian missions. The article is informed by ethnographic work with humanitarian organisations in France, the United States and Morocco, where, as part of a different project, I initially became aware of the new attention given to gender-based violence. In addition, I draw on media analysis, and reports and documents produced by humanitarian organisations. Ultimately, I argue that incorporating gender-based violence both reveals and furthers the undoing of humanitarianism as we know it, both in its attempts to keep the political on the outside, and in the popular belief that humanitarianism can do the work of politics without its messiness – it is a symptom of its end, or perhaps in a more positive sense, it opens up a space to re-imagine both the humanitarian and the political.

Part I: Gender-based violence: from crime against humanity to pathology

Before gender-based violence became a humanitarian concern, it was consolidated as a legal category through the language of human rights. ‘Violence against women’ first emerged as a human rights issue in the 1980s, and expanded in the 1990s into its own category. It was actually exceedingly difficult to get women’s rights or sexual harm onto the agenda of human rights activists; the only place where it appeared in the international system prior to the 1980s was in humanitarian law and in the United Nations (UN) anti-trafficking convention. But after sustained lobbying both domestically and transnationally in the 1980s and 1990s, the transnational discourse on ‘violence against women’ was created as the lowest common denominator of the

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women’s movements in the north and south, taking the issue of bodily integrity as their common base.\textsuperscript{16} It was only later translated into ‘gender-based violence’ in an attempt to broaden the lens to incorporate gendered forms of violence against various subjects, including men.

Rape in armed conflicts played a central role in the recognition of the category of gender-based violence, putting it onto the human rights radar screen, first in the former Yugoslavia and later in Rwanda; human rights approaches forced the international humanitarian law system to understand rape as a particular form of violence. The Rome Statute of the International Criminal Courts recognised gender-based violence by defining persecution on the basis of gender as a crime against humanity.\textsuperscript{17} It included ‘rape, sexual slavery, enforced prostitution, forced pregnancy, enforced sterilisation, or any other form of sexual violence of comparable gravity’ when these crimes are ‘committed as part of a widespread or systematic attack directed against any civilian population’.\textsuperscript{18} The Akayesu decision of the International Criminal Tribunal for Rwanda (ICTR) expressly defined rape under international law for the first time in 1998, charging it as a crime against humanity, and part of an act of genocide.

It is important to note that these changes that incorporated gender-based violence into the human rights realm also brought the law to bear as a primary instrument of change and struggle. Calling this ‘governance feminism’, Janet Halley argues that this was the work of a certain group of feminists who came together in the 1990s, taking criminal law as a primary instrument of reform, and working in a top-down fashion to institute punishment for a global war against women. In particular, this type of feminism became about law, order and punishment, not just in wartime, but in peacetime – what Elizabeth Bernstein in turn calls ‘carceral feminism’.\textsuperscript{19} It relies heavily on state forms of power – which limits who can be an actor – and marginalises the engagement with positive visions of human flourishing. Halley argues that the focus in this approach, while seemingly about gender, is actually about women, where the world is always predictably structured by male domination and female subordination. I will return to these two points, which carry over in interesting ways into the humanitarian mission.

The role of humanitarian organisations was growing exponentially during this time: humanitarian intervention became increasingly important on the international scene after the 1994 Rwandan genocide, and humanitarian organisations took their place as autonomous interlocutors, as recognised by the Nobel Peace Prize awarded to MSF in 1999. In general, non-governmental organisations (NGOs) were becoming more important international actors, but in particular, aid was becoming a key part of democratic politics in the west – one of the characteristic modalities of globalisation.\textsuperscript{20} Humanitarianism, of course, means many things. Some call it a concern for the suffering of distant strangers;\textsuperscript{21} others assert that it is framed by an ethics of intervention.\textsuperscript{22} Here, I refer to humanitarian action largely as a response to emergency in terms of basic human health, perhaps best embodied by MSF, started by a group of French doctors and journalists in 1971. While the organisation was born in the revolutionary spirit of May 1968 in France, the French doctors came to believe that there was no politics possible; this change of heart occurred with the failure of the anti-colonial revolutionary Marxist movements to deliver on their promises. In this sense, while they might denounce abuses of power and support individuals against oppression by drawing on the principles of human rights, ultimately MSF doctors like Bernard Kouchner believed that there was nothing more, no collective struggle against imperial
domination, no ‘political’. They decided that their mandate was not to save the world, not to act with longer-term consequences in mind, but to act in the name of immediate, urgent and temporary care. As Nicolas de Torrente, executive director of MSF-USA states:

The most important principles of humanitarian action are humanity, which posits the conviction that all people have equal dignity by virtue of their membership in humanity, impartiality, which directs that assistance is provided solely on need, without discrimination among recipients, neutrality, which stipulates that humanitarian organizations must refrain from taking part in hostilities or taking actions that advantage one side of the conflict over another, and independence, which is necessary to ensure that humanitarian action only serves the interests of war victims, and not political, religious, or other agendas.

Part of the great appeal of humanitarianism is that it exemplifies moral certainty: it purports to save lives and alleviate suffering. How can one argue with this kind of moral imperative? In the face of the failure of other grand narratives, from communism to early forms of development, and their plans to alleviate human poverty and injustice, this form of intervention has increasingly gained traction – humanitarian emergency response has a ring of ethical purity, untainted by the messiness of politics, or even of rights claims. Humanitarianism purports to limit the intervention to the immediate present, to the time of emergency or crisis, and to intervene in the most basic way to save lives: it does not pretend to address root causes of crisis, but simply to alleviate suffering in its immediate aftermath. This focus on emergency allows it to circumvent the question of what next: it renders questions about the future irrelevant or invisible.

Since 2000, humanitarianism has become an increasingly dominant mode of intervention, particularly in crisis zones: we need only think of Kosovo, or more recently, Darfur. While there are many competing voices trying to define ‘humanity’, humanitarians tend to be amongst the loudest. Their growing importance has not been unproblematic, of course; with this dominance have come questions about the relationship between humanitarianism and politics, particularly between humanitarianism and war; the idea of a ‘humanitarian war’ – terms used in the cases of Somalia and Kosovo – unnerved many humanitarians, who understand this hybrid term as a way of legitimising war in moral terms. According to Rony Brauman, former president of MSF, ‘the invocation of humanitarianism in the Kosovo war was essentially nothing other than the symptom of a certain inability of politics to come to terms with itself with regard to its specific responsibilities’. Despite such beliefs, the increasing importance of humanitarianism has led humanitarians to develop their own government apparatus – a mixture of NGO, state and military – which they transport from crisis to crisis; anthropologist Mariella Pandolfi calls this a form of ‘mobile sovereignty’ that brings with it a universal, standard approach, regardless of history or politics, focusing on micro-level practices. The nature of how they engage with the larger political realm remains highly contested. This is perhaps the biggest question facing humanitarianism as a distinct set of organisations, practices and principles today. Gender-based violence can tell us something important about this broader challenge of political engagement, and hence of humanitarian viability.

To return to the story: with humanitarians effectively governing in crisis zones, it is not surprising that gender-based violence should become an issue; having been categorised as a human rights violation, one which garnered significant attention, it
could not be easily ignored or brushed aside as a ‘private’ matter. Still, approaching gender-based violence as a humanitarian issue required some translation. Humanitarians are primarily concerned with saving lives and relieving suffering; humanitarianism of the sort practised by MSF is most significantly focused on health, and the lives and wellbeing of populations. They engage at the level of the suffering body; what mobilises action is the ahistorical victim. This is a body outside time and place, outside history and politics, one that can (therefore) be universally recognised. The key to its power and its appeal is its unquestioned universality: that is, the underlying assumption is that we can recognise suffering wherever we see it, because there is a common denominator to being human, located in our bodies, particularly in our bodies in pain.  

This approach inherently limits the mode of intervention. The mandate of humanitarianism – again, as defined by the new wave of ‘sans frontière-ism’ exemplified by MSF – is not to reform or improve the kind of life one lives, only to preserve life itself. And yet gender-based violence is about the kind of life one lives. Under the rubric of human rights, freedom from gender-based violence is part of a parcel of rights that define what it means to be human in ways that include the right to be free from violence, the right to equality and the right to dignity. Gender relations are relations of power. As both an analytic category and a social process, gender is relational – it has no meaning or existence alone. Immediately, then, we enter into politics, into power; gender relations might be relations of domination or subordination, or of mutual respect or interdependence. Whatever the nature of these relations, when we speak of gender-based violence, we imply relations of power.

So the question is, if humanitarians largely pride themselves on staying away from political engagement or denunciation, how is their expertise and mode of engagement relevant to what might be seen as a quintessential political problem, gendered relations of dominance and subordination? How do gendered humans fit into humanitarian missions? As Rony Brauman states, ‘a confusion between humanitarianism and politics–two fundamentally different orders of activity – can only lead to a mutual weakening of both’. As we can see from MSF’s account of its intervention in the Congo Republic from 1998 to 2000, until very recently, they were still trying to come to terms with how or whether to address sexual violence in standard modes of humanitarian delivery.

The answer has been to do what humanitarians do best: to focus on health in crisis situations. The mission in the Congo was MSF’s first experience of setting up a specific programme to assist the victims of sexual violence. It really came together after the war was over, but MSF realised that there were significant health consequences for victims of rape; particularly with the rise of HIV/AIDS, rape posed a palpable medical risk, one that more easily fell under their mandate. So they focused on the assault on integrity, mental and physical injury and trauma, HIV infection, unwanted pregnancy and births, reproductive health and STDs. For instance, they focused on the fact that Congolese authorities refused to authorise prophylactic prescription ARVs (antiretrovirals) following a rape, and to perform abortions under any circumstances, including those of rape.

MSF’s experience in the Congo Republic began their process of medicalising gender-based violence. This medicalisation was actually happening simultaneously elsewhere: for instance, prompted initially by calls to understand health as a human right and by the type of feminism that incorporated gender-based violence into the
human rights framework, in 2001 the World Health Organization (WHO) began an initiative to strengthen the health sector response to sexual violence. They published guidelines for medico-legal care in 2003, and have since developed a policy framework intended to coordinate efforts of police departments, health services, prosecutors, social welfare agencies and rape crisis centres in various countries around the world. WHO’s medicalisation followed in the footsteps of domestic US programmes, which joined health-based responses with forms of law enforcement and policing; as Rojas Durazo points out in the US context, this has functioned as a questionable set of alliances, occasionally serving to penalise those who are most disenfranchised – such as women of colour. Such alliances haunt the humanitarian incorporation of gender-based violence as well, as we will see. But for now, I want to suggest that medicalisation for both MSF and WHO was facilitated in part by the creation of the category of violence against women, which focused primarily on bodily integrity – the common denominator between feminists of the global north and south, who could not agree on the most important issue for women: discrimination or development. In other words, it already shifted towards a politics of the body as opposed to one of social justice or redistribution.

Approaching gender-based violence as a medical or health issue alters how violence is both approached and understood; that is, rather than understanding gender violence in the context of gendered relations of power, or as part of larger histories and expressions of inequality which are inseparable from histories of class or race or colonialism, this type of medicalisation transforms gender-based violence into an emergency illness, requiring immediate intervention. Furthermore, it narrows gender-based violence into its subset, sexual violence, in which sexual violence refers to certain forms of violence done to specific parts of the biological body, which are then treated by biomedicine; this is opposed to forms of gender-based violence which imply the fuzziness of context and culture. Here, the belief in sex as a set of fixed biological characteristics gets translated to understandings of sexual violence; that is, the belief is that we can always know what sexual violence is and what it looks like, while gender-based violence is more subject to cultural interpretation. Interestingly, a focus on sexual violence also serves to make women the main subjects and victims of such interventions—‘gender’ allows violence against men or transgendered people to be considered as well, and while there are references to men in reports about gender-based violence, they are generally exceptions, as in the 2009 MSF report which has a separate section entitled ‘men and boys: unrecognized and untreated’. In this sense, it continues the focus of governance feminists on women, intentionally or not.

This emphasis on sexual violence as emergency illness refuses to look forwards or back; it focuses on the patient’s urgent needs. Does she need an abortion? ARVs? Psychological counselling? There is no room for questions about responsibility, accountability or the future. This leaves her a victim without a perpetrator; she is a sufferer, pure and simple. A shift in language helped to make sexual violence into a public health and a humanitarian problem: it was designated ‘an epidemic’. A survey of human rights/humanitarian organisations revealed that the language of epidemic is now normative. Physicians for Human Rights published a special report called ‘Epidemic of Inequality: Women’s Rights and HIV/AIDS in Botswana and Swaziland’; the United Nations Population Fund came out with a report called ‘Legacy of War: An Epidemic of Sexual Violence in the DRC’. International Medical Corps discusses
the ongoing ‘epidemic of rape’. There are also mentions of sexual violence as a ‘plague’, and even as a ‘pandemic’.

These descriptors, while rendering sexual violence ‘treatable’ through the particular methods and strategies of public health and humanitarianism, remove the ‘gendered scaffolding of rape’. ‘Epidemics’ of rape are not placed in the context of gendered regimes of property for instance, or of inheritance; they are not approached as possible effects of structural adjustment or imperialist policies which play out in gendered ways. The language also works to transform it into something contagious, something pathological which requires that those ‘infected’ be set apart, and treated with special care. This takes on greater significance when we note that a colonially derived racial hierarchy inadvertently underlies many medical humanitarian missions, where the doctor is still predominantly a white male, and often a European expatriate. MSF inherits the special place occupied by Africa in both the French civilising mission, and the representation of disease in empire. As Peter Redfield points out, in 2002–03 MSF spent over half its funds in Africa, keeping it the centre of humanitarian activity. The language of epidemic combined with this history threatens to turn gender-based violence into a thing that ‘they’, not ‘we’, get, isolating it in racial or ethnic terms. The photos used to mobilise funds on behalf of humanitarian NGOs generally repeat this racialisation of violence. All the images from major aid programs for gender-based violence feature women of colour, and most often African women: from the cover of reports to the entry pages on their websites.

The question is how exactly a humanitarian response shapes what constitutes sexual violence and who ‘gets sick’ with it, particularly when humanitarianism plays an increasingly important role in governing in crisis zones. It also begs the question of who are considered the ‘vectors of disease’ – who qualifies as dangerous, who must be contained in this model? As MSF’s report explicitly states, ‘rape can be used as a biological weapon to deliberately transmit the AIDS virus’. Here, humanitarian responses join with efforts to contain violence that are inextricably joined with morally stigmatised forms of disease, and associated with certain kinds of racialised bodies. Indeed, as we saw with responses to domestic violence in the US, health-based interventions for sexual violence may be accompanied by forms of policing, serving to penalise the most disenfranchised. In the process, certain forms of gender-based violence are rendered invisible, and hence implicitly condoned. That is, does gender-based violence among peacekeepers get called out? How about when peacekeepers rape those whom they are protecting?

Part II: Politicising the human in humanitarianism

Rather than leave the story here – that gender-based violence is medicalised, end of story, which would simply add one more voice to the growing list of critiques of humanitarianism – I want to ask the reverse question: how might gender-based violence in turn shape humanitarianism? I intend this question to open up a discussion of forms of engagement, rather than to close it down. That is, if incorporating gender-based violence into the human rights and then humanitarian mission has helped to shift a feminist politics of justice to a form of antipolitics of individual bodies, how might reading between the lines – with our eyes on the gendered human – change or...
complicate our understanding of the humanity protected by humanitarianism? My argument is that while humanitarianism, in conjunction with certain feminist movements, may work to medicalise and depoliticise gender-based violence, the politics of gender actually creep back in undercover, revealing problems at the heart of the humanitarian mission – problems that undermine the very idea of a ‘humanitarian space’ critical to humanitarian action, that is, a space that tries to temporarily hold the political at bay. I will give two brief examples of the way gender haunts humanitarianism, and ultimately threatens – or perhaps I should say promises – to bring the political to the fore. In other words, I want to use my own feminist reading to open up humanitarianism and force an engagement with the political.

The problem of neutrality

One of the key principles of humanitarianism is neutrality, meaning that humanitarian organisations must refrain from taking actions that advantage one side of the conflict over another. Neutrality means not taking sides politically. As Bernard Kouchner, one of the founders of MSF, stated: ‘If you are humanitarian . . . this is not politics, you must be neutral, taking care of all’. Neutrality is seen as critical for access to crisis zones and for security within, and yet MSF also believes that this principle is not contradicted by denouncing abuses committed by belligerents, since the aim is to improve the protection offered to victims. MSF initiated the wave of NGOs now called ‘the new humanitarianism’ by combining the International Committee of the Red Cross’s (ICRC) original principle of neutrality with a new ‘duty to bear witness’ to human rights abuses, making use of mass media to do so. This resolve grew out of the finding that the ICRC did not speak out against the atrocities taking place in the concentration camps during the Second World War, despite witnessing them through deliveries of food and medicine.

This tension between neutrality and the duty to bear witness is as old as MSF itself, and yet the issue of gender-based violence sheds new light on it. The tension might also be thought of more broadly as humanitarianism’s engagement with, and relation to, the political. That is, if one errs on the side of the duty to bear witness, this is considered ‘political’ and threatens the neutrality which gives access to crisis zones. It is a fine line to tread. The question is: in the balance between neutrality and the duty to bear witness, when does it make sense to leave neutrality and speak out? That is, when does the nature of the emergency or crisis turn humanitarians political – when does it make them challenge the dominant order of things?

The complications of treating gender-based violence as a humanitarian issue were raised early on by MSF in their work in the Congo Republic. In his essay, Marc Le Pape discusses how, because of rape and violence perpetrated by groups of armed men who set up roadblocks and then proceeded to do as they pleased with those they trapped, humanitarians had to decide whether to accept military escorts on aid convoys to protect against such roadblocks, again with serious political repercussions. Caritas did eventually allow trucks to carry military escorts, yet these escorts in turn invited their friends – armed militiamen – onto the trucks, even as they carried with them the spoils of their plunder. Le Pape states, ‘clearly, under conditions like these, humanitarian convoys cannot be regarded as neutral’. Of course, what to do about security in contexts of war and conflict is an increasingly pressing question for humanitarians all
over, but here, raised in the context of gender-based violence, the idea that women might need protection from rape justifies tipping the balance on the fundamental principle of neutrality.

I will give another example. MSF holds an Annual International General Assembly to which all members from all sections around the world are invited, in order to discuss and evaluate the year’s successes and failures. As part of my ethnographic research for a different project, I attended their 2005 meeting, and the question of political neutrality as related to the duty to bear witness was the key debate. The entry into this debate was a briefing paper published by the Dutch branch of MSF in March 2005, called ‘The Crushing Burden of Rape: Sexual Violence in Darfur’. In the first paragraph, the report states, ‘The stories of rape survivors give a horrific illustration of the daily reality of people in Darfur and especially of women and young girls, the primary victims of this form of violence. It has to stop’. It goes on to talk about women’s experience of multiple rapes, and how victims are treated as criminals, also describing this as ‘horrific’; it does address ‘the medical and social effects of rape’, including broken bones, burns, STDs and HIV/AIDS, as well as the mental consequences, but these are bracketed by a form of accusatory rhetoric:

Lacking the flash and thunder of other weapons it has failed to call upon our conscience and action. Unlike the victims of gunshots and beatings, the crime, and its victims are often driven into the shadows – too scared or ashamed to seek help... This form of warfare against civilians must be stopped. Local authorities need to end their tolerance of this crime and must end the impunity of the rapists and their accomplices.

This report was a focal point in the General Assembly because immediately after it was published, MSF Holland’s head of mission was arrested by the Sudanese government for ‘espionage, publishing false reports, and undermining the Sudanese state’ and for crimes against the Sudanese state. The question asked at the General Assembly was: to what end does MSF bear witness? The report was accused of calling for justice for the victims and the end of impunity for those raping. Yet, as the arrest of the head of mission revealed, this quickly ran into the dangerous terrain of political engagement and intervention, which MSF prides itself in avoiding. As Redfield states, ‘MSF responds with a defense of life that both recognises and refuses politics. It forcefully claims an independent right to speak out and act without regard to considerations other than conscience, yet it never quite abandons neutrality in its insistence that final responsibility for alleviating suffering lies elsewhere’. In MSF’s General Assembly debate, Rony Brauman, the former president of MSF, suggested that rather than descending into politics, humanitarians should make a distinction between describing what one witnesses, and qualifying it, which entails making a judgement. He asked one of the MSF Holland representatives, ‘How do you know the women were raped? Did you see it happening?’ Brauman proposed sticking close to what one sees, and letting others take it from there – he felt strongly that MSF should not have called for action. For him, and many others, humanitarianism is not about justice, politics or taking sides. The MSF Holland representative responded that there was a slippery slope between political neutrality and irresponsibility, and a fierce debate ensued.

Sexual violence elicited a particular form of moral outrage in the MSF report and debate; and the question was how to justify the willingness to condemn the perpetrators in cases of rape more than with other forms of violence or torture. Should women be
treated as special categories of victim, who need more protection? Furthermore, are they the only ones recognised as subject to rape? Should sex and sexual violence be seen as crimes apart, or should they be equivalent to any type of harm or injury in times of war? What is the nature of gender-based violence, and how do we qualify the particular vulnerabilities to it? As Ann Stoler argues in a recent essay, sexual politics must be seen through the larger lens of governance over bodies, and the uneven distribution of states of vulnerability that work through sexualised bodies and the management of sex. In this sense, we must ask at what point identifying sexual violence as special or different (for women in particular) threatens to reproduce notions that see sexual integrity as the most important thing about a woman. The question of sexual violence threatens to tip the balance, making humanitarians abandon their role as humanitarian to become political actors. But why? What kind of politics is this? The only other time I know of that MSF has officially allowed political judgement to take precedence over neutrality was in the case of genocide in Rwanda, when it pulled out of Rwanda, no longer able to function according to humanitarian principles.

The problem of humanity

I turn now to my second example of how gender-based violence disrupts the efforts of humanitarianism to create an apolitical, neutral space: for this I consider the subjects of humanitarian aid. Humanitarianism seeks to help all who suffer, without discrimination; as already mentioned, in addition to the principle of neutrality, it is driven by the principle of ‘humanity’ which is the belief that all people have equal dignity by virtue of their membership in humanity. If humanity is the driving force of humanitarianism, those protected or helped by humanitarianism may be considered – or perhaps more accurately, produced – as exemplars of humanity. Who are these universal subjects? For humanitarians, relief of suffering is the bottom line. That is, embedded in humanitarian practice is the belief in the universality of suffering, and that it can be recognised wherever it is found. In some senses, this suffering serves as empirical proof of a universal humanity; and responding to it becomes a universal moral code.

Yet is this suffering body really universally recognisable? As critics of humanitarianism have noted, humanitarianism often requires suffering persons to be represented in the passivity of their suffering, not in the action they take to confront and escape it. Indeed, innocence has become the necessary accompaniment to suffering, required in order to designate the sufferer as worthy. In this sense, children often serve this role of ‘generic human beings’, those who are innocent of politics and history, and hence also of war and enmity; they are considered in no way specific: politically, culturally, historically. MSF itself asserts that children are seen as ‘the icon of innocence, the victim of man’s folly’. Blameless, children are the ideal recipients of care. We do not see them as responsible for their predicament: agency is absent. With just a little scratching of the surface, then, we see that certain forms of this universal suffering body are more appealing and recognisable than others. Indeed, former MSF president Jean-Hervé Bradol admitted that, ‘the raped woman rarely represents the ideal victim’. MSF argued in their essays on the Congo that one reason for not taking rape seriously was that women who had experienced sexual assault were not the ideal subjects of aid, since they could not be easily identified with images of innocence. The histories of the treatment of women victims of rape haunt these discussions – where
women were (and in many places, still are) seen as responsible for and consenting to their own rapes, by the way they dressed, how they acted or where they were. In these histories, the onus was on women to prove that they had not somehow consented. Here, innocence is inextricably tied to sexual innocence.

In this sense, gender-based violence makes it clear that the suffering body – while purportedly universal – requires certain political, historical and cultural attributes to render it visible and worthy of care. As Arendt so aptly wrote, ‘the world found nothing sacred in the abstract nakedness of being human’. Indeed, nakedness must be cloaked with appealing signifiers to render it worth looking at. For Arendt, these were nationalist signifiers; now, they are drawn from a medical kit. In this sense, medicalisation has allowed the victim of sexual violence to be cleaned up – to be rendered palatable, legitimate, even sympathetic. She becomes another suffering body, someone innocently infected with HIV/AIDS, the passive victim of war, of sexual harm. Sex here is a medical issue, about disease and survival. She is a patient, seen in isolation from other injustices or forms of exploitation, and she requires care, not justice. In other words, the larger political context of gendered forms of subordination and political struggle disappears, and a focus on sexual harm takes its place. As Ali Miller writes, traditional health-based approaches to sexuality colluded with this paradigm, treating the female body as vessel, not actor. This transformation was aided in the context of humanitarianism by stereotypes of women in need of protection – particularly women from the global south, or what Mohanty has called ‘Third World Women’ who are represented as the suffering victims of oppressive patriarchal cultures, often equated with innocence, passivity and apolitical, corporeal existence. These racialised images are important for the designation of innocence, which also requires powerlessness.

So, again, if pathologising sexual harm has enabled it to enter the humanitarian pantheon, once more I want to suggest that the politics of gender haunt humanitar-ianism, defying medicalisation and depoliticisation. As just one example of this, again from the Congo, Le Pape relates how one of the MSF nurses felt uncomfortable with the way the Catholic Association of Congolese women (MOPAX) spoke to other Congolese women returning from exile, to ask if they had been raped. At a sports centre where returnees gathered, the MOPAX mothers spoke openly, announcing with a megaphone, ‘if you have been raped, come tell us’. They walked down the lines of women waiting, to ask who had been raped and when. To deter them from collecting information in this public way, the MSF nurse said he would not use such information anyway; he would prefer to conduct interviews, with a doctor and psychologist, in a more intimate setting. But, ultimately, he realised that, ‘The women from MOPAX weren’t shocked at such questions. It was I who found it strange to have those sorts of details being collected under such circumstances. I doubt women in France would respond positively to those questions under such circumstances’. Two other expatriate nurses similarly expressed surprise at how rape victims spoke directly about what happened to them, perhaps more directly than other victims of brutality and abuse. Drawing on these examples, former MSF president Jean-Hervé Bradol has suggested that MSF reproduced forms of prejudice against women in general and against survivors of sexual violence in particular, giving rise to discriminatory practices.

It seems that MSF workers assumed that sexual violence would bring a particular sort of shame, greater than that accompanying other forms of violence or brutality; and therefore that it should be kept quiet, confidential, in the private realm. This particular
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approach stems from the historically and culturally situated belief that a woman’s chastity is her most precious possession and that sexual violence is more significant than other forms of violence – of course, the question is whether it is equally significant for female and male, straight and queer. As Gayle Rubin stated in her famous essay ‘Thinking Sex’, ‘sexual acts are burdened by an excess of significance’. Here, we see that gendered ideas are nevertheless attached to ideas about sex and sexuality, and that sex is not to gender as nature is to culture, as the sex/gender distinction would have it; gender, sex and sexuality are all deeply embedded in and produced by cultural, historical and political realities. It also stems from the belief that sexual violence is a private matter, not appropriate for public airing. But these views are not universal. As Amal Fadlalla writes in the context of Sudan, ‘contrary to the Western understanding of rape as a crime against individual women, many Darfurians and other Sudanese groups understand rape not as a private matter but rather as a political violation that signals the dehumanization of entire kin groups and populations’. In other words, there need not be individual shame in rape; it can also be thought of in terms of a larger political struggle. Indeed, rape can open up space and bring political struggle to a head.

Conclusion

Where do we end up, for the humanity protected by humanitarianism, for the incorporation of difference into a universal humanity, and most importantly, for the possibilities of doing away with gendered forms of violence? First, a word about humanitarianism. It seems that humanitarianism, as universalism, both erases and depends on difference; on the one hand, it manages difference, declawing it so that it doesn’t tear apart the humanitarian kit, made to fit and rehabilitate everyone into a basic bare-bones humanity. That is, it assumes that difference ultimately leads back to sameness: to some non-descriptive, generic human survival. Yet on the other hand, humanitarianism is necessarily built on difference – the difference between two populations – those who have the power to protect, and those who need protection – those who suffer, and those who recognise and address suffering. In this sense, we might say that gender-based violence – here I want to reiterate that despite the change in terminology, the focus is still largely on harm to women – draws on a group of people more easily recognisable as needing protection, due to stereotypes that define women as the most in need of rescue. Of course, again, these are racialised notions – those understood as ‘Third World Women’ fit this category better than do white middle-class women. Only certain forms of life are framed and hence apprehended as precarious, to use Judith Butler’s terms; and these frames depend on power relations of inequality, not simply on difference – the different circumstances of two populations. In other words, the similarity protected by humanitarianism comes at the expense of the reproduction of forms of racialised, gendered, economic and geopolitical inequality, not simply difference.

But more significantly, in addition to revealing the reproduction of inequality, the fissures rendered visible by the entry of gender-based violence into humanitarian missions force an engagement with new forms of the political. Humanitarianism’s mission has expanded so that it now occupies a dominant place in the global political arena – whether humanitarians asked for this or not. But the incorporation of gender-based violence shows humanitarianism at its limit; gender relations and gender-based
violence cannot be contained by forms of crisis-driven, moral and medical intervention. In other words, this type of politics based on protecting a universal humanity cannot do all our political work for us; such violence renders visible inequalities that are simply unmanageable and unchangeable by its methods. Humanitarianism never purported to change the world, but we have asked it to take on the mantle of the moral – giving it legitimacy and allowing it to be a primary form of ‘doing good’ in the world. This moral legitimacy has enabled its expansion into ever-new arenas of protection and intervention, militarised as well as medical. Indeed, as we have seen, many movements have joined forces with this politics of humanity – whether it be the ‘governance feminists’ who use the language of human rights and law and order, or those who further gender-based violence as a medical issue. But reading between the lines, we see the spaces in which other (feminist) movements can either emerge or, for those already out there, be recognised: those that harness different political languages and strategies, that take on the larger causes of inequality in all their gendered expressions, that not only identify women as victims but see when women are perpetrators, that let people other than state representatives or legal or medical experts speak. In this sense, bringing gender-based violence into the humanitarian mission has inadvertently opened up a space for confrontation with politically significant forms of difference and inequality in their real and rabid forms.

Notes
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2. Le Pape and Salignon (eds), Civilians Under Fire, p. x.
9. Chantal Mouffe also uses this distinction, but for her, the political is the dimension of antagonism which is constitutive of human societies. Chantal Mouffe, On the Political: Thinking in Action (New York: Routledge, 2005). Rancière’s idea of ‘dissensus’ offers one interpretation of the political – i.e. the opposite of consensus, a process where an interval opens up. See Michel Agier’s discussion of ‘le politique’ and ‘la politique’ where he draws on Rancière. Jacques Rancière, ‘Who is the Subject of the Rights of Man?’ South Atlantic Quarterly 103 (2004), pp. 297–310; Rancière, Dissensus: On Politics and Aesthetics (London: Continuum,
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Brauman, ‘From Philanthropy to Humanitarianism’.

31. Le Pape and Salignon (eds), Civilians Under Fire, p. 11.
32. In the United States, domestic violence began to be incorporated into the medical system in the late 1970s and early 1980s, starting with the category of battered women’s syndrome. This medicalisation was structured to be interdependent with the criminalisation of domestic violence, in which criminal charges could be laid even without the survivor’s consent, leading to incarceration or, for some, detention and deportation. In other words, medicalisation relates to many things, but it cannot be understood without taking into account the ties between the medical system and pharmaceutical industries, new forms of capital and an expanding prison industrial complex. See Ana Clarissa Rojas Durazo, ‘The Medicalization of Domestic Violence’, in Color of Violence: The Incite! Anthology (Cambridge, MA: South End Press, 2006), pp. 179–88.
33. As WHO’s website states, “‘sex’ refers to the biological and physiological characteristics that define men and women”, while “‘gender’ refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women”. World Health Organization (2011), (http://www.who.int/gender/whatisgender/en/index.html) (accessed 27 April 2011).
35. I thank Jenny Prewo for her assistance in putting together this survey.
36. See the UNIFEM (US National Committee, Metropolitan NY chapter) event, ‘Half the World Deserves a Whole Voice: The Pandemic of Violence against Women’, 16 November 2009. I thank Habiba Jaffe for bringing this to my attention.
43. Le Pape and Salignon (eds), Civilians Under Fire, p. 75.
48. It should be noted that this tension is not an issue for the ‘Anglo-Saxon’ or British tradition of humanitarianism exemplified by CARE or Oxfam, who choose to combine humanitarianism with development, taking a more utilitarian, multi-pronged approach, and who do not therefore always shy away from
political engagement. See Karl Blanchet and Boris Martin (eds), Critique de la raison humanitaire (Paris: Le Cavalier bleu, 2005). For instance, CARE’s programme to address gender-based violence encompasses forms of post-conflict development. However, such multi-pronged approaches bring their own sets of problems, such as dependence on the state for funding, and the well-known challenges of development and their own forms of antipolitics.

49. In particular, Stoler sees a resurgence of interest in sexual politics as part of a dispositif of biosecurity, where intimate contact in various forms has been intensified in the name of security. Ann Stoler, ‘Beyond Sex: Bodily Exposures of the Colonial and Postcolonial Present’, in Anne Berger and Eleni Varikas (eds), Genre et postcolonialismes: Dialogues Transcontinentaux (Paris: Editions des Archives Contemporaines, 2010), pp. 191–220.

50. Miller, ‘Sexuality, Violence against Women, and Human Rights’.

51. Boltanski, Distant Suffering, p. 190.

52. Liisa Malkki, ‘Children, Humanity and the Infantilization of Peace’, in Feldman and Ticktin (eds), In the Name of Humanity, pp. 58–85.

53. Le Pape and Salignon (eds), Civilians Under Fire, p. 10.

54. Le Pape and Salignon (eds), Civilians Under Fire, p. 11.


58. Le Pape and Salignon (eds), Civilians Under Fire, pp. 65–6.

59. Le Pape and Salignon (eds), Civilians Under Fire, p. 66.

60. Le Pape and Salignon (eds), Civilians Under Fire, p. 67.

61. Le Pape and Salignon (eds), Civilians Under Fire, p. x.

62. On the belief that a woman’s chastity is her most precious possession, see Miller, ‘Sexuality, Violence against Women, and Human Rights’.


65. On the question of using sexual violence to bring political struggle to a head, see also Paromita Chakravarti and her discussion of the Indian army’s rape and murder of Thangjam Manorama Devi, after which twelve middle-aged Meira Paibi women stormed the western gate of the Kangla Fort, a symbol of state power in Manipur, with their clothes off, daring the Indian army to rape them, and demanding the withdrawal of the Armed Forces Special Protection Act. Chakravarti argues that this was the most powerful form of protest issued, levelling a challenge both to the Indian army, and to other Indian feminists, to reevaluate their own languages of activism and engagement with a patriarchal state. Paromita Chakravarti, ‘Reading Women’s Protests: Questioning National Feminist Frames’, paper presented at ‘Gender Violence and Gender Justice: Critical Perspectives on Post-Conflict Societies’ conference, held at Emory University, Emory, GA, 8–9 May 2009.
