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## The "Humanitarian Mystique:" Tracing the Rhetoric and Politics of Aid in Southeast Asia from the Age of the Civilizing Mission to the Present

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**The “Humanitarian Mystique:”**  
**Tracing the Rhetoric and Politics of Aid in Southeast Asia from the Age of the Civilizing**  
**Mission to the Present**

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May 2020

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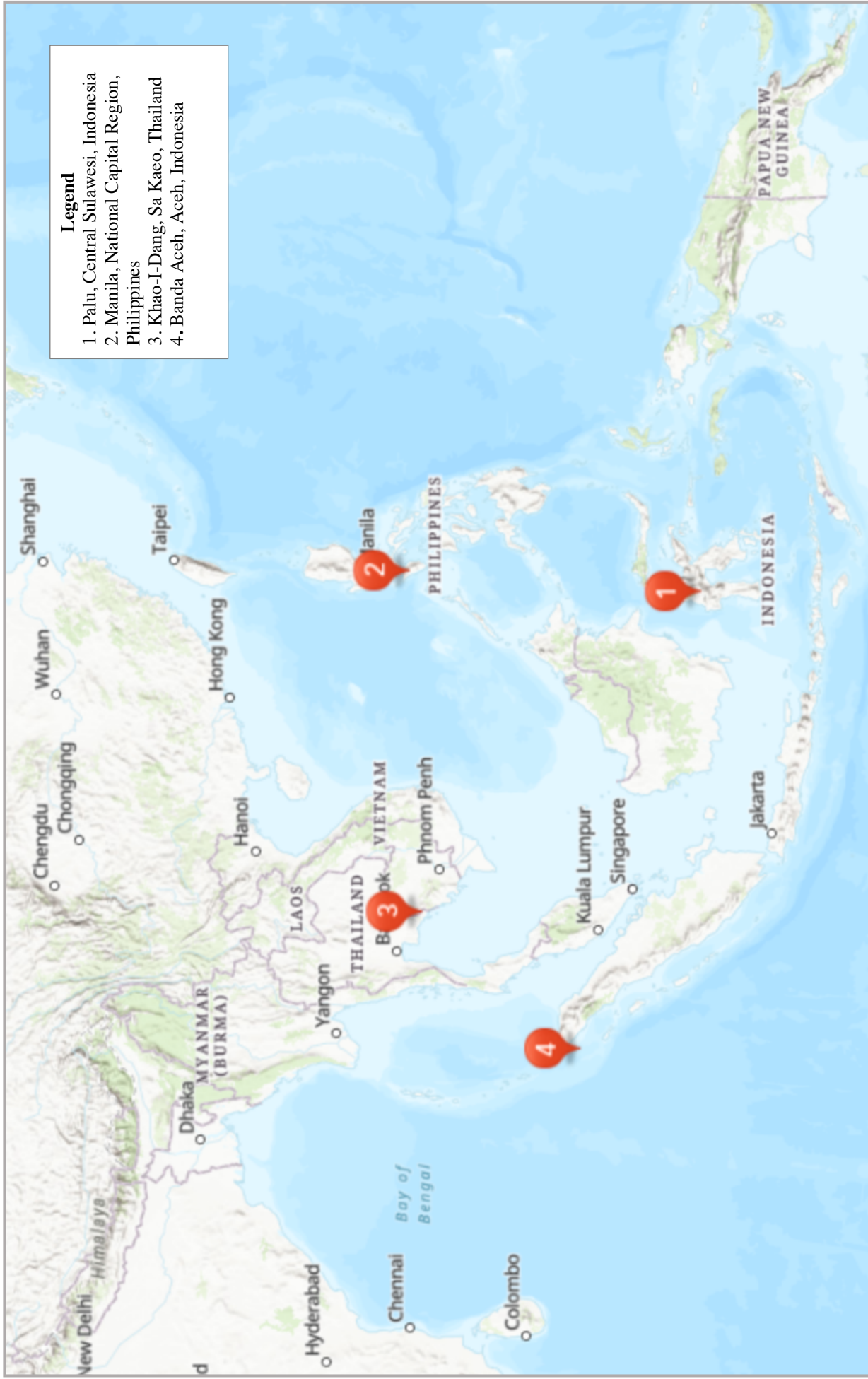
I started this project with so many questions. I end it with even more. One hundred and thirty pages and 277 footnotes later, I don't think I'll ever look at the word humanitarianism the same again. But I wouldn't have it any other way.

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## ABBREVIATIONS

ASEAN	Association of Southeast Asian Nations
AICF	<i>Action Internationale Contre le Faim</i>
BNPB	<i>Badan Nasional Penanggulangan Bencana</i>
CRASH	<i>Centre de Réflexion sur l'Action et les Savoirs Humanitaires</i>
DART	Disaster Assistance Response Team
DCHA	Bureau of Democracy, Conflict, and Humanitarian Assistance
GAM	<i>Gerakan Aceh Merdeka</i>
GCF	General Classified Files
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IRC	International Rescue Committee
MSF	<i>Médecins Sans Frontières</i>
NACP	National Archives at College Park, Maryland
NGO	Non-governmental organization
PHS	Philippine Health Service
RBIR	Records of the Bureau of Insular Affairs
OFDA	Office of Foreign Disaster Assistance
RG	Record Group
UN	United Nations
UNHCR	United Nations High Commission for Refugees
USAID	United States Agency for International Development



Map 1. Southeast Asia.

## INTRODUCTION

*Palu, Central Sulawesi, Indonesia, 2018*

On the evening of September 28, 2018, disaster struck the Indonesian province of Central Sulawesi. A 7.4 magnitude earthquake shook the ground of this peninsula region and triggered a powerful tsunami. Indonesian officials quickly issued tsunami warnings to residents near the epicenter of the quake in Donggala and in the provincial capital, Palu. Unfortunately, they did not anticipate the force with which the tsunami's waves would soon inundate these exposed and unprepared coastlines. The tsunami ultimately claimed over 4,000 lives in Sulawesi. An additional 4,000 people were critically injured and over 172,000 displaced on one of the Indonesian archipelago's most populous islands.<sup>1</sup> Mirroring the response to the 2004 Indian Ocean tsunami, international aid poured into the region almost instantaneously. By early October, 112 foreign humanitarian entities, including 85 international non-governmental organizations (NGOs), were active in the disaster-zone.<sup>2</sup> The Indonesian National Board for Disaster Management (BNPB) initially welcomed this help, but on October 9, issued a new set of regulations for international humanitarian responders. Foreign agencies were instructed to "retrieve their personnel immediately."<sup>3</sup> In an English-language notice on Twitter, the disaster agency stated that foreign workers were no longer allowed to "go directly to the field."<sup>4</sup> They

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<sup>1</sup> International Federation of Red Cross and Red Crescent Societies (IFRC), *Emergency Plan of Action 12-month Update, Indonesia: Earthquakes and Tsunami – Sulawesi*, October 31, 2019, 2. Pdf, <https://reliefweb.int/sites/reliefweb.int/files/resources/MDRID013eu12m.pdf>.

<sup>2</sup> AHA Centre: ASEAN Coordinating Centre for Humanitarian Assistance on disaster management, *Situation Update No. 12: M 7.4 Earthquake & Tsunami, Sulawesi, Indonesia*, AHA Centre, October 15, 2018. Pdf, [https://ahacentre.org/wp-content/uploads/2018/10/AHA-Situation\\_Update-no12-Sulawesi-EQ-rev.pdf](https://ahacentre.org/wp-content/uploads/2018/10/AHA-Situation_Update-no12-Sulawesi-EQ-rev.pdf).

<sup>3</sup> Kate Lyon, "Indonesia orders foreign aid workers helping with tsunami effort to leave: Disaster agency says foreign NGOs should 'retrieve their personnel immediately,'" *Guardian*, October 9, 2018, <https://www.theguardian.com/world/2018/oct/09/indonesia-orders-foreign-aid-workers-helping-with-tsunami-effort-to-leave>.

<sup>4</sup> Rozanna Latiff and Kanupriya Kapoor, "Indonesians step up search for quake victims to beat deadline as toll exceeds 2,000," *Reuters*, October 9, 2018, <https://www.reuters.com/article/us-indonesia-quake/indonesia-tells-independent-foreign-aid-workers-to-leave-quake-zone-idUSKCN1MJ0I1?il=0>.

now had to apply to the Indonesian government for accreditation and to work exclusively through local partners. This order shocked members of the international community. Operating under the assumption that humanitarian work seeks only to do good and to alleviate suffering, many Western humanitarian actors responded to this change in policy with confusion and indignation. They could not comprehend why the Indonesian government, which had accepted foreign aid only a decade earlier, would now rebuff their proffers of assistance.<sup>5</sup>

In response to this controversy, director of the Australian Humanitarian Advisory Group Kate Sutton concluded: “All the assumptions we make are being overturned.”<sup>6</sup> This “we” refers to an imagined community of international humanitarian responders. The primary assumption Sutton addresses is the notion that humanitarianism is inherently good, moral, and even infallible. For many people today, humanitarianism serves as “a symbol of what is good about the world.” By this logic, to reject assistance, as the Indonesian government did, is to reject “the possibility of a more humane world.”<sup>7</sup> This image of humanitarianism is attractive, and in many ways, accurate. Yet, it does little to explain the Indonesian government’s actions in Sulawesi or Western humanitarian actors’ response. Blinded by what political scientists Michael Barnett and Thomas G. Weiss term the “seductive simplicity” of humanitarianism, baffled aid workers in Sulawesi were forced to confront an uncomfortable reality: the values that define humanitarian action are neither universal nor apolitical.<sup>8</sup>

When asked about the government’s new regulations in Sulawesi, representatives from the Indonesian foreign affairs ministry stated that foreign actors threatened to “hamper the rescue

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<sup>5</sup> Lyon, “Indonesia orders foreign aid workers helping with tsunami effort to leave.”

<sup>6</sup> Kate Sutton in Irwin Loy, “Why Indonesia’s rules on foreign tsunami relief are rattling the aid sector,” *The New Humanitarian*, October 16, 2018, <https://www.thenewhumanitarian.org/analysis/2018/10/16/why-indonesia-s-rules-foreign-tsunami-relief-are-rattling-aid-sector>.

<sup>7</sup> Michael Barnett and Thomas G. Weiss, “Humanitarianism: A Brief History of the Present,” in *Humanitarianism in Question: Politics, Power, Ethics* (Ithaca: Cornell University Press, 2008), 6.

<sup>8</sup> *Ibid.*, 6.

and recovery work carried out by the national team.”<sup>9</sup> This decision transformed the disaster-zone into a site where the Indonesian government asserted its sense of sovereignty and national pride. Such a display of strength and autonomy, journalists noted, was particularly important leading up to the 2019 elections in Indonesia.<sup>10</sup> This rejection of aid reveals an often-unspoken truth about the relationship between humanitarianism and geopolitics: they are and have been deeply interconnected. While members of the Western aid community could not comprehend the Indonesian government’s motivations, the Indonesian government considered their decision a political necessity. To understand these points of friction in the contemporary humanitarian landscape, I argue, it is necessary to look at the past.

### **Historicizing Humanitarianism**

*We want to be relevant medically and irrelevant militarily and politically.*

— Kenny Gluck, Operations Director, Doctors Without Borders, 2004<sup>11</sup>

Popular conceptions of humanitarianism often fail to fully acknowledge the geopolitical and historical context in which relief work occurs. This orientation to the present is a defining feature of humanitarianism. Many humanitarian actors, particularly those tasked with the provision of medical aid, view their primary objective to be the alleviation of immediate suffering. These actors often discuss their work in the language of compassion and moral obligation, emphasizing urgent human need above all else. This framing of humanitarianism grants individual aid workers vital access to vulnerable populations in times of crisis. At an

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<sup>9</sup> Loy, “Why Indonesia’s rules on foreign tsunami relief are rattling the aid sector.”

<sup>10</sup> Casey Quakenbush, “Indonesia Orders Independent Foreign Aid Workers to Leave Earthquake Hit Zone,” *Time*, October 9, 2018, <https://time.com/5419222/indonesia-foreign-aid-sulawesi-earthquake/>.

<sup>11</sup> Kenny Gluck in John S. Burnett, “In the Line of Fire,” *The New York Times*, August 4, 2004, <https://www.nytimes.com/2004/08/04/opinion/in-the-line-of-fire.html>.

institutional level, this discourse also promotes a narrative of humanitarian exceptionalism. The agencies considered in this research often implied that because humanitarian action was spurred by compassion and concern, it existed outside the realm of politics.

The 2018 controversy in Sulawesi reveals that history and politics unavoidably intersect in the figure of humanitarianism. The Indonesian government restricted outside intervention in the disaster-zone to signify that Indonesia was no longer subject to foreign incursion. This decision spoke to a much longer history of colonial rule and international intervention in Indonesia, as well as in surrounding nations in Southeast Asia. Scholars such as Michael Barnett have suggested that modern humanitarianism is rooted in historical narratives of imposition. This research specifically argues that humanitarianism, as both a discursive tool and code of practice, makes visible some legacies of the ‘civilizing mission’ – the ideology used to justify colonialism in the late nineteenth and early twentieth centuries. This iteration of colonial thought was born from European and American desires to “uplift” “uncivilized” and unkempt populations around the world. The provision of healthcare and medicine, as this research shows, was central to this mission. Today, medical humanitarian institutions issue many similar appeals. They strive to allay suffering, cure disease, and help downtrodden individuals reach their full potential. I do not suggest that all medical humanitarians are neocolonial proponents of the civilizing mission. Rather, this research explores the humanitarian dimensions of civilizing and the civilizing dimensions of humanitarianism. In this way, I seek to demystify what historian Michael Adas terms the “humanitarian mystique” and to offer ways forward in a field of discourse chronically plagued by historical amnesia.<sup>12</sup>

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<sup>12</sup> Michael Adas, *Machines as the Measure of Men: Science, Technology, and Ideologies of Western Dominance* (Ithaca, NY: Cornell University Press, 1989), 200.



## A Continuum of Context-Specific Humanitarianisms

In the nineteenth century, Southeast Asia served as a crucial testing ground for competing civilizing ideologies. The British ruled Malaya and the Straits Settlements under the mandate of the civilizing mission. The Dutch Ethical Policy guided imperial rule in the Netherlands East Indies, while the French pursued the *mission civilisatrice* in Indochina. The American government, in the first years of the twentieth century, adopted a program of “benevolent assimilation” in the Philippine Islands. Each of these initiatives appeared slightly different in practice but were united by their consistent appeals to the rhetoric of an allegedly humanitarian imperial ideology. As formal structures of empire crumbled in the wake of the Second World War, Southeast Asia remained the subject of great international attention and concern. The Cold War was arguably fought on physical battlefields in this expansive region, a geographic designation first assigned by the American military in WWII. These political winds, subsequent chapters will show, shaped the development of humanitarian thought and practice over the course of the long twentieth century.<sup>13</sup>

Scholars Barnett and Weiss contend that the character of has humanitarianism transformed in three historical phases over the past 150 years. They locate the origins of modern humanitarianism in the late nineteenth century, an era defined by high imperialism and civilizing missions. Phase two of this structure, marked by accelerated decolonization and superpower conflict, spanned the end of World War II to the end of the Cold War. Barnett and Weiss’s third proposed phase began in the early 1990s.<sup>14</sup> This period, in which we currently live, is marked the

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<sup>13</sup> Historians use the “long-twentieth century” perspective to suggest that global developments in the twentieth century are rooted in events of the late nineteenth century and continue to impact life in the twenty-first century. For an example of scholarship that employs this approach, see Tim Harper and Sunil S. Amrith (ed.), *Histories of Health in Southeast Asia: Perspectives on the Long Twentieth Century* (Indianapolis; Bloomington: Indiana University Press, 2014).

<sup>14</sup> Barnett and Weiss, “Humanitarianism: A Brief History of the Present,” 30.

discourse of human rights and globalization. The case studies presented in the following chapters reflect this temporal framework. There are obvious differences between the humanitarianisms of each of these eras that should not be overlooked. However, when studied comparatively and in context, seemingly disparate cases reveal fascinating, and sometimes uncomfortable, historical continuities. In selecting studies from the colonial, Cold War, and post-Cold War periods, this research illuminates some of the core ideologies and assumptions that have defined and continue to challenge medical humanitarian work in Southeast Asia.

This project begins with a case study from the dawn of the twentieth century. After a brief survey of the literature of the civilizing mission and humanitarianism in Chapter One, Chapter Two examines the U.S. government's response to an outbreak of cholera in the Philippine Islands in 1902. In its reaction to this epidemic, the American colonial government redeveloped and deployed an iteration of the civilizing mission that centered issues of health and hygiene. Chapter Three, a Cold War era case study, investigates the work of *Médecins Sans Frontières* (MSF), Doctors Without Borders, along the Thai-Cambodian border in the 1980s. This chapter focuses on the ways in which MSF, now an internationally renowned medical NGO, has incorporated its experience with Khmer refugees into a unique narrative of its institutional history. Chapter Four, situated in the contemporary phase Barnett and Weiss describe, explores the United States Agency for International Development's (USAID) response to the 2004 Indian Ocean Tsunami in Indonesia. This study considers how USAID, an independent agency of the U.S. government, approached its work in the disaster-zone as an unparalleled opportunity for humanitarian action in the twenty-first century.

Each of the institutions or organizations selected for study in this research have become humanitarian exemplars of some kind. The U.S. government finances a massive proportion of

public health programs around the world, and specifically in Southeast Asia. Through powerful and highly mobile organizations like USAID, American actors oversee expansive programs of global humanitarian and development assistance. MSF, a fledgling organization in the early 1980s, has since emerged as a leader in the field of emergency medical intervention. In other words, I argue that each of these institutions occupy an outsized role in the contemporary humanitarian landscape. I have selected them for study in this research to serve as demonstrative, rather than wholly representative, models of humanitarian thought and action in the twentieth and twenty-first centuries.

### **Comparing Across Time, Space, and Disciplines**

This study of the link between the civilizing mission and medical humanitarianism in Southeast Asia is an exercise in comparative history with an interdisciplinary twist. Sociologist William H. Sewell posits that the comparative approach allows scholars to investigate “general phenomena” and “analogous developments” using context-specific examples.<sup>15</sup> I draw Sewell’s logic into conversation with Barnett and Weiss’s notion of “vantage point” to include a diverse array of source types and disciplinary perspectives in this research. I constructed the narrative of each case study using traditional historical materials in combination with studies in political science, anthropology, and epidemiology, official government documents, photographs, and even contemporary web sources. Chapter Two, for example, is rooted in the archival research I conducted in the National Archives at College Park, Maryland in January 2020. Chapters Three and Four, based in traditional narratives of history, also draw heavily from ethnographically oriented sources and online media campaigns. Photographs, included throughout the following

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<sup>15</sup> William H. Sewell Jr., “Marc Bloch and the Logic of Comparative History,” *History and Theory* 6, no. 2 (1967): 216.

chapters, provide additional details about the histories discussed; they often speak in ways that text alone cannot.

Like scholars before me, I employ an interdisciplinary approach to suggest that there are many ways of knowing and writing history. Narratives of history, this research proposes, are only enriched by the integration of diverse viewpoints. That said, I acknowledge the limitations of this project. Restricted to particular sources by language, geography, and time, I recognize that many perspectives are still missing from this body of work. My writing centers the voices of Western humanitarian institutions, and in many ways, preserves the patterns of silencing that I critique. I seek to illuminate these chronic oversights by exploring the historical continuities embedded in humanitarianisms of the twentieth and twenty-first centuries. To do this using the comparative method, I have formulated a core set of parameters to guide my examination of each case study. I distill the resulting analytical rubric into three primary categories: discourse and practice, mastery and expertise, and experimentation in the emergency.

### *Discourse and Practice*

At the outset of this project, I intended to examine how the rhetoric of the civilizing mission persisted in humanitarian discourses of the twentieth century. This remained among my chief objectives and constitutes a central component of this research. However, I quickly realized that humanitarianism is not only a rhetorical device. The language of this powerful tool, much like the ideology of the civilizing mission, informs a unique, complex code of practice. In each of the cases included in this research, humanitarian actors discussed their work in the language of compassion and commitment to serving humanity. Each agency, including the American colonial administration in the Philippines, promoted policies that recognized the importance of local cooperation and voluntary participation in health programming. These calls for the preservation

of local agency were admirable, but rarely translated smoothly into practice. Humanitarian interventions in the Philippines, Cambodian refugee camps, and in Indonesia in 2004 often consolidated authority among foreign, Western actors, leaving little, if any, space for local input or direction. This incongruity in humanitarian policy and practice is reminiscent of some of the key tensions of the civilizing mission ideology. Immortalized in Rudyard Kipling's famed poem "The White Man's Burden," philosophies of civilizing promised to "uplift" colonial subjects through instruction in Western values and practices. These policies, born of earlier iterations of imperial thought, concurrently maintained that colonial subjects would never attain status equal to that of their colonizers. Such rhetoric reaffirmed the notion that colonial agents knew better than their indigenous subjects and were therefore justified in implementing coercive systems of practice. This paradox – of what is said versus what is done – persists in the contemporary humanitarian system and often manifests in the discourse of expertise.

### *Mastery and Expertise*

The civilizing mission ideology was based on an assumption of superiority. European and American colonial actors, as Chapter One discusses, believed that advancements in the realms of culture, science, and technology signified a mastery of the material and natural world. The ability and willingness to fight disease in the colonial arena testified not only to the benevolent character of a colonial administration, but to its advanced status and masterful sensibility. Many of the humanitarian organizations considered in this study shared in similar convictions. Their policies often reflected a presumption that advanced understandings of Western science and medicine justified intervention in unfamiliar contexts. These views were not entirely unfounded, but often reflected the notion that humanitarian ideals, as well as visions of modernity and progress, were shared universally. The humanitarian agencies discussed in this research often

narrated their role in relief work in terms of expertise. The provision of care testified to material capacity and operational capability, as well as to a commitment to care for communities in need. This humanitarian preoccupation with expertise, much like ideology of the civilizing mission, bathed sentiments of mastery and superiority in the discourse of compassion. Crises, the following chapters will show, provided exceptional opportunities for the construction and cultivation of new, expert humanitarian sensibilities.

### *Experimentation in the Emergency*

Humanitarian crises opened discursive and geographic spaces in which intervening institutions could articulate a unique humanitarian identity. Historian Warwick Anderson describes the Philippine archipelago under American colonial occupation as a “laboratory of hygiene and modernity.”<sup>16</sup> I apply Anderson’s concept of the “laboratory,” and its connotations with experimentation, to the case studies in the Cold War and post-Cold War eras as well. Each chapter explores how the geopolitical context surrounding a particular disaster shaped the humanitarian response. In the Philippine Islands, the outbreak of cholera presented the unstable American administration an opportunity to distinguish itself from the previous Spanish colonial regime. Intervention in the name of health and hygiene testified to the caring nature of the U.S. government. In the 1980s, MSF intervened in refugee camps nested along the border of Thailand and Cambodia. Contemporary representations of this experience have retroactively fashioned these camps as “laboratories” in which an institutional identity premised on professionalism and expertise was born. In the twenty-first century, USAID arrived in the Indonesian tsunami disaster-zone to show the world that American generosity was still alive and a viable vehicle of diplomacy.

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<sup>16</sup> Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham, NC: Duke University Press, 2006), 5.

This research historicizes humanitarianism not to critique or condemn it, but to understand it as flawed creature that straddles the line between a present, life-affirming mission and perhaps unsavory colonial past. In dissecting the historic connection between humanitarianism and the civilizing mission, this study offers tools to help contemporary humanitarian actors contextualize their work in broader historical narratives. I do not intend to judge vilify or past or present medical humanitarian actors and institutions. I greatly respect the hard, conscientious work that organizations like MSF and USAID carry out in service of others. My decision to focus on institutions, rather than individual actors, harkens again to the issue of “vantage point.” As stated previously, this study does not capture all perspectives and does not claim to. Instead, I have attempted to illuminate some of the salient patterns that emerge in institutional representations of relief work and build on the robust conversations that many relief agencies and individual aid workers are already having.

This project was primarily born from my own admiration and curiosity. I raise critical questions in subsequent chapters to understand how humanitarian organizations have historically made sense of their positioning in contested spaces and in a complex tradition. The knowledge gathered here, I hope, will allow future scholars to recognize and reject the teleological tendencies that persist in contemporary discourses of aid and intervention. In this way, we can learn to celebrate the contributions that humanitarian actors make to populations in distress, while also acknowledging uncomfortable histories of inequality and silencing that may lie beneath the surface.

## CHAPTER ONE

### Conquest and Compassion: The Civilizing Mission Ideology and Theories of Humanitarianism in Dialogue

#### Kipling's Call to Action in Southeast Asia

*Take up the White man's burden –  
The savage wars of peace –  
Fill full the mouth of Famine  
And bid the sickness cease;  
And when your goal is nearest  
The end for others sought,  
Watch sloth and heathen Folly  
Bring all your hopes to nought.*<sup>17</sup>

In the 1899 poem “The White Man’s Burden,” British novelist and poet Rudyard Kipling exhorted the American government to assume the onerous task of administering empire in Southeast Asia.<sup>18</sup> The United States seized control of the Philippines in the 1898 Spanish-American War, though a nascent Filipino government and robust resistance movement struggled against the imposition of American dominance. This nationalist conflict, now recognized as the Philippine-American War, ended in the official American occupation of the Philippine Islands until 1946. Originally subtitled “The United States and the Philippines,” Kipling’s work intended to guide the American government in its imperial pursuits. In seven verses which each begin with the rallying call “Take up the White Man’s Burden,” Kipling delineated his understanding of the requirements of modern imperial rule. From its title alone, this famed poem encapsulates two definitive characteristics of late nineteenth century imperialism. First, the specification of the “White Man” highlights racial and gendered distinction, imbued with an assumption of

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<sup>17</sup> Rudyard Kipling, “The White Man’s Burden, 1899,” *Modern History Sourcebook*, Fordham University, accessed November 16, 2019, <https://sourcebooks.fordham.edu/mod/Kipling.asp>.

<sup>18</sup> Ibid.



superiority, as a key component of colonial ideology. Second, the notion of a “burden” offered traditional expressions of empire a new lexicon and renewed appeal. Imperialism was no longer a simple exercise in conquest and domination but a uniquely masculine expression of obligation and even benevolence. This logic formed the foundation of what historians Tony Ballantyne and Antoinette Burton term a “new imperialism.”<sup>19</sup> Born of older imperial orders, this nineteenth and twentieth century iteration of imperialism was neatly packaged in a new appealing form: the civilizing mission.

Under the mandate of the civilizing mission, the ambitious imperial state sought to not only rule and exploit, but to ‘civilize’ the inhabitants of its colonies. “The White Man’s Burden” proposed mechanisms by which the Americans could “uplift” native residents of the Philippines, a population Kipling reductively described as “new-caught, sullen peoples, half-devil and half-child.”<sup>20</sup> To undertake this taxing project, Kipling instructed the Americans “To send forth the best ye breed...To serve your captives’ need.” As the epigraph included above indicates, this “need” referred specifically to issues of local health, disease, and wellbeing. For the contemporary observer, the preoccupation with filling “the mouth of Famine” and bidding “the sickness cease” casts colonial actions in a kindhearted, almost humanitarian light.<sup>21</sup> Coated in the veneer of concern, compassion, and civilizing, this vision of imperialism permeated American public works and public health projects in the Philippines at the dawn of the twentieth century. This research argues that some principles of the civilizing mission – namely international intervention in the name of relief and health aid – endured in medical humanitarian missions in the twentieth century, even as explicit references to empire became taboo. To understand this

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<sup>19</sup> Tony Ballantyne and Antoinette Burton, *Empires and the Reach of the Global 1870-1945* (Cambridge, MA: The Belknap Press of Harvard University Press, 2012), 13.

<sup>20</sup> Kipling, “The White Man’s Burden, 1899.”

<sup>21</sup> Ibid.

connection, as well as the historic and contemporary international humanitarian system, it is necessary to begin with a survey of the civilizing mission literature.

### **Ideological Origins of New Imperialism**

A key feature of imperial discourse in the nineteenth and early twentieth centuries, the ‘civilizing mission’ often elides precise definition. In the 1989 publication *Machines as the Measure of Man*, historian Michael Adas laments a historic failure to consider the civilizing mission as a codified ideology. In the postcolonial era, he argues, scholars frequently dismissed this concept as a reflection of the “Victorian capacity for self-righteous rationalization and naïveté,” rather than as a serious set of shared principles worth identifying.<sup>22</sup> Historian Alice L. Conklin, in a study of French West Africa 1895-1930, argues that the *mission civilisatrice* could be read as the “official ideology” of imperialism in the French Third Republic. Each European, and later American, empire described analogous civilizing policies in its own terms. The nuances of these competing discourses, as discussed previously, may explain the historic reluctance to treat the civilizing mission as a distinct ideology. These variations in rhetoric likely also illuminate key differences between practices of civilizing in different imperial states. Nevertheless, at the core of each of these parallel ideologies was conviction of superiority.

Civilizing discourse offered a way to explain Europeans’ alleged advancement relative to “African backwardness or Asian stagnation.”<sup>23</sup> Both Adas and Conklin concede that the assumption of superiority constituted a cornerstone of this imperial dogma, but the two historians offer different explanations as to why Europeans believed themselves superior to the rest of the

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<sup>22</sup> Michael Adas, *Machines as the Measure of Men*, 199.

<sup>23</sup> Michael Adas, “Contested Hegemony: The Great War and the Afro-Asian Assault on the Civilizing Mission Ideology,” *Journal of World History* 15, no. 1 (March 2004): 32.

world.<sup>24</sup> For Adas, European hubris derived from a self-serving belief that Western technological and scientific innovation signified elite status. Conklin proposes that a sense of cultural attainment in terms of political philosophy, for example, justified the spread of French values and knowledge worldwide. The aforementioned variations in civilizing ideologies may explain the nuances of these arguments. As anthropologist Ann Laura Stoler explains, it is crucial to recognize that imperial endeavors took many forms and empire is not a static, or homogenous designation.<sup>25</sup> Adas and Conklin do seem to agree that the civilizing mission relied upon what historian Catherine Hall terms a continuous and vigilant negotiation of a “grammar of difference.”<sup>26</sup> In defining this difference, imperial actors positioned themselves as the rightful bearers of a civilizing burden.

Late nineteenth century imperial discourse articulated difference through theories of “cultural differentialism” and “biological racism.”<sup>27</sup> Historian Stuart Hall argues that these schools of thought worked in tandem; together, they constituted “racism’s two registers” and helped harden racial and social hierarchies.<sup>28</sup> Frances Gouda, in a history of Dutch colonialism, contends that social theorists of the late nineteenth century, such as Herbert Spencer, vulgarized Charles Darwin’s evolutionary theories and new findings in the biological sciences. Scholars reframed the “evolutionary past” to suggest that “all history displayed an inherent teleology.”<sup>29</sup> In doing so, they portrayed White European dominance as a historic inevitability. The impact of

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<sup>24</sup> Alice L. Conklin, *A Mission to Civilize: The Republican Idea of Empire in France and West Africa, 1895-1930* (Stanford, CA: Stanford University Press, 1997), 11.

<sup>25</sup> Ann Laura Stoler, *Duress: Imperial Durabilities in Our Time* (Durham, NC: Duke University Press, 2016), 192.

<sup>26</sup> Catherine Hall, *Civilising Subjects: Metropole and Colony in the English Imagination 1830-1867* (Chicago: The University of Chicago Press, 2002), 17.

<sup>27</sup> *Ibid.*, 17.

<sup>28</sup> Stuart Hall in Catherine Hall, *Civilising Subjects*, 17.

<sup>29</sup> Frances Gouda, “The Native ‘Other’ as the Medieval, Childlike, and Animal ‘Self’ (or as Fundamentally Different),” in *Dutch Culture Overseas: Colonial Practice in the Netherlands Indies 1900-1942* (Amsterdam, Netherlands: Amsterdam University Press, 1995), 128.

this cultural work is visible in the concept of mastery, a key component of the civilizing mission. In nineteenth century French colonial policy to be ‘civilized’ was to have triumphed over tyranny and to have advanced in political, social, and material capacities. Because the French deemed themselves successful in battles of “despotism over liberty,” “ignorance over knowledge,” and even “disease over health,” they felt it both their right and duty to “civilize” the “inferior” residents of West Africa and later, Indochina.<sup>30</sup>

Conklin represents the civilizing mission as an ideology premised on belief in an alleged universal vision of civilization. These visions, not unlike to those enshrined in twentieth century resolutions like the Universal Declaration of Human Rights, were almost exclusively Western in origin and bias. They often evolved from Christian missionary traditions of previous centuries. Catherine Hall notes that the universalizing rhetoric of the civilizing mission echoed sentiments of “Christian universalism” that has and continues to define religious missionary and faith-based humanitarian activity.<sup>31</sup> Constructs of civilization in the age of new imperialism maintained racial and gender hierarchies which placed male Europeans, and later Americans, at the top. Within these late nineteenth century social orders, Western traditions and values, such as “rationality, precision, and foresight,” predominated.<sup>32</sup> The French, for example, claimed that their definition of civilized life, if properly spread and practiced, was capable of uplifting and “winning over from savagery all peoples and nations.”<sup>33</sup> This “uplift,” a fixture in civilizing discourse, would notably never place the colonizing actor and colonized subject on equal footing. Rather, it was an attractive phrase to signify the generosity and inherent superiority of the civilizing agent.

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<sup>30</sup> Conklin, *A Mission to Civilize*, 6.

<sup>31</sup> Catherine Hall, *Civilising Subjects*, 17.

<sup>32</sup> Adas, “Contested Hegemony,” 37.

<sup>33</sup> Conklin, *A Mission to Civilize*, 6.

The self-serving nature of the civilizing mission ideology, and humanitarianism to some extent, speaks to Edward Said's concept of orientalism. In his seminal and extensively debated contribution to postcolonial theory, Said defines 'orientalism,' as a "style of thought based upon an epistemological and ontological distinction" between the "Orient" and the "Occident." "A Western style for dominating, restructuring, and having authority over the Orient," Said's orientalism manifests in discourse.<sup>34</sup> Systems of power and inequality, he suggests, persist in rhetoric and endure as long as scholars and historians continue to write about the "Orient" from their distant vantage points. I remain cognizant of these issues of perspective and positionality. I recognize that one of the great limitations of this research is that in focusing on Western humanitarian institutions, I inevitably create space for these dominant narratives and not others.

Said's scholarship draws primarily from studies of European empire in South Asia, though it illuminates key features of American imperialism in Southeast Asia as well. As an analytic tool, orientalism provides a lens through which modern scholars may see that the Orient, a vague designation for regions unfamiliar to the European colonial mind, existed primarily in the Western imagination.<sup>35</sup> Historian Dane Kennedy suggests that doctrines of imperialism, including the civilizing mission in the nineteenth century, reveal more about "the West's efforts to impose itself on the peoples and cultures who came under its hegemonic sway" than colonial subjects themselves. To this end, "the Orientalist's presence," Said writes, "is enabled by the Orient's effective absence."<sup>36</sup> In examining this absence, subsequent chapters investigate how an imperialistic pattern of silencing endured beyond the age of empire. The void Said describes presented Western institutions with abundant opportunities to define difference on their own

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<sup>34</sup> Edward Said, *Orientalism* (New York, NY: Vintage Books, 1979), 1.

<sup>35</sup> Dane Kennedy, "Imperial history and Post-Colonial Theory," *Journal of Imperial and Commonwealth History* 24, no. 3 (September 1996): 347.

<sup>36</sup> Said, *Orientalism*, 208.

terms. Colonial actors, for example, could articulate histories in which they were the heroes and the trappings of modernity their accomplices.

### **Innovation in the Colonial Era: Science, Technology, and Superiority**

In his study of the civilizing mission and the Great War, Michael Adas discusses Western dogmas of dominance in terms of science and technology. Notions racial fixity and biological determinism did not disappear but were supplemented with new theories of superiority in the late nineteenth century. The resulting preoccupation with “uplift” stemmed from a European conviction that innovation in science and technology signified a “mastery of the material world.”<sup>37</sup> Scholars from across the political and social spectrum shared in the idea that their understanding of the “workings of the physical world and an ability to tap its resources” were far greater than any other population in history. Military power, transportation systems, industrial machinery, and new knowledge about health and medicine testified to Europeans’ alleged “inventive and inquisitive” nature.<sup>38</sup> Europeans, and later Americans, interpreted a “mastery of disease,” made possible through modern developments in hygiene and sanitation, as confirmation of their exceptional status.<sup>39</sup> This conviction translated into the sense of “righteousness, self-assurance, and higher purpose” encapsulated in the civilizing mission, and I argue, later expressions of humanitarianism.<sup>40</sup> Making little mention of desires for territorial expansion or natural resource collection, the civilizing mission rationalized European hegemony while framing conquest as an ethical mandate and global responsibility.

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<sup>37</sup> Adas, “Contested Hegemony,” 32.

<sup>38</sup> Ibid., 32.

<sup>39</sup> Adas, *Machines as the Measure of Man*, 220.

<sup>40</sup> Ibid., 268.

The civilizing mission was shrouded in what Adas calls a “humanitarian mystique” despite its rootedness in the discourse of imperial domination.<sup>41</sup> This ideology, paradoxical in nature, was a tool of subjugation and justification in a seemingly new, benevolent system of empire. Emphasizing the need for “uplift,” the civilizing mission infantilized, gendered, and racialized indigenous subjects. It placed the Western imperial actor in the privileged position of caretaker and teacher, tempering despotic associations with traditional forms of colonial rule. An 1899 political cartoon entitled “The White Man’s Burden (Apologies to Rudyard Kipling)” translated these concepts into visual form (Figure 1). The image, published in *Judge* magazine, pictures Uncle Sam in the foreground. He carries garish caricatures of old and new subjects of the U.S. Empire labeled “Filipino,” “Cuba,” “Porto Rico,” “Hawaii,” and “Samoa.” John Bull, the American icon’s British counterpart, transports subjects from throughout the British Empire.<sup>42</sup> The two men race to the mountaintop of “Civilization,” pictured holding two signs, “Education” and “Liberty,” atop stones of “Oppression,” “Barbarism,” and “Ignorance.” These are not quite the positive attributes of Western civilization that European and American imperialists cherished. On Uncle Sam’s body burdened by the task of civilizing, the cartoonist, Victor Gillam, notably included a patch with a red cross. A symbol with medical humanitarian connotations by this time, this detail raises key questions about the tenuous, but critical link between the new imperialism of the civilizing era and humanitarianism at the dawn of the twentieth century.<sup>43</sup>

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<sup>41</sup> Ibid., 200.

<sup>42</sup> Bull is pictured with subjects labeled “Soodan,” “India,” “Egypt,” “China,” and “Zulu.” Uncle Sam is shown only with subjects from territories outside the contiguous United States. Scholars of American history increasingly argue that studies of settler colonialism in the American West should be considered alongside histories of U.S. Empire abroad. For an example of this “intra-imperial” approach, see Rebecca Tinio McKenna, “Igorot Squatters and Indian Wards: Toward an Intra-imperial History of Land Dispossession,” *The Journal of the Gilded Age and Progressive Era* 18, no. 2 (April 2019): 221-239.

<sup>43</sup> The Red Cross, as both an organization and a symbol of humanitarian care, emerged in the latter half of the nineteenth century. In 1859, Henry Dunant, a young Swiss man, witnessed a bloody battle between French and



Figure 1. "The White Man's Burden (Apologies to Rudyard Kipling)," 1899.<sup>44</sup>

### The "Compassion Consensus"

In contemporary Western popular culture, humanitarian action is the ultimate expression of altruism. The archetypal humanitarian actor, driven by compassion and a sense of moral obligation, dedicates their resources and attention to the alleviation of others' suffering. This narrative constitutes a core component of the international aid mission. In *Empire of Humanity*, a

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Austro-Hungarian troops in Solferino, Italy. Horrified by the carnage, Dunant campaigned to create an impartial organization to provide medical care to soldiers in Europe. By 1863, volunteer medics in Red Cross societies, precursors to the International Committee Red Cross (ICRC) and the IFRC, displayed Swiss-branded armbands to distinguish themselves from army personnel. See Michael Barnett, *Empire of Humanity* (Ithaca, NY: Cornell University Press, 2011) for additional details.

<sup>44</sup> Victor Gillam, "The White Man's Burden (Apologies to Rudyard Kipling)," 1899, Billy Ireland Cartoon Library and Museum at Ohio State University, OH, [https://library.osu.edu/dc/concern/generic\\_works/g732tk384?#.VnRQOHsfuP8&c=0&m=0&s=0&cv=0&xywh=1117%2C1199%2C1253%2C437](https://library.osu.edu/dc/concern/generic_works/g732tk384?#.VnRQOHsfuP8&c=0&m=0&s=0&cv=0&xywh=1117%2C1199%2C1253%2C437).



comprehensive study from 2011, Michael Barnett proposes that this stylized humanitarian identity creates and sustains the narrative that humanitarianism is “civilized, humane, and good.”<sup>45</sup> Using this provocative language, Barnett implies that much like the ideology of the civilizing mission, expressions of humanitarianism arguably reveal more about the providers of aid than the recipients of it. In this view, to celebrate humanitarianism is to celebrate a world comprised of caring and generous individuals.

Barnett identifies impartiality, neutrality, and independence as the three basic principles of humanitarian virtue.<sup>46</sup> Under these mandates, humanitarianism claims to divorce itself from the realm of geopolitics and emphasizes “universal visions of humanity.”<sup>47</sup> Though these “universal” constructs of humanity are informed by Western biases, such attractive appeals reaffirm the association of humanitarianism with charity and compassion rather than with partisanship or prejudice. In a globalized world, such transcendence grants humanitarian actors access to communities in distress, but obscures the political and historical trends that inform their work. Speaking to this delicate balance, Michael Barnett and Thomas G. Weiss caution that humanitarian action may be interpreted quite differently depending on one’s “vantage point.”<sup>48</sup> As the case in Central Sulawesi in 2018 indicated, what appears as magnanimous giving for some may seem like imposition and incursion to others.

This research historicizes humanitarianism to understand the assumptions which underlie its affective appeal. Popular notions of humanitarianism often place a premium on moral virtue. This discourse of morality is projected onto relief work to depict it as something which cuts across time and space. Compassion, a defining feature of the humanitarian mission, embodies

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<sup>45</sup> Michael Barnett, *Empire of Humanity*, 8.

<sup>46</sup> *Ibid.*, 2.

<sup>47</sup> *Ibid.*, 20.

<sup>48</sup> Barnett and Weiss, “Humanitarianism: A Brief History of the Present,” 34.

these expectations. In *On Revolution*, philosopher Hannah Arendt proclaims that “History tells us that it is by no means a matter of course for the spectacle of misery to move men to pity.”<sup>49</sup> That is to say, an empathetic response to the suffering of others is neither natural nor a historical fact. According to Arendt, it is the product of a “passion for compassion” that developed in the nineteenth and twentieth centuries with the acceleration of globalization. During this time, as Adas suggests, Western societies grew increasingly interested and able to provide welfare services at home and abroad.<sup>50</sup> The civilizing mission and humanitarianism are arguably twin outgrowths of this trend.

In the age of new imperialism, colonial powers undertook the task of civilizing to present an image of modernity and benevolence before their subjects and the world. Today, Barnett argues, the international community tasks humanitarianism with similarly lofty goals. In this view, the treatment of the world’s most vulnerable populations functions as a symbol of “moral progress,” or lack thereof.<sup>51</sup> The supposedly altruistic endeavors of the civilizing mission are rendered nearly untenable by its overt association with empire, yet humanitarianism remains more challenging to critique. Didier Fassin, an anthropologist and former vice-president of the French contingent of MSF, proposes that critiquing humanitarianism threaten to disrupt the “compassion consensus” that surrounds it.<sup>52</sup> To suggest that humanitarian actors do not operate with solely altruistic motives destabilizes the conviction that they are “above suspicion” because

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<sup>49</sup> Hannah Arendt, *On Revolution* (New York, NY: Penguin Books, 1994), 70-71 in Barnett, *Empire of Humanity*, 50.

<sup>50</sup> *Ibid.*, 50.

<sup>51</sup> Michael Barnett, “International Paternalism: Framing the Debate” in *Paternalism Beyond Borders*, ed. Michael Barnett (Cambridge, UK: Cambridge University Press, 2017), 2.

<sup>52</sup> Didier Fassin, “Noli Me Tangere: The Moral Untouchability of Humanitarianism” in *Forces of Compassion: Humanitarianism Between Ethics and Politics*, ed. Erica Bornstein and Peter Redfield (Santa Fe, NM: School for Advanced Research Press, 2010). 36.

they act on behalf of marginalized groups.<sup>53</sup> This acknowledgment raises the fear that humanitarianism must relinquish the title of “moral hero of our time.”<sup>54</sup>

### **Infallible Heroes? Humanitarianisms of the Twentieth Century**

Using a historical approach, I concurrently challenge conventional representations of humanitarianism and recognize the virtues of historic and contemporary aid programs. To address the “historical amnesia” that plagues the contemporary field of humanitarianism, Barnett instructs scholars to examine the “lived ethics” of aid organizations.<sup>55</sup> Analysis of both the theoretical and practical underpinnings of humanitarianism reveal a complex, flawed system. Like Barnett in *Empire of Humanity*, this research focuses primarily on Western, secular humanitarian institutions. While visions of Christian universalism informed projects of civilizing, faith-based aid networks often differ from their secular counterparts in structure and messaging. Still, some scholars argue that humanitarians are a new type of missionary. Historian Anne Foster, for example, describes American humanitarian actors in the Philippines working with the Rockefeller Foundation as “secular missionaries” who spread American values alongside Western healthcare in the early twentieth century.<sup>56</sup>

Taking a long view of the twentieth century, Barnett describes three historical phases that reflect discursive and practical changes to humanitarianism since the colonial era. Characterized by “colonialism, commerce, and civilizing missions,” the age of Imperial Humanitarianism began in the early nineteenth century. After the Second World War, this period in which empires predominated gave way to the era of Neo-Humanitarianism. Influenced by rapid decolonization

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<sup>53</sup> Ibid., 36.

<sup>54</sup> Ibid., 51.

<sup>55</sup> Barnett, *Empire of Humanity*, 31.

<sup>56</sup> Anne Foster in Atsuko Naono, “‘Rural’ Health in Modern Southeast Asia,” in *Histories of Health in Southeast Asia: Perspectives on the Long Twentieth Century*, ed. Tim Harper and Sunil S. Amrith (Indianapolis; Bloomington: Indiana University Press, 2014), 103.

and the rise of a neocolonial world order, this iteration of philanthropic thought addressed questions of nationalism, sovereignty, and international development. Consideration of these particular issues was diffuse in humanitarian rhetoric until the end of the Cold War. The third phase Barnett recognizes is that of Liberal Humanitarianism. Beginning in the late twentieth century, this philosophy describes aid work in the language of “liberal peace, globalization, and human rights.” Barnett associates these features with contemporary humanitarianism as well.<sup>57</sup> This system of periodization does not suggest that humanitarianism evolved in bounded stages. Rather, it allows this research to show how shifting geopolitical circumstances have historically influenced patterns of international aid provision.

As Barnett’s framework indicates, expressions of humanitarianism are highly-context dependent. This research employs a comparative approach to recognize both the divergences between and continuities in a range of humanitarianisms from the twentieth century. Barnett relates Imperial, Neo-, and Liberal Humanitarianism through the figure of paternalism. This gendered concept, evocative of Kipling’s “White Man’s Burden,” makes visible the paradoxes of “emancipation and domination” historically present in humanitarian work. Beginning in the nineteenth century, the international humanitarian community has assumed that aid workers can and should to direct victims on “the road of progress.”<sup>58</sup> In *Paternalism Beyond Borders*, Barnett do not offer a wholehearted condemnation of this interventionist logic. Rather than denounce paternalism as a simple restriction of local autonomy, he offers a more nuanced definition. A “composite of care and control,” Barnett’s paternalism reveals “how power is implicated in relations of care.”<sup>59</sup>

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<sup>57</sup> Barnett, *Empire of Humanity*, 9.

<sup>58</sup> Ibid., 14.

<sup>59</sup> Michael Barnett, “International Paternalism: Framing the Debate,” 5.

My own research recognizes and expands on Barnett's argument. Paternalism undoubtedly exerts a strong influence on global humanitarian thought and rhetoric. I argue that secular, Western humanitarian missions in the twentieth century were related to each other, and to the civilizing mission ideology, by two additional factors. The first is a preoccupation with mastery, often discussed in both imperial and humanitarian realms in terms of technological and scientific expertise. In the literature on the civilizing mission, Adas and Conklin contend that mastery of disease and effective health promotion conferred a sense of authority unto colonial administrators. I propose that a parallel, though distinct dynamic emerged in twentieth century humanitarian projects. Many scholars recognize that the colony functioned as a testing ground for imperial power, a type of "laboratory" used in experiments of colonial control. Humanitarian crises provided similar opportunities for experimentation. Societal disruptions due to disease outbreak or natural disaster opened new spaces in which humanitarian agencies constructed unique institutional identities. Discussed in the language of compassion, effective humanitarian responses testified to the kind character and expert capability of a given organization. This moral appeal suggests that humanitarian concern reaches across time and space, much like the universal images of civilization described in the civilizing mission.

The moral framing of humanitarianism theoretically transcends political limitation. Political crises often precipitate humanitarian responses, but simplistic narratives of aid work frequently fail to acknowledge the context in which this work occurs. This pattern of chronic forgetting simultaneously enables and problematizes modern humanitarian work. Humanitarianism, Barnett explains, is a particular kind of politics that relies on an apolitical projection.<sup>60</sup> This projection grants aid agencies vital access to populations without being

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<sup>60</sup> Barnett, *Empire of Humanity*, 232.

perceived as a political threat. Yet, as the case in Sulawesi showed, to assume that humanitarian intervention exists entirely outside of political influence is inappropriate. American international healthcare programs from the Cold War era illustrate this point well. In “The Politics of Global Aid,” political scientist Celina Su and health policy scholar Peter Muennig draw attention to the American use of “hearts and minds” campaigns in the aftermath of the Second World War. Born from fears about national security and economic strength, these projects sought to secure not only political loyalty, but also emotional and intellectual allegiance to the United States through the provision of healthcare.<sup>61</sup> A manifestation of Neo-Humanitarianism, these campaigns exhibited characteristics from different those associated with Imperial Humanitarianism, though strong colonial echoes lingered. The civilizing mission promoted “uplift” through modern science and technology but was ostensibly a way to justify imperial expansion – a political goal – with a humanitarian visage. Emphasis on health and wellbeing was crucial to these parallel processes of apoliticization, and sentiments of paternalism and mastery continued to intersect in discourses of health and disease in the twentieth century. Consequently, this research focuses on medical humanitarianism as a particularly revealing category of aid and relief work.

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<sup>61</sup> Peter Muennig and Celina Su, “The Politics of Global Aid,” in *Routledge Handbook of Global Public Health*, ed. Richard G. Parker and Marni Sommer (London; New York: Routledge, 2011), 283-4.

## At the Heart of Crisis: Medical Humanitarianism and the Emergency

Medical humanitarianism appeals to many of the attractive assumptions of humanitarianism as a broader field. Historically oriented anthropologist Britt Halvorson argues that aid organizations tend to narrate their work in ways that “build upon the moral appeal and universalizing dimensions of medical humanitarianism.” They may frame the provision of Western biomedicine as “a compassionate and humane act” rather than as an “overtly politicized” intervention.<sup>62</sup> This discourse centers immediate biological need at the expense of historical accuracy. This research calls particular attention to the relationship between contemporary medical humanitarian practice and colonial medicine. In *Mixed Medicines*, a history of health in French colonial Cambodia, historian Sokhieng Au describes two major trends in existing studies of colonial medicine. Scholars traditionally describe medicine in colonial contexts as either a “tool of empire” or as a “diffusion of or supplement to the development of European medicine.”<sup>63</sup> Colonial administrations often deployed health campaigns in hierarchical, coercive manners; past histories represent these efforts to provide Western medicine as indicative of ignorance and lack of “true concern” for indigenous populations.<sup>64</sup> In contrast, newer histories informed by postcolonial theory highlight the bi-directionality of imperial relations. In Au’s words, indigenous populations were “neither haplessly exploited guinea pigs nor proof of colonialism’s positive effects.”<sup>65</sup> The demographic and cultural impacts of colonial medical projects, much like humanitarian endeavors, were perceived quite differently based on vantage point. Neither solely an expression of benevolence, nor simply a tool of exploitation, colonial

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<sup>62</sup> Britt Halvorson, *Conversionary Sites: Transforming Medical Aid and Global Christianity from Madagascar to Minnesota* (Chicago: The University of Chicago Press, 2018), 63.

<sup>63</sup> Sokhieng Au, *Mixed Medicines: Health and Culture in French Colonial Cambodia* (Chicago, IL: The University of Chicago Press, 2011), 6.

<sup>64</sup> *Ibid.*, 6.

<sup>65</sup> *Ibid.*, 7.

medicine produced much of the technology and knowledge that informs the modern medical humanitarian system.

Like colonial medicine, medical humanitarianism has and continues to exist in many diverse forms. Founding member and former president of MSF Rony Brauman describes “heterogeneity” as a “defining characteristic” of medical humanitarianism. Brauman defines humanitarian medicine “not by a particular set of techniques but by the setting in which the action takes place and the stated aim of those involved.”<sup>66</sup> Barnett makes a similar distinction using two categories: emergency and alchemical humanitarianism. In theory, emergency humanitarianism seeks primarily to create spaces of sanctuary in the short-term. A forceful orientation to the present distances humanitarian actors from politics and mitigates the risk of appearing overly paternalistic. Alchemical humanitarianism supposedly takes a more politically savvy approach and employs the discourse of relief and development to address root causes of suffering.<sup>67</sup>

In practice, these two separate strands of humanitarian thought are nearly impossible to separate. According to Barnett, emergency humanitarianism has historically constituted the “industry standard.”<sup>68</sup> It relies on the language of crisis and response to frame humanitarian action as an immediate imperative. This focus on the present is evident in the case studies included in this research. However, these studies also reveal that the “emergency” often precipitates longer term occupation or intervention, the domain of alchemical humanitarianism and many colonial projects of civilizing. Under these circumstances, the concept of the “crisis” is a more useful tool in understanding the temporal implications of emergency response.

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<sup>66</sup> Rony Brauman, “Humanitarian Medicine,” *CRASH*/Fondation Médecins Sans Frontières (2009): 7. Pdf. <https://www.msf-crash.org/sites/default/files/2017-06/1433-humanitarian-medicine.pdf>.

<sup>67</sup> Barnett, *Empire of Humanity*, 37-38.

<sup>68</sup> *Ibid.*, 10.



Based on field work conducted with MSF, anthropologist Peter Redfield defines the “crisis” as “a general sense of rupture” that transforms the quotidian into the calamitous. Episodes of disaster and conflict, Redfield submits, often constitute “narrative turning points.” Though crises are assumed to possess an ephemeral quality, they become historical events which “mark time indelibly yet stand outside it in a state of exception.”<sup>69</sup> This state of exception is a reference to the work of Italian philosopher Giorgio Agamben. In *Homo Sacer: Sovereign Power and Bare Life*, Agamben proposes that the prototypical emergency produces a “state of exception.” Agamben developed this theory of exceptionalism in the reference to twentieth-century refugee camps. He treats the theoretical camp as a spatialized response to crisis that constitutes an “absolute *space* of exception [*italics added*].”<sup>70</sup> A site of “inclusive exclusion,” Agamben’s camp is consistently inconsistent. The refugee camp, like the crisis, exists outside of and defines the norm. In this research, I extend Agamben’s notion of exceptionalism to disaster zones more broadly. Crises, I argue, function as experimental spaces that serve both political and humanitarian purposes. They are laboratories in which aid organizations experiment with not only the practice of humanitarian medicine, but also the production of new narratives and identities.

Contemporary humanitarianism must strike a delicate balance its association with a colonial past and forceful orientation to the present. To construct a nuanced image of historic and contemporary medical humanitarianism, I mirror Halvorson’s approach to consider how forgetting, a key step in the creation of seductively simplistic narratives, becomes “culturally patterned” to support “the formation of a humanitarian identity in the present time.”<sup>71</sup> In this

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<sup>69</sup> Peter Redfield, “Doctors, Borders, and Life in Crisis,” *Cultural Anthropology* 20, no. 3 (2005): 336, 346.

<sup>70</sup> Giorgio Agamben, “The Paradox of Sovereignty” in *Homo Sacer: Sovereign Power and Bare Life*, trans. Daniel Heller-Roaze (Stanford, CA: Stanford University Press, 1995), 20.

<sup>71</sup> Halvorson, *Conversionary Sites*, 32.

way, this research begins to deconstruct one-dimensional, one-sided versions of humanitarian history. In place of these narratives, I offer a continuum of context-specific humanitarianisms which make visible in their rhetoric and practice the field's genesis in the discourse of the civilizing mission.

## CHAPTER TWO

### **The Burden of American Benevolence: Cholera, Quarantine, and Civilizing in the Philippine Islands**

*Manila, The Philippines, 1902*

#### **The Case of the Contaminated Cabbage**

At approximately 2:30 P.M. on March 20, 1902, the Bureau of Health for the Philippine Islands identified its first case of cholera in Manila. By midnight, American colonial officials confirmed four more infections. One week later, Charles Lynch, an American military surgeon enlisted in the U.S. Volunteers, tallied 63 cases and 48 deaths from cholera in the capital. The Farola *barrio*, which Lynch characterized as a “typical plague spot” due to its lack of sanitation infrastructure, was the first site of infection.<sup>72</sup> Cholera quickly exploded beyond the bounds of this poverty-stricken quarter to claim victims from all strata of society. American military and civilian health personnel frantically tried to pinpoint the origins of the outbreak. On April 11, 1902, Lynch wrote to his superiors that “Exactly by what route the present epidemic entered Manila is not known.”<sup>73</sup> Lynch recognized that cholera may have arrived via smuggled goods, people, or legal visitors with latent infections. His contemporaries favored, and repeatedly reproduced, a more elaborate theory. On March 5, 1902, Dr. Victor G. Heiser, the chief quarantine officer and later Director of Health in the Philippines, barred the import of goods from Canton and the British port of Hong Kong after receiving reports of cholera in Southern China.<sup>74</sup> In response, Chinese ships purportedly dumped their cargo into the Manila harbor.

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<sup>72</sup> Major Charles Lynch, Surgeon, U.S. Volunteers, to Headquarters Division of the Philippines Circular No. 24, Manila, P.I., April 11, 1902; 4981-5, p. 5; Box 396; General Classified Files (GCF), 1898-1945 (1898-1913); Records of the Bureau of Insular Affairs (RBIA), Record Group (RG) 350; National Archives at College Park, College Park, MD (NACP).

<sup>73</sup> *Ibid.*, 5.

<sup>74</sup> Anderson, *Colonial Pathologies*, 63.

Allegedly, filipinos living near the waterfront consumed contaminated green vegetables, including cabbage and reintroduced cholera to the archipelago.

Asiatic cholera, the moniker assigned to the affliction in this region of the world, had visited the Philippine Islands on numerous occasions prior to 1902. According to the present-day Philippine Department of Health, the first recorded outbreak of cholera occurred in 1583 under Spanish rule.<sup>75</sup> In 1922, L. Lopez Rizal, the Assistant Chief Statistician and Consulting Epidemiologist in the Public Health Service, listed twelve confirmed cholera epidemics in the islands between 1817 and 1890. He described a “large number of cases” in the years leading up to the “change in sovereignty of the Islands in 1898” and thirteen additional outbreaks during the American occupation after that of 1902 to 1904.<sup>76</sup> If Lopez Rizal portrays cholera as a well-recognized affliction in the history of the archipelago, modern scholars must ask: why was the epidemic of 1902 to 1904 significant?

In a survey of nearly 500 years of health, the Philippines Department of Health labels the 1902-1904 cholera outbreak the “worst epidemic in Philippine history.”<sup>77</sup> American records, with a statistical precision characteristic of colonial administrations of the period, reported 5,581 cholera cases and 4,386 deaths in Manila and more than 150,000 cases and 100,000 deaths in the surrounding provinces.<sup>78</sup> However, the impact of this epidemic was not solely demographic. In

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<sup>75</sup> Celeste Coscoluella and Edgar Ryan Faustino, *A Legacy of Public Health: The Department of Health Story*, 2<sup>nd</sup> Ed., ed. Charity L. Tan (Cover & Pages Publishing for the Department of Health: Manila, the Philippines, 2014), 43. Secretary of the Department of Health in 2014, Dr. Enrique T. Ona, described this document as a “DOH coffee table book” that “offers a fuller picture of the history of public health in the Philippines.” The history of public healthcare in the Philippines, Ona explains, is “woven into the narrative of our nationhood” and colonial past. This book “inevitably tells the broader story of our people’s progress through the centuries – from our rich pre-colonial past, to our long struggle with colonization, to our present and hard-won independence,” 14.

<sup>76</sup> L. Lopez Rizal, Assistant Chief Statistician and Consulting Epidemiologist, P.H.S., “Some Epidemiological Problems of Cholera in the Philippines,” to Monthly Bulletin of the Philippine Health Service, June 1922; 4981-144, p. 172; Box 571; GCF, 1898-1945 (1914-1945); RBIA, RG 350; NACP.

<sup>77</sup> Coscoluella and Faustino, *A Legacy of Public Health: The Department of Health Story*, 2<sup>nd</sup> Ed., 61.

<sup>78</sup> Anderson, *Colonial Pathologies*, 68.

1902, the Philippine Islands constituted a new and vulnerable acquisition in the expanding American empire in the Asia-Pacific. When the epidemic struck in March, the U.S. military had recently initiated a transfer of power to American civil authorities in the islands, though American forces still engaged in frequent, bitter conflict with Philippine *insurrectos*, or local nationalist resistance fighters. Cholera arrived in the Philippines at a critical moment for the American colonial administration. The 1902 epidemic, according to Bureau of Government Laboratories director Dr. Richard P. Strong, “brought forcibly before [the Americans] the particular difficulties the particular difficulties encountered in combating and controlling a disease of this nature in a tropical country and among a partly uneducated people.”<sup>79</sup>

In their response to cholera, the American government seized upon an opportunity to answer Rudyard Kipling’s calls laid out in the “White Man’s Burden.” The Americans sought not only to “bid the sickness cease” as Kipling instructed, but to project an image of virility and capability in doing so. An image of the parade float entitled “Allegorie of communicable diseases” from this time captures the masculine, militaristic character of this American iteration of the civilizing mission (Figure 2). On this public display, the embodiment of the Philippine Health Service, presumably a Western man, stands poised to liberate a woman and a child, infantilized and gendered portrayals of locals, from the clutches of diseases. In vanquishing these plagues and publicizing this paternalistic narrative, the American actors framed the U.S. administration as the exceptional bearer of an almost humanitarian burden.

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<sup>79</sup> Richard P. Strong, M.D., Director Biological Laboratory, Department of the Interior, Bureau of Government Laboratories, “Protective Innoculation Against Asiatic Cholera (An Experimental Study),” September 1904; 4981-21, p. 5; Box 396; GCF, 1898-1945 (1898-1913); RBIA, RG 350; NACP.



Figure 2. "Aligorie communicable diseases."<sup>80</sup>

In 1902, the cholera-stricken Philippine Islands emerged as a new testing ground for the American iteration of the civilizing mission in Southeast Asia. I submit that the outbreak transformed the archipelago, in the words of historian Warwick Anderson, into a living “laboratory of hygiene and modernity.”<sup>81</sup> The American cholera response, an outgrowth of the larger project of civilizing in the islands, was an exercise in “uplift” of supposedly needy, “childlike” populations. The epidemic created physical and discursive spaces in which American authorities constructed a claim to authority and testified to the benevolent nature of their occupation. The deployment of modern scientific measures against cholera intended to

<sup>80</sup> 350-GS-11-67-a, NACP.

<sup>81</sup> Anderson, *Colonial Pathologies*, 5.

corroborate American narratives of medico-sanitary mastery. In providing healthcare, the American administration also capitalized on the chance to perform its generosity before its new subjects and the world. This dual mandate sowed discord between the rhetoric of American intervention and the practice of cholera containment. To this end, many American actors recognized the agency of Filipino subjects but silenced their voices in favor of authoritarian tactics with unforeseen negative consequences. This puzzling relationship between discourse and practice illuminates a key tension of the civilizing mission, and I argue, an enduring feature of humanitarianism. I embrace historian Michael Barnett's vision of humanitarianism as a tool which makes power, in this case that of the colonial state, visible in "relations of care" to draws links between an epidemic firmly rooted in the era of the civilizing mission and expressions of humanitarianism in the latter part of the twentieth century.<sup>82</sup>

### **A New, Benevolent Power in the Asia-Pacific**

The rise of American empire in the Asia-Pacific was intimately connected to the demise of Spanish authority in the nineteenth and twentieth centuries. Less than five years before the 1902 outbreak of Asiatic cholera, the United States purchased the Philippine archipelago from Spain for \$20,000,000 on December 10, 1898.<sup>83</sup> The Treaty of Paris, which failed to include any Filipino advocates, signaled the end of the brief but decisive Spanish-American War. After months of mounting tension between Spanish and American officials, armed conflict erupted in response to the 1898 sinking of the *USS Maine* in the Havana harbor. The sitting U.S. President, William McKinley, had dispatched the ship to Havana to protect American interests in the midst of a Cuban rebellion against Spanish rule. The U.S. insisted that Spain orchestrated the explosive attack and loss of American lives. Little evidence supported this claim, but the U.S. military

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<sup>82</sup> Barnett, "International Paternalism: Framing the Debate," 5.

<sup>83</sup> M.C. Ricklefs et al., *A New History of Southeast Asia* (New York, NY: Palgrave MacMillan, 2010), 227.

moved swiftly to intervene in Spanish affairs across the globe. On May 1, 1898, the U.S. Admiral George Dewey arrived in Manila, the capital of what the United States would rechristen ‘The Philippine Islands.’<sup>84</sup>

Dewey’s troops defeated Spanish forces efficiently and effectively. This victory signaled the arrival of a new colonial power in Southeast Asia. With it, the American government took its place in the region alongside European imperial states including the Dutch in the East Indies, the British in Hong Kong and Malaya, and the French in Indochina.<sup>85</sup> Tens of thousands of U.S. soldiers soon arrived in the archipelago to find the Spanish government, which had administered the Philippines as a colonial state for over three-hundred years, collapsed. Local nationalist forces were in control of most of the provinces around Manila. Calls to end colonial rule in the Philippines had grown more animated in the preceding years under the direction of the famed Filipino revolutionary Emilio Aguinaldo, who led campaigns against the Spanish and later the Americans. Returning from exile under Admiral Dewey’s orders, Aguinaldo proclaimed Philippine independence on June 21, 1898. He formalized the constitution of the First Philippine Republic in 1899 and served as the first president of this independent state until his capture by American forces two years later.<sup>86</sup>

As Philippine dreams of independence came to fruition after Spanish defeat, the United States made plans to annex the entire archipelago. The American military initially seized control of the Island of Luzon, where Manila is located, but wanted to establish a more secure hold of the other islands. President McKinley’s advisors at the Treaty of Paris believed it would be difficult for the U.S. to defend the Philippine Islands from Manila if another colonial power grew

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<sup>84</sup> Anderson, *Colonial Pathologies*, 17.

<sup>85</sup> Ibid., 17.

<sup>86</sup> Ricklefs et al., *A New History of Southeast Asia*, 227.



interested in the archipelago. Historian Stuart Creighton Miller, who does not approach the civilizing mission as a codified ideology, presents the American venture into the Philippines as a “historical accident” rather than a clear-cut imperial design. He argues that McKinley’s advisors felt it “cheaper and more humane to take the entire Philippines than to keep only a part of it.”<sup>87</sup> With the word “humane,” Miller firmly situates the American arrival in the Philippines in the age of “new imperialism” and the discourse of the civilizing mission surveyed in Chapter One. Many American actors, both in Washington, D.C. and in the Philippine Islands, operated under the auspices of alleged altruism and with a firm conviction of their own superior civilized status.

Aguinaldo’s government and its nationalist supporters threatened American plans to “civilize” inhabitants of the Philippine Islands. Competing visions for the archipelago – sovereignty versus indefinite American occupation – devolved into armed conflict in February 1899. A form of colonial warfare, this fighting served a unique purpose. As geographer Jean Gottman explained, colonial campaigns sought not to destroy or kill the enemy, but to “create life” and structure within a conquered territory.<sup>88</sup> In the Philippine Islands, conquest and administration grew inextricably linked. American military victories quickly translated into the expansion of communication, transportation, and public health networks throughout the archipelago, though fierce fighting continued between American and Philippine forces until 1902.<sup>89</sup> At the outset of the occupation, President McKinley described the American mission in the Philippine Islands as one of “benevolent assimilation.” In an 1898 address, McKinley informed his audience that it was “the earnest and paramount aim of the military administration

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<sup>87</sup> Stuart Creighton Miller, “*Benevolent Assimilation: The American Conquest of the Philippines, 1899-1903*” (New Haven, CT and London, UK: Yale University Press, 1982), 21.

<sup>88</sup> Jean Gottman, “Bugeaud, Gallieni, Lyautey,” 325-246 in Anderson, *Colonial Pathologies*, 46.

<sup>89</sup> Anderson, *Colonial Pathologies*, 46.

to win the confidence, respect, and affection” of local people. Native residents of the Philippines would enjoy the “full measure of individual rights and liberties which is the heritage of a free people” when the U.S. government deemed it appropriate. Until then, American leaders maintained the right to regulate everyday life.<sup>90</sup> This image of the modern colonial administration appealed to many Americans, though some of McKinley’s contemporaries recognized the hypocrisy of the American mission. Illinois Republican Senator William E. Mason, who served in the U.S. Senate from 1899 to 1902, openly challenged his Party’s support of annexation. Criticizing one of the key incongruities of civilizing ideology, Mason warned: “God almighty help the party that seeks to give civilization and Christian liberty hypodermically with thirteen-inch guns.”<sup>91</sup>

### **Historiographic Challenges in the Study of U.S. Empire**

Senator Mason’s opinion speaks to larger concerns in the historiography of American empire during this period. His striking cry exposes the two faces of American imperialism: that which promoted philanthropic visions of American assistance and that which justified violence in the name of civilizing. This divide endures in popular and scholarly notions of the American history of expansion in the nineteenth and twentieth centuries. Popular narratives of American colonialism in the Asia-Pacific, as well as in the American West and the Caribbean, have historically failed to treat the United States as a true imperial agent.<sup>92</sup> In a study of Southeast

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<sup>90</sup> These excerpts from President William McKinley’s famed “Benevolent Assimilation” Proclamation on December 21, 1898 are included in the opening epigraph of Miller’s *Benevolent Assimilation*.

<sup>91</sup> Senator William E. Mason in Miller, *Benevolent Assimilation*, 27.

<sup>92</sup> This project focuses primarily on American Empire in the Philippines and Southeast Asia, though American imperialism and the narrative of civilizing was a global phenomenon at this time. U.S. government officials and colonial administrators often drew comparisons between expansion in the Asia-Pacific and in the American West. In 1900, for example, President McKinley offered the Board of Commissioners to the Philippine Islands the following advice “in dealing with “the uncivilized tribes of the [Philippine] Islands:” “The Commission should adopt the same course followed by Congress in permitting the tribes of our North American Indians to maintain their tribal organization and government, and under which many of those tribes are now living in peace and contentment, surrounded by a civilization to which they are unable or unwilling to conform.” President William McKinley to

Asia, 1919-1941, historian Anne L. Foster explains that American imperialism is rarely considered alongside that of the “canonical empires” of Europe.<sup>93</sup> Miller posits that American scholars have difficulty reconciling perceived incompatibilities between empires of the Old and New Worlds. Many traditional histories do recognize the extent to which features of the Old World, such as militarism, imperialism, inequality, and abuses of power, influenced American policy, though historians have made concerted more efforts to discuss American empire in the explicit language of empire since the 1990s.<sup>94</sup> This hesitance, Miller argues, nurtured a sense of American exceptionalism in historical literature. Overemphasis on the burden of an altruistic iteration of imperialism obscured unsavory histories of American colonial rule. Miller and Foster deconstruct this “conveniently selective collective memory” about U.S. empire much like Michael Barnett and Britt Halvorson challenge the historical amnesia that often afflicts narratives of humanitarianism.<sup>95</sup> Subject to these dual patterns of forgetting, the American project of civilizing in the Philippine Islands sheds light on some of the key principles of Barnett’s Imperial Humanitarianism discussed in Chapter One.

The American occupation of the Philippine Islands was a clear and cogent expression of the “new imperialism” of the nineteenth and twentieth centuries. In studies of imperial discourse, Foster instructs scholars to consider imperialistic thought and behavior along a continuum

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Hon. William H. Taft, President of Board of Commissioners to the Philippine Islands; Official Gazette; April 7, 1900, p. 31; Vol. 1902-1903; Printed Library Materials Relating to the Philippines, 1902-1945, RG 350, I-3/95-C; NACP.

<sup>93</sup> Anne, Foster, *Projections of Power: The United States and Europe in Colonial Southeast Asia, 1919-1941* (Durham, NC: Duke University Press, 2010). 1.

<sup>94</sup> Miller, “*Benevolent Assimilation*,” 1. Daniel Immerwahr’s *How to Hide an Empire: A Short History of the Greater United States* offers a robust study of U.S. imperialism and its legacy in the twenty-first century (New York, NY: Farrar, Straus and Giroux, 2019). For more information about the current historiographical debate surrounding the study of American history, see Erez Manela, “The United States in the World,” in *American History Now*, ed. Eric Foner and Lisa McGirr (Philadelphia, PA: Temple University Press, 2011), 201-219.

<sup>95</sup> Miller, “*Benevolent Assimilation*,” 253.

spanning from formal colonial rule to “contingent independence.”<sup>96</sup> She describes imperialism as a “developmental project of indefinite duration.”<sup>97</sup> At the outset of the cholera outbreak, the American administration in the Philippine Islands relied on elements of both traditional colonial rule and “new” imperialism. Colonial actors emphasized the civilizing nature of their work, but also called for the imposition of formal structures of imperial power. In an April 1900 entry of the Official Gazette, an internal government publication about U.S. foreign interests, President McKinley wrote the following to Hon. William H. Taft, then the President of the Board of Commissioners to the Philippine Islands:

...The Commission should bear in mind that the government which they are establishing is designed not for our satisfaction or for the expression of our theoretical views, but for the happiness, peace, and prosperity of the people of the Philippine Islands, and the measures adopted should be made to conform to their customs, their habits, and even their prejudices, to the fullest extent consistent with the accomplishment of the indispensable requisites of just and effective government.<sup>98</sup>

McKinley frames American colonial rule as flexible and dedicated to the “happiness, peace, and prosperity” of new subjects. He insisted that the preservation of local social and cultural systems was of paramount importance to his administration, and that the overarching American objective in the Philippine Islands was to establish a “just and effective government” for the people. Yet, what begins as a lofty survey of American goals for this new colony quickly pivots to become the concrete delineation of a civilizing mission.

In the same document, McKinley informs the Commission that the protection of natives’ autonomy was conditional. The “uncivilized” “people of the Islands” had to comply with American rules and standards to achieve the “prosperity” they were promised. Principles and rules of government, he instructed, “must be established and maintained in the Islands for the

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<sup>96</sup> Foster, *Projections of Power*, 3.

<sup>97</sup> Ibid., 177.

<sup>98</sup> President William McKinley to Hon. William H. Taft; Official Gazette; April 7, 1900, p. 30.

sake of [the natives'] liberty and happiness.”<sup>99</sup> McKinley explains that local sources of authority, such as tribal governments, should “be subjected to wise and firm regulation; and, without undue or petty interference, constant and active effort should be exercised to prevent barbarous practices and introduce civilized customs.”<sup>100</sup> In other words, to cultivate “civilization” in the Philippine Islands, the United States would first enforce strict rules and regulations and maintain a strict hierarchy of colonial power.

### **Imperial Humanitarianism, Health, and Hygiene**

Western practices of hygiene and sanitation were among the most significant “civilized customs” that McKinley referred to. In the Philippine Islands, a commitment to developing health infrastructure was a core feature of the American benevolent colonial identity. The objectives of this focus on health and hygiene were two-fold. First, attention to public health positioned the American government to inherit the “White Man’s Burden” from European empires of the Old World. Kipling called upon the United States to join the fight against disease and famine in the “uncivilized” world. An effective answer confirmed that the United States was both willing and able to meet such demands. Second, a commitment to medicine, science, and aid was a way to distinguish American colonial rule from that of the Spanish. These motivations framed American rule of the Philippines as an innovative exercise in not just empire, but modernity. As Chapter One discusses, the capacity to undertake massive projects of biomedical intervention confirmed the scientific and technological superiority of, in this case, American civilization. Speaking from this vantage point, William H. Taft, the first civil Governor-General of the Philippines from 1900-1903, proclaimed that in this period, teaching native residents the

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<sup>99</sup> President William McKinley to Hon. William H. Taft; Official Gazette; April 7, 1900, p. 31.

“simple facts of hygiene, unpopular and difficult as the process of education has been, [would] prove to be one of the great benefits given by the Americans to this people.”<sup>101</sup>

In Taft’s view, medico-sanitary instruction was an exclusively American contribution to inhabitants of the archipelago. American officials emphasized this impact to carve out U.S. imperialism in opposition to that of Spain. This was one way of reconciling, while still distinguishing, the imperialisms of the New and Old Worlds. Joseph R. Hayden, a vice governor of the islands in the 1930s, described one of the “great achievements” of the early twentieth century as the introduction of an “essentially scientific attitude” in the Philippine government and people. Equipped with the trappings of modern medicine and technology, as well as the accompanying sense of superiority Adas describes, the Americans expressed great disdain for the outdated, “unscientific ways of Spanish days.”<sup>102</sup> Making this distinction between old and new explicit was a priority for early American civil authorities. An Official Gazette correspondence from January 1903 between President McKinley and R.A. Alger, the U.S. Secretary of War, stated that “the first full effect of the military occupation of the enemy’s territory is the severance of the former political relations of the inhabitants and the establishment of a new political power.”<sup>103</sup> American authorities attempted to win local support and fortify their power with rhetoric of “liberty,” “freedom,” and “happiness.”

American authority in the Philippine Islands remained in a precarious position when Asiatic cholera arrived in Manila in March 1902. U.S. military forces had barely subdued nationalist fighting and guerilla warfare continued in some corners of the archipelago. Reynaldo

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<sup>101</sup> William H. Taft, “The Work of the United States in the Philippines,” in Anderson, *Colonial Pathologies*, 55.

<sup>102</sup> Anderson, *Colonial Pathologies*, 113.

<sup>103</sup> President William McKinley to R.A. Alger, Secretary of War, “The United States Military Government in the Philippines,” Official Gazette; January 1, 1903, Vol. 1902-1903; Printed Library Materials Relating to the Philippines, 1902-1945, RG 350, I-3/95-C; NACP.

C. Ileto, a Filipino historian, argues that in their eagerness to establish themselves as a new colonial power in Southeast Asia, the United States transposed colonial warfare from local battlefields onto bodies.<sup>104</sup> In 1901, the U.S. government approved the assembly of a Civil Board of Health in the Philippine Islands. This group, composed of American medical personnel and two honorary Filipino officials, regulated the practice of medicine in the colony and oversaw provincial and municipal boards of health. When cholera broke out, according to historian Ken De Bevoise, these health authorities believed it imperative to deploy “the most up-to-date epidemiological theories” to respond to cholera more “decisively and effectively” than Spanish officials ever had.<sup>105</sup> The United States seized upon this opportunity to construct their colonial authority in terms of health and medical aid. They presented their intellectual and material superiority, evident in their possession of biomedical knowledge and tools, as inseparable from their moral superiority. In 1902, Ileto maintains, a sense of “boundless self-righteousness” supplemented American eagerness and ability to intervene in the epidemic.<sup>106</sup>

American authorities reconstituted the archipelago as a “laboratory” in terms of scientific and medical intervention and the civilizing mission ideology of the early twentieth century. The Americans viewed their response to cholera as a test that would confirm their mastery of modern science and technology. This would illustrate that American knowledge, and therefore American civilization, was universally defined and applicable. In effectively controlling and treating cholera, the Americans would demonstrate that their medicine was protective and its purveyors compassionate, as well as paternalistic. I do not suggest that all American actors in the

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<sup>104</sup> Reynaldo C. Ileto, “Cholera and the origins of the American sanitary order in the Philippines,” in *Discrepant Histories: Translocal Essays on Filipino Cultures*, ed. Rafael, Vicente L. (Philadelphia, PA: Temple University Press, 1995), 131.

<sup>105</sup> K. De Bevoise, *Agents of Apocalypse. Epidemic Disease in the Colonial Philippines* (Princeton, NJ: Princeton University Press, 1995), 177.

<sup>106</sup> Ileto, “Cholera and the origins of the American sanitary order in the Philippines,” 131.

Philippines were calculating and controlling in their practice of medicine. Many likely delivered healthcare because they felt it a noble, moral duty to vulnerable populations. To account for a multiplicity of perspectives, I assess the American response to cholera between 1902-1904 using two primary categories: discourse and practice. Exploration of these features and their complex relationship reveals some of the ways in which the rhetoric of the civilizing mission translated, or did not translate, into disease intervention. A closer look at the period of Imperial Humanitarianism presents colonial forays into humanitarian concern as multidimensional, and, as Chapters Three and Four will also reveal, often rife with contradiction.

### **Articulating the American Mission in the Archipelago**

From its inception, the American experience in the Philippine Islands was coated in the language of the civilizing mission. This rhetoric was not exclusively reductive. At the outset of the occupation in 1898, President McKinley instructed Governor-General Taft that “a sense of duty to not merely observe the material but the personal and social rights of the people of the Islands” had to be impressed upon all American civil and military personnel in the islands. Officers and employees of the United States, McKinley wrote, must learn to treat local residents “with the same courtesy and respect for their personal dignity which the people of the United States are accustomed to require from each other.”<sup>107</sup> In this entry to the Official Gazette from April 1900, President McKinley’s comparison between American and Filipino rights conveys a sense, however fleeting, of egalitarianism. This sentiment emerges in some accounts of the 1902-1904 epidemic as well. The Evening Star, an American newspaper, reported in August of 1902 that the Americans had already learned that “much more can be accomplished in eradicating cholera from provincial towns by enlisting the aid of natives than by instituting forceful and

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<sup>107</sup> President William McKinley to Hon. William H. Taft; Official Gazette; April 7, 1900, p. 31.



arbitrary measures.”<sup>108</sup> A departure from what modern scholars may expect from colonial documents, these statements might suggest that some members of the American government and public respected local actors at the time. Such sentiments reveal a surprising awareness of the agency of Filipinos yet perpetuate romanticized notions about the collaborative nature of American rule.

Scientists and public health officers initially cautioned against the use of interventions that employed “forceful and arbitrary measures.”<sup>109</sup> In an experimental study of inoculation against Asiatic cholera during the epidemic, Dr. Richard P. Strong expressed the “impracticability” of introducing a vaccine into the Islands. Strong, who worked in the Bureau of Government Laboratories in Manila built by the U.S. Government in 1901, found that a vaccine was a promising tool to curb the spread of disease. However, it elicited a “severe local and general reaction.” Strong concluded the “natives would not voluntarily submit to it,” and therefore it was “inadvisable” to make vaccination compulsory.<sup>110</sup> These statements suggest that Strong was aware that native cooperation was essential to the treatment of cholera. Dr. Thomas R. Marshall, the Chief Health Inspector for the Philippine Islands, similarly called for a cautious cholera response. Drawing upon McKinley’s logic of courtesy in 1904, Marshall conceded that articles such as pillows or mattresses used by the sick could be removed, but that “the destruction of property to prevent contagion is seldom necessary.”<sup>111</sup>

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<sup>108</sup> “Deaths by Cholera: Fighting the Scourge in the Philippines; Native Doctors Falsify Reports to Conceal Disease - New Ordinances Put in Force,” *The Evening Star*, August 19, 1902; 4981-7; Box 396; GCF, 1898-1945 (1898-1913); RBIA, RG 350; NACP.

<sup>109</sup> Thomas R. Marshall, M.D., Chief Health Inspector for the Philippine Islands Manila, “Asiatic Cholera in the Philippine Islands: Distribution and Sources of Infection, Etiology, Morbid Anatomy and Pathology, Symptoms, Diagnoses, and Treatment,” to Health Bulletin No. 2, Board of Health for the Philippine Islands, August 1, 1903, p. 15; 4981-20; Box 396; GCF, 1898-1945 (1898-1913); RBIA, RG 350; NACP.

<sup>110</sup> Richard P. Strong, “Protective Inoculation Against Asiatic Cholera (An Experimental Study),” p. 44.

<sup>111</sup> Thomas R. Marshall, “Asiatic Cholera in the Philippine Islands,” p. 15.

Even so, explicit civilizing rhetoric often tempered American recognition of local concerns and entitlements. In the passage above, President McKinley highlights one of the key paradoxes of the civilizing mission. He expounds on the need to ensure protection and provide rights to new Filipino subjects but places the onus of this protection on American officials. This distribution of tasks suggests that members of the archipelago's native population were incapable of protecting themselves; one day they could access all the rights Americans possessed, but that day had not yet arrived.

In his initial survey of the responsibilities of a civil health service in the Philippine Islands, President McKinley explained that "the many degrees of civilization and varieties of customs and capacity among the people of the different islands" would dictate their involvement in selecting their own officers. For less "civilized" communities, "it [would] be necessary to fill some offices for the present with Americans, which after a time, may well be filled by natives of the Islands."<sup>112</sup> These "degrees" of civilization ran along the same lines of race, class, and religion that governed Philippine society under Spanish rule. The U.S. Army Volunteers organized American and Filipino workers in strict hierarchies. In Manila, commanding sanitary officers were almost exclusively white American men.<sup>113</sup> As Figures 3 and 4 illustrate, Filipino Volunteers served in subordinate positions as assistants. While Filipinos had once been employed as inspectors, they were quickly replaced due to their supposed failure to effectively enforce sanitary measures.<sup>114</sup> Local men, perhaps those excluded from Army Volunteer positions on the basis of class or race, worked as scouts or in sanitation brigades scattered throughout the

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<sup>112</sup> President William McKinley to Hon. William H. Taft, Official Gazette; April 7, 1900, p. 30.

<sup>113</sup> Within the U.S. Army Volunteers, American clerks, schoolteachers, policemen, and ex-soldiers, despite their lack of formal medico-sanitary training, served as the supervisors of local sanitary inspectors. This reconstitution of racial, class, and gender hierarchy in the Philippines is a crucial component of the American occupation, though it is not the primary focus of this research. For more information see Ito, "Cholera and the Origins of the American Sanitary Order," 134.

<sup>114</sup> Ito, "Cholera and the Origins of the American Sanitary Order," 134.

city (Figure 5). These exclusionary policies, many Americans believed, were the natural response to local's perceived inability to comprehend principles of modern hygiene and sanitation.



*Figure 3. "Manila; American sanitary inspectors."<sup>115</sup>*



*Figure 4. "Manila; Assistant sanitary inspectors."<sup>116</sup>*

<sup>115</sup> 350-P-22-E-41-4, NACP.

<sup>116</sup> 350-P-22-E-44-6, NACP.

Chief Health Inspector Marshall echoed this assumption of Filipino ineptitude in his 1903 publication “Asiatic Cholera in the Philippine Islands.” This study, circulated in the Health Bulletin of the U.S. Department of the Interior, proclaimed: “Many of the numerous hygienic defects can be remedied by the people themselves, if they could only be taught to realize how disease is spread and contracted.”<sup>117</sup> Marshall skillfully blends a hint of American esteem with a dismissive conclusion. He implies that island residents were capable of caring for themselves, but ignorance, as Kipling suggested, prevented them from doing so. By this logic, the absence of American intervention might allow cholera to spread unchecked throughout the Islands. Attempts to rationalize the United States’ mission to contain cholera relied heavily on these colonial tropes of native incompetence and naiveté. One contributor to the *Cablenews-American Sunday* cried that despite American attempts to prevent consumption of decayed food and contaminated water, “the densely ignorant adult native persists in compassing his own death.”<sup>118</sup> This reductive attitude reflected a popular opinion at the time. The conviction that natives were oblivious and “uncivilized” overshadowed the notion that local voluntary cooperation was a key determinant of a successful health campaign. Consequently, American aid was not only necessary, but just.

Many American officials described natives’ roles in the 1902-1904 cholera epidemic in overwhelmingly disparaging terms. Such characterizations shed light on the divergence of discourse and practice in the American response to the disease. After receiving reports of cholera in Southern China, Victor G. Heiser, the chief quarantine officer of the Islands, imposed a maritime quarantine on Manila Bay. The Bureau of Health soon extended this policy of

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<sup>117</sup> Thomas R. Marshall, “Asiatic Cholera in the Philippine Islands,” p. 9.

<sup>118</sup> Frank L. Strong, “Ananias and the Cruise of the Big Fleet: Letter of Frank L. Strong to Gollier’s Weekly; Some Unpublished History of the Fight for Manila’s Maligned Name,” *Cablenews-American Sunday*, May 30, 1909; 4981-106; Box 396; GCF 1898-1945 (1898-1913); RBIA, RG 350; NACP.

quarantine, inspection, and isolation to the entire archipelago, but it was met great with resistance.<sup>119</sup> Subject to an American experiment in public health and control, neither Manila nor the provinces resembled laboratory conditions. Luke Wright, an acting Governor General of the Islands during Taft's tenure, wrote to Taft that "the ignorant natives resent our modern methods of dealing with cholera."<sup>120</sup> To Wright, who assumed the governorship in 1904, the natives' ignorance stemmed from both an absence and rejection of modernity. Under these circumstances, acts of defiance reaffirmed American assumptions about the inferiority of the local population.

Military surgeons, who led most cholera operations on the ground, described their interactions with cholera victims in similarly disdainful terms. In the official August 1902 Public Health Report from Manila, surgeon and quarantine officer J.C. Perry lamented the impossibility of controlling cholera in Manila. He explained that attempts to quarantine and eradicate the disease in the early months of the outbreak failed due to "the ignorance and opposition of the people." The epidemic may have been avoided if inhabitants of affected centers "were intelligent Americans or Europeans" rather than persons who "[would] adopt every measure to conceal the cases and [threw] every obstacle in the way of the authorities in their attempts to suppress the disease."<sup>121</sup> Perry specified that Filipino physicians were equally as guilty as the laity in shielding infected individuals from American detection. In the province of Cebu, Assistant Surgeon H.A. Stanfield described the cholera situation as "very serious." He attributed high rates of cholera to rumors "rife among the Filipinos that all going to the hospital are poisoned." Stanfield dismissed this rumor and unsurprisingly, concludes that it arose from a place of "dense

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<sup>119</sup> Anderson, *Colonial Pathologies*, 64.

<sup>120</sup> DeBevoise, *Agents of Apocalypse*, 177.

<sup>121</sup> J.C. Perry, Passed Assistant Surgeon, Chief Quarantine Officer for the Philippine Islands, to Public Health Reports July 19, 1902 to August 2, 1902, "Reports from Manila - Cholera in the islands," September 26, 1902; 4981-9; p. 2240-2241; Box 396; GCF 1898-1945 (1898-1913); RBIA, RG 350, NACP.



ignorance.”<sup>122</sup> The diminutive tone of these testimonies exposes the extent to which civilizing rhetoric and presumed superiority influenced the speech of colonial actors. Such accounts corroborate the circular narrative of the civilizing mission: “uncivilized” societies’ refusal to comply with American intervention was further proof that they remained “uncivilized” and required supervision. However, each of these men fail to address one key question: why did affected populations go to such great lengths to “resist” American aid?

### The “Scientific Ways” of American Days: Cholera Containment in Practice



*Figure 5. “The line pail brigade, disinfecting during the cholera epidemic in Manila.”<sup>123</sup>*

<sup>122</sup> H.A. Stanfield, Assistant Surgeon, “Cholera Report since July 25, 1902, Cebu, P.I.,” August 7, 1902; 4981-9, p. 2248; Box 396; GCF 1898-1945 (1898-1913); RBIA, RG 350, NACP.

<sup>123</sup> 350-P-22-E-44-2-½, NACP.

The U.S. government relied on a strategy of containment and surveillance to control the explosion of cholera in the Islands between 1902 and 1904. New studies in the field of bacteriology and the ability identify the *Vibrio cholerae* bacterium under the microscope informed the imposition of strict quarantines, relocation to cholera detention camps, and in some infamous cases, the destruction of property.<sup>124</sup> These purportedly modern tactics did not translate smoothly to the Philippine context. Instead, they sparked fear and incited what American officials perceived to be resistance. Government workers such as Thomas R. Marshall and Richard P. Strong had cautioned against the forcible implementation of public health measures. President McKinley, in 1900, instructed the civil government of the Islands to prioritize local cooperation and to reject tyrannical tendencies. Considered in light of these testimonies, fractures between American rhetoric and practice become painfully visible.

After its arrival in the capital on March 20, 1902, cholera spread among Manila residents at an alarming rate. American scientists knew that cholera traveled via contaminated water, food, and between infected persons and moved quickly to consolidate immense power in government hands.<sup>125</sup> The Bureau of Health placed a strict quarantine on the city to limit personal contact and social interactions despite a “cultural disinclination” among Filipinos to separate infected individuals from their family and friends.<sup>126</sup> In his autobiography, *An American Doctor's Odyssey*, Dr. Victor G. Heiser revealed how this policy affected cholera victims and their families in practice. He described the devastation of the 1902-1904 outbreak in the following scene:

Uniformed men clattered up with ambulances and without ceremony lifted the sick from their mats and carted them away from their wailing families. Four times out of five this

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<sup>124</sup> Anderson, *Colonial Pathologies*, 63.

<sup>125</sup> Ibid., 63.

<sup>126</sup> DeBevoise, *Agents of Apocalypse*, 166.



was the last they ever saw of their loved ones until shortly they received a curt notice to come to the hospital and claim their dead.<sup>127</sup>



Figure 6. "Disinfecting in front of Cholera houses, Manila."<sup>128</sup>

In the Farola barrio, home to the first cases of cholera, American officials experimented with policies of house burning and isolation. Most dwellings in this poor district, pictured in the colorized image above, were made of nipa-palm, a highly flammable natural material (Figure 6). American authorities intended to burn homes where cholera had been present but found it difficult to contain the fires they set. Taken in 1902, Figure 7 captures the particularly infamous day that untamed flames razed the Farola *barrio* to the ground. Under American direction, sanitary brigades tended to deploy tactics that favored wealthier Manila residents (Figure 5).

<sup>127</sup> Victor G. Heiser, *An American Doctor's Odyssey*, 105-106 in DeBevoise, *Agents of Apocalypse*, 177.

<sup>128</sup> 350-GS-11-57-a, NACP.

Rather than set homes alight, sanitary workers whitewashed the wooden houses of Manila's elite and left the structures intact.<sup>129</sup>



*Figure 7. "The burning of Cholera infected district of Farola, 1902."*<sup>130</sup>

When the policy of burning and destruction proved unsustainable, American authorities refocused their priorities on containment. In the already resource poor quarters of the Farola district, conditions deteriorated rapidly. In August 1902, Dean C. Worcester, the Secretary of the Interior in the Islands, wrote that the quarantine of this population had grown "inhumane" and

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<sup>129</sup> American representatives on the Board of Health considered the homes of affluent Filipinos less dangerous and therefore exempt from the harshest sanitation treatments. This special treatment reflected and reinforced patterns of social inequality cultivated under Spanish rule. Such policies also ensured that American public health practices would place a disproportionate burden on impoverished local communities. For more information see: Warwick Anderson, *Colonial Pathologies*, 64.

<sup>130</sup> 350-P-22-E-44-2, NACP.



could not continue.<sup>131</sup> A policy of isolation soon became one of relocation. Rather than confine at risk populations in their homes, American forces relocated individuals suspected of infection to cholera detention camps on the grounds of city hospitals. One of these camps, pictured below in 1903, was located at San Lazaro Hospital near Manila (Figure 8). Built by the Spanish as a church and hospital in the sixteenth century, San Lazaro Hospital remains one of oldest medical institutions in the Philippines. The American military assumed control of the Hospital in 1898, and converted it into a contagious disease hospital under the jurisdiction of the Board of Health in 1899.<sup>132</sup>



Figure 8. “Manila; Cholera detention camp, barrack, San Lazaro, front view.”<sup>133</sup>

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<sup>131</sup> Dean C. Worcester in Iletto, “Cholera and the Origins of the American Sanitary Order in the Philippines,” 135-136.

<sup>132</sup> Coscoluella and Edgar Ryan Faustino, *A Legacy of Public Health: The Department of Health Story*, 2<sup>nd</sup> Ed., 48.

<sup>133</sup> 350-P-E-37-3, NACP.

The Bureau of Health also attempted to regulate death and burial procedures. Much like the policies enacted in the Farola *barrio*, new requirements disproportionately affected poor communities. Burial grounds in Manila filled only four months after disease outbreak in March. American officials feared that the bodies of cholera victims would contaminate groundwater sources if not properly buried and proposed a policy of cremation. Intense local resistance to this idea redirected the Bureau of Health's plans. Renamed the Insular Board of Health by this time, this body required all cadavers be buried in metallic coffins a minimum of seven feet underground. Officials knew that this was a financial impossibility for most local families, but offering an alternative burial option made cremation appear more of a choice than forced practice. These officials did not anticipate that many Manila residents would resort to performing clandestine burials. They left their loved ones in shallow graves or in local water sources rather than acquiesce to inflexible American demands.<sup>134</sup>

Like this burial policy, quarantines had unforeseen, if not disastrous effects on the spread of cholera. In the provinces surrounding Manila, the American response to cholera intersected with military endeavors. Throughout the duration of the epidemic, American troops intermittently engaged in violent skirmishes with nationalist resistance forces. The U.S. military pursued a policy of "reconcentration" to limit the flow of material goods to guerilla fighters and to secure their hold on the archipelago. Civil authorities drew new town boundaries to "reconcentrate" populations in fortified, highly regulated zones.<sup>135</sup> War caused severe agricultural dislocation in the preceding years, and inhabitants of these areas relied heavily on American food provisions.<sup>136</sup> Intended to be a show of strength, "reconcentration" campaigns

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<sup>134</sup> Ileto, "Cholera and the Origins of the American Sanitary Order in the Philippines," 137.

<sup>135</sup> Ibid., 140.

<sup>136</sup> DeBevoise, *Agents of Apocalypse*, 178.

rendered Filipino populations more vulnerable to undernutrition and disease. These living conditions, Iletto claims, made “a mockery of sanitation” and increased the chances that cholera, once it arrived, would spread rapidly among a large number of individuals.<sup>137</sup> This system of population regulation, which had both political and public health implications, engendered a dependence on external food supplies and challenged the efficacy of quarantines. Transport of food and goods across the country required human movement. Civil authorities in Manila devised plans to allow food to leave the capital but could not prevent the formation of extralegal networks of travel and trade.

American practices implemented in response to cholera rarely had the desired effect. Attempts to bring local populations under strict control were largely ineffectual and often exacerbated the spread of cholera. The enforcement of new burial regulations caused an increase in unregulated disposal of the dead. Threats of relocation and detention camps in Manila sparked flight from the city and fearful residents spread disease as they fanned out across the archipelago.<sup>138</sup> In his September 1902 entry in the Public Health Report from the Islands, quarantine officer J.C. Perry denounced the system he worked to enforce. Five months after the epidemic began, he wrote, “The attempt of land quarantine has proved ineffective – in fact, absolutely worthless – and the old history is repeated for town after town.” Revealing the weaknesses of this permeable structure, he explains that “Persons arrive from an infected pueblo, have the disease after arrival, and in a few days 4 or 5 cases occur and the epidemic starts.”<sup>139</sup> Food insecurity and the need to maintain travel and communication between these “infected pueblo[s]” similarly hampered the effectiveness of this system. As they did with burials, people

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<sup>137</sup> Iletto, “Cholera and the Origins of the American Sanitary Order in the Philippines,” 140.

<sup>138</sup> DeBevoise, *Agents of Apocalypse*, 182.

<sup>139</sup> J.C. Perry, “Reports from Manila - Cholera in the islands,” p. 2240-2241.

found new ways to travel avoiding American detection. The spread of cholera across the islands was likely inevitable, but it seems that attempts to bring the disease under greater American supervision only made it harder to track. Although the American occupation of the Philippine Islands was not the cause of the epidemic, DeBevoise argues, it created the conditions “that made epidemic diffusion a certainty.”<sup>140</sup>

American attempts to contain cholera additionally stirred fear and panic in native populations. House burnings in the Farola district generated outcry and discontent. Policies of relocation and cremation drove many to conceal disease when they encountered it. Reporting cholera to sanitary authorities posed great risk of personal loss or family separation. Dr. P.H. Pardo de Tavera, one of the two honorary Filipino members of the Philippine Commission, warned Governor General Taft about this consequence of American policy. “The people fear the Board of Health a great deal more than they fear the epidemic,” he wrote in May 1902.<sup>141</sup> Rumors from this period also capture this anxiety. H.A. Stanfield, in July 1902, reported that in the province of Cebu, stories had begun circulating that hospitals and wells had been poisoned. By his account, “This was first blamed on Filipinos, later on Chinamen, and now the Americans are accused.”<sup>142</sup> This description of the American regime in the Philippine Islands hardly resembles the benevolent power McKinley and his contemporaries envisioned. Fear and mistrust grew out of an American recognition and subsequent dismissal of local concerns in the practice of public health. Though techniques of quarantine and health surveillance may have been modern, they were evidently not universal in reach.

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<sup>140</sup> DeBevoise, *Agents of Apocalypse*, 178.

<sup>141</sup> P.H. Pardo de Tavera in Anderson, *Colonial Pathologies*, 67.

<sup>142</sup> H.A. Stanfield, “Cholera Report since July 25, 1902, Cebu, P.I.,” 2248.

## **“A Model Colonial Health Service”**

The U.S. government arrived in Southeast Asia at the end of the nineteenth century determined to construct a unique imperial identity. This colonial character, born from earlier imperial orders, was meant to distinguish American empire from the existing colonial states in the region. Cholera engulfed the Philippine Islands at a pivotal moment in this process. The first major epidemic during the American occupation, this disease outbreak transformed the archipelago into a testing ground not only for modern Western science and medicine, but also for the American version of the civilizing mission. In emphasizing its benevolence, paternalistic concern, and capability, the American administration demonstrated that health – as Kipling advocated – was a viable conduit of colonial power. This case from the era of Imperial Humanitarianism is particularly salient because, as Anderson explains, American officials worked hard to portray the Philippines as a “model colonial health service.”<sup>143</sup> This does not mean that the American experience with cholera in the Philippine Islands was representative of all colonial health projects in this era. Rather, the concerted effort to appear as an exemplar suggests that the policies and practices developed in this highly specific context had lasting influences. Chief among these impacts, I argue, was the inability to reconcile theory and practice in aid provision.

Policies of containment and quarantine rarely reflected official rhetoric surrounding the American mission in the Philippines. Government officials including the U.S. President enthused about the American commitment to generosity and respect of local tradition. McKinley and his contemporaries called for a participatory approach to public health. Yet, when confronted with the reality of providing healthcare in the “living laboratory” of the archipelago, these actors

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<sup>143</sup> Anderson, *Colonial Pathologies*, 72.

employed coercive, and often ineffectual, practices reminiscent of traditional imperial convention. This inconsistency in the American colonial identity, Chapters Three and Four reveal, became a consistent feature in humanitarian institutions of later eras. Analysis of the two subsequent case studies also reinforces the notion that healthcare and politics were and are inextricably intertwined. The American quest to construct a colonial identity premised on care and compassion was arguably an early iteration of a “hearts and minds” campaign. This term from the Cold War period describes efforts to secure political allegiance through humanitarian means.<sup>144</sup> This concept is particularly important in Chapter Three, though its relevance here speaks to the historical continuities made visible in expressions of quasi-humanitarianism in the age of the civilizing mission.

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<sup>144</sup> Muennig and Su, “The Politics of Global Aid,” 283-4.



## CHAPTER THREE

### **The Professional Volunteer; The Political Humanitarian: Médecins Sans Frontières and the Birth of a “Movement” along the Thai-Cambodian Border**

*Khao-I-Dang, Sa Kaeo, Thailand, 1980*

#### **“An International Synonym for Disaster and Humanitarian Concern”**

In February 1980, the refugee camp Khao-I-Dang was home to the largest aggregation of Khmer people in the world. Often described as the second largest “city” in Thailand, this sprawling encampment was a response to crisis in Cambodia. Khmer refugees first fled their homes in 1975 to escape the atrocities, later recognized as genocide, perpetrated under the Khmer Rouge regime. Vietnamese forces intervened in Cambodia on December 24, 1978. This campaign effectively ended the genocide but drove hundreds of thousands of refugees, many fearing the possibility of long-term Vietnamese occupation, into southeastern Thailand. Under these circumstances, *Washington Post* journalist William Shawcross deemed ‘Cambodia’ “an international synonym for disaster and humanitarian concern.”<sup>145</sup> International aid agencies, including *Médecins Sans Frontières* (MSF), began relief operations in the region during these years of harrowing violence and bitter conflict. By the end of the decade, an expansive humanitarian operation had assembled along the Thai-Cambodian border. In a first-hand account from Khao-I-Dang, British physician Neil R. M. Buist estimated that nearly twenty international agencies were active in this camp by July 1980. Reflecting on this spectacular display of support, Buist concluded that for groups like the United Nations (UN), the International Rescue Committee (IRC), the International Committee of the Red Cross (ICRC), as well as new

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<sup>145</sup> William Shawcross, “The Making of an Asian Holocaust: First of a Series Cambodia Decade of Destruction,” *Washington Post*, March 16, 1980, <http://colby.idm.oclc.org/login?url=https://search.proquest.com/docview/147276082?accountid=10198>.

voluntary organizations (volags) like MSF, “the world crisis” constituted “the major raison d’être.”<sup>146</sup>

Located approximately twelve kilometers from the Thai-Cambodian border, Khao-I-Dang accommodated over 140,000 people at its peak.<sup>147</sup> After years subject to disruption, dislocation, and violence, many Khmer refugees faced acute health burdens that medical humanitarian actors hastened to treat. Children, for example, suffered from malnutrition, pneumonia, diarrheal diseases, measles, and meningitis at high rates in early 1980.<sup>148</sup> Khao-I-Dang housed the only surgical hospital on the southeastern border of Thailand and Cambodia, as well as a larger medical facility with seventeen functioning wards.<sup>149</sup> These included emergency, surgical, pediatric and obstetric units, and centers dedicated to the treatment of malnutrition, tuberculosis and general medical concerns for all ages.<sup>150</sup> Within the confines of Khao-I-Dang, an American medical student, Barry S. Levy, described a “tremendous esprit de corps” among international medical actors. Levy lamented that the camp’s bamboo and thatch facilities lacked the “trappings of a modern emergency room in the United States,” but felt that the wards functioned with surprising ease.<sup>151</sup> Alight with fires of compassion and moral obligation, many humanitarian actors describe their experience in Khmer refugee camps as overwhelmingly impactful and unifying. Levy, for instance, proclaimed his work at Khao-I-Dang to be the “most

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<sup>146</sup> Neil R. M. Buist, “Perspective from Khao-I-Dang Refugee Camp,” *British Medical Journal* 281, no. 6232 (July 1980): 37.

<sup>147</sup> Magnus Grabe, “Organization of Khao I-Dang Center, November 1979-January 1980” in *Emergency Refugee Health Care: A Chronicle of the Khmer Refugee-Assistance Operation, 1979-1980*, ed. Donald T. Allegra, Philip Nieburg, and Magnus Grabe (Washington, D.C.: United States Government Printing Office, Centers for Disease Control, 1984), 5.

<sup>148</sup> Bruce Feldstein and Robert Weiss, “Cambodian Disaster Relief: Refugee Camp Medical Care,” *American Journal of Public Health* 72, no. 6 (June 1982): 589.

<sup>149</sup> Bastian, Jean (Dir), “The ICRC’s blood bank at Khao-I-Dang,” *ICRC* (1989). <https://avarchives.icrc.org/Film/118>.

<sup>150</sup> Magnus Grabe, “Organization of Khao I-Dang Center, November 1979-January 1980,” 5.

<sup>151</sup> Barry S. Levy, “Special Report: Working in a Camp for Cambodian Refugees,” *New England Journal of Medicine* 304, no. 23 (June 1980): 1443.

moving, sobering, and gratifying experience of [his] life, and in many ways the most real.”<sup>152</sup>

Compelling testimonials like Levy’s emphasize the central role that the Khmer refugee camp played in the personal and professional lives of aid workers. Scholars argue that this exceptional site looms large in the global humanitarian imagination as well.

Médecins Sans Frontières (MSF), or Doctors Without Borders, publicly and proudly proclaims its work in the Cambodian crisis to be one of its first and most formative missions. In representations of the institution’s experience in Cambodia, MSF focuses predominantly on its own role, rather than on larger geopolitical circumstances or on Khmer refugees themselves. With this narrative of its early work, MSF illuminates some of the avenues by which legacies of imperial humanitarianism endure in the twentieth century. The American government, as discussed in Chapter Two, actively used the 1902-1904 Philippine cholera epidemic to create a new colonial character. In contrast, I argue, MSF has retroactively constructed the Thai-Cambodian refugee camp as a “laboratory” from which its institutional identity premised on expertise, political action, and universal reach emerged. Today, MSF is a model international non-governmental organization. The principles that guide its work set standards for medical relief programs around the world.

Using a sophisticated combination of textual and visual rhetoric, MSF constructs its history to articulate a particular humanitarian logic that concurrently rejects and preserves paradoxes of the civilizing mission. Narratives of the Cambodian experience recognize the paternalistic pitfalls of humanitarian work, yet strip the Khmer camp, and refugee subject, of historic specificity. Missing from much of this discourse is concrete discussion of medical practice during this period. This conspicuous absence underscores the notion that for MSF, the

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<sup>152</sup> Levy, “Special Report: Working in a Camp for Cambodian Refugees,” 1440.

past is closely tied to the humanitarian present and to the organization's contemporary practice of humanitarian medicine. To ameliorate the effects of this humanitarian amnesia, it is critical to situate the Thai-Khmer border camp within broader histories of international interest and intervention during the Cold War period. This critical approach does not aim to undermine or undervalue the real and consequential medical care that MSF provided to Khmer refugee populations, but to illuminate the salient features and challenges of medical aid work in the age of Neo-Humanitarianism. A portrait of the extensive humanitarian operation at Khao-I-Dang, for example, allows the modern scholar to ask: why was the international community so interested and involved in humanitarian care on this particular border at this particular time?

## Where Empires Fall, Nations Rise: The Post-War World Order



Map 2. Refugee camps along the Thai-Cambodian border, 1980.<sup>153</sup>

Khao-I-Dang was one of many refugee camps located along the Thai-Cambodian border in 1980 (Map 2). While many border camps restricted access to international humanitarian workers and journalists, a range of foreign actors were active at Khao-I-Dang due to its association with the United Nations High Commission for Refugees (UNHCR). This particular

<sup>153</sup> From W. Courtland Robinson, *Double Vision: A History of Cambodian Refugees in Thailand* (Bangkok: Institute of Asian Studies, Chulalongkorn University, 1996), 75 and Claude Malhuret, *Les réfugiés d'Asie du sud-est en Thaïlande (1975-1980)* (Paris: Médecins sans Frontières, 1980), 29 in Fiona Terry, "The Cambodian Refugee Camps in Thailand" in *Condemned to Repeat? The Paradox of Humanitarian Action* (New York, NY: Cornell University Press, 2003), 120.

site was a transit camp for refugees awaiting resettlement in third countries such as the United States.<sup>154</sup> For this reason, statistics and testimonials from Khao-I-Dang were particularly well-documented and preserved. The availability of these resources makes Khao-I-Dang a strong subject for historical research, as well as a focal point of larger historical developments in the mid-twentieth century.

The history of UNHCR, the official UN Refugee Agency, and the refugee camp as a humanitarian tool, is distinctly tied to that of the Second World War. Officially chartered and adopted in 1945, the United Nations (UN) evolved in a series of meetings between leaders of the Allied Powers during WWII. U.S. President Franklin D. Roosevelt, for example, first suggested the term “United Nations” in the 1942 Declaration of Nations.<sup>155</sup> The creation of the UN, a peacekeeping institution, represented the emergence of a new world order guided by principles of shared humanity and global solidarity. An embodiment of this mission, the Universal Declaration of Human Rights was proclaimed on December 10, 1948. The UN General Assembly, the document states, made this pronouncement in recognition of “the inherent dignity and of the equal and inalienable rights of all members of the human family [that are] the foundation of freedom, justice, and peace in the world.”<sup>156</sup> Article 25 of the Declaration specifies that the protection of health and well-being was and is key to building this foundation.

Popular histories of the UN often describe this institution as a “sudden and novel reaction” to the atrocities of WWII.<sup>157</sup> UNHCR, for instance, was created in 1950 principally to

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<sup>154</sup> Bertrand Taithe, “The Cradle of the New Humanitarian System? International Work and European Volunteers at the Cambodian Border Camps, 1979-1993,” *Contemporary European History* 25, no. 2 (2016): 347.

<sup>155</sup> United Nations, “History of the United Nations,” accessed May 10, 2020, <https://www.un.org/en/sections/history/history-united-nations/index.html>.

<sup>156</sup> General Assembly resolution 217A, *The Universal Declaration of Human Rights* (December 10, 1948), [https://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/217\(III\)](https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/217(III)).

<sup>157</sup> Sunil Amrith and Glenda Sluga, “New Histories of the United Nations,” *Journal of World History* 19, no. 3 (September 2008): 256.

assist refugees in Europe, though it extended its operational reach into Africa and Asia in the 1960s and 1970s.<sup>158</sup> Political philosopher Giorgio Agamben locates the origins of the modern refugee camp in the European concentration camp of the Second World War. Agamben, whose theories of crisis are considered in Chapter One, draws on the scholarship of German philosopher Hannah Arendt. In her work on totalitarianism, Arendt describes concentration camps as “laboratories in the experiment of total domination.”<sup>159</sup> These unspecified experiments were only possible under the “extreme,” perhaps exceptional, “circumstances of human made hell.”<sup>160</sup> Using the language of the “laboratory,” Arendt places the refugee camp in a rather colonial lineage. The construct of colony as laboratory, as discussed in Chapter Two, the concentration camp, and the modern refugee camp are all distinct. They should not be conflated, yet each of these spaces are notably linked by notions of experimentation and exceptionalism.

The experience and trauma of the Holocaust undoubtedly shaped post-War international policy and humanitarian practice as Agamben and Arendt suggest. At the same time, burgeoning Cold War rivalry was embedded and institutionalized in the philosophies that governed systems like the UN. The Universal Declaration of Human Rights, historians Sunil Amrith and Glenda Sluga argue, constituted “an amalgam of competing, or converging, universalisms.” Amrith and Sluga describe this competition as one between doctrines of imperialism and anticolonialism, the “East” and “West,” and old and new.<sup>161</sup> Over one-third of the world’s population still lived in dependent territories at the end of the Second World War. The devastation of war, as well as the proclamation of a new, global age of collaboration and equality, made the maintenance of formal

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<sup>158</sup> For more information about the history of UNHCR and the agency’s role during the early Cold War period see Gil Loescher, “UNHCR’s Origins and Early History: Agency, Influence, and Power in Global Refugee Policy,” *Refuge* 33, no. 1 (March 2017): 77-86.

<sup>159</sup> Hannah Arendt in Agamben, “The Politicization of Life,” 120.

<sup>160</sup> *Ibid.*, 120.

<sup>161</sup> Amrith and Sluga, “New Histories of the United Nations,” 256.

empire untenable for many Western powers. A period of rapid decolonization ensued, as reflected in the sharp increase in UN member states between 1945 and the new millennium.

Nations emerging from decades or centuries of foreign rule entered into a polarized world. Champions of liberal democracy in the “West” and advocates of communism in the “East” fought bitterly to secure the political loyalties of new states. In firm command of the Western bloc by the end of the War, the United States pursued a policy of containment in regions it deemed susceptible to communist intrigue. Nowhere was this fear more alive than in Southeast Asia. Mao Zedong proclaimed the People’s Republic of China in 1949, a momentous feat in a struggle between communist and nationalist forces. For many nations born from crumbling empires, capitalism was closely tied to histories of imperial exploitation. In Indonesia, for example, anti-colonial movements were closely tied to the communist party, the third largest in the world in the post-War era. The logic of the Domino Theory – the notion that if one nation fell to communism or socialism, its neighbors would soon follow – drove the United States and its Western allies to intervene in conflicts of independence and nationalism overseas throughout the 1950s, 1960s, and 1970s. In Southeast Asia, the Cold War was fought not between political ideologies in the abstract, but on physical battlefields in real, devastating violence. The resulting conflicts in formerly dependent regions like Indochina, made up of the modern nation-states Cambodia, Vietnam, and Laos, created massive refugee populations and need.

In his inaugural address in January 1949, U.S. President Harry S. Truman addressed the looming consequences of this post-War shift in the global order. Speaking from the American perspective, Truman recognized that a world of empires was rapidly becoming a world of nations with the help of organizations like the UN. This new global landscape, he noted, was still tainted by inequality and human suffering. Rather than discuss the histories of imperialism and



exploitation that informed these patterns of “underdevelopment,” Truman focused on the potential for humanitarian good. In language strikingly reminiscent of that surveyed in Chapter Two, Truman explained the following to the American people:

We must embark on a bold new program for making the benefits of our scientific advances and industrial progress available for improvements and growth of underdeveloped areas. More than half the people of the world are living in conditions approaching misery. Their food is inadequate. They are victims of disease. Their economic life is primitive and stagnant...For the first time in history, humanity possesses the knowledge and skill to relieve these people of suffering.<sup>162</sup>

UNHCR, the agency that coordinated foreign relief efforts at Khao-I-Dang, and MSF two decades later, were among the international actors that took up Truman’s “bold new” agenda. These agencies, each in their own time, embarked on missions to make the instruments of western science, technology, and care available to the vulnerable populations that often lived in former colonial territories. This endeavor was and is admirable. Yet, the emphasis on performing expertise and material mastery, as Truman’s words indicate, centers the narrative of the provider of healthcare rather the recipient of it. Overemphasis on the humanitarian motives to provide healthcare, as this study of MSF shows, often obscures the political dimensions that influence and shape aid work in a particular historical time.

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<sup>162</sup> Harry S. Truman, (Inaugural Address of President of the United States, Washington, D.C., January 20, 1949), Yale Law School: *The Avalon Project*, [https://avalon.law.yale.edu/20th\\_century/truman.asp](https://avalon.law.yale.edu/20th_century/truman.asp).

## Colonization and Cold War Conflict in Cambodia

*Health care does not take place in a vacuum.*

– Médecins Sans Frontières, *Refugee Health*<sup>163</sup>

Refugee camps such as Khao-I-Dang were located firmly on the frontlines of Cold War conflict in Southeast Asia. A consequence of the violence perpetrated in the name of an ideological struggle, camps themselves, historian Bertrand Taithe argues, often constituted a “three-way Cold War front.”<sup>164</sup> Scholars discuss international relief work in this setting as part of “hearts and minds” campaigns during the Cold War. Popular among American policymakers, these campaigns sought to secure not only political loyalty, but also emotional and intellectual allegiance to the West through the provision of social services like education and healthcare.<sup>165</sup> Khmer refugee camps like Khao-I-Dang emerged in the later stages of the Cold War. However, though the region formerly known as French Indochina had been the scene of global superpower rivalry for decades. Histories of colonization, international intervention, and enduring tensions between neighboring factions in Southeast Asia remained alive in Cambodian refugee camps in the 1980s. To understand the nuances of MSF’s work in the camp setting, it is crucial to situate the organization and the camp within this larger context.

In the latter half of the nineteenth century, the French remained one of the few European powers without an official foothold in Asia. French actors arrived in Southeast Asia in the seventeenth century, but the era of new imperialism and competition among empires that accompanied it, accelerated the consolidation of an official colonial state in the region. Under the mandate of the *mission civilisatrice*, the ambitious French state sought to rule and ‘civilize’

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<sup>163</sup> Médecins Sans Frontières. *Refugee Health: An approach to emergency situations* (London; Oxford; Hong Kong: Macmillan, 1997), 9.

<sup>164</sup> Bertrand Taithe, “The Cradle of the New Humanitarian System?,” 346.

<sup>165</sup> Muennig and Su, “The Politics of Global Aid,” 283.

indigenous subjects in previously uncolonized territories. After a period of exploration, occupation, and conflict with local forces, the French established the Union of Indochina in 1887. This Union placed the modern countries of Cambodia and Vietnam under one administrative body. Laos was incorporated in 1893. French rule, coupled with the development of Western science and theories of biological racism discussed in Chapter One, exacerbated existing tensions between the diverse ethnic groups that had inhabited this region for millennia.<sup>166</sup> These colonial legacies become strikingly visible in the stories of Khmer people who fled their homes to escape not only genocide, but the possibility of life under Vietnamese rule.

The Cambodian genocide, which precipitated the first wave of Khmer flight into Thailand, is deeply enmeshed in histories of decolonization and American presence in the Lower Mekong Region. After a prolonged struggle for liberation, Cambodia proclaimed its independence from French colonial rule in 1953. Anti-imperial conflict continued in neighboring Vietnam until the French government formally relinquished its claim to Indochina in 1954. As European control of the region waned after the Second World War, American fears that communism would spread from the Soviet Union and China intensified. Aggressively pursuing a policy of containment, the U.S. forged strong military and aid alliances with Thailand in the 1950s. One of the few territories in Southeast Asia that avoided formal colonization in the nineteenth and twentieth centuries, Thailand, formerly Siam, housed many of the U.S. military bases that sustained the American war effort in Vietnam between 1955 and 1975.<sup>167</sup>

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<sup>166</sup> For more information about the history of colonial medicine and ethnicity in Indochina see Sokhieng Au, *Mixed Medicines: Health and Culture in French Colonial Cambodia*, (Chicago, IL: The University of Chicago Press, 2011), 15 and Jeremy Hein, *From Vietnam Laos, and Cambodia: A Refugee Experience in the United States* (New York: Twayne Publishers, 1995), 11.

<sup>167</sup> Fiona Terry, "The Cambodian Refugee Camps in Thailand," 115.

The American Vietnam War, or Vietnamese War of Resistance, was a manifestation of Cold War conflict that was anything but cold. A perceived incompatibility between competing political ideologies underwrote decades of destruction in Vietnam, as well as in neighboring Cambodia. This history, though it is not the primary subject of this research, illuminates key features of the Cambodian political landscape in the 1970s. General Lon Nol assumed power of Cambodia in a military coup in 1970. Prime Minister in the deposed government of Prince Norodom Sihanouk, Lon Nol was widely suspected of collaborating with the U.S. Central Intelligence Agency (CIA) to seize control of the country. Under the impression that North Vietnamese supply lines ran through the Cambodian countryside, Lon Nol permitted the American military to deploy a strategy of indiscriminate bombing in rural areas.<sup>168</sup> As one Cambodian villager exclaimed in 1973, “The bombers may kill some Communists but they kill everyone else too.”<sup>169</sup> This policy of bombardment galvanized support for a growing Cambodian communist party that appealed to desperate and disillusioned rural residents: the Khmer Rouge.

On April 17, 1975, under the leadership of the notorious Pol Pot, the Khmer Rouge overthrew Lon Nol’s government in Cambodia’s capital Phnom Penh.<sup>170</sup> In an attempt to construct a true agrarian Marxist society, Pol Pot’s dictatorial regime first embarked on a classicist project of urbicide, the targeted removal and “reeducation” of urban residents. A Social Darwinist who studied in Paris and was well-versed in European theories of racial hierarchy, Pol Pot concurrently pursued a policy of ethnic cleaning. His regime purged non-Khmer populations,

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<sup>168</sup> The U.S. bombing of the Cambodian countryside along the path infamously known as the Ho Chi Minh trail intensified from 1970 until 1973, when Congress terminated the campaign. Historian Ben Kiernan estimates that nearly half of the 540,000 tons of bombs – a quantity that exceeds all of the bombs dropped on Europe in WWII – fell in the last six months. For more information about the link between U.S. bombardment and the rise of the Khmer Rouge, see Ben Kiernan, “Roots of Genocide: New Evidence on the US Bombardment of Cambodia,” *Cultural Survival Quarterly* 14, no. 3 (1990): 20.

<sup>169</sup> *New York Times*, April 11, May 24, May 27, 1973, quoted in Ben Kiernan, *The Pol Pot Regime: Race, Power, and Genocide in Cambodia under the Khmer Rouge, 1975-79* (New Haven: Yale University Press, 2008), 23.

<sup>170</sup> Terry, “The Cambodian Refugee Camps in Thailand,” 116.

including ethnic minority populations of Chinese, Vietnamese, Laotian, Cham (Muslim) and Thai descent, from Cambodia.<sup>171</sup> Forced relocation to reeducation camps, physical labor, starvation, systematized torture, and execution coalesced in what is now known as the Cambodian genocide. The Khmer Rouge engineered the deaths of between 1.5 and 2.2 million residents of Cambodia, or approximately twenty percent of the country's population at the time.<sup>172</sup> The genocide proceeded relatively uninterrupted until 1978 when Vietnamese forces, in retaliation against Khmer Rouge's targeting of ethnic Vietnamese populations, invaded Cambodia to upend Pol Pot's regime. Former director of research at MSF and historian Fiona Terry notes that the arrival of the Vietnamese neither ended conflict nor Khmer Rouge influence in Cambodia. It reoriented battlefields to border and refugee camps.<sup>173</sup> Although many fled Cambodia during the reign of the Khmer Rouge, a second flood of refugees erupted in response to the arrival of the Vietnamese. This second wave inundated the Thai border beginning in 1978.<sup>174</sup>

### **A Self-Proclaimed Model Emergency Responder**

Médecins Sans Frontières was among the earliest and most vocal actors involved in the international humanitarian apparatus at the Thai-Khmer border. Officially chartered in 1971, MSF sent its first "mission" to Cambodia in 1975 to work in relief efforts under other NGOs, though the group eventually ran the referring hospital at Khao-I-Dang.<sup>175</sup> MSF's growth in the camp context, and the group's internationally-renowned status today, frames this organization as

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<sup>171</sup> For more information on Khmer Rouge policies of ethnic and religious classification see Eric D. Weitz, *A Century of Genocide: Utopias of Race and Nation* (Princeton, NJ: Princeton University Press, 2003), 144-189.

<sup>172</sup> Kiernan, *The Pol Pot Regime: Race, Power, and Genocide in Cambodia under the Khmer Rouge, 1975-79*, 23. For additional literature, see Kiernan's publication *How Pol Pot Came to Power: Colonialism, Nationalism, and Communism in Cambodia, 1930-1975* (New Haven: Yale University Press, 2004).

<sup>173</sup> Terry, "The Cambodian Refugee Camps in Thailand," 116.

<sup>174</sup> Lynellyn Long, *Ban Vinai, the Refugee Camp* (New York, NY: Columbia University Press, 1993), 39.

<sup>175</sup> Taithe, "The Cradle of the New Humanitarian System?," 345.

a particularly interesting case study. According to MSF's website, thirteen French doctors and journalists founded the organization in 1968 after witnessing war and famine in Biafra, Nigeria. By 1971, the group, committed to mobility and emergency action, had grown to include over three-hundred volunteer doctors, nurses, and logistical staff.<sup>176</sup> Emergency missions "in destitute Third World settings" define MSF's historic and contemporary "collective image."<sup>177</sup> Conjuring histories of exploitation and global inequality, these "destitute" areas are often former European colonies. MSF's historic presence in Cambodia, for example, speaks to a French colonial legacy borne out in continued cultural and social bonds with the former Indochina.

MSF represents its experience in Cambodia as central to the group's institutional narrative and identity. The organization frames the Cambodian "crisis," in the words of Peter Redfield, as a "narrative turning point." This research investigates the unique vision of humanitarianism that emerges in MSF's discourse about its work in Cambodia, rather than in recollections about the practice of medicine itself. Today, MSF is a model for relief agencies that "adopt a borderless sense of space and an ethos of direct intervention and media involvement."<sup>178</sup> For this reason, a critical analysis of this group and its history may offer insights salient for the international humanitarian community.

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<sup>176</sup> Médecins Sans Frontières, "Who We Are," msf.org, accessed December 10, 2019, <https://www.msf.org/who-we-are>.

<sup>177</sup> Redfield, "Doctors, Borders, and Life in Crisis," 335.

<sup>178</sup> Ibid., 331.

## Voicing a Self-Conscious Sensibility

*We literally wrote the book on refugee health.*

– MSF public health officer<sup>179</sup>

On an institutional level, MSF cites the organization's work in Cambodia as an overwhelmingly influential experience. Early humanitarian missions and the expertise developed in them, the epigraph above suggests, feature centrally in MSF's humanitarian sensibility. In 1997, MSF released the book *Refugee Health: an approach to emergency situations* through an in-house publisher. Partaking in a tradition of reflection and internal critique, the authors designed the book to "reflect the lessons learned in the past two decades." Beginning in the 1970s, they write, a "major shift in thinking" about the provision of healthcare in refugee camps "occurred not just within the international MSF movement, but within the general relief community."<sup>180</sup> In this text, MSF appears cognizant of its historical positioning at the time of the group's inception. The authors scarcely reference MSF's French colonial ties to Cambodia, but notably begin their study with a discussion of Cold War politics.

*Refugee Health* clearly states that "refugees had a political significance" during the Cold War period. Early MSF workers interpreted the acceptance of Western aid as confirmation that refugees had "chosen freedom."<sup>181</sup> In a later publication entitled *Humanitarian Medicine*, Rony Brauman, one of MSF's early leaders and a long-term president of the French chapter, echoes this sentiment. A physician and scholar that helped transform the organization into the professional entity it is today, Brauman writes that refugees caught in the Cold War were "no longer [just] living witnesses." They were, as the authors of *Refugee Health* propose, actors who

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<sup>179</sup> Quoted in Redfield, "Doctors, Borders, and Life in Crisis," 332.

<sup>180</sup> Médecins Sans Frontières, *Refugee Health: An approach to emergency situations* (London; Oxford; Hong Kong: Macmillan, 1997), 7.

<sup>181</sup> Ibid., 19.

“voted with their feet” against “tyrannical regimes.”<sup>182</sup> Brauman’s opinion is not necessarily representative of that of MSF as a whole. However, the integral position he played in Cambodia and in shaping MSF’s policy and practice during a twelve-year presidency (1982-1994) shows through in similarities between his language and that of official MSF writers. Brauman’s rhetoric thus offers a glimpse into MSF’s institutional dynamic.

In *Humanitarian Medicine*, Brauman recognizes that early forms of humanitarian medicine were deeply connected to colonial histories. For much of the nineteenth and early twentieth centuries, humanitarian intervention focused almost exclusively on war between nation-states in the West. Early humanitarian entities rarely interceded in colonies on behalf of indigenous populations fighting imperial forces. Brauman also notes that medicine was often deployed as a tool in colonial projects of domination.<sup>183</sup> Many humanitarian actors do not acknowledge this unsavory history out of ignorance or fear that it will jeopardize their moral, compassionate, and apolitical identities. Brauman, instead, addresses and accepts this history, unpleasant as it may be. In doing so, he positions MSF as an organization that exists in opposition to the past. This exercise in reflexivity frames the group as a modern institution that rejects the paternalistic, coercive tendencies of historic humanitarian practice.

*Refugee Health* addresses the historical and sociocultural dimensions of humanitarianism in the context of refugee emergencies. In two introductory chapters, the authors pay particular attention to the issue of refugee agency in aid projects. Their conclusions resemble those of the American colonial administrators and scientists in the Philippines, who recognized the importance of local participation in cholera treatment in theory, but not in practice. Speaking for MSF in 1997, the authors of *Refugee Health* proclaimed “the level of refugee participation will

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<sup>182</sup> Rony Brauman, *Humanitarian Medicine*, 38.

<sup>183</sup> *Ibid.*, 13.



determine the success or failure of a project.”<sup>184</sup> “Refugee populations are not composed of thousands of victims with no past history,” but are made up of complex communities capable of participating in their own relief effort. For this reason, these authors explain that:

Time constraints during the initial emergency phase, a lack of background knowledge about the refugee population and claims that refugees cannot know what is best for them or are too traumatized to make decisions - should not be used as an excuse not to encourage refugee participation.<sup>185</sup>

This critical observation indicates that between the 1970s and the late 1990s, MSF sharpened its stance as a firmly anti-colonial, collaborative humanitarian actor. It adopted a rhetoric of inclusivity and self-awareness. The texts surveyed above suggest that MSF’s experience in Cambodia led the organization to reject reductive conventions of humanitarian practice, though their language is not so different from that of earlier eras. MSF supplements this narrative with images. Though they are intended to depict the evolution of a new humanitarian responder, these visual aids simultaneously make visible some of the colonial legacies that endure in MSF’s conception of humanitarianism.

### **The Aesthetics of Absence: Cambodia in MSF’s History**

Médecins Sans Frontières presents its organizational history and contemporary work in a highly curated collection of visual and narrative stimuli displayed on its website. This site is divided into sections including “About Us,” “What We Do,” “Where We Work,” and “Donate.” While this research is grounded in the present, it focuses on events portrayed in MSF’s institutional past. In the subsections “Who We Are” and “History,” a timeline of images and short captions explain events deemed pivotal in MSF’s history. Contemporary anthropologists Ruth J. Prince and Lisa Malkki and historian Megan Vaughan argue that humanitarian visual

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<sup>184</sup> MSF, *Refugee Health*, 31.

<sup>185</sup> *Ibid.*, 31.

narratives draw heavily, and perhaps unknowingly, on many tropes of colonial photography. For colonial administrators, photography's affective appeal granted access to a highly stylized set of "visual economies."<sup>186</sup> Medical missionaries and colonial medical practitioners, arguably earlier incarnations of the modern medical humanitarian, used images to demonstrate the power of Western biomedicine. The parade float pictured in Chapter Two is a strong example of this phenomenon (Figure 2). As both a float and photograph, this object communicated a clear story about the benefits of Western public health. Vaughan contends that visuals like these offered biomedicine the opportunity to exercise "biopower" in creating "new notions of subjectivity and the body."<sup>187</sup> Colonial photography also circulated particular ideas about race, culture, pathology, and identity between the colony and the metropole.<sup>188</sup> The subjectivities created in colonial photographs and films became fundamental sources of knowledge about both the indigenous subject and the colonial authority. Using examples from MSF's website, the modern viewer can begin to see how historical patterns of representation endure in twentieth and twenty-first century humanitarian imagery.

Of a selection of approximately forty-five images collated in MSF's "History" slideshow, two reference the organization's work in Cambodia. The timeline begins with an image of MSF's founding members drafting the group's charter on December 22, 1971. Subsequent photos display and discuss MSF's first "missions"; they highlight early members' work in response to natural disasters and political conflicts in Nicaragua, Honduras, and Lebanon. The images that represent Cambodia are assigned to the years 1975 and 1980. They are titled

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<sup>186</sup> Ruth J. Prince, "The Diseased Body and the Global Subject: The Circulation and Consumption of an Iconic Photo in East Africa," *Visual Anthropology* 29 (2016): 182.

<sup>187</sup> Megan Vaughan, *Curing Their Ills. Colonial Power and African Illness* (Stanford, CA: Stanford University Press, 1991) in Prince, "The Diseased Body and the Global Subject," 163.

<sup>188</sup> Prince, "The Diseased Body and the Global Subject," 161.

“Turning Point” and “Cambodia,” respectively.<sup>189</sup> This inclusion implies that MSF did in fact interpret its Cambodian experience as highly significant in its fledgling stages. These two particular images and their accompanying captions also necessitate the question: what do these narratives say about the relationship between Cambodia and MSF’s history?



*Figure 9. “1975: Turning Point.” “In 1975, MSF establishes its first large-scale medical programme during a refugee crisis, providing medical care for the waves of Cambodians seeking sanctuary from Pol Pot’s oppressive rule. In these first missions, the weaknesses of MSF as a new humanitarian organisation become readily apparent: preparation is lacking, doctors are left unsupported and supply chains are tangled. It marks a turning point and the movement begins to fracture.”<sup>190</sup>*

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<sup>189</sup> Médecins Sans Frontières, “Who We Are,” msf.org, accessed December 10, 2019, <https://www.msf.org/who-we-are>.

<sup>190</sup> Médecins Sans Frontières, “Timeline,” msf.org, accessed December 10, 2019, <https://www.msf.org/who-we-are>.



*Figure 10. "1980: Cambodia." "A first "témoignage"- or speaking out, bearing witness - on the international scene is organised with the "March for Survival of Cambodia."<sup>191</sup>*

<sup>191</sup> Médecins Sans Frontières, "Timeline," msf.org, accessed December 10, 2019, <https://www.msf.org/who-we-are>.

Each of these images ostensibly portrays a different element of MSF's work in the Cambodian refugee crisis. The title of the 1975 image, which displays Khmer bodies in what the viewer assumes to be the scene of a medical mission, references a "Turning Point." The caption states that this crisis functioned not as a turning point for refugees, but for MSF as an organization. Through MSF's early missions at the Thai-Khmer border, the group's leaders recognized the need for a "new humanitarian organization," which they describe as part of a "movement," with logistical backing (Figure 9). The second image from 1980 entitled "Cambodia" again does not reference the medical care that MSF provided in refugee settlements. Instead, it shows only white, Western humanitarian actors (Figure 10). Intended to illustrate MSF's work in Cambodia, these two narratives are united by a striking absence: that of the individuated Khmer subject.

These images of Cambodia testify to MSF's core principles of expertise, emergency response, and political action. In the "Turning Point," Khmer subjects appear in exposed, passive forms; they lie outdoors in relatively cramped quarters and seemingly suffer as they await humanitarian care (Figure 9). The context of the image is not included in MSF's caption, nor is information about the photographer made readily available. The figures in this photo are non-specific, or representations of what Allen Feldman and Lisa Malkki deem "anonymous corporeality."<sup>192</sup> This term describes bodies shown with "no names, no funny faces, no distinguishing marks, [and] no esoteric details of personal style."<sup>193</sup> Based on her field research with Hutu refugee populations in Tanzania in the 1990s, Malkki submits that conventions of humanitarian representation often produce both anonymity and speechlessness. Bound up in

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<sup>192</sup> Lisa H. Malkki, "Speechless Emissaries: Refugees, Humanitarianism, and Dehistoricization," *Cultural Anthropology* 11, no. 3 (August 1996): 388.

<sup>193</sup> *Ibid.*, 388.

histories of empire and the civilizing mission, the voice of the refugee subject is often cast to the margins as that of the humanitarian stands in the center. As Prince describes with colonial photography, visual representations of refugees often become a “translatable and mobile mode of knowledge about them.”<sup>194</sup> The caption of the “Turning Point” explains that Khmer refugees received MSF’s help as they “sought sanctuary from Pol Pot’s oppressive rule.” While this note references the larger historical context of the period, the refugee subject ultimately becomes a source of information about MSF. By this account, it was only in helping distressed Khmer populations that MSF understood its own weaknesses as a humanitarian entity. This realization drove the organization to shift its priorities and become the professional NGO committed to efficient, effective, and independent emergency action that it is today. MSF’s emergency response, like that of American administration in the Philippines, focuses primarily on the construction of its own institutional identity.

In both visual and written capacities, “Cambodia, 1980” emphasizes MSF’s role as a uniquely political humanitarian actor. Unlike “Turning Point,” this image does not discuss the refugee subject at all. Rather, it shows the event in which MSF’s practice of “témoignage” or “bearing witness” crystallized. In a history of MSF from the internal journal *Centre de Réflexion sur l’Action et les Savoirs Humanitaires (CRASH)*, Fabrice Weissman, a former MSF logistician and scholar of humanitarian action, describes Cambodia as the setting in which “speaking out” was first tested.<sup>195</sup> In December 1979, MSF leaders called for a “March for Survival” on the Thai-Cambodian border. Event organizers of believed that malnourished refugees arriving in

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<sup>194</sup> Ibid., 389.

<sup>195</sup> Fabrice Weissman, “Silence Heals...from the Cold War to the War on Terror, MSF Speaks Out: A Brief History,” in *Humanitarian Negotiations Revealed: the MSF Experience, History*, ed. Claire Magone, Michael Neuman and Fabrice Weissman, *CRASH* (February 2012), <https://www.msf-crash.org/en/publications/agir-tout-prix-negociations-humanitaires-lexperience-de-msf/ii-history>.

Thailand were representative of a population suffering from famine in Cambodia, though this later proved untrue. On February 6, 1980, MSF leaders including founding members Rony Brauman and Claude Malhuret arrived at the border ahead of a food convoy. They protested alongside representatives from *Action Internationale Contre le Faim* (AICF) and the U.S.-based IRC.<sup>196</sup> In its representation of this event online, MSF relates Cambodia not to Khmer refugees, but to its development as an organization.

The caption of the image “Cambodia” also employs the rhetoric of universalism. MSF’s action in Cambodia in 1980, according to the organization, was emblematic of their response to refugee crises across time and space. To describe the impact that this narrative device has on refugees themselves, Malkki employs the phrase “dehistoricizing universalism.”<sup>197</sup> Made anonymous, and in this case invisible, the refugee becomes a “pure victim in general,” a “universal man, universal women, universal child.”<sup>198</sup> Fashioning the refugee, the crisis, and the camp in this way, MSF effectively presents itself as a universal humanitarian advocate. Rendering refugees speechless in this image and that from 1975, MSF curiously writes the Khmer subject almost entirely out of its autobiographical narrative. Where refugees are mentioned, they function only in relation to MSF. Like Filipino subjects in American documents from the Philippines in 1902, Khmer subjects are used to tell a story about MSF and its exceptional humanitarian character. In this way, humanitarian actors are also able step in and offer testimony about refugees and their health from the powerful position of expert.

Médecins Sans Frontières frames its work along the Thai-Khmer border in the 1970s and 1980s to reflect its contemporary character and charter. The organization, I argue, has styled

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<sup>196</sup> Ibid.

<sup>197</sup> Malkki, “Speechless Emissaries: Refugees, Humanitarianism, and Dehistoricization,” 378.

<sup>198</sup> Ibid., 378.



representations of its early Cambodian missions to fit a narrative of expertise and experience. MSF elevates internal voices of critique, rejects paternalism in its modern practice, and remains cognizant of the delicate historical position of humanitarianism. Yet, knowingly or not, MSF has refashioned the Khmer refugee camp as a laboratory from which its unique identity emerged.

In the attempt to “civilize” and uplift indigenous populations using Western science and technology, colonial actors often used the colony as a “theater” in which they staged their power.<sup>199</sup> Similarly, Redfield argues, humanitarian crises function as the “most pure environment for a technician.”<sup>200</sup> In times of great disruption, the technician, or provider of humanitarian medicine, has the opportunity to cultivate and demonstrate a professional skillset. Sokhieng Au, a survivor of the Cambodian genocide and a historian of medicine, argues that in the nineteenth century, French medical practitioners in Indochina, like American actors in the Philippine Islands, used science and medicine to promote their “professional autonomy.” Distinguishing their medical knowledge from that of the lay population in both the colony and in Europe, colonial medical actors framed their practices as authoritatively superior.<sup>201</sup> I contend that MSF treats the refugee camp as a historically productive site critical to their narrative. The significance of this space is not derived from the care MSF provided, but from the impact the experience had on MSF’s early leaders. It motivated them, for example, to construct a highly professional organization staffed predominantly by volunteers. As the caption of the “Turning Point” suggests, the Khmer refugee camp served as an exceptional testing ground for a professional, political, and expert humanitarian sensibility.

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<sup>199</sup> Au, *Mixed Medicines*, 182.

<sup>200</sup> Redfield, “Doctors, Borders, and Life in Crisis,” 346.

<sup>201</sup> Au, *Mixed Medicine*, 182.



## **“Without Borders:” MSF’s Anti-Politics Politics**

In reflections of its work during the Cold War period, MSF consistently focuses on the political dimensions of its own work, rather than on the geopolitical implications of refugee movement. In Cambodia, historian Michael Barnett writes, MSF first confronted the definitive question: “would [they] be an organization that made noise and saved lives in the process, or an organization that saved lives and occasionally made noise?”<sup>202</sup> The inclusion of the 1980 image of “témoignage” in MSF’s timeline indicates that the organization ultimately chose the former. MSF’s historic and continued commitment to political action stems from a sense of legitimacy gained via physical presence. Crisis, Redfield submits, is the “natural habitat for the moral witness.”<sup>203</sup> Through its work at the Thai-Khmer border, MSF acquired the power to give testimony and to perform a political, as well as a humanitarian, function.

Espousing what Redfield terms a “nonideological ideology,” MSF presents itself as at once overtly political and overwhelmingly humanitarian in focus.<sup>204</sup> Overemphasis on political objectives may have circumscribed MSF’s ability to access a crisis-stricken area like the Khmer refugee camp. However, the organization’s willingness to engage in political messaging differentiated it from existing international organizations like the ICRC, which maintains a policy of neutrality and silence on political matters. MSF unites its two conflicting mandates in an institutional commitment to independence and outspokenness. Meant to testify to MSF’s revolutionary spirit, these pledges concurrently challenge and uphold conventional representations of humanitarianism. Emphasis on outspokenness frames this principle as novel, but reinforces the notion that in its normative form, humanitarianism should avoid the political

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<sup>202</sup> Michael Barnett, “Humanitarianism during Wartime” in *Empire of Humanity* (Ithaca, NY: Cornell University Press, 2011), 151.

<sup>203</sup> Redfield, “Doctors, Borders, and Life in Crisis,” 346.

<sup>204</sup> *Ibid.*, 346.

realm. MSF's dedication to independence manifests in the organization's universalizing mission to provide healthcare irrespective of geopolitical borders. Attractive in appearance, this principle evokes of colonial policies which endowed the right to movement and independence to some populations and stripped these possibilities from others.

In its very name, Médecins Sans Frontières projects a universal, modern image. A rejection of political limits, of borders, is central to this humanitarian logic. In a short narrative included on MSF's website under the banner "Why We Started," the NGO writes: "MSF was created in the belief that all people should have access to healthcare regardless of gender, race, religion, creed or political affiliation, and that people's medical needs outweigh respect for national boundaries."<sup>205</sup> This statement reaffirms the notion that national boundaries impede the provision of humanitarian care, but portrays MSF as an organization to which these restrictions do not apply. In this borderless world, the organization bears the responsibility of providing some basic, universal standard of care.

This principle of action is reminiscent of one of the central claims of the civilizing mission. A project that sought to indoctrinate the world in European, and later American, modes of thinking, the civilizing mission emerged from the belief that a single, universal form of civilization existed.<sup>206</sup> MSF does not seek to be a new imperial power. Its self-conscious attempts to recognize humanitarianism's colonial ties make this clear. Nevertheless, in its articulation of a humanitarian ideology, MSF makes some legacies of colonialism perceptible. MSF reconciles the incongruities in its borderless ethos by emphasizing the medical and ethical imperatives of its work. This mode of thinking and operating, crucial to MSF's identity, creates a humanitarian paradox. Like the American administration in the Philippine Islands, MSF is deliberate in its

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<sup>205</sup> Médecins Sans Frontières, "Who We Are".

<sup>206</sup> Conklin, *A Mission to Civilize*, 15.

attempts to distinguish itself from earlier purveyors of humanitarian medicine. Emphasizing its own performance as a young institution in Cambodia, MSF presents this experience as a fundamental “turning point” that catalyzed the creation of an organization which now operates around the world. MSF derives professional authority from its history of action, but at the same time, promotes an image of humanitarianism as an apolitical, present-oriented tool of relief.

### **Practicing Politics on the Border**

Today, MSF remains committed to providing healthcare to populations of refugees and internally displaced persons. Descriptions of the organization’s current field activities consistently reference its past practice. Speaking to a “long history of assisting and protecting these populations,” MSF reiterates that its “roots were put down in the camps set up for Vietnamese, Cambodian, Laotian, Afghan and Ethiopian refugees in the late ‘70s and ‘80s.”<sup>207</sup> In an entry on the website of MSF-India, this regional office declares that MSF has operated specifically in Southeast Asia almost since its founding. It was here, the entry reads, that “[MSF] established our first-ever large scale medical response to a refugee crisis.” Unsurprisingly, a reference to care for “waves of Cambodians seeking sanctuary from the Khmer Rouge” follows.<sup>208</sup> Despite all this discussion of Cambodia, MSF shares relatively little about its actual work – its practice – in Khmer refugee camps.

In his history of the field, Rony Brauman concludes that the Thai-Khmer border was “the main place where humanitarian medical practice was redeveloped” in the 1980s. NGOs like MSF experimented with and implemented new medical aid technologies in the camp setting.

According to Brauman, mobile field hospitals, such as that at Khao-I-Dang, health surveillance

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<sup>207</sup> Médecins Sans Frontières, “Refugees, IDPs and People on the Move,” msf.org, accessed May 11, 2020, <https://www.msf.org/refugees-idps-and-people-move-narrative>.

<sup>208</sup> Médecins Sans Frontières-India, “Southeast Asia,” msfindia.org, accessed May 11, 2020, <https://www.msfindia.in/node-4179/>.

systems, water and sanitation technologies, and new radio communication structures became “everyday tools for medical relief operations” during this time.<sup>209</sup> As the caption of “Turning Point” explains, the Cambodian experience revealed a need for logistical and programmatic support in emergency situations (Figure 10). MSF’s accounts of its current work reflect these lessons learned in the Cold War period. On the webpage entitled “How We Work,” for example, MSF describes “logistics” as the “cornerstone” of its operations. Thousands of logisticians deployed to field sites around the world ensure that MSF can effectively provide medical care, as well as adequate food, clean water, sanitation, and shelter to populations in need. Teams of logisticians, physicians, nurses, and other healthcare personnel also deliver treatment for non-communicable diseases, provide mental health care, perform surgeries, and promote vaccination campaigns. These projects embody the principles of humanitarian action presumably developed on the Thai-Cambodian border, though the precise connection between work in Khmer camps and modern practice is not made explicit.

MSF’s popular representations of Cambodia typically fail to mention an additional key detail: the organization refused to work inside the country following a visit there in 1979.<sup>210</sup> The organization attached itself to the plight of Khmer refugees and provided essential healthcare while advocating for political change. But it is crucial to note that MSF worked only on the Thai side of the border and in specific refugee camps for political reasons. In *Condemned to Repeat? The Paradox of Humanitarian Action*, Fiona Terry considers emergency situations in the twentieth century in which aid was weaponized and used in the continuation of conflict. Border zones in Thailand housed hundreds of thousands of refugees, and Terry contends, also acted as a buffer between Vietnamese-affiliated forces and Thailand and as bases for resistance fighters. In

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<sup>209</sup>Brauman, *Humanitarian Medicine*, 7, 30.

<sup>210</sup> Terry, “The Cambodian Refugee Camps in Thailand,” 149.

many camps, as in those that arose after the Rwandan genocide in 1994, victims and perpetrators suddenly had to coexist in close quarters. Humanitarian aid often supported a war economy as competing factions fought to control and divert relief supplies. According to Terry, international humanitarian organizations felt it almost “impossible to avoid contributing to the war effort.”<sup>211</sup> Agencies like MSF found themselves in a political bind.

For many organizations, the decision to continue work in and around Cambodia presented an unappealing choice. Their work might support the Khmer Rouge, which had just exterminated a staggering proportion of Cambodia’s population, or the Vietnamese, who disrupted the genocide but remained in Cambodia as an army of occupation. Terry terms this predicament a “crisis of Western conscience.”<sup>212</sup> MSF was one of the few agencies that publicly declared its loathing for both the Khmer Rouge and Vietnamese regimes and refused to participate in the system of payments required to work in Cambodia. The organization withdrew its support from refugee camps with ties to the Khmer Rouge when the “emergency phase” subsided but continued working in non-Khmer Rouge camps like Khao-I-Dang. A response to this quandary, the “March for Survival” of Cambodia embodied MSF’s spirit of independence and commitment to political outspokenness (Figure 10). Though it brought international attention to Cambodia, this campaign further polarized the aid community. Contemporary representations of the March suggest that the practice of humanitarian medicine along the Thai-Cambodian border took place not just in refugee camps, but on the frontpages of newspapers around the world.

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<sup>211</sup> Ibid., 125.

<sup>212</sup> Ibid., 148.

## Searching for the Khmer Voice

For Médecins Sans Frontières, the Thai-Khmer refugee camp served as the testing ground for a revolutionary humanitarian spirit. Through portrayals of its experience in Cambodia, MSF has cultivated an institutional identity premised on technical and political expertise. The organization encourages critical reflection and elevates internal voices of critique yet characterizes its work in ways that, I argue, draw from the discourse of the civilizing mission. In contemporary images and text, MSF represents the Cambodian refugee crisis as a success narrative for the organization. Notably missing from this story, as well as much of this chapter, is a Khmer voice.<sup>213</sup> In 1995, as part of an oral history of Cambodians resettled in the United States, an interviewer asked Samkhann Khoeum about his experience at Khao-I-Dang as a child. The executive director of the Cambodian Mutual Assistance Association in Lowell, Massachusetts at the time, Khoeum responded:

The word I would use to describe the camp is that it was like a prison. We were surrounded by barbed wire, two or three layers of barbed wire, and we were guarded by Thai soldiers. Anyone who dared to cross the barbed wire [fence] would be subject to death; they were killed.<sup>214</sup>

MSF references the atrocities of genocide in their website captions but does not comment on the camp conditions in which they worked. This ignores Khmer perspectives like Khoeum's. Though they are experts in refugee health, MSF circumscribes the ability of refugees to narrate their own experiences of the refugee camp. As a prominent voice in a field which suffers from chronic historical amnesia, MSF reveals one of the major dilemmas of humanitarian medicine.

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<sup>213</sup> A significant body of work offers greater insight into the Cambodian refugee perspective. For more information, see Arthur G. Auble and Kitty W. Shek (eds), "Cambodians in California: Nine Oral History Interviews in One Volume" (Sacramento: California State University, February 1996), [http://content.cdlib.org/view?docId=hb3n39n7pm&&doc.view=entire\\_text](http://content.cdlib.org/view?docId=hb3n39n7pm&&doc.view=entire_text) and Joanna C. Scott, *Indochina's Refugees: Oral Histories from Laos, Cambodia and Vietnam* (Jefferson, North Carolina: McFarland & Company, Inc., 1989.)

<sup>214</sup> Sucheng Chan (ed.) with Interviews by Audrey U. Kim, *Not Just Victims: Conversations with Cambodian Leaders in the United States* (Urbana and Chicago: University of Illinois Press, 2003), 131.

Like the American colonial government in the Philippines, MSF shows the practice of humanitarian medicine to be more about the practitioners than the recipients of aid. Erasure was seemingly the cost of expertise. At Khao-I-Dang, MSF participated in a wider “community of practice” made up of internationally recognized relief agencies.<sup>215</sup> This suggests that MSF’s iteration of humanitarianism may illuminate broader trends in the policy and practice of aid during this period. The case study presented in the final chapter – a disaster situation in which MSF also worked – reveals that humanitarian actors continued to confront many of these same issues long-after the era of the Cold War was supplanted by the age of Liberal Humanitarianism.

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<sup>215</sup> Taithe, “The Cradle of the New Humanitarian System?,” 345.

## CHAPTER FOUR

### **“Build Back Better”:**

### **The U.S. Agency for International Development’s Provision and Performance of Care in Indonesia**

*Banda Aceh, Aceh, Indonesia, 2004*

#### **An “Unprecedented” Disaster and An Unprecedented Response?**

In the early morning hours of December 26, 2004, an earthquake registering 9.0 on the Richter scale struck off the west coast of Northern Sumatra. The ground shook for nearly five minutes on Banda Aceh, the Indonesian city closest to the epicenter of the undersea quake.<sup>216</sup> The force of this tectonic shift triggered a string of tsunami waves that soon engulfed nations around the Indian Ocean Basin. One of the deadliest disasters in recorded history, the Indian Ocean Tsunami, also known in the West as the Boxing Day Tsunami, violently claimed lives and livelihoods in Indonesia, Thailand, Sri Lanka, Bangladesh, Burma, India, Singapore, Malaysia, Somalia, Tanzania, Kenya, and the Seychelles. The combined effects of the earthquake and tsunami killed over 220,000 people and displaced over 1.1 million others.<sup>217</sup> Indonesia was home to nearly seventy percent of these casualties. Towering black waves inundated the coast of Indonesia’s westernmost province, Aceh, just twenty minutes after the initial earthquake. In the aftermath, officials declared 163,000 to 170,000 people dead or missing.<sup>218</sup> Banda Aceh, the capital of Aceh Province and largest major city affected in the archipelago, quickly became a focal point of relief coordination. Between the city and surrounding villages, the tsunami left

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<sup>216</sup> Patrick Daly et al., “Blueprints for Change in Post-Tsunami Aceh, Indonesia,” in *Rebuilding Asia Following Natural Disasters: Approaches to Reconstruction in the Asia-Pacific Region*, ed. Patrick Daly and R. Michael Feener (Cambridge: Cambridge University Press, 2016), 184.

<sup>217</sup> USAID, *Annual Report for Fiscal Year 2005: Office of U.S. Foreign Disaster Assistance*, 2005, 15, [https://pdf.usaid.gov/pdf\\_docs/pdach800.pdf](https://pdf.usaid.gov/pdf_docs/pdach800.pdf).

<sup>218</sup> Lilianne Fan, *Disaster as opportunity? Building back better in Aceh, Myanmar and Haiti*, Overseas Development Institute Humanitarian Policy Group, November 2013, 5, <https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/8693.pdf>; USAID, *Annual Report for Fiscal Year 2005: Office of U.S. Foreign Disaster Assistance*, 18.



500,000 survivors without homes and 750,000 without livelihoods.<sup>219</sup> The waves razed 50-70% of all regional health facilities and killed staggering numbers of trained healthcare workers, city officials, and village leaders. Lacking access to shelter and sanitation, injured survivors were at imminent risk of suffering from a communicable disease outbreak.<sup>220</sup> Indonesian President Susilo Bambang Yudhoyono recognized a need for rapid action and called for international emergency humanitarian assistance.<sup>221</sup> On December 28, 2004, Aceh Province officially opened to the international community, albeit conditionally, for the first time in the twenty-first century.<sup>222</sup>

Within one week of President Yudhoyono's declaration, representatives from nearly 50 international organizations arrived in Aceh province to offer their assistance. By mid-January 2005, over 200 organizations were active in the region.<sup>223</sup> These figures do not account for groups involved in tsunami relief in the eleven other affected countries but reveal the speed and scale at which the international humanitarian community responded to crisis in Indonesia. In the early months of 2005, influxes of material and economic aid to Indonesia reached "unprecedented" levels.<sup>224</sup> Scholars refer to this overwhelming outpouring of aid as a "second tsunami" that both facilitated and complicated recovery.<sup>225</sup> Representatives from small faith-based charities, medical NGOs like MSF, national governments, the UN, and global development agencies descended upon Aceh in what archaeologist and anthropologist Patrick

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<sup>219</sup> Fan, *Disaster as opportunity?*, 5.

<sup>220</sup> USAID, *Annual Report for Fiscal Year 2005: Office of U.S. Foreign Disaster Assistance*, 18.

<sup>221</sup> Ellen Nakashima, "For Indonesia's Leader, a Critical Test," *Washington Post*, December 31, 2004, <https://www.washingtonpost.com/archive/politics/2004/12/31/for-indonesias-leader-a-critical-test/7d8da063-2b3d-407b-91d3-10107f591fb9/>.

<sup>222</sup> Fan, *Disaster as opportunity?*, 5.

<sup>223</sup> *Ibid.*, 5.

<sup>224</sup> USAID, *USAID fact sheet: Tsunami assistance, one year later*, December 21, 2005, 1, <https://reliefweb.int/report/india/usaaid-fact-sheet-tsunami-assistance-one-year-later>.

<sup>225</sup> Daly et al., "Blueprints for Change in Post-Tsunami Aceh, Indoneisa," 185.

Daly deems one of “the largest and most globalized post-disaster reconstruction efforts in history.”<sup>226</sup> Chief among these early responders was the United States Agency for International Development (USAID), the self-proclaimed “chief USG [U.S. Government] responder to international disasters and crises.”<sup>227</sup>

Hours after receiving reports of the tsunami, USAID deployed a 21-member Disaster Assistance Response Team (DART) to assess need in affected areas and to provide immediate sanitation and health relief supplies.<sup>228</sup> The following day, U.S. Secretary of State Colin Powell announced that the U.S. would contribute \$15 million to relief and recovery efforts. President George W. Bush increased this pledge to \$950 million by February 9, 2005.<sup>229</sup> In the interim, the U.S. dispatched the largest military contingent of any foreign government to the disaster zone to help transport humanitarian supplies.<sup>230</sup> Former Presidents George H.W. Bush and Bill Clinton concurrently announced a domestic fundraising effort and urged American citizens to contribute to the relief effort from home.<sup>231</sup> American civilians raised nearly \$566 million for tsunami relief in the first months of 2005.<sup>232</sup> When asked about this striking response, former President Clinton replied:

When you see families torn apart by this tragedy, and people desperately trying to rebuild schools and places of work and worship, then you realize that, despite our differences, we are bound together by our common humanity, and we all have an obligation to help the victims of the tsunami have the blessings of a normal life.<sup>233</sup>

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<sup>226</sup> Ibid., 185.

<sup>227</sup> Andrew S. Natsios in USAID, “Asian Tidal Wave Kills 150,000,” *Frontlines: U.S. Agency for International Development Employee News*, December 2004, 3, [https://pdf.usaid.gov/pdf\\_docs/PNADB206.pdf](https://pdf.usaid.gov/pdf_docs/PNADB206.pdf).

<sup>228</sup> USAID, “Asian Tidal Wave Kills 150,000,” 1.

<sup>229</sup> USAID, *Annual Report for Fiscal Year 2005: Office of U.S. Foreign Disaster Assistance*, 16.

<sup>230</sup> Neil King Jr. and Donald Greenlees, “Aid Effort in Indonesia could Lift U.S. Image in Eyes of Muslims,” *Wall Street Journal*, January 5, 2005, <https://colby.idm.oclc.org/login?url=https://search-proquest-com.colby.idm.oclc.org/docview/398901415?accountid=10198>.

<sup>231</sup> USAID, *Annual Report for Fiscal Year 2005: Office of U.S. Foreign Disaster Assistance*, 16.

<sup>232</sup> Jeff Motter, “American Exceptionalism and the Rhetoric of Humanitarian Militarism: The Case of the 2004 Indian Ocean Tsunami Relief Effort,” *Communication Studies* 61, no 5 (2010): 508.

<sup>233</sup> Clinton in USAID, *Annual Report for Fiscal Year 2005: Office of U.S. Foreign Disaster Assistance*, 14.

Appealing to the discourse of “common humanity,” Clinton framed American tsunami relief as an issue of humanitarian concern above all else. He stated that the primary objective of reconstruction was a return to “normal” life for tsunami victims. With the invocation of universalizing concepts such as shared humanity and normalcy, Clinton raised many of the core questions that this project has asked of humanitarianism. Consequently, this chapter must ask: to what extent did the American response to disaster in Indonesia rely on “seductively simplistic” visions of humanitarianism?

This chapter will take a critical look at USAID’s response to the Indian Ocean Tsunami in Aceh Province. The American government’s swift and outsize response to this crisis makes clear the magnitude of destruction left in the tsunami’s wake. Leaders of the Association of Southeast Asian Nations (ASEAN) declared on January 6, 2005 that “this unprecedented devastation need[ed] unprecedented global response.”<sup>234</sup> There is truth in the assumption that unparalleled devastation prompted extraordinary humanitarian action. I do not seek to trivialize the real and meaningful ways that humanitarian actors served those who were in danger or suffering. Rather, as in the previous two case studies, I aim to complicate narratives of humanitarian exceptionalism. This research challenges the notion that the outpouring of aid in 2004-2005 was entirely “unprecedented” and without strings attached.

Borrowing Warwick Anderson’s concept of the “laboratory” once again, I argue that the disaster-zone in Indonesia emerged as a novel testing ground for humanitarian rhetoric and practice in the post-Cold War age of Liberal Humanitarianism. As I discussed in previous chapters, crisis often creates a “narrative turning point.”<sup>235</sup> For the colonial U.S. government in

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<sup>234</sup> “Tsunami Declaration: Jakarta tsunami aid summit’s declaration,” *Jakarta Post*, January 6, 2005, [http://www.thejakartapost.com/tsunami\\_declaration.asp](http://www.thejakartapost.com/tsunami_declaration.asp).

<sup>235</sup> Redfield, “Doctors, Borders, and Life in Crisis,” 336.

the Philippine Islands and MSF on the Thai-Cambodian border, disease and displacement presented opportunities to construct new humanitarian identities. In the aftermath of the U.S.'s response to the September 11, 2001 attacks, disaster in Indonesia offered USAID the chance to perform humanitarian ideals such as benevolence, generosity, and expertise on a global scale. Rhetoric from this period reveals that USAID cultivated a particular narrative of its role in tsunami relief effort that deflected attention from the U.S. government to the American people. It was crucial that American expressions of compassion, measured in monetary pledges and aid personnel deployed to Indonesia, came from ordinary citizens and were visible to the international community. In practice, USAID undertook rehabilitation operations under the popular slogan "build back better." A cornerstone of the Agency's mission in Aceh, this notion, however well-intentioned, conjures paternalistic sentiments of imposition and universal visions of progress.<sup>236</sup> In exploring these two facets of USAID's response in Indonesia, this chapter will bring together many of the themes and continuities made visible in histories of humanitarianism across the long twentieth century.

### **Historicizing Vulnerability: Aceh Province in the Twentieth Century**

The Sumatra-Andaman earthquake which precipitated the Indian Ocean Tsunami was the largest recorded earthquake anywhere in the world in nearly forty years. The Pacific Tsunami Monitoring System based in Honolulu, Hawaii registered the quake within one hour of its rupture but lacked functional communication infrastructure in the Indian Ocean region. Efforts to warn affected countries about impending tsunamis were unsuccessful, leaving scores of states and people unprepared for disaster.<sup>237</sup> The magnitude of this catastrophe certainly required a

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<sup>236</sup> USAID: Indonesia, *Emergency Response and Reconstruction in Aceh Province (2004-2009)*, November 2014, 1, Pdf, [https://www.usaid.gov/sites/default/files/documents/1861/EmergencyResponseReconstruction\\_Aceh.pdf](https://www.usaid.gov/sites/default/files/documents/1861/EmergencyResponseReconstruction_Aceh.pdf).

<sup>237</sup> Prema-chandra Athukorala, "Indian Ocean Tsunami: Disaster, Generosity and Recovery," *Asian Economic Journal* 26, no. 3 (2012): 214.

massive relief effort. But, as the previous two case studies demonstrate, disaster, whether natural or human-made, never occurs in a vacuum. Crises emerge in particular historical moments, and consequent societal dislocation and humanitarian relief must be understood in context. In Aceh, professor of refugee studies Jennifer Hyndman asserts, the tsunami “was but one more layer of politicized devastation” in a region already affected by violent conflict and structural inequities.<sup>238</sup> Thus, to grasp why the tsunami elicited the response that it did in Aceh, it is crucial to examine the history of the region in the decades prior.

In December 2004, Aceh was among the poorest and most politically fraught provinces in Indonesia. Eighteen months before the tsunami struck, the Indonesian government had declared a state of emergency in Aceh, effectively placing this northwestern state of Sumatra under martial law.<sup>239</sup> This declaration was an outgrowth of decades-long armed conflict between the Indonesian government based in Jakarta and the Free Aceh Movement, *Gerakan Aceh Merdeka* (GAM). Founded in 1976 by Acehnese businessman Hasan di Tiro, GAM espoused a religious and ethno-nationalist ideology. The group, which officially remained an active political organization until 2005, fought for independence and control over the region’s rich natural resources.<sup>240</sup> Acehnese natural gas and oil responsiveness constituted huge sources of revenue for the Indonesian government and political elite in Jakarta.<sup>241</sup> Little wealth remained in Aceh, a territory distinguished by its orthodox practice of Islam and extensive history of separatist conflict. Dutch forces struggled fiercely to bring Aceh into the colonial empire of the Netherlands East Indies in the nineteenth century, and did not attempt to invade again after the

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<sup>238</sup> Jennifer Hyndman, *Dual Disasters: Humanitarian Aid After the 2004 Tsunami* (Sterling, VA: Kumarian Press, 2011), 17.

<sup>239</sup> *Ibid.*, 26.

<sup>240</sup> Daly et al., “Blueprints for Change in Post-Tsunami Aceh, Indonesia,” 185.

<sup>241</sup> Ricklefs et al., *A New History of Southeast Asia*, 442.

Japanese occupation of the Second World War.<sup>242</sup> In the 1940s and 1950s, Acehese leaders chafed against the newly independent Indonesian government's efforts to incorporate the region in a centralized, secular state.<sup>243</sup> Cold War politics only compounded these issues. Western democracies, such as the United States, tacitly supported the Indonesian government and military as these increasingly inextricable bodies perpetrated genocide against political dissidents and strengthened their hold on the archipelago.<sup>244</sup> For Aceh and other territories harboring autonomous designs, this rapid consolidation of power precipitated years of repressive rule and violent insurgency.

In the three decades leading up to the tsunami, conflict between GAM and the central government left Aceh vulnerable to disaster. After a series of attacks by GAM in 1989-1990, the Indonesian government declared Aceh a 'Military Operations Area,' paving the way for further military intervention. The government formally rescinded this designation in 1998, though violence broke out in sporadic episodes until 2005.<sup>245</sup> This cycle of separatist conflict and military confrontation, rife with human rights abuses on both sides, ultimately killed 15,000 to 20,000 people and displaced over 400,000.<sup>246</sup> When the tsunami inundated the Acehese coast in 2004, it brought into stark focus the consequences of prolonged armed struggle, inequitable economic development, and regional deprivation. An economic system based on natural resource extraction meant that most wealth generated locally left in the form of exports. Central government involvement in Aceh, Indonesia's only province governed by sharia law, was limited to military and security operations. Conflict had sown deep distrust between many local residents

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<sup>242</sup> Hydnman, *Dual Disasters*, 25.

<sup>243</sup> Ricklefs et al., *A New History of Southeast Asia*, 442.

<sup>244</sup> Ibid., 442.

<sup>245</sup> Ibid., 442.

<sup>246</sup> Fan, *Disasters as opportunity?*, 4.

and Indonesian national authorities. Most state interaction went through village leaders, many of whom were lost in the tsunami.<sup>247</sup> Additionally, in response to earlier outcry over human rights issues, the Indonesian government effectively had closed Aceh to international aid workers, save a limited group of representatives from the ICRC, the UN, and other small NGOs.<sup>248</sup> For these reasons, the tsunami constituted what Hyndman terms a “dual disaster.”<sup>249</sup>

The Indian Ocean Tsunami swept through a province ill-equipped to stand up an emergency response. Both the Indonesian government and international community quickly recognized the precarity of Aceh’s situation. Surya Paloh, an Indonesian national who organized a private relief effort, told a *Washington Post* reporter at the time: “There is no sense of emergency and of how to respond quickly and effectively.” The reporter, Ellen Nakashima, remarked that the government was “hardly functioning,” and could barely complete the task of identifying and burying corpses.<sup>250</sup> Disease, coupled with the lack of shelter, food, and sanitation, threatened Aceh’s surviving population. Cognizant of these dangers and the optics of a bungled emergency response, President Yudhoyono, elected less than 100 days prior, welcomed foreign assistance.

Yudhoyono, who received military training in the U.S., made clear that his invitation was limited to disaster response and would expire after the immediate relief phase.<sup>251</sup> With this solicitation, Yudhoyono’s government both secured essential aid and capitalized on a distinct opportunity. Disaster disrupted preexisting political dynamics in Aceh; it created space for new international, as well as domestic, actors to intervene in the province in that were previously

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<sup>247</sup> Daly et al., “Blueprints for Change in Post-Tsunami Aceh, Indonesia,” 186.

<sup>248</sup> Fan, *Disaster as opportunity?*, 5.

<sup>249</sup> Hyndman, *Dual Disasters*, 15.

<sup>250</sup> Nakashima, “For Indonesia’s Leader, a Critical Test.”

<sup>251</sup> Daly et al., “Blueprints for Change in Post-Tsunami Aceh, Indonesia,” 186.

untenable. A successful relief program in Aceh could rehabilitate the central government's image and pave the path to future peace. Remarking on the importance of an effective response, Yudhoyono's coordinating minister for social welfare Alwi Shihab said of his president: "This is a test case for him."<sup>252</sup>

**"Can American Rice Trump American Guns Across the Muslim World?"<sup>253</sup>**



*Figure 11. Crew of the aircraft carrier USS Abraham Lincoln load USAID donations of food and water for delivery to northern Sumatra on January 6, 2005.<sup>254</sup>*

<sup>252</sup> Alwi Shihab in Nakashima, "For Indonesia's Leader, a Critical Test."

<sup>253</sup> Neil King Jr. and Donald Greenlees, "Aid Effort in Indonesia could Lift U.S. Image in Eyes of Muslims."

<sup>254</sup> Tyler J. Clements, Photographer's Mate 3<sup>rd</sup> Class, U.S. Navy, in "U.S. Military Relief Effort Panned," *CBSNews*, January 6, 2005, <https://www.cbsnews.com/news/us-military-relief-effort-panned/>.



Much like their Indonesian counterparts, U.S. government officials recognized the immense need and opportunity that arose in the tsunami's wake. In addition to providing crucial aid, an effective American response had great political implications. As with the previous two case studies, it is crucial to situate this disaster and humanitarian response in the longer geopolitical history of the period. In 2004, Indonesian and American relations had fallen into a state of disrepair. During the Cold War, U.S. administrations had worked closely with that of President Suharto, the autocratic military leader who led Indonesia from 1967 to 1998. Fearful that Indonesia, the world's most populous Muslim nation, would fall to communism, the U.S. government stayed silent for years as Suharto's regime grew repressive and even genocidal. In the 1990s, the Cold War coming to a close, recurrent human rights violations perpetrated by the Indonesian military strained diplomatic dealings between the two nations.

In Aceh, the Indonesian government's campaigns to reconsolidate power in Jakarta spurred conflict between separatist forces and the central government. East Timor, a former Portuguese colony in the center of the Indonesian archipelago, experienced similar levels of civil unrest. An primarily Catholic region in a predominantly Muslim nation, East Timor, now the sovereign state of Timor-Leste, called for independence after centuries of Portuguese rule ended in 1975.<sup>255</sup> Consequent clashes between the Indonesian government and East Timorese separatists were deadly and garnered increasing international infamy in the 1980s and 1990s.

The U.S. government first halted the provision of military assistance to Indonesia in 1992 over reports that Indonesian forces had killed scores of East Timorese protestors.<sup>256</sup> President B.J. Habibie, Suharto's successor and the first Indonesian leader to organize truly free elections

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<sup>255</sup> Ricklefs et al., *A New History of Southeast Asia*, 458.

<sup>256</sup> Eric Schmitt, "U.S. and Indonesia may Restore Military Link," *New York Times*, January 17, 2005, <https://colby.idm.oclc.org/login?url=https://searchproquestcom.colby.idm.oclc.org/docview/92972859?accountid=10198>).

since the 1950s, held a UN referendum on East Timor in August 1999. After 78.5 percent of East Timorese voted for independence, Indonesian militias retaliated brutally, killing at least 1,300 civilians. In response, the U.S. again suspended military assistance programs and threatened to sever formal ties with Jakarta.<sup>257</sup> These restrictions were still in place in 2004.

The tsunami, which occurred less than one year after the U.S. invasion of Iraq, created an opening. Using humanitarian channels, the American government had the chance to re-warm relations with Indonesian leadership and to send a larger message. In responding to catastrophe in the world's most populous Muslim nation with compassion and care, the United States sought to repair its image tarnished in Iraq. During his visit to Jakarta in the early days of January 2005, then U.S. Secretary of State Colin Powell explained that the U.S. aid effort provided "an opportunity to see American generosity [and] American values in action." This response would demonstrate that the U.S., and notably the U.S. military, was "not an anti-Islamic, anti-Muslim nation." Additionally, as Powell pointed out, effective disaster response intended to "dr[y] up those pools of dissatisfaction that might give rise to terrorist activity."<sup>258</sup> Journalists such as Neil King Jr. aptly noted that this response would "display a softer side to America's massive military," and would demonstrate that U.S. foreign policy was not solely focused on combatting terrorism as it had been in the years since 9/11 (Figure 11).<sup>259</sup> Entering this complex web of political performance, USAID arrived in the Aceh disaster-zone with a dual mandate: to provide aid and to reaffirm the status of the U.S. as benevolent global hegemon.

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<sup>257</sup> Ricklefs et al., *A New History of Southeast Asia*, 458.

<sup>258</sup> Colin Powell in Neil King Jr. and Donald Greenlees, "Aid Effort in Indonesia could Lift U.S. Image in Eyes of Muslims."

<sup>259</sup> Neil King Jr. and Donald Greenlees, "Aid Effort in Indonesia could Lift U.S. Image in Eyes of Muslims."

## The Politics of USAID

*It is also an opportunity for America to demonstrate our generosity and compassion, and for us to show that USAID is this country's and the world's most capable foreign aid organization.*

— Andrew S. Natsios, Frontlines (January 2005)<sup>260</sup>

In the December 2004 edition of USAID's internal employee newsletter, head of the Agency Andrew S. Natsios called on all offices and staff to join the tsunami relief effort. As the epigraph above suggests, USAID was the primary vehicle through which the American government intended to send a message about crisis in Indonesia. USAID, an independent agency of the U.S. federal government, had been a major actor in American intervention overseas since its official charter in 1961. Born from the legacy of the Marshall Plan, which disbursed American aid to Western European states after World War II, USAID proclaimed itself in 2006 the "principle U.S. agency providing assistance to countries recovering from disaster, trying to escape poverty, and engaging in democratic reforms."<sup>261</sup> In other words, the Agency was, and continues to be, an agent of humanitarianism, international development, and American foreign policy. Many USAID documents recognize this aspect of the organization's mission, clearly stating that emergency teams intervene when "it is in the interest of the USG to respond."<sup>262</sup> The basis of this interest changed repeatedly in the nearly half-century between USAID's creation and the Indian Ocean Tsunami. These changes are most visible in the Agency's rhetoric, namely in self-published institutional profiles. The Agency initially focused on injecting U.S. development dollars into foreign economies to curb the spread of communism

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<sup>260</sup> Andrew S Natsios in USAID, "Asian Tidal Wave Kills 150,000," 3.

<sup>261</sup> The Marshall Plan was passed into law as the European Recovery Act in 1947 to offer financial and technical assistance to European countries affected by war. This Cold War era plan provided economic and material aid for the reconstruction of essential infrastructure and industry, often with political strings attached. Based on the perceived political and humanitarian success of the Marshall Plan, the U.S. Congress passed the Act for International Development in 1950 to expand assistance programs outside of Europe. USAID, *USAID Primer: What We Do and How We Do It*, January 2006, 6, pdf, [https://pdf.usaid.gov/pdf\\_docs/PDACG100.pdf](https://pdf.usaid.gov/pdf_docs/PDACG100.pdf).

<sup>262</sup> USAID, *Annual Report for Fiscal Year 2005: Office of U.S. Foreign Disaster Assistance*, 5.

but pivoted to a “basic needs” model with greater emphasis on health, education, and income generation in the 1970s. In the 1990s, the era of Liberal Humanitarianism, a “sustainable development” model prevailed. This shift opened many new dialogues about the merits of self-sustaining programs in global health, good governance, and economic progress.<sup>263</sup>

After the September 11, 2001 attacks in the United States and the invasions of Iraq and Afghanistan, USAID placed a new emphasis on national security in its programming. USAID and the U.S. State Department issued their first joint strategic plan for 2004-2009, which dedicated greater attention to projects in failing states.<sup>264</sup> The Agency was divided into four regional and three technical bureaus at the time. The Bureau of Democracy, Conflict, and Humanitarianism Assistance (DCHA) is the department of greatest relevance to this research, as it housed the managing body of USAID’s tsunami response, the Office of Foreign Disaster Assistance (OFDA). In both name and objective, this Bureau bears a striking resemblance to Cold War aid campaigns designed to target “hearts and minds.”

A shift in visual rhetoric accompanied USAID’s addendum to its mission in the early 2000s. In conjunction with a new emphasis on national security, the Agency reinvested in its global brand strategy. Clapsed hands, assumed to be a universal symbol of friendship and unity, had long been at the center of USAID’s logo. According to Eleanor Gault, a marketing employee in a predecessor agency in the 1950s, this image was a way to “identify aid as part of the mutual effort with mutual benefits shared by our country [the U.S.] and friends around the world.”<sup>265</sup> Just months before the tsunami in Aceh, USAID added a new slogan beneath this logo: “From the American People” (Figure 12). The authors of a 2006 USAID primer entitled “What We Do

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<sup>263</sup> USAID, *USAID Primer: What We Do and How We Do It*, 6.

<sup>264</sup> *Ibid.*, 7.

<sup>265</sup> *Ibid.*, 8.

and How We Do It” explained that this change ensured the U.S. government and American taxpayer would receive recognition for their contributions to relief work abroad.<sup>266</sup> This rhetorical shift, executed in visual and narrative forms, added a personal dimension to USAID’s work. This new phrase distanced USAID from the U.S. federal government and reframed it as an extension of the American public. USAID strengthened the affective appeal of their programming in evoking the same sentiment of “common humanity” that former President Bill Clinton described in a passage at the start of this chapter. With this strategy, the Agency portrayed itself, an organization awash in the history of American politics, in the honeyed light of humanitarianism.



*Figure 12. USAID global brand heritage 1948-2004.*<sup>267</sup>

## Performing Compassion on a Global Stage

Disaster in Indonesia presented USAID an opportunity to construct a new narrative about American altruism in the twenty-first century. In its response to destruction in Aceh, the Agency depicted itself as both an exemplar of humanitarian virtue and a global humanitarian leader. USAID made massive material contributions to the relief effort in Aceh. After an initial pledge of approximately \$25 million, the Office of Foreign Disaster Assistance (OFDA) ultimately worked with other U.S. government agencies to channel nearly \$400 million in emergency aid to

<sup>266</sup> Ibid., 8.

<sup>267</sup> USAID, “Asian Tidal Wave Kills 150,000,” 16.

the province.<sup>268</sup> Much of the infrastructure in Aceh, and a significant portion of the local workforce, was lost in the tsunami. Early projects focused on filling this void and providing immediate access to food, water, shelter, and medicine. USAID stationed temporary staff at the main hospital in Banda Aceh and dispatched over 100 mobile teams to provide primary healthcare and psycho-social programming in the region. Coupled with rapid efforts to rehabilitate sanitation and sewage facilities, USAID's efforts "dramatically reduced post-tsunami health risks." An official one-year retrospective report concluded that at least 600,000 people affected by the tsunami "benefitted" from Agency care.<sup>269</sup> Describing its own efforts during the emergency phase in Aceh, USAID actors consistently emphasized the larger significance of their work. In the words of scholar of communication Jeff Motter, the U.S. tsunami relief effort was "as much a rhetorical moment as a material act."<sup>270</sup> Aid served as the material manifestation of American compassion and generosity. It was crucial that the U.S. not only provided effective care, but also, as Administrator Natsios' rallying cry illustrates, that the world noticed. In this sense, USAID's representation of their work in Aceh mirrors that of MSF on the Thai-Cambodian Border twenty years earlier. Public representations of each groups' work centered humanitarian actors rather than the populations in need, suggesting that the performance of care was nearly as important as the provision of it.

The concept of expertise also played a central role in USAID's intervention in Aceh. Administrator Natsios determined that the disaster-zone in Indonesia granted USAID a chance to reaffirm its status as "the world's most capable foreign organization." During the emergency phase, for example, USAID proudly advertised that its Disaster Assistance Response Teams

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<sup>268</sup> USAID: Indonesia, *Emergency Response and Reconstruction in Aceh Province (2004-2009)*, 1.

<sup>269</sup> USAID, *USAID fact sheet: Tsunami assistance, one year later*, December 21, 2005, pdf, <https://reliefweb.int/report/india/usaaid-fact-sheet-tsunami-assistance-one-year-later>.

<sup>270</sup> Motter, "American Exceptionalism and the Rhetoric of Humanitarian Militarism," 508.

(DART) had collected baseline data for the entire humanitarian community to use in assessing the impact of relief and recovery programs.<sup>271</sup> As the magnitude of disaster became clear, the Agency quickly supplemented its emergency relief programs with long-term plans. The authors of the Agency's Primer, revised shortly after the tsunami in 2006, explain that "USAID's broad experience in disaster aid permits effective, well-targeted responses to needs for immediate assessment and relief as well as for long-term reconstruction and strengthening local capacity to deal with disaster."<sup>272</sup> "Cash-for-work" and livelihood programs, which paid survivors to help clean and rebuild in Aceh, served as a testament to this foresight. Employment initiatives, in theory, added an appealing dimension to American disaster response. Descriptions of this work emphasized the restoration of "self-reliance."<sup>273</sup> OFDA, in the words of USAID employee Fiona Shanks, favored long-term solutions "that drew upon and strengthened local resources and tapped into nascent civil society groups rather than supplanting them."<sup>274</sup> Attempting to dismiss implications of imposition, USAID framed their work in Aceh as a collaborative endeavor meant to avoid protracted dependency on humanitarian aid. This sentiment, discussed in language reminiscent of that of MSF and even the American government in the Philippines, suggests that USAID actors were careful to avoid constructing an overtly paternalistic aid system.

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<sup>271</sup> USAID, *Annual Report for Fiscal Year 2005: Office of U.S. Foreign Disaster Assistance* 18.

<sup>272</sup> USAID, *USAID Primer: What We Do and How We Do It*, 26.

<sup>273</sup> USAID, *Annual Report for Fiscal Year 2005: Office of U.S. Foreign Disaster Assistance*, 19.

<sup>274</sup> Fiona Shanks in USAID, *Annual Report for Fiscal Year 2005: Office of U.S. Foreign Disaster Assistance*, 13.

## The Practice of Aid in Aceh: What is “Lost in Translation”?



Figure 13. “#BuildBackBetter.” The U.S. Embassy in Indonesia curated a photo exhibition in Jakarta and released an accompanying website, pictured here, to commemorate stories of “resilience, recovery, and international solidarity” ten years after the 2004 tsunami.<sup>275</sup>

USAID exhibited self-awareness about its position in Indonesia as an external aid organization but struggled to translate this recognition into practice. Shortly after December 26, 2004, USAID announced its plan to embark on a multi-year recovery effort to help Aceh “build back better” (Figure 13).<sup>276</sup> This popular refrain soon became the guiding principle of long-term action in the disaster zone. During a visit with the U.N. Special Envoy for Tsunami Recovery, former President Bill Clinton explained that “We,” meaning the American humanitarian apparatus, “need to make sure that this recovery process accomplishes more than just restoring what there was before.”<sup>277</sup> Like most humanitarian endeavors, this plan was surely well-intentioned. Yet, the notion of building back “better” raises a host of complicated questions. In a

<sup>275</sup> USAID Indonesia, “#BuildBackBetter,” *Exposure*, last modified December 3<sup>rd</sup>, 2014, <https://usaidindonesia.exposure.co/buildbackbetter>.

<sup>276</sup> USAID: Indonesia, *Emergency Response and Reconstruction in Aceh Province (2004-2009)*, 1.

<sup>277</sup> Fan, *Disaster as opportunity?*, 1.



devasted landscape teeming with foreign actors, who defines what is “better?” And what does this imply in terms of actionable policies?

USAID’s post-disaster reconstruction plan focused on four key areas: rebuilding key infrastructure, restoring livelihoods, providing basic needs and services for the vulnerable, and the strengthening capacity of local government. The Agency provided technical assistance to reconstruct houses and roads and developed income generation programs for Acehese farmers. USAID’s Environmental Services and Health Services Program helped revitalize health infrastructure with a special emphasis on expanding networks for maternal and pediatric care. In Aceh’s districts, USAID’s Decentralized Basic Education Program “improved the quality of teaching and learning.” Partnering with local organizations, USAID also established the first women’s crisis center in Aceh to offer gender sensitivity training to Islamic court judges, religious leaders, and local legal scholars.<sup>278</sup> These programs promoted development across many sectors. They invited women and youth, for example, to participate more fully in conversations about Aceh’s path forward. Ideally, successful investment in a moment of great dislocation would reduce the need for emergency relief in future crises. For many Western humanitarian actors, as well as American citizens, these policies appeared unquestionably good.

These programs likely had meaningful, positive impacts in some sectors and may have been less influential in others. Notably missing in many accounts of this work is great detail about the actual processes of construction or provision of medical aid. In this way, USAID’s institutional recollection of its intervention echoes that of MSF in Chapter Three. For these organizations, remembering the practice of aid is primarily a narrative device, and one that supports a humanitarian identity in the present. This research does not seek to label USAID’s

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<sup>278</sup> USAID: Indonesia, *Emergency Response and Reconstruction in Aceh Province (2004-2009)*, 1-3.

work as ‘good,’ ‘bad,’ successful, or unsuccessful. Rather, it aims to illuminate the historical subtext of a charge to “build back better.” The foci of USAID’s programming in Aceh indicates that these American humanitarian actors defined “better” in terms they assumed to be universal. The government of Aceh did not use this language in their own framing of disaster response.<sup>279</sup> Lilianne Fan, a research fellow at the Overseas Development Institute, explains that “build back better” was most popular among non-Acehnese actors involved in tsunami recovery. *Better*, Fan notes, also had clearly different connotations than *safer*.<sup>280</sup> A rhetorical, as well as practical device, “build back better” embodies a perennial challenge humanitarian responders face. USAID articulated its program in Aceh as one that privileged local input in long-term planning. At the same time, the Agency assumed it knew best, or at least “better.” It deployed programs developed from a Western perspective that promoted supposedly universal values. To “build back better,” in this view, was to build back more American.

### **“From the American People”**

The Indian Ocean Tsunami transformed the devastated landscape of Aceh Province into a testing ground for USAID’s ethics of humanitarianism. The Agency’s ability to assemble and execute an effective emergency response had implications that extended far beyond the bounds of the Indonesian archipelago. Recent American actions in Iraq had stained the U.S.’s global reputation. USAID, an extension of the federal government framed as a representative of the “American people,” was tasked with repairing this damaged image. Through their provision of aid, USAID actors intended to show the world that the United States was still a benevolent force. Humanitarianism, with its present-orientation and conations of compassion, served as an excellent instrument in this endeavor. USAID programming, in theory, exemplified American

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<sup>279</sup> Fan, *Disaster as opportunity?*, 7.

<sup>280</sup> *Ibid.*, 25.

generosity as well as operational capability. Practically, USAID policies developed under the mandate of “build back better” reinforced the idea that American values were universal, and that their purveyors were expert, if not paternalistic, agents of modern humanitarianism.

## EPILOGUE

USAID's mission in the twenty-first century replicated the structures, assumptions, and challenges of humanitarian interventions of earlier eras. Like the American colonial government in the 1900s or MSF in the 1980s, USAID approached humanitarianism as both a set of philosophical principles and a political tool. Many USAID officials in Indonesia recognized this dual function yet continued to construct narratives of humanitarian exceptionalism. Overemphasis on human need and purely compassionate response minimized the complexity of the historical and geopolitical context in which disaster response occurred. Phrases such as "build back better" centered USAID's relief effort in the present while offering commentary on the past and the future. To be "better" implies that the past was problematic and the future an opportunity for improvement on humanitarian rather, than overtly political, grounds. With this slogan, USAID tapped into a discourse of modernity that, I argue, is rooted in late nineteenth century theories of civilizing. But, as Lilianne Fan critically asks in her analysis of post-tsunami reconstruction in Aceh, "who would want to build back *worse*?"<sup>281</sup>

This study began with the question: is humanitarianism in the twentieth century a continuation of the civilizing mission? To answer concisely: yes and no. First, it is crucial to acknowledge that there is no single humanitarianism of the twentieth century. Rather, there are many humanitarianisms and they exist in a myriad of dynamic forms. Separated by decades and volumes of history, the cases considered here are unique. They deal with vastly different time periods, distinct institutions, and specific crises of diverse natures. This research challenges "seductively simplistic" visions of humanitarianism to expose the consequences of excessive generalization. Friction, as the opening case study in Sulawesi illustrated, arises when

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<sup>281</sup> Fan, *Disaster as opportunity?*, 2.

humanitarian actors presume that their values, practices, and presence are welcome in any context. However, it would also be inappropriate to conclude that all humanitarian action stems from antiquated desires to civilize or “uplift.” This research shows that to understand tension in the present, we have to study humanitarian narratives and action in context. I raise questions about the links between contemporary and colonial expressions of humanitarianism not to condemn or criticize humanitarianism, but to see how overgeneralization and oversimplification create gaps in knowledge that are both mystifying and controversial.

The civilizing mission, as the preceding chapters have discussed, promised progress through access to modern culture, science, and technology. This notion – that progress can be defined in universal, Western terms – is one of the key threads that runs through the case studies surveyed here. An assumption of superiority often accompanied this idea but was increasingly veiled in the language of expertise and technological prowess as the twentieth century went on. The conviction that humanitarianism, assumed to be a symbol of what is good and moral, was an appropriate vehicle for political intervention also endured. This last assumption often reoriented the focus of humanitarian action to the humanitarian institution or actor themselves. In this way, narratives of humanitarian history preserve some of the central features of Edward Said’s orientalism. Humanitarian discourse, this research indicates, arguably tells us more about the international humanitarian imagination than it does about populations served or details of medical work on the ground.

I now return to Lilianne Fan’s striking question. In an attempt to avoid the paternalistic pitfalls of humanitarian tradition, should aid workers in Aceh have committed to “building back worse?” Should they have devoted their time to reproducing structures of inequality and vulnerability? Fan’s query, as well as the multitude of questions it raises, is likely unanswerable.

Instead, it invites further consideration about the limitations and future of humanitarianism. The case studies included here illuminate an unsavory side of aid. It is political and has been throughout the twentieth century. In light of this recognition, the Indonesian government's actions in Sulawesi in 2018 appear unsurprising. Humanitarian discourses are often premised on the belief that superior science and technology endow certain institutions and individuals the right to direct others. These patterns and incongruities in humanitarian discourse and practice are critical to address. But how do we do this? How do we disassemble and reconstruct an international system characterized by uneven distribution of wealth and resources? Should all global health projects with echoes of the civilizing mission be terminated? Should health funding flows, between Western nations and previously dependent territories, for example, stop? I raise these questions here not to attempt to answer them, but to show what a historical approach allows us to ask. As the opening case in Sulawesi, as well as each subsequent chapter, revealed, history is very much alive in humanitarian spaces. Acknowledging this truth, and the discomfort that may accompany it, offers both scholars and humanitarians a way forward, an opportunity to see through the haze of the "humanitarian mystique."

In the spirit of studying context-specific humanitarianisms, I cannot conclude without addressing the historical context in which I completed the final stages of this research. In the spring of 2020, we are living in the midst of a global public health crisis of extraordinary proportions. Every day we watch human tragedies and political dramas play out across the news. In the United States, we have a front row seat to see how not just aid, but medicine and scientific knowledge become issues of immense political importance. We see — in daily press briefings — how crisis becomes an opportunity to construct new narratives. Some are frightening, some inspiring, and some just surprising. We watch as patterns of chronic inequity poke through the

wreckage of COVID-19, and we weather challenges to long-held beliefs about the preparedness and adaptability of our modern health systems. We are living in a moment of great uncertainty, but this research suggests, we can be certain of one thing: medicine and politics are and have been deeply interconnected. Acknowledging this truth does not make the work of frontline healthcare workers, or humanitarian actors throughout history, any less crucial or laudable. We must recognize and honor the sacrifices that people make in service of others, or as President Clinton said in 2005, in service of “our common humanity.” But, as my research shows, we can do this in ways that acknowledge the histories and politics, and the histories of politics, that shape the world we live in.

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