
Review by Richard Keller, University of Wisconsin-Madison.

This outstanding book plunges the reader into the heart of a complex debate that has been unfolding in the past decade. The awarding of the 1999 Nobel Peace Prize to the humanitarian aid group Médecins Sans Frontières (MSF) or Doctors Without Borders has spurred a wave of scholarly interest in humanitarianism, chiefly among anthropologists and sociologists. Yet given the ways in which this debate highlights issues such as citizenship, human rights, and global diplomacy, this work has important implications for French historians with interest in a larger culture of humanitarianism and the context from which it emerged in the late twentieth century. Miriam Ticktin’s *Casualties of Care* outlines the complexities of humanitarian work as it applies to political struggles over immigration, women’s rights, and health care in contemporary France. It does so with exceptional clarity, while never shying away from the complicated ethical dilemmas that contemporary humanitarianism poses in the historical context of a shrinking welfare state and a powerful concern over French identity.

Ticktin is exceptionally strong at pointing out the ways in which nothing is an unmitigated good. Discussions of contemporary humanitarianism often have the effect of foreclosing critical engagement. If Bill Gates seeks to spend his fortune on neglected diseases in the developing world, the logic goes, we should applaud him for his altruism. When physicians risk their lives in a state mired in civil war, we should thank them for serving humanity when they could just as easily be enriching themselves through private practice. Yet as Ticktin points out (echoing the anthropologist Peter Redfield), humanitarianism often operates as a substitute for broad social and economic change, and so perpetuates the very conditions of crisis it seeks to mitigate.[1]

Through significant documentary research and extensive ethnographic fieldwork in Paris and the banlieue,Ticktin provides a rich analysis of what she calls regimes of care and the phenomenon of “armed love.” For Ticktin, “armed love” occurs when humanitarian action is “accompanied, explicitly or implicitly, by practices of violence and containment” (p. 5). As an explanatory example, Ticktin cites the case of President George W. Bush’s emphasis on the liberation of Afghan women from the Taliban as a justification for war. (She later develops the concept in a chapter that signals how French efforts to clamp down on human trafficking have led to heightened police activity—and brutality—in immigrant neighborhoods.) She focuses most closely on the past fifteen years, a period that has witnessed powerful restrictions on immigration and a resurgent extreme right politics that has taken immigration and insecurity as its principal concerns. Amid vocal, passionate debates about what constitutes a truly French identity in a multicultural society—as evidenced perhaps most acutely in the condemnation of head scarves and burkhas—a dramatic reduction of the granting of political asylum and other constraints on immigration have made the so-called “illness clause” one of the only pathways to legal status for undocumented immigrants in France.
In 1998 the French government passed legislation that granted legal immigration status to those already living in France who had life-threatening illnesses that were effectively untreatable in their home countries. In other words, the legislation essentially banned the deportation of sick undocumented immigrants if that deportation would amount to a death sentence due to the status of care available in their countries of origin. This change in the law resulted from the extensive lobbying of a number of NGOs that served a range of causes with implications for immigration, chiefly human rights groups and health aid organizations such as MSF and Médecins du Monde. For the first time, the Ministry of Health began to play an expanded role in the immigration process. While the ministry had long examined those who applied for cartes de séjour—refusing entry to those with certain communicable diseases—it now had the power to influence immigration in a new way: by admitting those who could only find appropriate care in an industrialized society such as France.

With the illness clause, suffering became a pathway to papers. Yet as Ticktin points out, the application of the illness clause was only partial. As her case studies reveal, only certain exceptional cases qualified for papers under the clause: those who presented to health authorities with what Ticktin calls “morally legitimate suffering” (p. 4). Victims of sexual violence and patients who suffered from diseases such as HIV or cancer tended to qualify, where those afflicted with more ordinary forms of suffering associated with economic marginalization found themselves excluded. Thus, a regime of care offered limited access to state services for some, but by definition disenfranchised the majority of those who sought admission to citizenship.

This regime of care has paradoxically come to recognize the sick over the laboring, and has made disability a desired criterion for admission to the state. Such a turn has inverted the relationship between health and citizenship that the sociologist Abdelmalek Sayad described in the late 1970s, in which the laboring male immigrant’s body constituted his principal vulnerability: sickness menaced the immigrant with illegitimacy (and ultimately with deportation) in a society that framed his status through economic relations. By contrast, now highly specific forms of vulnerability—those that elicit a clear and incontrovertible biomedical diagnosis, but also the compassion of health workers, judges, and by extension the republic—constitute a direct line of access to the state.

Others have signaled similar paradoxes. The anthropologist Adriana Petryna’s brilliant monograph on the Chernobyl disaster and the efforts of Ukrainians affected by the disaster to seek reparations from the state is one example. Petryna develops from her work the concept of “biological citizenship,” by which she means a civil status in which one’s only relationship to the state is constituted through illness as a legitimate claim on state responsibility. With the almost immediate collapse of the Soviet Union in the aftermath of the Chernobyl disaster, Ukraine suffered extreme economic dislocation, producing a circumstance in which a legitimate claim of victimhood linked to the disaster constituted an almost exclusive means of economic survival. Likewise, the anthropologist Kim Fortun has highlighted a similar mechanism at work in India in the aftermath of the Bhopal disaster. But as Ticktin points out clearly, the immigration case is distinct from these others, as the former involve citizens making claims on a nation-state. By contrast, the subjects Ticktin studies are by definition outside the system, and they constitute their entire political identities through their status not merely as subjects, but as sick subjects. Where the victims of the Chernobyl and Bhopal disasters must call upon scientific expertise to measure their degrees of exposure to radiation and chemical toxicity, respectively, those at the heart of Ticktin’s book must find not only biomedical evidence of their suffering, but also must win the compassion of a hard-nosed state conditioned against such appeals.

Perhaps the most fascinating sections of the book are the chapters on what Ticktin calls “armed love” and “biological involution.” Armed love has several components. It includes the “cowboy” interventionism of groups such as MSF, who disregard political obstacles to their presence and throw themselves in harm’s way. But it also includes the ways in which states have launched harsh security measures under a humanitarian pretext. Drawing parallels to the Bush administration’s claims that the
Iraq and Afghanistan invasions promised to liberate those countries’s suffering women, Ticktin focuses on efforts to root out human trafficking and sex work in France, which have led to a sharp uptick in the policing of immigrant populations, including identity checks and detentions on weak legal grounds. Biological involution speaks to a different problem: that of a new form of citizenship that emerges from the necessity of disease and disability as a means to access legal status. Such a proposition has the effect of compromising citizenship by grounding it in pathology from the outset.

Ticktin’s book fits into a growing body of (mostly ethnographic) work on humanitarianism, citizenship, immigration, and marginalization.[4] In particular, it helps the reader to situate the sociologist Loïc Wacquant’s studies of urban marginalization among immigrant populations in France.[5] In a universe in which those who can document clear abuses of human rights such as excision, sexual violence, and human trafficking can find a pathway to legitimacy, while those who suffer from desperate poverty, deprivation, educational inequality, and police brutality cannot, humanitarianism appears more as a mechanism of rescue than one of rights. Through her engagement with the recent history of humanitarianism and immigrant rights, she produces a fascinating monograph that will long be essential reading for historians of contemporary France and their students, outlining a horrifying scenario in which care cuts like a double-edged sword, protecting some while excluding others.

NOTES


Richard Keller
University of Wisconsin-Madison
rckeller@wisc.edu

Copyright © 2013 by the Society for French Historical Studies, all rights reserved. The Society for French Historical Studies permits the electronic distribution of individual reviews for nonprofit educational purposes, provided that full and accurate credit is given to the author, the date of publication, and the location of the review on the H-France website. The Society for French Historical Studies reserves the right to withdraw the license for edistribution/republication of individual reviews at any time and for any specific case. Neither bulk redistribution/ republication in electronic form of more than five percent of the contents of H-France Review nor re-publication of any amount in print form will be permitted without permission. For any other proposed uses, contact the Editor-in-Chief of
H-France. The views posted on H-France Review are not necessarily the views of the Society for French Historical Studies.

ISSN 1553-9172