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The co-construction of medical humanitarianism: Analysis of personal, organizationally condoned narratives from an agency website

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ABSTRACT

Recent years have seen significant growth in both the size and profile of the humanitarian sector. However, little research has focused upon the constructions of humanitarian practice negotiated by agencies and their workers that serve to sustain engagement in the face personal challenges and critique of the humanitarian enterprise. This study used the public narrative of 129 website postings by humanitarian workers deployed with the health-focused international humanitarian organization Médecins Sans Frontières (MSF) to identify recurrent themes in personal, organizationally-condoned, public discourse regarding humanitarian practice. Data represented all eligible postings from a feature on the agency's UK website from May 2002 to April 2012. The text of postings was analysed with respect to emergent themes on an iterative basis. Comprehensive coding of material was achieved through a thematic structure that reflected the core domains of project details, the working environment, characteristics of beneficiaries and recurrent motivational sub-texts. Features of the co-construction of narratives include language serving to neutralize complex political contexts; the specification of barriers as substantive but surmountable; the dominance of the construct of national-international in understanding the operation of teams; intense personal identification with organization values; and the use of resilience as a framing of beneficiary adaptation and perseverance in conditions that - from an external perspective - warrant despair and withdrawal. Recurrent motivational sub-texts include 'making a difference' and contrasts with 'past professional constraints' and 'ordinary life back home.' The prominence of these sub-texts not only highlights key personal agendas but also suggests - notwithstanding policy initiatives regarding stronger contextual rooting and professionalism – continuing organizational emphasis on externality and volunteerism. Overall, postings illustrate a complex co-construction of medical humanitarianism that reflects a negotiated script of personal and organizational understandings adapted to evolving demands of humanitarian engagement.

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1. Introduction

The humanitarian sector has grown significantly in size and profile over recent years. It has been estimated that in the order of a quarter of a million people are employed by humanitarian organizations globally (Stoddard et al., 2009). Alongside such issues of shelter, protection, food and nutrition, and water and sanitation, health represents a major focus of intervention in most major humanitarian emergencies (Ager, 2012). Health positions typically

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http://dx.doi.org/10.1016/j.socscimed.2014.05.053 0277-9536/© 2014 Elsevier Ltd. All rights reserved. represent, for example, between 15% and 20% of vacancies advertised on the ReliefWeb site [www.reliefweb.org], the key source of information on vacancies in the humanitarian sector globally.

In spite, or potentially as a result, of this growth, there has been increasing critique of humanitarian strategy and the management of the global 'humanitarian regime' (Rieff, 2003; Barnett and Weiss, 2008, 2011; Walker and Maxwell, 2009). The potential compromise of humanitarian values as humanitarian assistance has increasingly drawn upon governments — rather than the general public — as the principal source of funding has been a major feature of such critiques. A medical humanitarian organization such as International Medical Corps received nearly 75% of its income through contracts and grants in 2011, for instance (IMC, 2011). Where humanitarian

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organizations provide services to migrants and other marginalized populations that are the responsibility of the state, there are concerns that this helps build legitimacy for the state's retreat from social responsibilities to such populations (Gottleib et al., 2012). Another common focus of criticism, analogous to common arguments regarding the development sector, is the neo-colonial nature of humanitarian assistance, with expertise largely deployed from high-income to low-income nations. Despite the humanitarian workforce being drawn from an increasingly diverse range of nationalities, there remain concerns that the power of the humanitarian regime resides largely in nations and institutions of the global North. Linked to this is growing recognition of historical failures to build real capacity for crisis management and response in the global South (IFRC, 2013).

Such critiques present major challenges to humanitarian organizations in the presentation of their work to others and in their self-understanding (Calhoun, 2008). The core principles of humanitarianism - humanity, neutrality, independence and impartiality – seek to place the work of such organizations outside the bounds of politics and contingency; such critique grounds them within a contested territory of legitimacy, power and pragmatism. It is not only organizations, but the individuals that work with them, that are faced with the challenge of articulating a coherent construction of humanitarianism. In offering protection, relieving suffering and exposing injustice, humanitarian workers fulfill what are widely seen as the highest human goals. However, deployment as a humanitarian worker has been linked to high rates of burnout (Lopes Cardozo et al., 2012; Stoddard et al., 2009). There has also been a notable rise in humanitarians' risk of exposure to violence and abduction (Sheik et al., 2000; Stoddard et al., 2009). In 2008, for instance, the mortality rate of humanitarian aid workers was higher than that of UN peacekeeping troops. This trend is widely seen as representing a loss of the 'humanitarian space' that previously saw humanitarian workers protected from harm on the basis of their perceived neutrality and impartiality (de Torrente, 2004). They are now increasingly seen to be professionals undertaking a job, not clearly distinguishable from the contractors deployed to humanitarian contexts working without explicit humanitarian motivation (Abu-Sada, 2012).

The construction of humanitarian work — the understandings through which it is given purpose and meaning — is thus of significant relevance to both organizations and the individuals that work within them. It reflects the manner in which sense is imposed upon a complex, contested role at the margins of regular organizational expediency and personal interest. More generally, it reflects the motivations, expectations and norms of humanitarian work that sustain the coordinated actions of agencies and their workers in contexts of humanitarian response.

Little systematic research has focused upon workers' constructions of humanitarian practice. The anthology of writings by humanitarian workers compiled by Bergman (2003) remains a key resource, although the growing use of social media has resulted in a number of blogs featuring such accounts (such as AidSource and Humanicontrarian). Redfield (2005, 2006, 2012) has, through an anthropological lens, advanced understanding of humanitarian practice – and the interaction of roles of human rights advocacy and provision of healthcare – with respect particularly to the work of the agency Médecins sans Frontières. Bjerneld et al. (2006) report on one of the few empirical studies to explicitly address the motivations of expatriate humanitarians in the health field. In pre-deployment interviews, health workers articulated the factors particularly salient in their seeking humanitarian work to include wanting to make a significant social contribution, searching for new experiences, seeking more satisfying work and securing a sense of coherence and community in their work. Sinding et al. (2010) document the manner in which expatriate medical humanitarians managed competing narratives regarding rights to treatment and scarcity of resources in justifying their decisions to treat, or not to treat, patients in humanitarian and related contexts. Walkup's (1997) analysis of the manner in which 'burnout' can be linked to common features of the humanitarian work environment remains one of the most vivid accounts available of construction of humanitarian practice. He emphasizes the manner in which humanitarian discourse can serve to protect humanitarian workers from the ambiguities and incongruities of dealing with large-scale suffering but, over time, may distance workers from beneficiaries. Walkup's work is of particular interest because it is a rare example of explicitly linking the framing of work by the individual humanitarian worker with the scripts provided by the discourse of humanitarian organizations.

Work addressing the construction of humanitarian response by organizations has principally taken one of two forms. Some studies have documented the forms of communication which such agencies draw upon in securing public and political engagement with humanitarian agendas (see Foxx, 1995; Torchin, 2006; Musarò, 2011). The recent review of Calain (2013) argued that the use of imagery of suffering bodies by humanitarian agencies "perpetuates a distinct worldview of asymmetrical power relationships, contributing to the 'humanitarian reduction of the victim' as a passive recipient of aid" (p. 280). Others have examined more broadly the impact of humanitarian response on public discourse. Sorensen (2008), for example, documents how the discourse of humanitarian agencies served to shape the political, cultural and moral landscape in Sri Lanka over many years of humanitarian engagement. Watson (2011) uses the example of the Indian Ocean tsunami of 2004 to demonstrate how the discourse of the humanitarian regime privileged the voices of particular actors and reflected their interests in enabling a securitization agenda.

There have been few attempts to explicitly link the constructions of humanitarian workers and their agencies to understand the negotiated space of expectations and norms that determine the day-to-day conceptualization of humanitarian action. This study explicitly addresses discourse negotiated at the intersection of individual humanitarians and the wider interests and perspectives of the agency with which they are deployed. In so doing, it seeks to consider issues of personal motivation and perspective, but in a context that also reflects the perceived legitimate interests and agendas of the agency. A personal diary narrative may reflect the former. An organization policy statement may reflect the latter. The solicited web postings of humanitarian workers on a promotional agency site potentially provide insight into both. Such postings reflect the personal, organizationally-condoned narratives negotiated within an organization. In presenting the discourse negotiated at the intersection of personal experience and organizational interest, they provide insight into the language and meanings deemed legitimate within the organization. As Bergman notes in the preface to her 2003 collection, this is a complex undertaking:

some aid agencies were reluctant to cooperate. Others understood that to allow their humanitarian workers a voice was an opportunity to reach potential donors..... [but] in return, they wanted to maintain control of the text (p.12).

The study is concerned with the construction of public narratives of medical humanitarianism by workers with the agency Médecins sans Frontières (MSF). MSF is not only amongst the largest of medical humanitarian organizations, but amongst the most influential on global humanitarian discourse. MSF has been a strong critic of the loss of the distinct role of agencies operating under a humanitarian mandate with the rising co-option of their

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