Care

Care is central to the humanitarian endeavor. The International Committee of the Red Cross emerged in response to the absence of professional care for wounded soldiers after the battle of Solferino in 1859. While the provision of health care in emergencies remains central to the humanitarian enterprise (Feldman 2017), the notion of what humanitarian care is and who can legitimately provide it has broadened. Humanitarian care now includes a complex array of protection of civilian populations, including food aid, shelter, education and vocational training, protection from sexual exploitation and abuse, legal aid, and, increasingly, humanitarian workers' "self-care" and wellness.

As ideal humanitarian practice, care builds on the imperatives to do no harm and to assist according to need in a humane, impartial, and neutral manner. Faith-based humanitarian organizations straddle these principled approaches to care and the specific religious duties and obligations of Islam, evangelical Christianity, and Judaism, for example. Rights-based humanitarian organizations seek to base their provision of care on social justice and human rights principles. At the same time, contemporary ideas of humanitarian care are deeply intertwined with the historic legacies of Western colonialism and the civilizing and paternalistic impetus of the military, missionary, and commercial arms of the colonial regimes deployed to provide various forms of care (Barnett 2011). Further, they are influenced by the domestic trajectories of poor management and culturally rooted conceptualizations of how individuals are deemed deserving or undeserving of care (Piven and Cloward 2012).

Critical scholarly contributions focus on humanitarianism as contested regimes of care and its nexus with control, in particular the linkage between care, migration management (Ticktin 2011) and the enforcement of borders (Williams 2015). Recently, the turn to resilience and remote management has produced yet another version of "humanitarian care" with aid and protection tailored to help populations in crisis care for themselves (Duffield 2016). An important part of this is the deployment of surveillance and tracking technologies to measure, map, and quantify movements, social interactions, and consumption, such as drones or wearables. This trend towards "technologizing care" and the digitization and datafication of care practices in the humanitarian cyberspace (Sandvik 2016) engenders important reconceptualizations of the meaning of care, as well as new regimes of care and intervention, such as care for the "digital body."

While the understanding of care needs and practices as gendered, racialized, and stratified are well integrated into humanitarian programming, important blind spots remain, an example being how the term “vulnerability” is mostly associated with women at the cost of making men’s suffering and care needs invisible (Sandvik 2018).

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Celebrities

Stories of the suffering of global others are today regularly mediated by celebrities. Entertainment stars, film, rock, TV celebrities, and philanthropic billionaires feature in non-governmental organization (NGO) advertisements with the aim of raising awareness about humanitarian issues on the news and in television shows and speak at international summits advocating for a more just world. Modern global humanitarianism is dependent on spectacles