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Gift

In 1925, French sociologist and anthropologist Marcel Mauss wrote the classic of social theories of reciprocity and gift exchange, arguing that gifts create and reproduce social relations. Mauss noticed three obligations in societies practicing the so-called gift economies: to give, to accept, and to return the gift (Mauss 1967[1925]). Since every gift carries with it a set of obligations, it presents a materialization of social relations. When there is a significant temporal delay between the gift and the counter gift, or when there are many people linked into a network (Lévi-Strauss 1969), participants can avoid recognizing their participation in a gift exchange.

Anthropologist Anette Weiner suggests that there are forms of giving that contribute to the reproduction of whole societies, not just of relations between particular individuals. In such forms of giving, an obligation is created not just between the giver and the receiver, but also between their relatives and non-kin, allowing for "long term regeneration of intergenerational (and intragenerational) social relations" (Weiner 1980: 79).

This view of the gift as productive of social relations has sparked a discussion among various social theorists on the possibilities of a "free gift"—one that requires no answer, and thus is not implicated in the creation and reiteration of social relations. For instance, French philosopher Jacques Derrida claimed that a true gift must not be linked with any acknowledgment. Any sort of a response—even saying "thank you"—moves the gift into a domain of exchange: "For there to be a gift, there must be no reciprocity, return, exchange, counter gift or debt" (Derrida 1992: 13). In his reading, the only real gift can be the gift of time.

Anthropologist James Parry has critically assessed the urge of Western scholars to find the free gift, noticing that “the ideology of disinterested gift emerges in parallel with an ideology of purely interested exchange” (Parry 1986: 458). In other words, an assumption that there is something corrupt about gifts intertwined with reciprocity or interest is the product of an ideology that first appeared in modern states with an advanced division of labor. Exchange of commodities and gifts in modernist societies works in a specific conceptual frame, where gifts and exchange, persons and things, interest and disinterest need to be clearly kept apart.

Theories of gift exchange have influenced humanitarian studies. Humanitarianism presents a distinct form of a transnational gift that cannot be reciprocated (Bornstein 2012). As Didier Fassin argues, there is an assumption of ontological inequality between the givers and the recipients of humanitarian aid. Those who need saving “are those for whom the gift cannot imply a counter-gift, since it is assumed that they can only receive. They are the indebted of the world” (Fassin 2007: 512). Although it precludes reciprocity, humanitarian aid is not quite a “free gift.” Following Weiner’s argument (that gift giving is not necessarily about reciprocity between particular persons, but about regeneration of the wider social order), we can analyze how obligations created through humanitarian aid reproduce geopolitical links and social relations on a global scale. Finally, there is an ongoing tension in humanitarianism between the spontaneous and fleeting impulse to save lives and the regulation of this impulse through attempts to bureaucratize humanitarian aid (Bornstein 2009). Very often, this tension results in adhocism, “a system that used rough-and-ready ways of knowing to quickly arrive at improvised solutions” (Dunn 2012: 15) creating along the way “chaos and vulnerability as much as it creates order” (Dunn 2012: 2).

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Global Health

Global health can be defined as “collaborative international research and action for promoting health for all” in an equitable manner (Beaglehole and Bonita 2010). The roots of global health lie in colonial medicine, and in the 19th-century concept of “international health,” which worked to control the spread of epidemics between countries, including between developed and developing countries.

When the World Health Organization (WHO) was formed in 1948, 70 countries were represented; by 2010, there were 193 countries. After some early setbacks because of the WHO’s top-down approach, global health priorities were significantly reformulated in 1978 at a conference in Alma-Ata according to the principle of “health for all.” This involved access to health education, immunization, disease control, and essential medications (Farmer, Kleinman, Yong Kim and Basilico 2013). However, with the marketization and privatization of health in the 1980s, global health was reframed as a commodity rather than a right, and, alongside national governments, the World Bank, International Monetary Fund and UNICEF became major players in health. The Gates Foundation is now the largest funder for global health.

Severe health inequity remains a burning human rights issue. With the poor bearing the brunt of both preventable ill health and human rights violations in all countries, health advocacy, public health, and humanitarian and social justice concerns have been jointly mobilized by governments, non-governmental organizations, social and political movements, and health activists to address the “pathogenic role of inequity” (Farmer 2003). Humanitarianism operates in global health as organized institutional and government action, as well as a discourse and justification for community and political action.

The AIDS pandemic of the 1980s and 1990s catalyzed global health as a field. As anti-retroviral treatments transformed a fatal disease to a manageable one