Surviving in a Moveopticon: 
Humanitarian Actions in Bosnia and Herzegovina 
Research Article 

Čarna Brković 
Visiting Fellow at the Centre for Southeast European Studies, University of Graz 
charnabrkovic@gmail.com

http://www.suedosteuropa.uni-graz.at/cse/en/brkovic
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Surviving in a Moveopticon: 
Humanitarian Actions in Bosnia and Herzegovina

Čarna Brković

This article discusses “humanitarne akcije,” a practice present across former Yugoslav states, whereby relatives of people who need expensive medical treatments abroad, raise large sums of money. Ethnographically exploring three humanitarian actions organized in a town in Bosnia and Herzegovina in 2009 and 2010, the article critically engages with an issue of how survival and wellbeing were enabled in this context. The simultaneous postwar and postsocialist transformation of healthcare and social security systems in Bosnia and Herzegovina created gaps, in which many people were left without support. The article suggests that survival and wellbeing did not primarily depend on citizenship, ethnicity/nationality, residence, or some other category of identification and differentiation, but on the skill to generate a large network of relations in varied ways. Humanitarian actions can be understood as enactments of a moveopticon—an arrangement in which people have to be known and knowable in order to maintain survival and wellbeing and which does not have a single unifying centre where knowledge is gathered and control organized. Instead, in a ‘moveopticon,’ people have to keep moving, since survival and wellbeing largely depend on the compassion and goodwill of people and public officials one meets along the way. ¹

Keywords: humanitarianism, power relations, flexibility, moveopticon, Bosnia and Herzegovina

Introduction
One late October afternoon in 2009, I went to a bank in Bijeljina, a border town in Bosnia and Herzegovina (hereon: Bosnia), to pay my bills. The bank was located at the town’s centre; it was recently refurbished, with grey counters, minimalist chairs, and LCD computer screens. While queuing, a conversation between an employee behind the counter and her customer caught my attention.

¹ Čarna Brković is a social anthropologist exploring politics of survival and wellbeing, public spheres, and clientelism in former Yugoslav countries. After obtaining a PhD · University of Manchester, 2012 · she has held Postdoctoral Fellowships at the CEU Institute for Advanced Study and NEC Institute for Advanced Studies. Currently, she is co-editing a book “Negotiating Social Relations in Bosnia and Herzegovina” (together with Stef Jansen and Vanja Čelebići), as well as “Anthropology Matters” journal.

I am grateful to the three families who organized humanitarian actions for letting me learn from them, as well as to Stef Jansen, Sarah Green, Paul Stubbs, Florian Bieber, Jon Mair, Elissa Helms, Andrew Hodges, Ñinoa Montoya, Vanja Čelebići, Danilo Martinović, anonymous reviewers, and the editors of Contemporary Southeastern Europe for their comments on earlier versions of this article. Support for research and writing was provided by the Leverhulme Trust and the CEU Institute for Advanced Study.
Customer: Hi, I want to make a payment to a humanitarian account. This is the name of the account holder and here is the account number [she gave a piece of paper to the clerk].

Bank Clerk: Who is making the payment?
Woman: Class 3T, Vuk Karadžić School.

Bank Clerk: And to whom is the payment addressed?
Woman: For Božo... Božo... Could you please take a look at the name on the paper?

Bank Clerk: For Božović Slavko... I know about this boy.
Woman: Yes, my class collected money for him.

The two women briefly discussed the boy, the sorrow his family must be feeling, and other humanitarian events organized for the Božović family about which they had heard. A few days later, I saw a poster asking for help for Slavko Božović at the town’s main bus station. I started noticing the humanitarian posters throughout the town: on walls, bus stops, street lights, in shop windows, and so on. It seemed like the town was filled with calls to help people through *humanitarne akcije* (literally: humanitarian actions). In the following months, the announcements of humanitarian events for Slavko multiplied, advertisements appeared in newspapers and on local TV stations, followed by Facebook groups and more posters.

In this article, I follow, ethnographically, three families who organized humanitarian actions in Bijeljina in 2009/2010 in order to get expensive medical treatments abroad. The Božović’s who successfully raised money for Slavko’s healthcare abroad from thousands of donors were one of those families.² In all cases, individuals, privately owned firms, municipality and other state institutions, non-governmental organizations, and many other actors donated money in order to help a single person’s survival and well-being. The argument of this article is that moving socially – the pursuit of social relations among the aforementioned public and private actors – is the critical factor for survival and wellbeing of many people in postsocialist, postwar Bosnia. *Humanitarna akcija* (literally: a humanitarian action) is a practice that can be understood as an arrangement where people needed to be known and knowable for survival, but who did not have a single unifying centre where information and knowledge was gathered and control organized. Instead, in ‘moveopticons,’ as I am calling these arrangements, people had to keep moving, since their survival and well-being largely depended on the goodwill of the people they met along the way. Those who were able to access the required medical treatments were, primarily, those who made themselves known to multiple social actors by continuously moving through local social worlds.

Local knowledge of who these people were and where they came from was very important for donors’ decisions of helping or not. The donors’ reasons for helping were also affected by the ethnicity/nationality of those who needed help, their age, gender, profession, and the time they had spent living in the town. However, since all three families in Bijeljina were helped by, literally, thousands of people, some of those identity markers were important for some people.

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² As it is common in social anthropology, I changed the names of all my interlocutors and sometimes a biographical detail, in order to protect their anonymity.
at some point, whilst they were not so important at other points, or for other people. What enabled their survival in the end was not citizenship, ethnicity/nationality, residence, or some other category of identification and differentiation. Rather, it was their ability to generate a large network of relations in varied ways. This was possible, because the Bosnian state occasionally operated through a humanitarian logic of compassion, rather than through bureaucratic impartiality. Bosnian healthcare and welfare grids were interspersed with gaps in which bureaucratic indifference was temporarily suspended by humanitarian reason.\(^3\) The state was not absent from the lives of people who needed humanitarian help, but rather partly present. It provided some medical and financial services, but not all, to some people, but not others, largely on the basis of compassion and empathy.

1. **Moveopticon: Flexibility of struggles to survive**

When referring to *humanitarne akcije* as an enactment of a ‘moveopticon,’ I follow the reading of Nancy Fraser, who suggests that, today, we are seeing the emergence of “a new landscape of social regulation, more privatized and dispersed than any envisioned by Foucault.”\(^4\) Fraser argues that the Foucauldian concept of discipline is firmly related to the Fordist mode of social regulation, and that disciplinary power presents an analytical tool best suited for understanding socio-political arrangements of (Fordist) welfare states. In her reading, disciplinary power has three characteristics. One, it is totalizing, which means that it aims to include every member of a polity within its reach. Two, the polity is defined through the nation-state framework, which means that the reach of disciplinary mechanisms and institutions largely overlap with state borders. Three, it is dependent on self-regulation and willing subjectification of polity members. These three propositions are no longer fully valid. Privatization and deregulation of formerly public welfare services have loosened the aim to include everybody within the reach of disciplinary power, and have caused many people to fall through the gaps of public welfare systems. Furthermore, an increasing scope of transnational practices means that the framework of nation-states has been decentralized, and that social regulation today occurs on international, transnational and national scales. Finally, efforts of self-regulation and individualization are often sidelined and replaced by repression and violence. Fraser suggests that these changes are reflected in a new kind of regulatory structure that is flexible, multi-layered, and selectively repressive, and whose contours have yet to be fully determined.

The ‘decentering’ of the nation-state framework has created new forms of control and surveillance of the lawful members of a polity, where the management of prisons is often subcontracted to corporations working for profit, and where racial and sexual violence tend to replace attempts of discipline.\(^5\) The decentering of the national framework has also led to new architectural arrangements of control and surveillance. For instance, Bigo suggests that this emerging form of social regulation can be understood as a ‘banopticon,’ a setting where

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\(^5\) Fraser, From *Discipline.*
arbitrariness becomes the norm.6 His argument is grounded in Foucault’s discussion of the Panopticon as a nineteenth century architectural form for the surveillance and discipline of ‘problematic’ members of a national polity.7 The banopticon, on the other hand, materializes in detention camps for immigrants—that is, for outsiders who are considered a threat to a nation-state. The logic of the banopticon is one of “permanent exceptionalism,” or of “derogation by the government of the basic rule of law in the name of emergency.”8 In contemporary regimes of globalized governance, surveillance and control are not only executed through the discipline and punishment of ‘insiders.’ Instead, control in a banopticon means keeping some people at a distance from a certain territory and/or from welfare benefits given to the legal residents of that territory. With over a hundred detention centres across Europe, which are placed outside of penal laws and regulated by the administrative laws, the banopticon is increasingly transforming arbitrariness into routine.

Arbitrariness has also become routine in many Bosnians’ dealings with healthcare and social security issues. It is routinely present in Bosnia in job searches, pursuits of medical treatments, and distribution of welfare benefits. State-run committees for one-off help, solidarity funds, and mayor’s discretionary help during humanitarian actions present some of the examples of the institutionalization of the arbitrary and the normalization of the exceptional. Fraser suggests that ‘flexibilization’ presents:

\[ a \text{ process of self-constitution that correlates with, arises from, and resembles a mode of social organization. The hallmarks of flexibilization are fluidity, provisionality, and a temporal horizon of ‘no long term.’} \]

As we will see, humanitarian actions were a fluid, shifting form of claiming support for the survival and well being from both the ‘state’ and ‘that which is not the state.’10 Although Bosnians can hardly be understood through a prism of a “regime of self as a prudent yet enterprising individual, actively shaping his or her life course through acts of choice,”11 many issues regarding their survival and well being depended on their personal actions and abilities. In other words, the simultaneous post-socialist and post-war transformations of Bosnia might not have produced the need to take care of one’s own biology as a self-reliant, informed, self-responsible individual. Indeed, people’s everyday engagements with official politics in Bosnia often reflect apathy, waiting, stasis, and negligence.12 Nevertheless, in the attempts to secure survival and wellbe-

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ing - manifested in their dealings with healthcare and social welfare - people had to invest a lot of personal work to get what they needed.\textsuperscript{13} In Bijeljina, those whom needed support through humanitarian actions had to navigate both institutional rules and personal wills, without knowing which path would turn out to be productive or which person would prove to be helpful. In order to survive and maintain their well being, people had to be known and knowable, not to a single centre or the central registry (a ‘tower’) where knowledge was accumulated - because there was no such centre - but to many different ‘public’ and ‘private’ claimants, while the relationship between ‘public’ and ‘private’ arenas was shifting. They had to move from one administrative procedure to the next one, and from one compassionate person to another, without knowing, for sure, who, and in what way, would help them survive and maintain their well being. This arbitrariness, and this need to move - both visibly manifested in humanitarian actions - is what I aim to capture by the term moveopticon.

2. \textit{What is a \textit{humanitarna akcija}?}

Three families had successfully completed their humanitarian actions in Bijeljina during the year I conducted fieldwork. All of the humanitarian actions lasted for several months, and consisted of many one-off events (also called humanitarian actions). The Božović family raised money for their repeated visits to a clinic near Belgrade (Serbia) with Slavko, their five-year-old son with multiple disabilities. They also wanted to go to an experimental clinic in Moscow. The Ilić family successfully raised money to go to an eye clinic near Moscow to check if it was possible to surgically improve their baby son's premature retinopathy. The Žarković family collected donations to send their sister and daughter to a hospital in Vienna for a bone marrow transplant. They lived in Brčko, but they raised money both in Brčko and Bijeljina, because the young woman who needed a bone marrow transplant was a student in Bijeljina. I got to learn about, and from, these three families through participant observation. I attended most of the humanitarian events organized by them and for them - exhibitions, classic music and pop concerts, parties, sport games. I met with them regularly, and helped them to organize things whenever possible. Sometimes, we went to a cafe for a drink, or one of our homes. Sometimes, we met at their workplaces, and at other times, we went together to public institutions. I helped one of them organize a humanitarian film screening; another to get documents officially translated to Russian and take other documents to public institutions; yet, another to get herbal medicine from across the border. Whenever I heard that someone had helped them - by organizing or attending a humanitarian event, making a donation, registering a humanitarian telephone number, and so forth - I met and talked with those people too. The families' willingness to help me in my ethnographic research was firmly linked to their aim of informing as many people as possible about their humanitarian actions, who they were, and what they needed. I was one among many persons inter-


ested in their situation, and they did not seem to mind the ethnographic char-
acter of my interest.

In addition to these three, many other humanitarian actions occurred that year
across Bosnia, raising money for all sorts of medical needs - from urgent heart
transplants, to prosthetic devices - needs that could only be met by health cen-
tres located abroad. In some humanitarian actions, money was raised for life-
saving surgeries, while, in others it was raised for treatments needed to im-
prove the quality of life (for instance, severe eye conditions, as was the case
with the Ilić’s baby). People turned to humanitarian actions for a broad scope of
needs - from saving lives, to improving severely endangered states of well be-
ing.

A popular radio/TV show dedicated to humanitarian actions was broadcasted
five times per week, every working day, for two hours on a radio and a TV sta-
tion. The anchor, Batko, introduced various humanitarian actions, talked with
the families who initiated them, then announced the details of their medical
needs and their bank accounts, and followed-up with what happened after the
treatment, and so forth. In doing so, Batko strongly pushed forward the idea
that those who help with a humanitarian action are ‘normal humans’ (normal-
ni ljudi), or just ‘humans’ (ljudi). Thus, meaning those not interested in politics
and ethno-national divisions. Alongside its frequency, the very need for such a
TV/radio show reveals that humanitarian actions are often taken as a path to
solving the burning healthcare problems in contemporary Bosnia.

The need to take such a path emerged after the dissolution of the Socialist Fed-
erative Republic of Yugoslavia. The war’s destruction of Bosnia, coupled with
post-socialist transformation of healthcare and social security, created gaps in
which an increasing number of people were left unsupported, and in need of
life-saving protection. Some of the gaps were the result of the logic of ethn-
cially defined citizenship; leaving those without access to public services people
who, for various reasons, did not fit into one of the three major ethno-national
categories in Bosnia. Other gaps were the consequence of profound transfor-
mations of the Bosnian healthcare systems. During the SFRY, public
healthcare insurance covered the medical treatments that had to be conducted
beyond the Yugoslav borders. After the war, the changes to healthcare insu-
rance laws left more than 20% of Bosnian citizens without access to public
healthcare. In line with the Dayton administrative organization of the coun-
try, healthcare has been delivered through thirteen healthcare systems, each
with its own legislature and ministry of healthcare. When there was a proven
need for medical treatment that could not be provided, by the healthcare sys-
tem of the entity or a canton in which a person resided, public institutions co-
financed it. This means that citizens’ public healthcare insurance covered
treatments only within one of the thirteen healthcare systems in Bosnia. When

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Systems in Transition: Bosnia and Herzegovina 4(7). Copenhagen: European Observatory on
Health Care Systems.

15 Hromadži, Azra. 2012. Once We had a House; Invisible Citizens and Consociational Democracy

2014).
Bijeljina’s (the entity of the Republic of Srpska) residents went to Tuzla’s (the Tuzla canton in the entity of the Federation of Bosnia and Herzegovina) well-known, public cardiac centre, located only 45 minutes away from Bijeljina, the treatment there was not covered by the public insurance. In the entity of the Federation of Bosnia and Herzegovina, a Solidarity Fund was opened, whose explicit aim was to “establish equal conditions for accessing healthcare to insured persons residing in all cantons,” as an attempt to solve the problems created by the internal administrative boundaries of cantonal healthcare systems. In Bijeljina, the public Fund for Healthcare Insurance made decisions about co-financing medical treatments beyond the healthcare system of the entity of the Republic of Srpska. In most cases, the Fund retroactively granted up to 30% of the price of medical treatment conducted abroad. When people needed to pay for very expensive treatments in world-renowned medical centres - as well as for visas, travel, accommodation, food, and so forth - the retroactive support from the Fund was not very helpful.

Humanitarian actions emerged, after 1995 across the ex-Yugoslav countries, as a way of bridging gaps, and securing survival and wellbeing, in the midst of overarching socio-political transformations. They, simultaneously, reflect and reproduce the partiality of political life in Bosnia. They reveal that, sometimes, compassion, empathy, and other moral sentiments determine which citizens can survive and maintain their well being. In line with the global humanitarian reasoning, humanitarian actions presented a new kind of a response to human suffering, which introduced empathy, compassion, and other moral sentiments into the politics and governance of life. What enabled survival and well being, in Bosnia in 2009/10, was not simply citizenship, ethnicity, nationality, religion, or some other identity-based criterion. Rather, survival and wellbeing in the ‘moveopticon,’ depended on the generation of social relations in as many directions as possible and the navigation of the local social worlds. Let us take a closer look at how humanitarian actions in Bijeljina were organized.

3. The Ilić’s
Ana and Marko Ilić, a couple in their late twenties, lived in Bijeljina with their baby son Nikola. Nikola was born in 2009 with premature retinopathy, a condition restricting his eyesight, which his first doctor did not notice until several weeks later, when it was in an advanced phase. Ana and Marko searched for a doctor’s name on-line, and discovered the story of a family from Serbia who had been in a situation similar to theirs. This family took their child to a specialist eye clinic near Moscow. The clinic had a branch in Serbia, and many people from the former Yugoslav region used its resources. After consultations in the Serbian branch, the Ilić family decided to raise the money needed to go to Russia. They needed 11,000 convertible marks (5,500 Euros) for the whole trip. Since Ana had been fired by her employer, also her cousin, while pregnant, and their only support was Marko’s waiter salary, they decided to start a humanitarian action.

18 Fassin, Didier. 2007. Humanitarianism as a Politics of Life. Public Culture 19, 499-520.
They printed calls for help, and put them throughout the town. Their family and friends engaged with the humanitarian action right away, organizing different events. Parents’ and Marko’s work colleagues made collective humanitarian donations in the name of the public and privately owned firms in which they were employed. The municipality did not give them any help. However, people employed in public institutions, with whom the Ilić’s had veze (literally: relations, connections, or štele - literally: relations that had to be fixed), made collective donations in the name of their institutions. The workers in a store where Ana and Marko did their daily shopping also gave a collective donation. The Ilić’s friends and family lived in various locations scattered throughout Bosnia, Croatia, Serbia, and Switzerland, which meant that a lot of donations to the Ilić family were made from different towns and cities. Marko Ilić’s family lived in Sarajevo before the war, but they moved several times during and after the war. The Ilić’s pattern of moving is a part of the ‘refuchess’ story, or “the strategic deployment and movement of nationalised persons across nationalised places.”

Marko described the people living in the same towns and refugee settlements he had as being ‘practically my relatives.’ One of those ‘practical relatives,’ a woman in her late fifties who made a donation, told me over the phone:

“It is the same circle of people who help one another, the same. My daughter had a similar problem and Marko’s parents helped them. Of course I am going to help them as much as I can now. It’s little, I would do more if I could, but it is as much as I can.”

Her words reveal a sense of indebtedness, and suggest that her motivation to help came from having a similar experience in the past. The fact that Marko called these people his relatives makes sense; if it is understood as an expression of closeness established through lived experiences. Furthermore, Marko went to the local phone company office to open a humanitarian number. This was a service provided by the local telecommunications company, whereby, each call to the humanitarian number had the same price (approximately 0.5 or 1 EUR); the amount of money raised through the calls was transferred to the organization that registered the number. Then, the organization was supposed to transfer the money to the family for whom the humanitarian action was organized. Through the humanitarian number they raised around 6,800 convertible marks (3,400 Euros). This meant that 6,800 calls were made to the humanitarian number.

I had heard about the humanitarian action for baby Nikola from the local media and via a Facebook announcement of a humanitarian concert for the Ilićs. The information about the humanitarian action traveled throughout the town in different ways, including social network websites. However, when I got in touch with them, and started meeting with Marko regularly, it turned out that they received less than a handful of donations from completely unknown people. Once, I was looking with Marko at their bank account details, and almost all donations made to them were small, given by people who knew the Ilić’s personally or through someone else. Knowing someone who knows someone

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else was the key ‘tool’ of the humanitarian action. Hundreds, if not thousands, of people had given a couple of Euros to this family, and made phone calls to the humanitarian number. The main incentive to do so did not seem to come from the representation of the Ilić’s in the media, but from the stories which spread throughout the town about the family, their current problem, their past, and the social worlds they were in.

4. The Božović’s

“It’s a system of someone who knows someone else, in a way.”

Petar Božović, a specialist construction worker in his mid fifties, used these words to describe his understanding of humanitarian actions while we were having a coffee in one of the several Irish pubs in Bijeljina. He looked more confident - rested, better dressed, with more energy - than the first time I met him. This was because his humanitarian action, for his five-year-old son’s trip to Russia for an experimental treatment for his multiple developmental difficulties, was going well, he said. We met numerous times during the humanitarian events, and in Bijeljina’s cafes and pubs to talk and share a cup of coffee. We met even more often by accident, since the apartment where I had lived was not too far from the building in which he and his wife, Milena, lived. Petar always seemed to be on his phone, even while driving, arranging the next humanitarian action and talking with potential helpers. I had to go to the music school, where Milena was teaching, in order to talk with her, since Petar was the one in charge of increasing the visibility of their family and their humanitarian action, by hanging out with people. He quit his job in construction, and started working full time on raising money. If humanitarian actions worked through the principle of ‘someone who knows someone else,’ then Petar dedicated all of his time to making contacts and generating relations in all possible directions.

Petar managed to get humanitarian help from various NGOs in Bijeljina and many privately owned firms. Thanks to one of his acquaintances, who was the director of the local Red Cross office, the Božović’s received many donations from the primary and secondary schools in the town. The bank conversation at the beginning of this article was one small piece of a larger humanitarian action for the Božović’s, organized in Bijeljina’s schools. Also, since Milena Božović was a teacher in a local music school, her colleagues and pupils organized a humanitarian concert, in cooperation with a political party. Furthermore, Petar’s friend, a sculptor, initiated an art auction. The sculptor collected artwork from his friends and fellow artists, who lived in Bijeljina’s vicinity, in three states - Bosnia, Croatia, and Serbia. The auction was organized in the gallery in the building of the municipal government, and all the money raised from selling artwork was given to Petar.

Petar led the humanitarian action for many months. Over time, I learned about the Božović’s history and habits, not just from them, but from other people too. The stories about the Božović’s were not always positive, for different people perceived this family in different ways. Nevertheless, the fact that the Božović’s managed to raise tens of thousands of Euros, for Slavko’s treatment
in Russia and Serbia, suggests that the dominant perception of this family’s need was positive. A few donors I talked with said that Petar was not a very good person (nije dobar čovjek), but they decided to help because the need of his son was so apparent. Slavko’s need was confirmed, not just through medical documentation (the copies of which Petar always had with him), but through stories people shared with those they knew personally.

As we will see in the following section, people had very different motivations for helping. Trust in humanitarian actions was generated and distributed in a flexible way. Instead of raising money for a group of people with a similar health condition, or for an institution working with a group of people, humanitarian actions were organized around the need of a person (and their family). This means that trust was created through the interplay of personalized and institutional channels. The assumption was, if the person whose family asks for help did not really need the treatment, one would hear about it in the same way as one heard about the call for help - coincidentally, through stories, other people, and sporadic media reports. Additionally, people considered the donations to be small enough that a lack of final proof, regarding what happened with the donated money, was acceptable. The stories spread about the families throughout their ‘world of people’ (svijet) were a sufficient ‘mechanism’ of insurance that someone really needed help and, thus, of generating trust. The principle of ‘someone who knows someone else,’ which was enacted through such stories, cannot be easily translated into the language of accountability, signed documents, registered organizations, and lawsuits, present in most initiatives of the ‘civil society.’

Still, as we will see in the following section, the prevailing incentive to help came from this principle.

5. Why did people help?

Media representations of humanitarian actions frequently had sensationalist elements. Not all humanitarian actions in Bosnia were organized for children, but I had an impression that narrative and visual images of a sick child were often used in media reports. The invocation of childhood innocence seemed to depoliticize the struggles of people who organized humanitarian actions, and to appeal to the sentiments created by a “spectacle of ‘raw’, ‘bare’ humanity.”

The media representations also occasionally had a strong anti-nationalist dimension. For instance, Batko, the host of the aforementioned radio/TV show on humanitarian actions, repeatedly claimed that people who help others to raise money in a humanitarian action were ljudi (literally: humans), which means decent, good, honest people who are uninterested in the ethno-national identities of those who need help. The notion of ljudi (or pošteni ljudi: literally: hon-

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20 For a discussion of how trust was generated towards scientists in Croatia and Serbia, see: Hodges, Andrew. 2012. Manners and Hierarchy in the Natural Sciences. Antropologija 12(2), 145-52.
A similar, contra-nationalist interpretation of humanitarian actions appeared in April 2013, when most newspapers and web portals, in former Yugoslav countries, released information that Sarajevan actor, Feda Štukan, helped a family from Belgrade raise one million U.S. dollars for a heart transplant, which their eight year old daughter needed in the U.S. He got to know about the girl's family through the actions of his colleague, an actor living in Serbia. When the colleague, a Belgrade actor Sergej Trifunović, appeared on the Serbian-version of the TV show Big Brother, he asked the audience to support the humanitarian action for the heart transplant for the eight year old girl. Feda decided to transfer money he collected earlier, for another (failed) humanitarian action, to the girl's family. In his, widely circulated, Facebook status, Feda wrote:

Brother Sergej, [...] there, I'm sitting writing this to you, having goose bulbs from a crazy feeling and an awareness that we are not ruined as humans and that there is hope for us, that there is hope for little T. and that there are still those who do not distinguish children according to their faith and nation, and who are light miles away from this modern village party called 'nationalism'.

Feda, thus, claimed anti-nationalist sentiment as a guiding principle in helping the little girl from Serbia get medical treatment abroad. However, focusing solely on these moving media stories would twist the understanding of the complex reasoning and motivations of the majority of donors, which I followed ethnographically. Unlike Feda, anti-nationalist sentiment was not the key motivation for the greatest number of donors in the three humanitarian actions in Bijeljina (nor was nationalist sentiment, for that matter). Also, most of the donors did not give money just because they were moved by the notion of shared 'bare' humanity that was invoked by the stories and images of the people in need. Since hundreds, if not thousands, of people got involved in a single humanitarian action, I heard different explanations of why people decided to help. However, one thing that linked most of these explanations was that they knew someone who was somehow related to the family in need.

5.1. Marta’s help - intertwined personalized and institutionalized relations
Marta was in her final year in Bijeljina’s local high school for economics. I got to know her through a mutual friend, and when I heard about her involvement in a humanitarian action, I started meeting with her regularly. Marta helped the Božović’s by raising money from her class. One day, the head teacher of the school invited Marta and several other class representatives to her office. The head teacher told Marta, and the other class representatives, about the humanitarian action for the Božović’s, and asked them to raise money from other pupils in the following few weeks. At first, Marta told the other students about the humanitarian action, then she reminded them in person and via Facebook in the following weeks; eventually, collecting one or two convertible marks from


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each student (half a Euro or one Euro). Once Marta had collected several dozen convertible marks, she took it to the school’s director. When explaining her reasoning for the humanitarian action, Marta said she helped because she was asked to do so, and because it was for a little boy who was almost the same age as one of her brothers. Marta also told me that, while she was in the head teacher’s office, she misunderstood for whom the money was raised - she thought Slavko Božović was a pupil in another local high school, rather than a five-year-old boy. Later on, she met with Petar in person when she gave him the donation. When describing this encounter, she stressed her happiness for being able to help as much as she could.

Marta got to know the Božović’s through her head teacher - her initial misunderstanding for whom the money was raised indicates she had no knowledge of the family prior to the humanitarian action. The head teacher, on the other hand, heard about the action from the director of the local Red Cross, who knew Petar Božović personally. This illustrates that trust and knowledge of the Božović’s was generated through intertwined, personalized and institutionalized relations of the ‘who knows whom’ principle. Petar knew the director of the local Red Cross office, who then asked school head teachers to organize a humanitarian action for Slavko in their schools; who, again, asked their employees and pupils to raise money. The ‘code’ that stimulated compassion within the public educational institution was predominantly the knowledge of the family - gathered directly, or through someone else considered trustworthy. As we will see in the following section, this was even the case in large events under the attention of the media.

5.2. Ivana, the hotel director, and Ana Bekuta - the recursive ‘who knows whom’ system
Milica Žarković wanted to organize a small humanitarian concert to raise money for her sister. Milica asked Ivana, her friend, to go to a friend who was the director of a hotel in Brčko. Ivana asked the hotel director if they could use the hotel’s stage for free. The director agreed. A couple of weeks later, Ivana got a call from Ana Bekuta, a famous pop singer. It turned out that Bekuta frequently stayed at this hotel, and the hotel director had called her and asked her to sing at a humanitarian concert free of charge. The hotel’s director knew neither Milica, nor her sister, directly, but she had a personal relationship with Ivana, and that was enough for her to become involved.

The action further expanded in its scope. Bekuta asked her colleagues to join her. As a result of the calls made by Ana Bekuta, on behalf of the Žarković sisters, a huge concert of ten famous pop singers was held in Bijeljina, including the ex-Yugoslav pop stars Neda Ukraden and Željko Šamardžić from Serbia. I do not know the reasoning and motivations of these pop stars to participate in a humanitarian concert. However, what I think is more important for understanding how humanitarian actions were organized - and what pushed the people to help - is the principle of ‘someone who knows someone else’.

The principle of ‘someone who knows someone else’ was recursively present among different groups of people who had various interests and motivations to help, and who were mutually related in different ways. Just as Ana Bekuta
asked her colleagues to help by singing in the concert, so too asked the director of the hotel of Ana Bekuta, and Ivana asked her friend, the director of the hotel. Similarly, Feda Štukan learned about the needs of a family in Belgrade through his colleague Sergej Trifunović. There were dozens of humanitarian actions going on during 2013 throughout Bosnia, which means that Štukan could have chosen to help another family, and make the same antinationalist point. However, his decision to help this particular family came after watching someone he knew - Trifunović - ask others to help. The personalized knowledge of people and their social locations was, thus, one of the most important ‘triggers’ to help, within and beyond institutions.

5.3. The Holy Mother - religious charitable work
Another motivation to help came from people’s religious beliefs, which have influenced, at least some, people to become involved in humanitarian actions. For instance, The Holy Mother was an influential Orthodox religious charity, which helped families in different ways. For one of the families, they registered a humanitarian number, and to another, they gave a direct donation. Some of their volunteers sang in a local choir, which performed at various humanitarian events organized by, and for, the families. The reasoning of the volunteers (all women) about their involvement in humanitarian actions was clearly a reflection of their wider religious ideas about how relations among people ought to be ordered. However, the way in which The Holy Mother got involved in helping with humanitarian actions was also through personalized knowledge of the families’ members, gathered from the individual experiences of The Holy Mother volunteers, or through stories shared by people close to them.

5.4. Sandra, Amela, and Marko - shared positions
An important element of the incentive to help was the idea that the helpers as well as the helped depended on the mercy of the similarly troubled public healthcare systems. Very often, when we talked about the families who organized humanitarian actions, older people started discussing their own or their family members’ healthcare problems. They would mention their own heart surgeries, high blood pressures, difficult deliveries, experiences with local doctors, and so forth. They usually summarized their views along the lines of: “I know how difficult it was for me, during my heart surgery [or something else], which is a much smaller problem from what they are going through. I cannot imagine how they must feel.” Similarly, a ‘practically relative’ of Marko Ilić pointed out that she helped because of her daughter’s shared experience.

This kind of awareness that places could be easily switched – those who provide help today could find themselves needing help tomorrow – is what guided Sandra, Amela, and Marko, a group of students from Bijeljina, to organize a humanitarian sport game and humanitarian party for Vana Žarković. Two things they emphasized were that their colleague and friend needed help, and that her problems happened unexpectedly. They claimed Vana was healthy and well just several months before, and they contrasted this with the fact that she was fighting for her life at the time. They also expressed fears about what they would do in her situation, considering the problems of accessing public healthcare in Bosnia.
6. Who gets help from the municipal government?
The state was often one of the humanitarian donors to families who initiated humanitarian actions. The budget of most Bosnian municipalities included a sum reserved for one-off social welfare help. The municipality of Bijeljina was no different - it even had a Committee for One-off Support, to which people submitted applications for help of up to two hundred Euros. The mayor personally decided about granting larger sums to individuals on the basis of medical or welfare need.

Although the Božović’s were formally eligible for this one-off humanitarian support from the municipality, Petar told me that he had a friend who ‘took care of’ (sredio) that donation. This friend was the earlier mentioned sculptor, who organized the humanitarian art auction. He was also a friend of Bijeljina’s mayor. One of his sculptures was erected in the central town square, in front of the main municipality building. Petar frequently mentioned this sculpture as proof of how close his friend was to the mayor. Knowing someone who knew someone else - knowing the sculptor who knew the mayor - was key for the success of the humanitarian action. Nationalist inscriptions on the sculpture, which openly celebrate the mayor’s party, SDS, did not bother Petar at all. Regardless of whether he agreed with the political programme of the SDS, Petar praised the mayor’s goodness of heart and personal willingness to help his family. Although the money for the Božović’s came from the municipal budget, it has become a personal gift from the mayor.

The Ilić family, on the other hand, did not get any help from Bijeljina’s mayor and the municipality. In their opinion, it was because they did not know the ‘right’ people. The official reason for declining the Ilić’s plea for financial assistance was that the funds for that year had been spent. However, Marko Ilić thought that his family would have gotten support from the Committee, had he had a veza (a relation, a connection) within the municipality. He submitted the application to the municipality in September 2009, and was convinced that - even if the money had been really spent - with a strong veza to the mayor, he would have gotten the money as a refund, or would have been told to resubmit the application the following year.

The third family who raised money in Bijeljina during my fieldwork year, the Žarković’s, also received financial support from the mayor of Brčko. The lead organizer of this humanitarian action, Milica Žarković, got to know the mayor of Brčko through a friend of a friend. No one in her family knew the mayor personally, but Milica managed to find a link to him through other people. The mayor decided to cover two-thirds of her sister’s highly expensive surgery from the municipal funds. He even gave advice about a Vienna hospital where Milica’s sister could undergo the bone marrow transplantation. Milica said her family accepted this advice, because the mayor was a trained physician and had

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25 The sculpture represents Petar I Karadjordjević (the king of Serbia at the beginning of the twentieth century) on a horse and it includes a nationalistic inscription which aims to present as historically important the mayor’s party, Serbian Democratic Party (SDS), a hard-core right-wing nationalist populist party which played a leading role during the 1992-1995 war.
experience in ‘these things’ - a couple of years earlier he had helped another family get a bone marrow transplant in the same hospital in Vienna.

Why did Milica’s sister get generous municipal help and the Ilić’s did not? Perhaps the mayor of Brčko was more generous or felt personally more responsible for healthcare abroad than the mayor of Bijeljina. If so, why, and how, did Bijeljina’s mayor decide to give humanitarian aid to the Božović’s, but not to the Ilić’s? The same mayor, in the same year, decided to help one family get healthcare treatment abroad, but not the other family. In both cases, the injured parties were young boys; both families were of the same nationality (considered themselves to be Serbs); both families were conventional (married, consisting of a husband and a wife and their offspring); both treatments were uncertain and risky, and conducted in Russia (the Božović’s wanted to try an experimental treatment, while the Ilić’s could not know whether their son’s condition was operable until they were already at the Russian clinic).

However, the Božović’s were older, engaged in jobs that linked them with more influential people, and had lived in Bijeljina much longer than the Ilić’s. Thus, the key difference, I suggest, was that the Božović’s had known more people, and, themselves, were known to more people than the Ilić’s. Grandits analyzed the implications of social connections of the ‘armchair politicians’ for their continuous political rule in Bosnia.26 Being able to generate social connections and relations throughout the town also affected people’s struggles to survive. If the Božović’s and the Ilić’s nationalities, salaries, and citizenship were, more or less, the same, their social positions in the town were not. Marko Ilić worked as a waiter, and Ana Ilić was a retail worker before her pregnancy. Petar used to be a specialist construction worker, and Milena was a music teacher. The character of their jobs enabled them to be in touch with different groups of people. Furthermore, since people were becoming known and knowable to others by ‘being there’ - exchanging greetings in the same places, walking the same paths every day, and so forth - there were more stories traveling throughout the town about those who had been living there for a long time. The decision of Bijeljina’s mayor is a reflection of all these things put together - Petar had found a friend who was a direct veza (relation) to the mayor, while the Ilić’s could not do that.

In all humanitarian actions, people engaged in similar activities. They could not know who would help, so they had to move through their social worlds and state categories in order to survive. What made one humanitarian action easier, or more successful, than the other was the breadth of people the family could access. This difference reveals the importance of compassion, and knowing the ‘right’ people for survival. When one did not personally know the right people, survival depended on getting to know as many people as possible in the hope of meeting the ‘right’ people along the way.

7. Surviving in a Moveopticon

A focus on the reasoning of the helpers sheds light on many different motivations and incentives that led people to get involved in humanitarian actions. Such randomness in reasoning is to be expected among hundreds, if not thousands, of people. Some of the people who helped, probably, just wanted to support a friend playing football at a humanitarian sport game, or to attend a party, or a pop concert. Others helped for religious reasons. Some people helped because they were suggested to do so by someone positioned hierarchically above them - such as a company director or a head teacher. Yet, others helped because they knew the family, and were aware that they may be in a similar problem tomorrow. Elsewhere, I discuss, in more detail, how the fact that both the helpers and the helped were exposed to the same healthcare and social welfare systems affects the understanding of life in humanitarian actions, as well as the implications it has for thinking about humanitarian practices more broadly.  

Here, I want to suggest that disentangling how those who needed help managed to raise it - exploring the quality of social relations through which help was raised - illuminates arbitrariness, which cannot be seen when a solely ethnographic focus is placed on what the helpers were saying. This arbitrariness demonstrates that Westphalian imagination could not contain, the not quite prescribed (and often unpredictable), social relations between the state, NGOs, private businesses, neighbours, kin, and friends who constituted humanitarian actions. The state’s protection was partial (incomplete and personalized), as was protection coming from civil society institutions. The links between people, institutional resources, and knowledge about who needs whose help, and why, often were flexible. They were forged temporarily, on the spot, on the basis of moral sentiments, personal relations, and local knowledge, rather than administered through pre-existing categories.

For instance, humanitarian help was raised from private firms and public schools, not as a part of a firm’s (or schools’) organized program of social responsibility, but because the family knew the director. Ranko, the father of Ana Ilić, went to the three firms where he used to be an employee - an accounting firm, a firm that monitored parking spots, and a transportation company. He asked for help from the directors of those firms; people who used to be his co-workers. They agreed to help his daughter. The directors told their current employees about the action, and then the employees made the donations. Without these links, Ranko would not, necessarily, have convinced the directors to organize a donation. This humanitarian action was not conducted by ‘word of mouth,’ it was organized in a workplace and among co-workers. However, it was not institutional help in the full sense either, since companies who take care of transport, parking, and finances are not intended to help families with ill children. Furthermore, the municipality was a humanitarian donor - it gave municipal, or state, money to a single person. In humanitarian actions, municipalities, as much as other state and non-state institutions, sometimes distributed resources on the basis of compassion and personal relations; and, sometimes, through bureaucratic indifference, depending on personal entanglements, ways of knowing people, or the time of the year.

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People who raised humanitarian aid to enable the survival of their family member, in most cases, had to be more than citizens in order to get aid. They had to be citizens (and thus eligible for various forms of state and private support), as well as fathers, mothers, former colleagues, companions or friends. In addition to citizens, they also had to be socially and personally located human beings. Such intrusion of moral sentiments and personalized relations into the management of survival and wellbeing was not welcomed by the people in Bijeljina. People criticized public institutions for not providing them with access to all the forms of healthcare they could need, and they yearned for a state that would ensure the predictability of everyday existence.  

This criticism was voiced by those who needed humanitarian help at the time, as well as by those who helped them. My interlocutors often expressed the idea that socio-political conditions and the healthcare system that pushed some people to depend on humanitarian aid could easily affect anyone else tomorrow. My interlocutors criticized was the inability of the humanitarian actions to provoke a more profound change of the public healthcare and welfare systems, and to oppressive character of some forms of care and compassion.  

Despite voicing their dissatisfaction, people had to keep navigating the moveopticon arrangement. The moveopticon was productive in the sense that those who managed to survive and live well through it became a particular kind of a person - someone ‘everybody knew.’ It remains unclear who exactly had the responsibility of securing survival in a moveopticon, since no direction of the humanitarian actions, and no donor, could be separated out as the most important. When compassion and empathy are a constitutive part of administrative apparatus, survival and wellbeing become a matter of personally judged merit - the issue becomes who deserves to get access to public healthcare and social welfare - and according to whom. State bureaucrats, who are in a position to make such judgments, rely on their personal relations and local knowledge, increasing their power with each decision they make and elevating their social status in the town’s social networks. There was no certainty over the success of the action and no way to predict which contact would be useful, and which avenue would be worth pursuing in order to get access to the required medical treatment. There was no homogeneity of the capillary distribution of power throughout the ‘body politic,’ as is the case with biopolitics, and no single sovereign, which had the right to make decisions over death or life. There were, rather, numerous actors, among whom the right to ‘take life’ or let live was dispersed.  

This was interspersed with the power of the state apparatus, in which, sometimes, those actors were employed and in which they made their decisions. Thus, the right of the state apparatus to “make live and to let die” was present, alongside “the resurgence of sovereignty within the

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field of governmentality.” Submitting welfare documentation to the municipality could have been considered just as important as evoking a shared past and mutual friends, but neither of these practices brought full certainty over managing survival and wellbeing. It was, rather, the repeated, continuous, flexible movement from one social actor to the next, and navigation from one ‘gap’ led by compassion in the field of governmentality to another, which offered the best chances that life would be protected.

Bibliography


