

**Politics of Care in Local Humanitarian Aid:
Implications for Neutrality and the Localisation
Agenda**

Bachelor of Arts, Honours in Anthropology

The Australian National University

Thomas Davids

October, 2023

This thesis is submitted in partial fulfilment of the requirements for the degree of
Honours in Anthropology in the College of Arts and Social Sciences.

Declaration

I hereby declare that, except where it is otherwise acknowledged in the text, this thesis represents my own original work.

All versions of the submitted thesis (regardless of submission type) are identical.

Materials from two 4000-level courses have been recycled in this thesis. Edited sections of *Assessment 3: Research Essay*, submitted under the title *Final Methods Essay* for the course *Sociology Honours Methods Seminar (SOCY4010)* have been included in the section titled *On Methodology*. Edited sections of *Final Theory Paper*, submitted under the title *Final Theory Paper – Tom* for the course *Contemporary Anthropological Theory (ANTH4011)* have been included in three sections: *The ambiguity of ‘the local’ / The orthodoxy of ‘the international’ / Locality and deviance*.

Thomas Davids

October, 2023

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Acknowledgements

To my supervisor, Sverre Molland, thank you for the level-headed advice and guidance throughout this year. It has been invaluable, and always a pleasure.

To Carly Schuster, Ashley Carruthers, Helen Keane, and Matt Tomlinson, you have all shown me what exceptional academic inquiry looks like in practice. I feel privileged to have learnt from such daunting heavy-hitters.

To Oscar, Miriam, Li and my editorial chief Harriet - what a year. A thesis might be a lonely activity, but I'm glad we could be alone together. Thank you all for allowing me to touch grass.

And most of all, to Mum and Dad. The investment you've made in the education of your children could never be repaid, but it can be displayed. You might remember Will gloating in the acknowledgments of his theses that he has given you two of these trophies, as 'dividends' for your investment:

Well, here is your third. Thank you.

Abstract

The feasibility of humanitarian neutrality has long been debated. In the wake of the 'localisation agenda' in 2016, this debate has taken on a new substance. Concerns have been raised about the ability of local actors to remain neutral, therefore questioning their legitimacy. This thesis brings an anthropological perspective to this contention by exploring the contingencies of political agency for various local actors. First, I examine the discursive process that allows international organisations to associate local politics with deviance. I argue that the framing of 'locality' as a space without history enables the interpretation of political actions as spontaneous transgressions. Second, I question the association between politics and deviance by building upon ethnographies of Somali and Syrian medical aid workers, exploring both the causes and purposes of politics in their humanitarian practice. Drawing on Didier Fassin's 'politics of memory' (2008), I argue the political dispositions of both aid worker and recipient are formed by various intersections between subjective experiences of history, and the objective realities of its conditions. Considering this analysis, a specific meaning of politics emerges - it is used as an operational device to establish humanitarian space. Given this conclusion, I argue the moral basis of these political practices is the defence of human life, therefore reconfiguring the bounds of legitimacy to include pragmatic politics of care.

List of Abbreviations

CC – Charter4Change

FDREPCC – Federal Democratic Republic of Ethiopia Population Census Commission

IASC – Inter-Agency Standing Committee

ICRC – International Committee of the Red Cross

IDMC – Internal Displacement Monitoring Centre

IDP – Internally Displaced Peoples

ILO – International Labour Organisation

INGO – International Non-governmental Organisation

MSF – Médecins Sans Frontières

NGO – Non-governmental Organisation

OECD – Organisation of Economic Corporation and Development

PLO – Palestinian Liberation Organisation

UN – United Nations

UNHCR – United Nations High Commissioner for Refugees

UNICEF – United Nations International Children’s Emergency Fund

UNRWA – United Nations Relief and Works Agency for Palestine Refugees in the Near East

For Jo and Andy

Prologue

These pages tell the stories of those who live in places where tragedy can quickly become the default state of affairs. Commentaries on suffering, conflict, and humanitarian crisis are not simply abstract conversations about theory or policy. These issues are about real people, immersed in situations that defy our sheltered office spaces and university halls. They are about people who have been emotionally, psychologically and physically traumatised. They are also about people that have passed, and those that loved them. They are about those that cared for them, nurtured them, and lost them. We, as observers, must embody a grounded sensitivity and a frank acknowledgment of ignorance. We must also acknowledge that in writing about them, we may do nothing but turn attention and discourse, but it must be done nonetheless. It is too important not to captivate our attention at this point in the twenty-first century. Vitally, one must recognise that in researching safely from afar, our relatively stable lives have not engrained in us a prevailing sense of moral fracture. We do not have a history that lingers in quite the same way, or with quite the same ferocity. We will never understand:

We can't imagine how dreadful, how terrifying war is; and how normal it becomes. Can't understand, can't imagine. That's what every soldier, and every journalist and aid worker and independent observer who has put in time under fire, and had the luck to elude the death that struck down others nearby, stubbornly feels. And they are right.

- Susan Sontag

Regarding the Pain of Others (2003, p. 111)

It is in this way that our distant commentaries will always lack a certain depth.

The moral stakes of humanitarian action stretch beyond any certain code of conduct into the lived ethics of relations, where political judgment remains unsettled. The focus shifts away from pure intentions and principles and toward contingent actions and effects.

- Peter Redfield

Medical Humanitarianism: Ethnographies of Practice (2015, p. 245)

Introduction

“Say that he was good to me”

As an aid recipient from the Issa clan in Ethiopia’s Somali Region recounts: "Don't say the man was closer in blood relation to me. Say that he was good to me - people will not forget that" (Carruth 2015, p. 69). The man was referring to a popular Somali proverb to describe the state of ethnic relations in the region at a time when United Nations aid teams were staffed by his Ogaden rivals. What is represented here is a basic ethic of humanitarianism. The impartial defence of life in crisis is contingent upon a neutral approach, where agents of aid are not strayed from needs-based distribution by the whims of party politics, nepotism, or nefarious ideology.

But as Peter Redfield reminds us - the defence of life in crisis is always an act of "calibration" (2015, pp. 242-251). Despite universal agreement on the impartial provision of medical aid, food, or shelter, vital questions remain unsettled. How might aid workers access victims in complex political environments? And what if 'calibrating' the defence of life involves the use of politics itself? In everyday parlance, it is no secret that *politics* can be a dirty word. And within international humanitarian agencies, this is no less true. But in the quotidian business of aid, carried out in the context of ethnic tension in Ethiopia’s Somali Region, or within the binds of legal marginalisation in Lebanon, local aid workers do not have the luxury of remaining politically disengaged. In these places, the stakes of aid extend beyond the provision of relief, and into the realm of justice.

Locating humanitarianism

Humanitarianism is an unstable category (Brada 2016; Sezgin and Dijkzeul 2016). However, as Didier Fassin has argued (2010; 2011), its two core elements persist as a “moral discourse (based on responsibility toward victims) and a political resource (serving specific interests)” (2010, p. 239). When taken together and enacted in the context of ‘crisis’, they form what is referred to as humanitarianism: “However historically variable a term, “humanitarianism” has increasingly stabilized around the figure of emergency, as exemplified in conflict and disaster settings” (Redfield 2015, pp. 242-3).

Alongside this academic definition of a moral and political engagement with crisis, its tangible practices within the international system are guided by its core principles as outlined by the International Committee of the Red Cross (ICRC) (Weiss 1999, p. 1-2): Humanity, neutrality, impartiality and independence, to name the core four. These core principles crystallise the discursive content of the “classicist” tradition, championed by the ICRC (Ibid). Here, discourse is meant in the Foucauldian sense, in that it is a constellation of “practices that systematically form the objects of which they speak” (Foucault 1972(1969), p. 49), and as such they instate knowledge with regulatory power. However, as Redfield (2015, p. 245) argues, the 'knowledge' of neutrality as a core tenant in particular is put into contention by the "lived ethics of relations, where political judgement remains unsettled". In this light, the operational and deontological applicability of "pure intentions and principles", such as neutrality, are questioned by a consequentialist ethics of "contingent actions and effects". This is the core problematic of this thesis, which I argue has been brought to light in the development of the localisation agenda.

The localisation agenda

When considering the future of humanitarianism, the localisation agenda holds a prominent position in dictating the direction of the industry. As an impulse that first appeared in 1991 within United Nations (UN) Resolution 46/182 as a valuation of local actors (UN 1991), and formalised as an ideal policy direction during the 2016 World Humanitarian Summit that resulted in the Grand Bargain agreement (IASC 2016), localisation is the aspiration to empower local organisations and their workers to control their own operations. Or, in an effort to cover the full breadth of aspirations: it represents “the need to recognise, respect, strengthen, rebalance, recalibrate, reinforce, or return some type of ownership or place to local and national actors” (Barbelet 2018, p. 5, cited in Barakat and Milton 2020, p. 149). This can be interpreted as an attempt to ‘decolonise’ the aid industry, through an act of self-recognition that exposes the powers and positionalities of western humanitarian agencies, and seeks to overcome formulaic approaches or “mobile sovereignty” (Good, Grayman and Good 2015) in favour of self-determination (Slim 2021) by those most effected by conflict or disaster. The Grand Bargain agreement of 2016 laid out what this means in practical terms, as a coalition of

humanitarian organisations pledged to channel up to 25% of their received funds to local organisations by 2020 (IASC 2016). In the same vein, the Charter4Change initiative, made up of numerous humanitarian non-governmental organisations (NGO's), sort to enact a 20% increase in funding to local NGOs from the Global South until the year 2018 (CC 2015). The assumption of these initiatives is that localisation is a problem of material imbalance.

But the localisation agenda cannot only be discussed as a policy trend, or “dispute” (Slim 2021), that seeks to rectify material inequality. It has arisen as a space of ideological contestation, as a prompt to question the applicability of commonly accepted principles in the face of local humanitarian agendas that subvert them. The meaning and practice of humanitarianism is implicitly questioned by those whom the localisation agenda is purported to give power, particularly in regards to neutrality (Carruth 2021, p. 160; Sezgin and Dijkzeul 2016, p. 7). However, it is due to the diverse practices of locals, who are often enmeshed in the quotidian business of everyday aid, that the risk of evoking reactionary impulses from above is born. The ‘stability’ of humanitarianism as a concept can be mobilised as a yard stick by donors and agencies when evaluating the supposedly ‘humanitarian’ or ‘unhumanitarian’ actions of local actors, giving rise to fears of unaccountability and deviance (Marin and Murry 2019; Schenkenberg 2016; Slim 2021) as an expression of the perceived corruption of humanitarianism itself. It is here where an intriguing paradox is laid bare: despite the romanticisation of locality and the self-deprecation of the powerful, it is at the very moment in which the ‘old players’ attempt to vacate their hegemonic position that an assertion of universality is made.

Chapter outline

This thesis aims to contribute to the age-old contention of political agencies in humanitarian practice. To pursue this end, I ask two fundamental questions - how to account for the contentious relationship between local humanitarian responses and the principle of neutrality? And how might this relationship complicate the newly formed localisation agenda? I argue that politics generated from, and used as a mechanism to confront the constraints of, historical circumstance aid in forming humanitarian spaces and shaping the encounters within them. In the wake of this point, the terms of

humanitarian legitimacy for local actors must include iterations of pragmatic and non-confrontational political practice that aid in establishing humanitarian space.

In Chapter 1, I lay out the terms of the localisation agenda, and how the structure, discourse, and power of the international humanitarian system are reflected within it. In pursuing this end, I open with a discussion of how ‘the local’ is made as a discourse that localisation takes as its object, and locate the international humanitarian system in its position of both structural and discursive authority. I stress what is formulated at the juncture between these two forms of authority - a moral authority that seeks to safeguard the unstable principle of neutrality and dictate humanitarian legitimacy. I close by demonstrating the mechanics of this moral authority, mainly the platforming of ‘locality’ as a specific chronotope (that is, a discursive category with interrelated spatial and temporal elements that enable certain moral claims) that structures concerns about the politics of local actors. Locality¹ is understood as a space without history, therefore enabling political activities to be interpreted as spontaneous transgressions. This provides a space for moral authority to be exerted through the prescription of deviance, enabling the withdrawal of legitimacy. Chapter 1 acts as the first of two answers to my primary research question: local political deviance is constructed by the international system through the frame of a synchronic chronotope.

In Chapter 2, I draw on Ilana Gershon (2019) to locate humanitarians, both international and local, as situated within ‘porous social orders’ whose functioning depends on ‘pre-existing repertoires’, such as established cultural schemes or, significantly, memories as an embodiment of history. I use Didier Fassin’s (2008) ‘politics of memory’ to elaborate on this last point, and in recognising the relationship between these two approaches, I use this conjoined diachronic theoretical approach to demonstrate how embodiments of history are instrumental in shaping the humanitarian encounter for Somali and Syrian medical aid workers and their patients. I conclude by claiming that by interpreting caring relationships over a more comprehensive temporal frame, they can be understood as ‘unsettled’, shaped intersubjectively, and according to certain political conditions. It is in this way that the social histories of both carer and

¹ Here, ‘locality’ or ‘the local’ is examined as a category used explicitly in humanitarian discourse, such as in official organisation publications, as opposed to as the generalised category that anthropologists often take as their object.

recipient are relevant, and as such, the clinical encounter cannot be understood as separate from its context.

In Chapter 3, I demonstrate how various embodiments and historical conditions are relevant in the shaping of politics of care. Through opening with a review of how care and politics have hitherto been associated, I seek to emphasise the positive potentialities of their entanglements through understanding politically-edged care practices as reconciliations of problematic cultural or political histories. I then return to the case studies of Somali and Syrian medical aid workers to illustrate this point, demonstrating that their unique politics of care seek to create and maintain humanitarian space in accordance with the embodiments and historical conditions found in their respective milieus. It is upon this basis that I make a certain moral claim - the meaning of politics in these instances must be understood as a defence of humanity. Chapter 2 and 3 provide a second answer to my primary research question: my own accounts of non-neutrality suggest that they unfold as a consequence of history, and therefore cannot be understood as spontaneous transgressions or self-interested behaviours.

By way of conclusion, I wish to stress a variety of implications that hinge on a primary etiological point - the defence of human life through humanitarian practice can be both enabled and restricted by historical circumstance, meaning that it unfolds as a process of situated action, as opposed to transferable principle. I have challenged the ahistorical framing of political humanitarianism, objecting to the assumption of sporadic corruption that positions politics as morally devious. The chronotope of locality must then be reconfigured: if the chronotopic substance is altered to incorporate a temporality dictated by the past and not the present, then the ideological framing of politics, and its moral attachments, must change accordingly. To understand localised political humanitarian action as essential reactions to history (ideological framing) is to understand the integrity of its moral stature - that is, as a defence of humanity (moral attachment). This moral consequence is a response to my second research question: the localisation agenda must be complicated by a reconfiguration of the terms of legitimacy for local humanitarians, which in the same instance acts as a rebuttal to the universality of neutrality - that being, non-confrontational and pragmatic political actions must be interpreted as legitimately humanitarian.

On methodology

This thesis builds on ethnographies of local humanitarian workers and their practices. The primary analytical object I am addressing in these texts is situated moral action: that is, attempts of local actors to defend human life in complex political environments. Further, I focus on the diachronic nature of these situated moral actions to explain their expression through certain politics of care. International humanitarian government and the policy of localisation are also important focus areas to situate my argument and stress its relevance. To achieve this end, I use my analysis to inform the discursive category of 'the local' that is commonly employed in these arenas.

To carry out this approach of ethnographic primary source analysis, I have used work on two different groups of local humanitarians. First, I have drawn upon the work of Lauren Carruth (2015; 2021), who has spent over a decade studying local Somali humanitarian workers in Eastern Ethiopia's Somali region. Second, I have drawn upon the work of a variety of anthropologists (Duclos et al 2021; Honein-AbouHaidar et al 2019) who have studied Syrian refugees that work informally as health workers in Lebanon. These ethnographies focus on the motivations, challenges and implications of local humanitarian work in complex environments, and are therefore useful in addressing my research questions and the analytical object I have deemed relevant to answering them. I do not fully agree with Postills' (2016) assertion that "there is nothing inherently inferior or illegitimate about researching local issues remotely, or indeed retrospectively" (p. 67) – however, it is true that in attempting to see further, one must stand on the shoulders of giants. It is this academic truism that my methodology seeks to embody.

As stated by Hammersley (2013), as much as researchers can face practical difficulties, they must face numerous philosophical ones as well, because "there must always be some reflection on what is done and why" (p. 21). One of the forms this has taken for me is in the theoretical justification for my usage of ethnography, which I argue stems from the sorts of analytical objects that need to be focused upon - that being, situated moral action. This entails a grasp of the 'moral underbelly' that, I argue, is expressed through actions and ambitions associated with historically bounded and politically informed humanitarian practices, and therefore have the power to diverge or converge such practices from, or in accordance with, humanitarian principles. This, I

believe, is an intimate process, which is compatible with a type of inquiry that penetrates beyond the face-value of social scenes and personal subjectivities, and can uncover the underlying politico-moral currents that guide action.

Chapter 1 - What and *when* is ‘the local’? Identifying locality, neutrality, and deviance in humanitarian discourse

In this opening chapter, I lay out the terms of the localisation agenda, and how the structure, discourse, and power of the international humanitarian system are reflected within it. In pursuing this end, I assess ambiguous efforts of defining 'the local' in both academic and industry publications, and demonstrate how 'the local' is made as a discourse that localisation takes as its object. I outline the unequal and regulatory system in which this discursive category is apart, by locating the international system in its position of both structural, discursive, and ultimately moral authority, with a particular focus on how this relates to the safeguarding of neutrality. I close by identifying the mechanics of how this moral authority regarding neutrality is exerted in practice.

The ambiguity of locality

Since the inception of the localisation agenda in 2016, attempts of defining 'the local' remain unsettled or absent. For example, the original document outlining the Grand Bargain agreement released in 2016 neglects to provide a definition. Nevertheless, when definitions are supplied in policy literature, Barter and Sumlut (2022) outline that they lead to “significant debate that reflects different ideological inclinations” (p. 3). This is exemplified in the 2018 UN’s Inter-Agency Standing Committee’s (IASC) definition that specifies local actors as “organizations engaged in relief that are headquartered and operating in their own aid recipient country and which are not affiliated to an international NGO” (p. 2). This conventional definition suggests that they must be politically detached from the international aid arena. Significantly, however, international affiliation can be masked due to the IASC assertion that “a local actor is not considered to be affiliated merely because it is part of a network, confederation or alliance wherein it maintains independent fundraising and governance systems” (p. 2). This allows for the, albeit brief, definition provided by the Grand Bargain 2.0, released in 2021 with the intention of guiding the future of the agreement, stating that local actors include “Red Cross and Red Crescent National Societies that are auxiliaries to their governments” (p. 7). The characterisation of these actors as 'local' has been contested based on a criticism that it

creates a definition that is too broad, enabling organisations to interpret donations to their national branches as localisation (Barter and Sumlut 2022, p. 3), therefore painting themselves as progressively minded. Ultimately, this anecdote highlights one example of the contentions regarding the definition of locality, leaving the category evidently unsettled, deictic, and prime to mobilisation to reach a variety of political and/or operational ends (Schenkenberg 2016, p. 9).

In academic literature, defining the local remains a key concern across the humanitarian-development-peace nexus (Barakat and Milton 2020; Roepstorff 2020; Slim 2022, p. 228). Slim (2022, p. 228) and Barakat and Milton (2020) have critiqued attempts at defining the local as a bounded, “pure category” (pp. 154-5), arguing that the complexity of field sites do not allow for such essentialist definitions. ‘Local’ actors that are perceived to be in positions of national power, or as not originating from the geographical or cultural area in which the humanitarian crisis is taking place, may be viewed by beneficiaries to be equally as foreign as their expatriate counterparts. Barakat and Milton (2020) suggest that a more nuanced, “typological approach” is needed to recognise the socio-political variations of local actors (p. 155). Similarly, Roepstorff (2020) provides an account of the various unsolved contentions within this definitional discourse, such as a lack of recognition regarding the entanglements between the local and the international, and the assumption that local actors must be from the Global South (Ibid). Importantly, however, one of Roepstorff’s primary insights is that there is a tendency to compartmentalise actors into one camp or the other, as either local or non-local, implying bounded, or “pure”, categories that stand in opposition to one another, resulting in the essentialist local vs international dichotomy (p. 291).

The orthodoxy of ‘the international’

While this oppositional dynamic is significant, attention must first be given to its international dimension. As will be suggested below, ontological distinctions are an ideological exercise that is reflective of the current political economy of the international humanitarian system, and mobilised by the domineering western players that form its power centre.

Firstly, it is no secret that international aid is based on a western system (Carruth 2021; Fassin 2011; Sezgin and Dijkzeul 2016; Eberwein and Reinalda 2016; Roepstorff

2020). It is for this reason that commentators use the term ‘western’, ‘global north’, and ‘international’ interchangeably. The system may be of genuine international character, however as Slim summarises in his 2022 book *Solferino 21*, “it is neither a global system nor a globally representative one. It is fundamentally a western system.” (p. 214). This common sentiment of western domination is based in the reality that, almost ubiquitously, the major funding, coordination, and evaluative humanitarian bodies are based in Europe and North America. The 38 state members of the Organisation of Economic Corporation and Development (OECD), which acts as a major funder for the humanitarian system, consists almost entirely of western nations (Sezgin and Dijkzeul 2016, p. 3), and much international policy and aid are evaluated and coordinated by the Development Assistance Committee of the OECD (Ibid). In addition, the IASC, made up of 18 UN executives, and self-described as “the longest-standing and highest-level humanitarian coordination forum of the United Nations system” (IASC 2023), often does not include representatives from the many Asian, African, and Arab countries in which much of its resulting policies will affect (Slim 2022, p. 219)². But in a material sense, its political economy is significant as it establishes a social order that is able to safeguard a dominate (western) orthodoxy regarding how humanitarian discourse, ideology, and practice is defined - often to the detriment of local (non-western) actors seeking legitimization as genuine humanitarian agents (Decobert 2015).

Gardner and Lewis argue that one of anthropology’s primary contributions to development studies is a scrutiny of its discursive structure (2015). Anthropologists such as Didier Fassin (2011), and Betsey Brada (2011, 2016), have followed this tradition in the domain of humanitarianism. This is the type of inquiry that is needed to analyse and contribute to the current debate surrounding the principle of neutrality - a debate that has found new furore with the introduction of the localisation agenda in 2016 (Schenkenberg 2016; Martin and Murray 2019). I have identified discursive content in the form of humanitarian principles as an attempt to structure responses to human suffering (Decobert 2015, p. 28). This means they specify the realm of legitimacy for humanitarian practices and values while marginalising or ignoring others, therefore granting them a regulatory power. For example, the core humanitarian principles of humanity, neutrality,

² The emergence of multilateral formations from the global south such as BRICS are changing this landscape, especially in regard to development funding. See: Asmus (et al 2017)

impartiality and independence are attempts at organising knowledge about what it means to be a humanitarian, at least from the classicist perspective championed by the ICRC (Weiss 1999) and formally identified as the gold standard by the international humanitarian system at large (Slim 1997, p. 345). To take the principle of neutrality, which will be returned to shortly, the discursive content can be identified as - in aiding suffering populations, especially in conflict settings, an actor must not ‘take sides’ or engage in political controversy (Haug 1996). I argue that it is necessary to go one step further, in identifying precisely what ideologies are enacted to legitimise this humanitarian discourse. There is an ideological assumption that humanitarianism is an apolitical exercise. The intention of explaining this here is to outline precisely what is at stake in criticisms of humanitarian discursive structure and its origins - nothing less than the conceptual basis of humanitarianism itself and its associated regulatory power.

In sum, if one is to attribute the source of power given to humanitarian discourse to the peaks of its (western) international order, it is in this way that the old and famous players “consider themselves to be the standard bearers” of such discourses, and practices that they inform (Sezgin and Dijkzeul 2016, p. 2). Or, in the words of Roepstorff, this concentration of power means that the “Global North unequally dominate and dictate the rules of the game” (2020, p. 286-7), granting claims of non-neutrality the ability to delegitimise actors.

Neutrality on unstable ground

The contention surrounding neutrality is not a novel product of the localisation agenda. It has long been debated by humanitarian practitioners and academics (Weiss 1999; Redfield 2011; Slim 1997) as impeding on the defence of life in crisis – which is, ironically, an interpretation that is central to the justification of political tactics used by the local actors explored below. Historically, however, the principle has been deemed as sacred. The ICRC define neutrality as not siding “in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature” (Haug 1996, p. 627), and its importance for the organisation can be accredited to its deep lodgement within its own origin story. The story has assumed mythological status and houses the ideological origins of not only the canonical Swiss movement, but modern humanitarianism itself. The narrative referred to here is, of course, the famous humanitarian response by Swiss

businessman Henri Dunant to the horrors of the Battle of Solferino in 1859. Driven by the slogan “*Tutti fratelli*” (all are brothers), the neutral Swiss observer led a medical response that cared for wounded French and Sardinian troops, as well as their Austrian opponents (Dunant 1862). According to Red Cross members from the British, German, Norwegian, and International Committee detachments, the story “launched the International Red Cross and Red Crescent Movement and defined a method and philosophy on humanitarian action” (Slim 2022, p. xiii). Today, issues surrounding neutrality, and its associated impartiality, may take various forms other than treating both sides of a given conflict (Redfield 2011), but the fundamental ideal of humanitarianism as an apolitical exercise is communicated here.

Primarily, the valuation of this neutrality stems from its stated necessity as an operational concern. For the ICRC and many other traditional actors, an actor intervening in a humanitarian situation, especially within a conflict zone, must establish trust with belligerent parties to ensure the access and safety of their workers (Sezgin and Dijkzeul 2016, p. 4). This trust, termed by the ICRC as “the confidence of all” (Haug 1996), affirms to stakeholders, and significantly to belligerents, that humanitarian actors are working purely in the service of humanity, and not in the service of any nefarious intention or ulterior motive. In this way, it is understood as vital in the creation of humanitarian space - a space of exception that must offer a sense of stability and safety in the often precarious, dangerous, and politically complex situations in which humanitarians intervene.

There have been numerous high-profile objections, however, to the feasibility and appropriateness of neutrality (Weiss 1999; Redfield 2011; Slim 1997), due to how it compromises access to victims, impedes advocacy, and enables complacency in the face of war crimes. These debates have a history dating back to at least the 1960’s, in the wake of issues such as host government consent, sovereignty and confidentiality arising out of the Biafra Civil War, among other notable cases. This led to the formation of Médecins Sans Frontières (MSF) by the abdication of members from the ICRC (MSF 2023a), and thus a new form of action that identifies *témoignage*³ as integral to MSF’s humanitarian agenda. The debate at the core of the ICRC/MSF split, and discussions regarding ‘political humanitarianism’ generally, permeates throughout academic and policy literature. However, they are particularly well represented in a 1999 exchange published

³ Meaning ‘witnessing’ or ‘testimony’, but deriving from the French verb *temoigner* - ‘to witness’.

in the peer-reviewed journal *Ethics and International Affairs*, between Thomas G. Weiss and leading members from the ICRC and MSF (Weiss 1999). Weiss frames the positions of the debate on a quasi-political spectrum, from ‘classicists’, who supposedly embody traditional ICRC philosophy, to ‘minimalists’, ‘maximalists’, and finally ‘solidarists’, who allegedly encapsulate the philosophy of MSF (Ibid, p. 4) as politically engaged actors. He argues for an expansion of political humanitarian agendas beyond advocacy and bearing witness, and into the realms of conflict resolution, along with broader “political action and justice” (p. 14-5) as an avenue to “operationalise a strategy for making solidarity real rather than rhetorical” (p. 21).

Despite their assumed division by Weiss, the major organisations addressed here echo similar criticisms and perspectives in their replies to his publication. Unsurprisingly, they disagree with the framings of their philosophies, unanimously reject so-called ‘mission creep’ into overt political action (Sommaruga 1999, p. 24; Tanguy and Terry 1999, p. 34), and share a (theoretical) commitment to humanitarian principles. There also exists a shared motivation to recognise, either publicly or within closed diplomatic channels, blatant violations of international humanitarian law and human rights (Sommaruga 1999, p. 25; Tanguy and Terry 1999, p. 32). In this exchange, the ICRC representatives term this exercise as ‘advocacy’, practiced as a “process of dialogue” with various stakeholders, and sometimes necessarily taking a critical stance (Sommaruga 1999, p. 25). They (albeit optimistically) stress that this is not a “politicisation” of their work (Ibid), but it is unclear how this approach fits with their commitment to avoiding “controversies of a political, racial, religious or ideological nature” (ICRC 1996, p. 627). Comparably, MSF’s practice of *témoignage* is also an attempt at confronting human rights abuses and war crimes⁴. However, it departs from the ICRC’s philosophy on advocacy as there is an emphasis on publicity, due to a stated accountability to “international civil society” (Tanguy and Terry 1999, p. 32), by presumably ‘bearing witness’ on their behalf to shed light on injustice. A more radical departure from the ICRC approach, however, is the MSF attitude toward sovereignty - “(MSF) sought to put the interest of victims ahead of sovereignty considerations” (Ibid, p. 31), therefore not identifying consent from authorities as paramount to humanitarian integrity. This is not

⁴ See, for example, MSF statements regarding the indiscriminate bombing of civilians in Gaza by the Israeli Defence Force following the Hamas incursion into Israel on October 7th, 2023 (MSF 2023b).

for the purpose of “espousing political causes”, however, but “with a spirit to provide prompt and unhindered aid” (Ibid).

This exchange highlights forms of political humanitarian engagement (whether it is acknowledged as such or not) as a defence of human rights and international humanitarian law pertaining to non-combatants through the form of rhetoric - confidentially or otherwise - and a disregard for government consent. It is therefore in defence of victims, and not intended to be partisan in nature. If non-neutrality is defined in this way, then, the MSF members involved in this exchange identify themselves as non-neutral (Ibid, p. 32), as they are exerting their power in the defence of international legal frameworks. Whilst the ICRC stress a stable commitment to neutrality as a “deontological and duty based ethic” (Sezgin and Dijkzeul 2016, p. 5), it is difficult not to interpret an ambition to privately or publicly lobby stakeholders, especially those in government, to adhere to these international legal frameworks as, in some capacity, a political exercise. It is fundamentally an expression of soft power to meet their self-defined organisational objectives. Additionally, MSF’s demotion of consent seeking recognises the unfeasibility of applying humanitarian principles in settings where states will not act in a civilised manner (Sezgin and Dijkzeul 2016, p. 6), or even exist as a stable, functioning structure at all. The political manoeuvre here is the abeyance of recognition of sovereignty in order to protect a bare humanity, stripped of the security attained through citizenship of a legitimate state. As will be explored below, parallels can be made with the motivations of Syrian aid workers in Lebanon.

These methods of advocacy, or *témoignage*, and the demotion of consent represent a response to an issue raised by Sezgin and Dijkzeul (2016), in which they question if neutrality is morally justifiable in certain contexts (p. 7). As stated, a real or perceived position of neutrality is deemed essential in ensuring to stakeholders and onlookers that action is being carried out purely in the service of humanity, and not for an ulterior motive. But the question remains - how to reconcile this assertion with the reality that pure neutrality can, in certain contexts, impeded on the safeguarding of human rights? As these methods make clear, a subversion of neutrality does not only relate to ‘taking sides’ in a conflict, but also methods to ameliorate the suffering caused directly through the actions (or inactions) of state or non-state actors who disregard human rights and international humanitarian law. As the MSF representatives rightly point out in their

rebuttal to Weiss, “humanitarian crises are fundamentally political crises with humanitarian consequences” (Tanguy and Terry 1999, p. 33), meaning these entanglements are not enforced by outsiders, but pre-existing. Political methods are avenues to alleviating the effects of these entanglements and thus solidify humanitarian goals and actualise international law. They are then morally consistent with the primary and indisputable principle of humanitarian action - to act with, and in defence of, humanity. In contrast, to prioritise pure neutrality over this primary tenant would mean a corruption of humanitarianisms’ primary principle, and thus its very core. To the extent that humanitarians, both local and international, have ‘taken a side’, it is always the side of victims.

Despite the intention to safeguard neutrality, it is variable and unstable (Redfield 2011), making it difficult to defend as an absolute virtue in humanitarian aid provision. As a consequence, this puts the normative ideological notion of humanitarianism as an apolitical exercise on unstable ground, as politics have historically been used by international actors as a mechanism to access and advocate for victims. This discussion also foreshadows the analysis of local actors in the proceeding chapters. Similar political tactics used by local actors can be interpreted as an understanding of a humanitarian ethics of care that is synonymous with organisation such as MSF - to defend human life.

Locality and deviance

Whilst the neutrality debate is not a recent development, it has found a renewed furore as a result of the localisation agenda (Decobert 2015; Marin and Murry 2019; Schenkenberg 2016; Sezgin and Dijkzeul 2016). Concerns have been raised regarding the ability of local actors to remain neutral. If put in the driver’s seat in responding to crises in which they are subject, their practices may be swayed given their unique position in local political webs, of which they are stakeholders with interests and concerns. Despite the ambiguity and unsettled nature of locality and neutrality, it is within this context of international, western orthodoxy that ‘the local’, and its perceived relationship to neutrality, finds its meaning in practice. As Brada states in their 2011 article assessing “global health” as a Bakhtinian chronotope - these places “are not born... ..they must be made” (p. 286). The fundamental questions that must be asked in this regard are - what assumptions make an uneasiness about the neutrality of local actors possible? What does

it mean to say that local actors cannot remain neutral? And how might local actors challenge neutrality in practice?

Fassin posits that humanitarianism enables a “politics of life that at the moment of crisis, results in the formation of two groups” (2007, p. 516): expatriate aid workers and locals/victims. Despite a moral ethos of 'sameness', where all human life is morally equal, there exists a moral inequality delineated between those who freely choose to sacrifice their lives, and those who are passively exposed: 'lives to be risked versus lives to be saved'. This savour versus victimhood dynamic welds locality to inevitable victimhood, and not only establishes different evaluations of life, but identifies the object of international humanitarian government. Fassin (2007) argues these politics also operate within the labour force of aid organisations, with local workers lives being evaluated differently compared to their expatriate colleagues (p. 516-17). These politics suggest a stark, implicit, but fundamental difference between those that are local and those that are not, aiding in an unequal and oppositional construction of the local vs international dichotomy.

Roepstorff identifies other elements that assist in this oppositional characterisation, such as the local being a concept that is found in the global south, as opposed to the global north, as well as various ideological prescriptions that counter the modern and the international, namely the local as “particular, traditional and parochial” (2020, p. 291). What these analyses suggest is an evaluative and ontological difference between the local and the international - specifically, an oppositional difference. Brada (2016), by studying the contingencies of claims to humanitarianism amongst foreign and local health workers in Botswana, has found that such claims gain potency through contradistinction, or in other words, distinguishing one's practice based on a contrast with its opposite for the purposes of claiming moral authority. This insight gives form and consequence to the comparative dynamic at play in the local vs international dichotomy - if one is to agree that the international humanitarian system acts as the infallible ‘standard bearer’, then the local becomes the site in which moral authority can be exerted, by prescriptions of deviance and therefore dictating claims to humanitarian legitimacy.

Further, a second important insight is that the local is constructed as a “fixed spatial and temporal category” (Ibid). Here, I wish to elaborate on the temporal element of this equation, and suggest some moral implications that have relevance for determinations of deviance. In industry and academic publications regarding the neutrality (or lack thereof) of local actors there is a suggestion that local actors are docile to political coercion through threats, harmful reprisals or corruptive offerings (Marin and Murray 2019; Schenkenberg 2016; Slim 2021, p. 2). Or, as Maes’s (2015) outlines, as motivated by "extrinsic" incentives such as salary and promotion (p. 6). Here, it is assumed that actors docility to contemporary conditions, especially political conditions, act as the cause of their non-adherence to humanitarian principles (Slim 2021, p. 2). This synchronic view risks leaving the inhabitants of 'locality' as a people without history, therein threatening to frame their actions as purely sporadic, volatile, and self-interested. It is in this way that one can regard locality in humanitarian discourse as chronotopic (Figure 1). Originally proposed by Bakhtin (1981) in the context of literary criticism, a chronotope recognises the “intrinsic connectedness of temporal and spatial relationships” (p. 84), and is “always

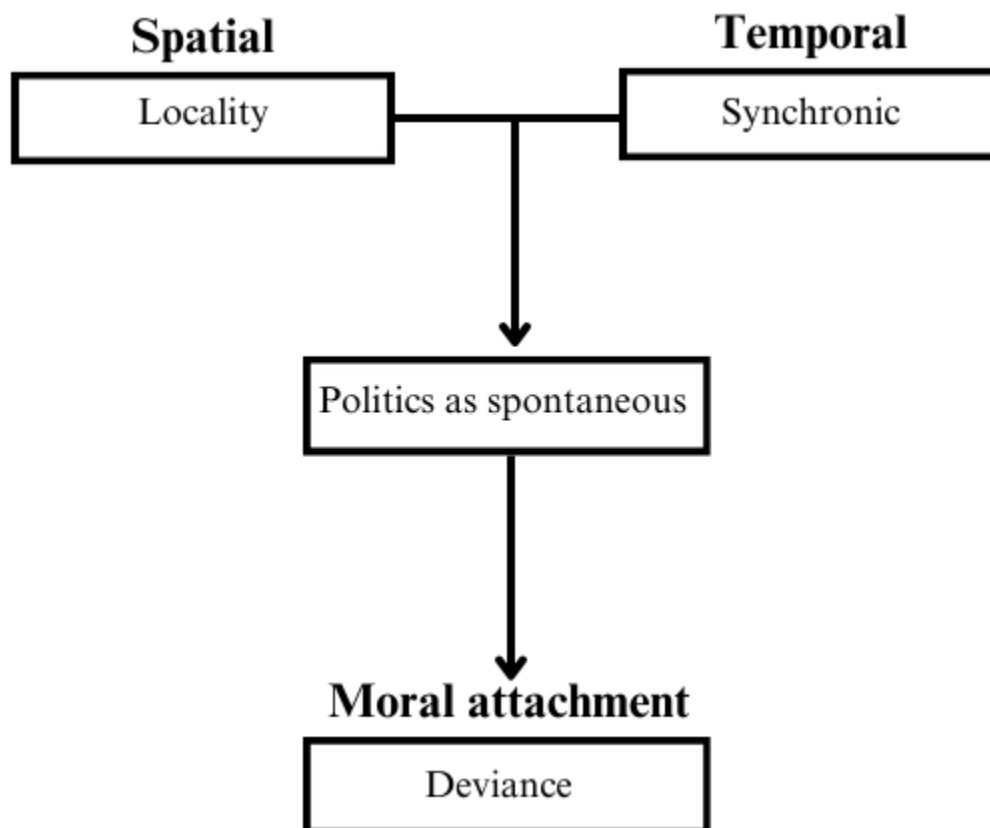


Figure 1 – *Chronotope of locality in humanitarian discourse*

colored by emotions and values” (p. 243). Brada (2011) utilises this concept to conceive the discursive category of ‘global health’ as a category that is “indicative of spatial and temporal positions” that enables “attendant moral claims” (p. 292). In other words, the interpretation of activities in a certain space are dictated by how observers view its temporality. In taking this critical line, however, one must be cautious not to deny that the nefarious manipulation of aid, and the increased security risk carried by local workers are indeed very real. As Slim (2021) asserts, aid does have the potential to be manipulated by authoritative governments, however this should not stand as a "lazy alibi" to deny all forms of political agency (pp. 3-4).

In conclusion, the category of locality, or 'the local', is unstable and therefore prime to mobilisation and manipulation to reach a variety of political and/or operational ends (Schenkenberg 2016, p. 9). In the context of humanitarian discourse, I have argued that it is constructed in contradistinction to 'the international', which holds a position of universality. I stressed what is generated at the juncture between structural and discursive authority - a moral authority that controls humanitarian legitimacy. I have closed by demonstrating the mechanics of moral authority, mainly the platforming of a specific chronotopic equation that structures concerns about the politics of local actors. Locality is understood as a space without history, therefore enabling political activities to be interpreted as spontaneous transgressions. This provides a space for moral authority to be exerted through the prescription of deviance. This chapter acts as the first of two answers to my primary research question: that local political deviance is constructed by the international system through the frame of a synchronic chronotope.

Chapter 2 will harness a diachronic approach to challenge the assumption that local actors are a people without history. The purpose of questioning these synchronic assumptions is to stress that given a historical perspective, the usage of political agency cannot only be understood in pejorative terms, due to its usage in healing, and formation as a consequence of, historical issues for humanitarian ends. This aligns with Roepstorff's ambition to move the analytical focus away from the local as a “fixed” category, and onto the agency of actors (2020, p. 291). As Martin and Murray (2019) can attest regarding local political entanglements: “it is more rare that these cases be examined through a deep understanding of the context and the reasons and circumstances that led to the reprobated acts” (p. 11). Individual and collective histories of suffering and violence must be

accounted for in the causations of non-neutrality, as they are essential in the formation of localised, politically engaged humanitarian agendas that are instrumental in shaping affective encounters and stable spaces. Significantly, these agendas often depart from the traditional practices and principles of the international humanitarian system and are therefore classed as deviant. Given this diachronic interpretation of locality, what might become of its "attendant moral claims"? And how might/should this effect claims to legitimacy? As will be explored below, when Ogaden-Somali workers 'misuse' resources to establish trust with a rival clan they are attempting to aid, is it appropriate to label them as merely corrupt?

Chapter 2 – Embodiments of history in the humanitarian encounter

In this chapter, I draw on Ilana Gershon (2019) to locate humanitarians, both international and local, as situated within “porous social orders” whose functioning depends on “pre-existing repertoires”, such as established cultural schemes or, significantly, memories as an embodiment of history. I use Didier Fassin’s (2008) ‘politics of memory’ to elaborate on this last point, and in recognising the relationship between these two approaches, I use this conjoined diachronic theoretical approach to demonstrate how embodiments of history, in the form of distrust and empathy, are instrumental in shaping the humanitarian encounter for Somali and Syrian medical aid workers and their patients. This process foregrounds the political entanglements and historical conditions apparent in these encounters, explored in Chapter 3.

Porous humanitarian social orders

In searching for theoretical tools to interpret differing humanitarian social orders, whilst also explicating their encounters, Ilana Gershon’s (2019) discussion of ‘porous social orders’ serves particularly useful. Gershon (2019) defines such orders as “patterned, perduring, interwoven, and transportable repertoires of interactions” (p. 405) - such as those that occur within and between humanitarian agencies, creating a fractal of social orders - and argues that in approaching such orders, ethnographers share various core theoretical presuppositions. A principal presupposition is that social orders “are presupposed and entailed in interactional moments” that rely on “already existing conceptual and infrastructural repertoires” (p. 405). As will be explored below, this approach is analytically useful as the prevalence of neutrality in the canonical system, as well as the prevalence of political action exhibited by local actors, can be approached using this presupposition.

In Gershon’s article, there is no concrete elaboration on the meaning of “already existing conceptual and infrastructural repertoires”, presumably to keep its scope broad as Gershon’s intention is to identify commonalities among the approaches of various ethnographers. Judging from the case studies Gershon employs to exemplify this

presupposition, the obvious definition would be that interactional moments are created through recognised regimes of value, such as those centred around religious beliefs, along with their associated cultural schemes, such as ceremonial specificities. This suggests a specific epistemological frame in which knowledge regarding how to be and interact in the world is gathered through immaterial referents, that can then be expressed in material ways. This has utility in comprehending the humanitarian agendas of both international and local actors, and as will be explored, memory also finds a firm place alongside more obvious cultural schemes.

As Slim (1997) asserts, core principles established by the ICRC such as humanity, impartiality, and neutrality, that are key to its history but officially formalised in 1965, have been widely adopted by other agencies. This is apparent in the international system, such as within the humanitarian departments of the UN (p. 345) - with neutrality being the most contentious, whilst still holding a notable place within the canon. Drawing on Gershon (2019), one can interpret this process as humanitarian social orders being “entailed in interactional moments” that are contingent upon “already existing conceptual and infrastructural repertoires”, such as the scheme of ICRC principles. Or, in other words, it is the interactional negotiation of institutional standards that is relative to a historical precedent set by the ICRC. It is in this sense that agencies within the international system are porous and historically bounded, and their adoption of neutrality can be (if not partly) explained.

To extend this frame to more localised humanitarians, in the creation of these organisations and movements already existing repertoires of interactional norms and conceptual frames used to interpret the world are carried over from the personal and collective contexts in which these organisations and movements arise (Carruth 2015, 2021; Decobert 2015; Wick 2008, 2023; Duclos et al 2021). What can be included in these pre-existing repertoires are, of course, cultural schemes, but also certain memories as interpretations of a turbulent past. Significantly, this reality acts as a point of departure from what might be called the international humanitarian social order, with its aforementioned pre-existing schemes for formulating action being found in various historical precedents set by its ‘classicists’ flagship - that of the ICRC. In much the same way as neutrality in the international system can be understood as a historical referent for guiding moral action, the unique histories and milieus of local humanitarians serve a

similar purpose in accounting for their own moral activities. While individuals across the humanitarian spectrum may share many of the same motivations, they will not share the same histories, or “already existing conceptual and infrastructural repertoires”. Of course, it would not be appropriate to suggest that all local humanitarians are fundamentally removed from the international system, as demonstrated by material and conceptual circulations and the resulting conflicts that these may cause within layered social orders. However, what will be shown is that the pre-existing “conceptual and infrastructural repertoires” that dictate humanitarian interactions and agendas are fundamentally different. It is these pre-existing repertoires that act as referents for local humanitarians that I wish to explore.

A key intention of laying out Gershon’s approach to social orders here is to emphasize the salience of pre-existing repertoires, which is analytically useful to the theoretical approach of this thesis that aims to engage with the actions of local humanitarians using a historical lens.

Fassin and the embodiment of history

This thesis builds on a long-standing theoretical orientation towards incorporating history into analyses of the agencies and social conditions of actors. Linkages can be found with the likes of Eric Wolf or Michel Foucault, among others, however there exists more contemporary examples in medical anthropology, such as Paul Farmer’s formulation of structural violence (1996), Joanna Cook and Catherine Trundle’s temporal approach to care practices (2020), or Linda Green’s commentary on lived, social suffering (1998).

Primarily, however, my analysis draws upon Fassin’s explication of the politics of memory (2008), which locates the formation of political dispositions at the intersection of one’s historical condition and experience of history. To clarify, historical condition refers to the physical effects of history, such as economic hardship or biological ailment due to socially determined epidemiological disparities. Experience of history refers to the subjective effects of history, namely: “the psychic trace left by memory in terms of the interpretation of the social world and its course” (p. 317) that provide an explanation of historical condition and its preceding trajectory through a “cultural apprehension” (Ibid). Here, one might think of the collectively formulated narratives that account for historical

processes, such as the way Palestinian's might characterise Israeli incursion into the Levant as a colonial and genocidal exercise. It is senseless to assume that history is truth, and memory is error, as experience captured in memory gives meaning to history, as well as the contemporary moment. It is in this sense that memory might be used in collective spaces.

On memory

The point here is not to valorise the accuracy of cerebral representations, but to acknowledge the potency of their effects, which, in contexts of violence and conflict, Fassin (Ibid) argues are particularly notable: "memory generally leaves its imprint much deeper when it is made of violence and oppression: the more painful the historical condition, the more acute the experience of history" (p. 321). This point, however, does not need anthropological theorising to be recognised on the level of the individual. Fassin may draw our attention to how memory can be analytically important for sociality, however regarding how memory might be experienced on the individual, existential level, one only needs to point out the devastating psychological effects of Post-Traumatic Stress Disorder, and its causes, to grasp how traumatic experiences can ingrain themselves into memory to the point of individual pathology. This leads to the key point that memory of the past does not only generate immaterial narratives, but also has a "corporeal presence" in terms of the way that it transcribes conditions such as "affects and emotions... ..mourning and pleasure" into individual and collective bodies (p. 316). What is of interest in my analysis is this generative quality of memory - how it can produce emotions, narratives and ambitions that shape political sensibilities and humanitarian encounters in general, meaning these sensibilities and encounters are dependent on one's experience of history. To extend upon this generative quality, given the right conditions it is surely reasonable to suggest that the emotions, narratives and sensibilities generated within both aid worker and victim can then be mobilised within a moral exercise, in the sense that it informs humanitarian action. This process then, I argue, must be acknowledged as a key determinant of the local humanitarian encounter. It shapes the care practices that are deployed in these contexts, and informs the political dimensions that these encounters embody.

When using this theoretical approach, however, I do not wish to suggest that all subjects of injustice are analytically homogenous. As Turner (1994) acknowledges in his critique of poststructuralist approaches to the body, researchers interested in the body within specific political economies, or with structural analysis in general, must be cautious of playing out the “disembodied body” in their analysis. As Green (1998) concurs, such an approach ignores “the concrete and specific suffering of people, particularly the complex consequences of that suffering” (p. 4). Whilst the two case studies discussed here can be interpreted through the broad prism of Fassin’s theoretical framework, it would be ethnographically thin to assume that memory and historical condition manifest and effect in the same way across varying contexts, or that specific fields of memory and specific historical conditions are comparable. This is certainly not what I wish to imply. This framework is used, however, as it draws attention to how history is experienced both subjectively and objectively, and how this shapes and constrains the agencies of actors. And, in the case of Somalis aid workers in Ethiopia, experiences of history can have both aspirational and hostile effects.

Distrust in the desert: Aid work in the Somali Regional State

“the Wild Wild East”

The Somali Region of Ethiopia, officially known as the Somali Regional State, encompasses the eastern third of Ethiopia, occupying over three-hundred thousand square kilometres of mostly arid or semi-arid landscape. Despite being officially part of Ethiopia, it is a distinctive regional government, equipped with executive, legislative, and judicial arms. Ethnic Somalis account for six percent of the Federal Democratic Republic of Ethiopia’s total population (FDREPPC 2007)⁵, situating them as the third largest minority group in the country, most of whom reside in the Somali Regional State. They constitute various ‘clan’ groupings in this region, such as the southern Ogaden and the northern Issa (Carruth 2015). This politically unique and often overlooked shard in the Horn of Africa houses a seemingly desolate natural landscape and turbulent political history that has defined much of its mystique for outsiders, with American anthropologist

⁵ This report is from the Federal Democratic Republic of Ethiopia Population Census Commission.

Lauren Carruth (2021) noting that urban folk in Ethiopia's capital of Addis Ababa often characterised the region as "wild, hungry, savage, marginal", or the "the Wild Wild East" (p. 10).

Despite these loaded assumptions, and its rich cultural histories and the nomadic traditions of its people, much of its international recognition has stemmed from the humanitarian crises created by state oppression and civil violence which, according to the London School of Economics, have been further complicated by drastic food insecurity, famine, and flood, prompted by historically precarious rainfall patterns that continue today (Majid et al 2023)⁶. An attempt to comprehensively flesh out the turbulent political history of the region would be futile here, however recent notable events include the Somali-Ethiopian 'Ogaden War' of the 1970's, the contentious reign of regional government leader Abdi Mohamed Omar 'Iley', ending in 2018, and various other localised inter-ethnic confrontations over resources and land (Carruth 2021, p. 20). These factors have contributed to what humanitarian academics and practitioners term a 'complicated crisis', especially given the protracted nature of its precarity. In sum, the culmination of this regional 'crisis', if it can be termed as such, can be measured by the figures of internally displaced peoples (IDP's) that it has generated, with the Internal Displacement Monitoring Centre estimating almost four million IDP's (within Ethiopia as a whole) as of 2023 (IDMC 2023).

Somalis and the memory of strife

In addition, the Somali people's positioning as a largely marginal and neglected minority within Ethiopia has shaped their experience for decades. These experiences colour their interpretations of the present. Despite Ethiopia being a nation that prides itself on an anti-colonial trademark - as it was famously never colonised by the domineering European powers that claimed the vast peoples and lands around it - a turn to history reveals a dynamic of colonisation with the predominately Somali region in its east. Ethiopian conquests for territory endured until the 1920's, and sort to extinguish the claims of self-determination made by those minorities within the margins of its state (Aidid 2020), of whom are marginal in both geography and politics. This deliberate social

⁶ This is a blog post shared by the London School of Economics.

fracture was, and is, instrumental in dividing political and economic power in the country (Ibid). As Carruth (2021) asserts based on her fieldwork with local humanitarian workers in the region - as well as a lack of belonging to the polity, there are material effects of this marginalisation: “many Somali Ethiopians still feel paradoxically both forgotten and intentionally marginalized - geographically, politically, and economically - from Ethiopian sources of power and money” (p. 20). Or, as one young mother from the Somaliland border region testified: “People here are very poor... ...The Ethiopian government will not do anything to help the people here... ...our people are not heard.” (Ibid). As such, there is a prevailing sense of neglect and lack of belonging.

The way in which Somalis remember these experiences of marginalisation, conflict, and natural crisis, in terms of how they are experienced subjectively outside of their immediate material effects, is undoubtedly varied. However, a seemingly widespread primary effect that Carruth identifies in her fieldwork is a tenuous relationship with trust. They mistrust the Amharic-speaking Ethiopian elites and government, due to exclusion from federal alleviation programs and their historically abusive politics (2021, p. 46). They mistrust international interventions for their transient operations and often restrictive mandates (Carruth 2015; Carruth 2021, p. 40). And they mistrust rival clans due to differing allegiances to the Ethiopian state that protrude into the present in both implicit and explicit ways (Carruth 2015). Given precarious historical conditions such as poverty, political vulnerability and ethnic tension unfolding within the lives of many, it is unsurprising that certain political dispositions (the conscious avoidance of subjection, along with scepticism of institution) arise within the collective spaces of Somali clans as a result of how a memory of history is experienced in the present, or what Fassin (2008) calls a “psychic trace left by memory” (p. 317). This ambivalence makes any humanitarian endeavour difficult (Ibid, p. 71), in terms of drawing beneficiaries to the initiative and establishing trust when they are engaged. For local workers treating patients from rival clans, a recognition of this distrust, through actively confronting these rifts and their political hauntings, is pivotal within the clinical encounter to gain access and provide proficient and culturally sensitive care, therefore merging humanitarian agendas with generative politics as an operational necessity. This will be explored in Chapter 3, but first, one must comprehend the conviction for a better world that is held by local workers, which is a vital causation of their healing humanitarian politics.

Carruth (2021) argues that the local workers within her study hold strong memories of the political turbulence and suffering that has plagued their region, as well as the benefits and drawbacks that aid can bring, which fuel their ambitions to carry out their work in the hope of what she terms “love and liberation”. They see their own sick children in their juvenile patients, they see their own fathers, uncles and cousins in the male pastoralists that are dehydrated or have contracted pneumonia due to long journeys in search of suitable pastures, and they resonate with refugee patients who, like many of themselves, have made perilous journeys in search of safety and aid (p. 163-4). They also understand the political fractures they live amongst. On both a national and local level, historically and in the contemporary moment, contention and various injustices are constant organising forces for social and political interactions (Ibid, p. 17-22; Carruth 2015) and it is in this context that workers must respond.

Further, they have witnessed, and many have personally experienced, the benefits of both foreign and local aid: “these life experiences have changed them; they are neither trite nor insignificant observations” (Carruth 2021, p. 75). This is not to say, however, that these workers would not be aware of the criticisms leveraged towards foreign aid, and the trust that it has forgone. As two local UNICEF workers attest (Carruth 2015), it is precisely this recognition that partly fuels their ambition, and shapes the contours of their actions in ways that help to establish trust and build a new, affective humanitarianism. One main premise, as argued by Carruth in her 2021 ethnography, is that vernacular humanitarian work in the Somali region is used to confront these contentions and injustices. Not only regarding the healing of trust in the medico-humanitarian encounter, but broader political contentions as well. Using pre-existing local traditions of care giving, epitomised in the concept of *samafal* which will be discussed in Chapter 3, workers strive for “reparation and liberation from Somalis’ histories of colonial partition, military intervention, political marginalization, and interethnic and interclan violence—histories that continue to provide the pretenses and the infrastructures for contemporary humanitarian responses” (p. 30).

The generative power of memory

The effects of these memories of suffering in this context are twofold: for the beneficiaries referenced in Carruth’s studies, it appears to have created a relatively hostile

disposition - the abeyance of trust and the promotion of scepticism. On the other hand, aid workers seem to have mobilised their memory in ways that inform a humanitarian and politically reparative disposition, centred around a temporality that idealises the future as a place removed from the haunts of history. What these differing dispositions show is the generative power of memory in this context - its potentially disruptive and antagonistic effects, but also its affective qualities. In sum, historical condition (marginalisation, ethnic tension) effect the experience of history (memory) as repertoire, creating dispositions (abeyance of trust, ambition for a better world) that shape the clinical encounter in this context, and therefore anchors the aid practice of workers. It is in this sense that interactions that animate local humanitarian social orders in eastern Ethiopia are contingent upon the effects of history. In the Syrian example that follows, it is also apparent that experiences of history relevant in the clinical encounter have a depth only made possible by particularly harsh historical conditions.

Solidarity among refugees: Humanitarian encounters as “breathing spaces”

Conflict, displacement and endurance

*I remember we crossed a bridge and it trembled underneath our feet
because we were so many people.*

- Anonymous (Pearlman 2017, p. 115-116)

The humanitarian crisis prompted by the Syrian civil war, and the brutality of the Assad regime in particular, continues to be felt both within Syria and by its neighbouring states. Since 2011, which marked the onset of civil war in the country, the conflict has wreaked havoc upon the civilian population in much the same way as modern wars always have - physical and psychological trauma, precarity, and displacement. And like many government responses to uprisings against their domineering and abusive regimes, deliberate crimes against humanity were mobilised to further agonise the population. These included internationally outlawed chemical weapons, intentional targeting of civic and medical facilities, and the infamous 'barrel bombing' of civilians. As a consequence, this national confrontation gradually evolved into a protracted regional crisis through the

overwhelming movement of refugees, recognised as one of the largest this century, with the United Nations High Commissioner for Refugees (UNHCR) identifying 5.4 million refugees fleeing to neighbouring countries (2023a).

The opening quote of this passage is taken from Wendy Pearlman's 2017 collection of Syrian civilian testimonies on the war, and is the statement in which the book takes its name: *We Crossed a Bridge and It Trembled: Voices from Syria*. It captures the enormous flow of humanity that fled during the early period of the war, with 1.5 million fleeing to Lebanon, but with only 815,000 officially registered with the UNHCR (2023b). As such, the humanitarian needs of these refugees must now be met within the borders of Lebanon, which the government has failed to do (Duclos, Fouad, and Blanchet 2021, p. 5-6) due to unfavourable policies towards refugees (Premkumar, Raad, and Haidar 2016, p. 16). Refugees are forced to negotiate Lebanon's pre-existing health care systems, along with a fragmented set of humanitarian organisations, all of which must often charge for their services (Ibid). Despite some subsidies for those registered with the UNHCR, it is here that one main barrier to healthcare can be identified - "for all refugees, high out-of-pocket payments required for transportation fees, drugs, and health services constitute a significant barrier to healthcare" (Ibid, p. 6). Adding to their precarity, the established health system in Lebanon has come under increased strain due to the large increase in population (refugees have reportedly risen the population by 25% (Ibid, p. 2)), limiting the availability of services and creating tensions between host and refugee communities (IIED, p. 20).

However, the individuals in this flow of humanity do not merely bring their needs to Lebanon. Many also bring their capacities as qualified professionals, such as in the case of displaced doctors, nurses, and allied health staff. It has been suggested that these medical personnel could play a vital role in alleviating the stress on an already overburdened system (Honein-AbouHaidar et al 2019, p. 2 and 7; Duclos et al 2021), but this has been impeded due to Lebanese authorities refusing to legally recognise their qualifications. This has prevented the vital medical registration needed to practice in an official capacity, however some refugees have resorted to working informally to contribute their expertise, with the stated aim of assisting fellow refugees who share similar histories of violence and displacement. The scale and detail of this phenomenon remains poorly documented; however, it has been ethnographically studied by Diane

Duclos, Fouad M. Fouad and Karl Blanchet (2021), in terms of the unique clinical encounters enacted when “refugees care for refugees”. The researchers have identified 5 formal clinical settings that housed an undisclosed number of informal workers, based on recurring visits to Lebanon in 2017 and 2018. Further, Honein-AbouHaidar et al. (2019), who focused on documenting the phenomenon in terms of the motivations and challenges involved, identified 22 such workers across numerous clinical settings at the time of their study in 2017. It is reasonable to assume, however, that these studies may have overlapping participants as they share multiple researchers.

It is in this context of legalistic marginalisation, and the recognition by displaced health professionals of the economic barriers to care, health system fragmentation and confusion, and shared histories with Syrian victims of displacement and violence (Duclos et al 2021) that motivate an explicitly humanitarian cause (Honein-AbouHaidar et al 2019, p. 4). This is fulfilled by the mobilisation of agencies in tactful and covert ways in order to practice informally - and therefore illegally - in the aid of (predominantly) fellow Syrian refugees in Lebanon.

‘Breathing spaces’

A key element of this process is the unique clinical encounter created by a shared history between carer and patient. Duclos et al (2021) outline that the Syrian healthcare workers’ own refugee experiences, and as victims of the Syrian civil war, shape the care that they provide to refugee patients. They are “histories that may enable empathy and mutual understanding” (p. 10), as well as an understanding of mutual contemporary troubles stemming from precarity in Lebanon (p. 11). In this way, these informal workers are not simply useful because they can ‘plug a gap’ in a fragile healthcare system, but that they provide “contextually appropriate” care to Syrian refugees through a “socially charged” clinical encounter (p. 14). Duclos et al (2021) poetically summarise the significance of this mutual understanding through utilising a phrase uttered by one of their participants: “When I entered the door and saw the Syrian doctors, I could breathe.” (p. 9).

These clinical encounters acted as a space of comfort and relief in an otherwise confronting environment, and offered an alternative to other forms of humanitarian space that are often transitory, technocratic and power-ridden. This registered in multiple ways,

such as providing a space where stressful narratives could be shared and understood, and in which consultations could take place purely in Arabic (many Lebanese doctors used French terms in consultations due to their education, whereas Syrian doctors were taught medicine purely in Arabic). Specific guidance regarding refugee services could also be given, such as locating emergency accommodation, as well as access to interpersonal networks for both clinical referrals and social and emotional support. As should be evident, this is not merely a narrative outlining the benefits of shared nationality. Their specific relationality includes, but ultimately transcends, their imagined membership to polity. A more substantive shared positionality is acknowledged through an encounter that reveals their mutual challenges, capacities and identities reminiscent of displacement, which inform humanitarian practices in specific ways. It is in this sense that these clinical encounters were characterised as ‘breathing spaces’ for patients, where the conventional clinical gaze was substituted for one that comprehensively appreciated a patients’ social history.

Relationality

The causes of relationality between these refugees are two-fold: a shared experience of history through similar historical conditions. A common experience of history - the subjective effects of history, through memory, that generate this mutual understanding and empathy - form the basis of the socially charged clinical encounter in which their pragmatic informal response facilitates. In this specific instance, this experience of history constitutes a "corporeal presence" (as defined by Fassin 2008, p. 316), as it transcribes the affective condition of empathy into the individual bodies of medical personnel. This inscription directs their morality as it dictates their self-described role in treating Syrians specifically. For the Syrian patients that they treat, it is evident that this commonality of memory is important for instilling a sense of comfort in these encounters. A shared historical condition also aids in this connection, as the consequences of displacement in terms of marginalisation and struggle in Lebanon is also shared and accounted for by these health personnel. Historical condition and experience of history form registers in which subjects anchor their relationality. Due to this dynamic, the data gathered by Duclos et al (2021) suggests that these encounters transcend a merely medical

exchange, and extend into the realm of social and emotional care. It is in this sense that they are both medical and ‘affective’ encounters.

In light of Fassin’s assertion that political dispositions are formulated at the intersection of experience of history and historical condition, this example shows that in local humanitarian encounters, it is reductive to suggest that this is the primary or soul function of these causal forces. Whilst Fassin’s approach is indeed empirically grounded, as will be shown, this specific data set shows that the primary function of history for Syrian refugees in Lebanon is as a basis for solidarity, and expressed in medical humanitarian contexts. As alluded to, their political engagement, as a subversion of state authority through informality, is indeed an attempt to actualise a response to their experiences of history through a pragmatic reaction to operational constraints dictated by their historical condition. As will be discussed in Chapter 3, the political disposition of rejecting state sovereignty and authority must be located in a nexus of influences and constraints that resemble a variant of the equation offered by Fassin.

Discussion

Syrians, Somalis, and embodiments of history

As this analysis has shown, there is a diversity in how memory and history pertain to humanitarian agendas. For the Somali aid workers, as documented by Carruth (2015, 2021), there is a divergence in the effect of memory for recipient and worker. On the one hand, the creation of hostile disposition rooted in historical ethnic tension, and on the other, a politically reparative disposition rooted in an ambition to overcome troubled histories of colonisation, marginalisation, and indeed also ethnic violence. In sum, an ‘unsettled’ encounter must be responded to as such. For Syrian aid workers in Lebanon, as documented by Honein-AbouHaidar et al (2019) and Duclos et al (2021), there is a commonality in the effect of memory - it creates relationality and solidarity through empathy as, to use Fassin phrase, its “corporeal effect”. The juncture of these two ethnographic examples can be located in the relevance of these dispositions - they are vital for the clinical encounter. The necessity to frame these encounters as temporal, messy, unsettled, and affective caring relationships is a step away from the models of uni-directional and opaquely compassionate care that is often used to frame traditional

humanitarian action, and exchanged for a recognition of the uniqueness of local humanitarian encounters in particular.

Social history and unsettled care

Patient social histories in medical settings must be expanded from a "narrow sociopolitical framework" (Premkumar, Raad, and Haidar 2016, p. 16) and incorporate wider considerations of not only the patient, but the carer as well, in order to recognise that caring relationships are "unsettled by the transforming dynamics of relationships" (Cook and Trundle 2020, p. 178). Premkumar, Raad, and Haidar (2016) call for a more comprehensive approach to documenting social history, that recognises the embeddedness of disease within historical, political, gendered, and economic injustice. They outline that "the social history has become a site in which physicians have attempted to territorialize the body within a narrow sociopolitical framework", acknowledging only the influences of family life, drug use, and sexual activity (p. 16). This points to an assumption that fixed individual choices and direct kinship relations of the patient are the only social histories that are relevant to the clinical encounter.

I argue that Cook and Trundle (2020) have also contributed to this broadening, by considering how fluctuating personal subjectivities of both the recipient *and their carer* effect docile orientations toward the caring relationship and its practices. In their introduction to a special issue in *Anthropology and Humanism* focusing on "Unsettled Care", Cook and Trundle (2020) seek to acknowledge the shifting and ambiguous nature of care practices that "unfold and transform over time". Firstly, they argue that temporal perspectives shape everyday care practices, highlighting the importance of poisonings to the past, present, and future that the carer and cared for hold as these temporal frames "undergird such relationships". Secondly, they argue that care practices can be "unsettled by the transforming dynamics of relationships", as they are positioned within a matrix of fluctuating human frailties, that are often contentious, competing, and shifting, such as hope, failure, resentment, disconnection, and love. The key points to acknowledge here are that care practices only make sense if they are comprehended over a longer temporal frame, and recognised as interpersonally and contextually enacted.

From the case study of Somali workers and patients in Eastern Ethiopia, dispositions resulting from perceptions of the past, and ideals for the future, characterise

the caring relationship. Local Somali humanitarians must confront a context in which interpretations of history can 'unsettle' attempts at providing aid, as they may not always be received as altruistic, well-intentioned agents according to their patients. As discussed, this stems from a distrust and scepticism culminating in a disconnection that must be creatively overcome through *samafal* - a pre-existing cultural scheme of care giving that will be discussed in the following chapter. This process of confrontation is dependent on the interpersonal skill and cultural adaptability of these workers, as opposed to institutional mandates or overarching ideals. Their actions, then, rely on a recognition of specific temporal orientations in the effort to establish productive caring relationships.

As well as the temporal impressions of patients shaping this humanitarian work, the Somali workers own perceptions of the past, and ideals for the future, are also relevant. Their own temporality serves as the broader political edge of *samafal*, expanding its scope from political method as operational tool (in the sense of overcoming scepticism of beneficiaries and healing ethnic tensions in the process) to a method of future liberation from the historical condition in which all are subject. In sum, the temporality of both worker and beneficiary, exemplified through memory and aspiration, frame *samafal* as both an operational and political tool, continually negotiated between worker, beneficiary, and the broader political context.

To understand why the Syrian doctors explored above are recognised as affective and useful agents, one must acknowledge how they are implicated in their own histories and subjectivities. This is a leading dynamic in creating a stable space in which patients can 'breathe'. Appreciating the analytical significance of shared histories in this example is to stress the importance of recognising the social history of the provider of care, and not just the cared for. Just as patients bring their specific trajectories into the encounter, and just as these trajectories have been instrumental in shaping their medical conditions, the provider of care is also an individual that has tracked a certain trajectory, with their resulting subjectivity instrumental in how they approach the encounter, and potentially are received by the patient.

This chapter has examined how the social histories of both aid worker and victim can unsettle or enhance the clinical encounter, through the embodiments of distrust, empathy, or comfort, and therefore must be interpreted over a more comprehensive temporal frame that is attentive to the effects of fluctuating political

conditions in which its agents are subject. Further, viewing these encounters as merely technical or archetypal exercises risks masking the specific constraints they have had to navigate in order to be actualised. The following chapter will explore how embodiments of suffering act as vital contingencies for political methods, methods that generate effects that aid in navigating environmental constraints.

Chapter 3 – Moral worlds, political methods:

Humanitarianism as a politics of care

The unique contingencies of care in contexts of recurring violence and crisis are important when considering localised humanitarian action. Amongst the antagonism, injustice, marginalisation and suffering that such contexts so often give rise, practices of care are given a form and a substance that pertains to such experiences. Efforts of resistance and solidarity are expressed as a result of, and in service to, efforts of bodily healing. It is here that unique, generative, and aspirational politics of care are born, which make subjects moral worlds intelligible when seen in reference to political issues, specifically regarding how they negotiate these issues in order to establish humanitarian space. As noted, political humanitarianism is often associated with advocacy, 'taking sides', or 'mission creep' into development. Local actors, however, must mobilise politics to confront a variety of operational constraints. If historical condition is how history is materially experienced in the present (Fassin 2008), then constraint is the mechanism that gives this experience its unpleasant edge (Farmer 1997). Local actors implement tacit resistance to government authorities, or engage in local ethnic politics in an effort to, ironically, *protect* humanitarian space, meaning their politics of care cannot be understood as pure polemics, but as a defence of humanity. This process shows how subjects animate humanitarianism according to the constraints they face, framing humanitarianism as formulated in practice as opposed to transferable principle.

Politics of care

In the social sciences and humanities, the study of care as it pertains to politics has been given considerable critical attention that paints a rather bleak picture of its political entanglements. Staple works such as Michel Foucault's *The Birth of the Clinic* (1963) frame modern medicine as a mechanism for the control and regulation of culturally defined deviance and degeneracy. More recent social studies of care have analysed political economy to account for the deleterious effects of care systems and practices (Cook and Trundle 2020, p. 179). Such prominent writings include Evelyn Glenns (2012) work on the devaluation and historically exploitative nature of caring work in the United

States, as well as taking an intersectional approach to tease out how care has become a racialised and gendered form of labour, thus implicated in the oppression of women and ethnic minorities. In a similar vein, the sociologist and physician Howard Waitzkin (2018) argues that the form of privatised, neoliberal care that characterises the United States healthcare sector is an exclusionary and exploitative system that showcases an incompatibility between health justice and capitalist goals of expansionism and profit, as well as the ‘proletarianisation’ of medical staff. And within the study of medical humanitarianism specifically, the insights provided by Mirim Ticktin (2006, 2011) and Didier Fassin (2009) are particularly illuminating, regarding the role of biolegitimacy in negating political subjectivities until the moment that biological life is deemed in threat. Cook and Trundle (2020) cite many similar examples (Stevenson 2014; Biehl 2007; Jervis 2001; Garcia 2010) that point toward the assertion that “systems of care are characterized as deeply flawed” (p. 179), due to fruitful examinations that have identified such systems and practices as sites in which class, gender, and race inequalities are reproduced, state violence is enacted, exclusion is institutionalised, and capital has co-opted. In sum, it is known that politics of care can bring out intriguing yet disturbing paradoxes.

Caring politics

Considering this lineage, there is room to conceptualise the political entanglements of care as going beyond flashpoints of deficiency, and into the realm of solidarity and emancipatory struggle. Rachel Brown (et al 2021) and colleagues contribute to this project through posing a central question: “what would be required for care to be an ethic and political practice that orients people to a new way of living, relating, and governing?” (p. 891). In response, the authors propose an ‘abolitionist’ politics of care, that breaks from liberal forms of caring that rely on moral sentiment alone, or care that is defined as a finite resource, and strives towards an ethic that is rationalised, pragmatic, and politically aspirational, in the sense that it works as an “interdependent survival strategy, a foundation for political organizing, and a prefigurative politics for building a world in which all people can live and thrive” (Ibid). Anti-capitalist practices such as mutual aid in metropolitan New York or organising against racial violence such as

#BlackLivesMatter are referenced here as compassionate networks working in the service of survival and advocacy.

The framing of ‘abolitionist’ is of particular note. As Harris outlines, reformulations of care can reach “a world undone”, through dismissing the conventions of Western modernity (Ibid, p. 905). It's 'abolitionist' ethic frames it as a departure from problematic cultural and political histories. As should be evident, much of the work referenced above comments on the customary objects of western academic critique such racialisation, neoliberalism and capitalism, of which care is noted to be historically intertwined, and of which Brown (et al 2021) seeks to formulate a response. Similarly, notable critiques of the politics of care cited above (Glenn 2012; Waitzkin 2018) are a response to the socio-political specificities of the nation in which such critiques have arisen, and drawn on theoretical and leftist political traditions that are prominent within American academia and activism as the basis of their rebuttal. Further, the normative framework proposed by Brown (et al 2021) carries out a similar process, presenting a staunch mixture of leftist-liberalism that is prominent within the United States to interpret its own political and historical landscapes. The vital point here is that politics of care that deem themselves emancipatory must be tailored to the conditions in which they strive to emancipate from, and the experience of such conditions. A caring politics is not a scalable, formulaic exercise, readily transferable from one scene to the next. It is the caring of specific people in their own unique set of political circumstances.

The insight that practices and systems of care can be a reconciling with the past and the ghosts of its legacy in the present are of vital importance, and it is here where care is transformed from altruistic ‘good-will’ to political practice. If a certain practice of care is synonymous with attempts at subverting an identified cause of injustice - often out of necessity – it therefore warrants the label of a *politics* of care, as opposed to merely a practice of care based on an abstracted moral sentiment such as compassion. It is in this way that such political care practices depart from liberal forms of care that rely on such sentiments (Brown et al 2021, p. 916). As outlined by Audre Lorde, cited by Brown and colleagues: “for those who are marginalized, care is a form of political warfare: to engage in care is to uphold the right to survive” (Ibid).

In addition to a relativist, temporal, and structural approach to politics of care, there are also phenomenological elements that must be considered. If one is to appreciate the

role of embodiment within this process it is necessary to comprehend how history and structure are imminently experienced by the individual. Daniel T. Linger (2018) discusses how memory is a useful political tool through the manipulation of ‘memory fields’, which he likens to the methods of ‘the Party’ in Orwells *1984*, where memory is reconstructed to sustain state power. This is, of course, only one of its somewhat devious potentials. If one is to invert the equation and instead see how memory is asserted to aid those disenfranchised by the state, it is then framed as an element in their political agencies. As will be shown in the pages to follow, in accounting for localised humanitarian agendas, one must consider the relevancy of politics of memory and the historical condition in which it is responding to comprehend unique iterations of politics of care. How history is remembered or materially experienced anchor aid practices that necessitate pragmatic political methods, generating the political effects necessary to create humanitarian space. In other words, specific politics of care can mesh political and humanitarian agendas.

Somali aid work across ethnic lines: *Samafal* as a healing politics

Don't say the man was closer in blood relation to me. Say that he was good to me—people will not forget that.

- Somali proverb

Local Ogaden-Somali humanitarian workers in Eastern Ethiopia have recognised the embodiment of distrust, stemming from the historical condition of ethnic tension. In this context, they formed a humanitarian practice based on the pre-existing cultural scheme (or repertoire) of *samafal* that seeks to simultaneously provide emergency aid, heal political rifts that impede on establishing trust with beneficiaries, and thus ‘liberate’ Somalis from the constraints of their historical condition. *Samafal* most closely translates to *humanitarian* in the Somali language used in Ethiopia, however like many 'direct' translations, the Somali translation does not carry the same commonly accepted conceptual baggage (Carruth 2021, p. 59-61), such as altruism and uni-directional ‘gift giving’. Somalis uphold this distinction by having a separate word for foreign humanitarianism - *bani'aadamnimada*. This phrase refers to the major European and North American agencies and their operations in the region (Ibid). As Carruth notes, this does not mean that these concepts are unambiguous and starkly opposed (p. 60). Of

course, they both refer to aiding populations in crisis, but more significantly, in the context of Eastern Ethiopia they are perpetually negotiated and circulatory. The two are intertwined as local workers often work for western organisations to enact the more formal *bani'aadamnimada*, guided by official mandates and mission statements. But in practice, during the everyday, quotidian labour of aid work in the field, they draw upon *samafal* when staffing *bani'aadamnimada* programs to guide their activities in accordance with local specificities (Carruth 2015). The scheme did not come about as a reaction to the rise of aid operations in the region, as it was already a prevalent, yet unsettled, cultural feature within Somali groups. Its usage by local aid professionals came about as a way for them to characterise their aid.

Given the diverse descriptions and definitions of *samafal* offered by Carruth, it seems a vague and open-ended scheme that refuses to be pinned down. Like its English counterpart, *samafal* is sentimental yet political (Carruth 2021, p. 58), but offers a more pluralistic, affective, and active model of care, that encompasses “loving, reciprocal, and expected ways of responding to others’ needs” (Carruth 2021, p. 58). In the context of aid operations, it can be understood as humanitarianism conducted in accordance with local expectations of behaviour, making it an inherently unstable concept (Ibid, p. 60) - as ‘expectations’ can vary - whilst also defining it more as a spirit of action as opposed to a lettered principle. In one example that Carruth (2015) thoroughly explores, engaging in clan sociality, forging relationships with clan elders, and shifting operational mandates to fit the self-defined needs of the community were instrumental in carrying out *samafal*.⁷ The local usage of *samafal* in humanitarian work, then, provides a stark example of the way in which humanitarianism can take an explicitly vernacular form, in such a way that it’s everyday practice is formulated in accordance to local specificities as opposed to overarching discursive structures provided by the international system and the ICRC canon. On another occasion, outlined by a young Somali aid worker named Mussa, he stressed that when out in the field, “you should not go to a hotel, but you should sleep there with them [recipients of aid], and then they will know you are serious.” (Carruth 2021, p. 57).

⁷ In this 2015 publication titled *Trust and Caregiving During a UNICEF-Funded Relief Operation in the Somali Region of Ethiopia*, Carruth does not explicitly refer to the scheme of *samafal*. However, after further fieldwork culminating in her 2021 book titled *Love and Liberation*, she returns to this ethnographic example and identifies it as exemplary of the *samafal* framework (pp. 70-72).

Clanship, Samafal, and political healing

Scholars have long considered ‘clanship’ to be an extremely important and nuanced mode of sociality for Somalis, as it is pivotal in personal and social identity through the organisation of kinship relations (Lewis 1994; Lulling 2006) and is “vital to their lives and livelihoods” in general (Carruth 2018, p. 149). Importantly for the context of this discussion, however, it structures antagonistic group relations in the region (Carruth 2015, p. 65). Ogaden health workers were operating for the United Nations International Children’s Emergency Fund (UNICEF) and originated from the south of Ethiopia’s Somali Region. They were working, however, in the northern region, predominately occupied by the Issa, their traditionally rivalled clan. These are overarching Somali clans, *qabiil* or *reer* in Somali, as opposed to sub-clans, or *jilib*. The aetiologies of this animosity between the two groupings, described by Carruth as “paradigmatic” (Ibid), stems from differing allegiances to the centralised government, but is ultimately more nuanced and wide-ranging than can be outlined here. Significantly, it resulted in a scepticism levied against the UNICEF workers attempting to treat patients in this northern region (Ibid, p. 59), sedimenting a lack of trust based on the historical condition of ethnic tension.

These local workers were able to incorporate local exceptions of care and social outreach to heal long-held cultural antagonisms and counter the distrust of beneficiaries through expanding the mandate provided to them by UNICEF (Ibid, p. 80). UNICEF is dedicated to the betterment of disenfranchised children and their mothers and headquartered in the global north. As such, the mandate handed down to these local workers was to survey and treat child and maternal health, specifically malnutrition, in the region. Carruth notes many Issa in the region held fears of not qualifying for aid due to these specified mandates (Ibid, p. 59) - a notable, historically grounded fear given the trend of episodic aid interventions in the region (Ibid, pp. 60-1). This fear was coupled with the traditional prejudices levied against Ogaden people in general. In response, the Ogaden health workers took agency and unofficially expanded their mandate to include other vulnerable groups, such as the elderly and the disabled. The Ogaden workers also “interpolated into community life and local relations of reciprocity” (p. 63), through sharing traditional evening *khat*⁸ with clan elders and other community leaders and

⁸ A stimulant drug in herbal form, commonly chewed as a social tradition in this region.

forging genuine relationships with various families outside of the clinic walls. Empathising with these concerns of qualification and engaging in the community helped to subvert pervasive and historically persistent stereotypes such as the perception of ethnic Ogaden as “arrogant and impetuous” (Ibid, p. 71), which helped to “forge new relations of trust” (p. 59). It is important to note that this case study does not specify changes in identity politics, in terms of how individuals relate to their own clan. It does, however, document shifts in how Issa clan members related to others across clan boundaries. This was an operational necessity to gain access, and to be effective it needed to alter the politics of clan relations in the region through being attentive to the certain politics of memory at play. This is one of the ways in which taking an approach based on *samafal* can have political effects.

Inter and intra ethnic solidarities have particular importance in the Somali Region, and their solidifications are historically significant. As Carruth argues, within the vacuums left by the brevity of aid operations in the region, strong and fundamentally supportive kinship relations within and between clans persist (Ibid, p. 69; Carruth 2018). There is a strong emphasis on networked mutual aid that flows along the lines of kinship relations and beyond, cemented by Islamic notions of *sadaqad* (charity) and *zakat* (monetary giving instated by Qur’anic teaching) (Carruth 2021, p. 61-4). The encouragement of these supportive relationships in the form of strong inter and intra clan solidarities, actualised through aid in this example, solidifies clanship as “an antidote to their shared histories of crisis” (Carruth 2015, p. 69). Additionally, these solidarities enhance the “saliency of a cohesive Somali Region in contrast to an unstable amalgamation of distinct clans or a unified Ethiopian nation-state” (Ibid). The stakes of solidarity then not only pertain to aid permeation at present, but building an independent nation in the Somali Region of Ethiopia - an ambition in which Ogaden peoples have long been committed, albeit historically using violence (Abdullahi 2007). As aforementioned in Chapter 2, these workers are not only motivated by a humanitarian impulse, but by a hope for a better future removed from the haunts of history. Engaging in dynamics of clanship and creating solidarities becomes a vehicle by which local workers respond to unpleasant histories and memories of the past, and aspire to construct a future in which crisis can be weathered more effectively.

It is appropriate to find similarities between *samafal* and the well-established framework of ‘culturally competent’ care that is advocated for by professionals and academics alike (McFarland, Mixer, Webhe-Alamah, Burk 2012; Foronda 2020; La and Spence, 2016), in light of Madeleine Leininger’s theory of ‘cultural care’ in nursing practice (Leininger 1991). However, *samafal* must be recognised as an independent cultural scheme with its own genealogy, that is not merely focused on the comprehension and/or relativising of cultural difference. In the example cited above, it means making aid work more interpersonal and attentive to political conditions and dispositions. It is, ostensibly, striving to be a community member whilst simultaneously understanding the guarded boundaries of such a social order, and how ones real or perceived positionality might evoke barriers that impeded on acceptance. As expressed by Mussa, the aforementioned Somali aid worker: “you should sleep there with them [recipients of aid], and then they will know you are serious.” (Carruth 2021, p. 57). Overcoming these boundaries and becoming meshed into the existing social order then frames subsequent care as a practice that happens by and amongst the community, and not just for the community. Beyond the operational and medical merits of this ingrained approach, this example points to its potential for its effects to reverberate into broader political tensions or entanglements, and facilitate “medical humanitarian encounters (that) provide moments in which bodily as well as societal healing occur” (Carruth 2015, p. 71). In this way it is a practice that goes beyond that of a disconnected technician, that embodies a homogenous, universalising, and somewhat distant scientific gaze, or even a gaze that recognises and adapts to the complications of cultural discontinuity between carer and patient. It frames medical practice as, if attentive to the politics of memory, a social tool with political consequence that, in terms of its humanitarian potential, ultimately serve as an operational device. In sum, Somali aid workers *must* engage in local politics through *samafal* to counteract embodied distrust, stemming from the condition of ethnic tension, in order to establish humanitarian space.

Syrian aid workers at the margins of the Lebanese state: Informal labour as resistive politics

Displaced Syrian health workers in Lebanon operate informally within a context of legalistic marginalisation. Their recognition of the economic barriers to care faced by

other Syrian refugees, health system fragmentation and confusion, and shared histories of displacement and violence (Duclos et al 2021) motivate an explicitly humanitarian cause (Honein-AbouHaidar et al 2019, p. 4). They fulfil this cause by tacitly resisting state authority through illegal practice to come to the aid of fellow Syrian refugees in Lebanon.

According to the International Labour Organisation (ILO), informal work is defined as any work “not covered or insufficiently covered by formal arrangements” (2015, p. 4), meaning workers are subjected to “low coverage by social protection, poor or hazardous working conditions” (2017, p. 6), and includes “informal employment (employment without any social benefits and entitlements) in formal (registered) establishments” (Ibid, p. 7). The International Institute for Environment and Development outlines that in healthcare contexts, this can manifest as “unregistered or non-graduates providing healthcare services in their respective host communities” (Ismail et al 2018, p. 9). However, in contrast to the latter aspect of the ILO definition, health workers often provide care “outside formalised facilities... (that are not)...recognised by a regulatory body” (Ibid). Given that these definitions suggest there is an ambiguity as to whether working within or without a formalised facility is a prerequisite for informal employment, it is important to recognise the implication that informality exists on a continuum (Ibid), and is further defined in relation to where it is exhibited.

Duclos et al. (2021) outline that informal Syrian health workers in Lebanon often do work in formally recognised facilities, managed by Lebanese staff, however as one such clinical setting reveals, their residency records define their employment as ‘driver’ or ‘carpenter’ (p. 10) within these facilities to evade questioning from authorities. This suggests that informal situations necessitate a variety of strategies to balance the reality of living within the margins of legitimacy with the intention of actualising a humanitarian agenda that (formally) requires such legitimacy - with the above example acting as only one in a potentially innumerable set. In terms of locating their informality, then, the available data suggests that such workers, in this context, are housed within recognised facilities, but managed by covert arrangements. Whilst the mechanisms of these surreptitious employments may vary, the above anecdote represents the creativity and tactfulness that is necessary in such scenarios - not to mention the potency of conviction held by such agents.

Informality as resistive politics

These ambitions to treat Syrian refugees, because of historical inscriptions such as empathy, must be actualised in relation to the contemporary material and political conditions in which they are found, and is it here where specific political entanglements arise. These conditions can be labelled as a *historical condition*, in that they are physical effects of history experienced by many refugees in Lebanon - which can be identified as displacement, poverty and legal and professional marginalisation. Regarding the main determinant of their political engagement, that of marginalisation, Palestinian's and other refugees have been subjected to this dynamic for decades, thus framing it as a precedented political practice, with restrictions imposed on employment and residency being particularly harmful (UNRWA 2018)⁹. This contingency of rights to national origin is a key determinate of societal positioning for refugees in the country, and is instrumental in dictating their trajectories (Ibid). The ambitions of these medical personnel is partly attributed to this reality, in that they strive to formulate a pragmatic care structure in response to, and within the constraints of, these physical effects as a method of endurance. In other words, historical condition directs moral behaviour (or the practice of aid) according to the constraints that it has established.

For the Syrian health workers, this fundamentally means a rejection from the public health status-quo, which they tacitly resist through informal labour. The intention here, however, is quite specific. The available data does not frame their resistance as explicitly enacted for a broader rebellion against the Lebanese state as such, although it certainly does implicitly undercut their sovereignty and authority over the regulation of the labour market, as well as highlight their shortcomings in the management of refugees. The data shows that informal labour is the corner stone of a politics of care that seeks to actualise a response to their experiences of history, in terms of the emotional dispositions that memory has brought forth, and that ultimately result in the ambition to assist other Syrians. Here, historical experience and condition interact to create a political approach, as demonstrated by Fassin (2008) in his explication of "politics of memory". In this case, moral actions in service of affective dispositions can only be actualised if they respond to historical condition (constraint). It is in this response that political methods can come

⁹ This report is from the United Nations Relief and Works Agency for Palestine Refugees in the Near East.

about. For Syrian refugee medical personnel in Lebanon, historically bounded empathy leads to the pragmatic political method of informality, creating the political effect of resistance. In order to enable their practice, the stakes are deemed as such that tacit resistance becomes not only acceptable but necessary to facilitate their affective, socially charged clinical encounters.

If one is to interpret their resistive medical practice as a political reaction to an embodiment of history through memory, the key point is that resistance is a residual effect, and that the politics of care exhibited here are focused on the patient and the clinical encounter, and not necessarily the state. To echo Ortner (1995): “one can only appreciate the ways in which resistance can be more than opposition, can be truly creative and transformative, if one appreciates the multiplicity of projects in which social beings are always engaged” (p. 191). This is not to say, however, that politically engaged medical humanitarianism cannot be a mechanism to undercut the state and embody an explicitly revolutionary edge. As Livia Wick (2008, 2023) has outlined in her documentation of the Popular Health Movement in Palestine during the latter decades of the twentieth century, progressive Palestinian health workers sort to reformulate healthcare as a whole through a network of rural clinics. Their intention was to counter Israeli controlled healthcare and health policy, resist oppression during both Intifadas, and address “class inequalities by pushing people to demand health as a human right” (Wick 2023, p. 127). However, in the case at hand, one finds a specific meaning of resistance - it is not inherently revolutionary, concerned with advocacy, or directly seeking to effect policy. It is, fundamentally, used to establish and protect humanitarian space, and in this sense it is primarily an operational device. In sum, Syrian aid workers *must* resist the condition of legal frameworks in Lebanon through informal labour to create humanitarian space, in order to actualise the embodiments of empathy and comfort that is pivotal in the comprehensive care of Syrian refugees.

Discussion

Politics, morality, and Fassin

In Fassin's (2008) explication of the politics of memory in post-apartheid South Africa, he examines statements made by President Thabo Mbeki that demonstrate hostile

polemics derived from individual experiences of discrimination, as well as Mbeki's membership of a group that "forges its identity through the affirmation of its history" (p. 316). Here, politics of memory are located at the intersection of personal and collective histories, but more importantly, it demonstrates the experience of history in the present through the sharpening of political subjectivities due to the acute historical conditions of violence and racism. This remains largely a linguistic analysis, however, and there is room for understanding the dynamics of praxis that can arise from the theoretical equation he puts forth. Or more specifically, in the case of this thesis, praxis as humanitarian practice.

In order to interpret the actions of the local humanitarians showcased here, being attentive to history and memory is important in understanding how they substantiate political actions as operational devices reacting to constraint, thus constituting a pragmatic politics of care. In this sense, their moral worlds are not merely a question of what they perceive to be good or right, but can be understood in relational to structure and politics, in ways that both react to and transcend them. For Syrian health workers in Lebanon, the 'constraint' is marginalisation. And in the case of Somalis in Ethiopia, the 'constraint' is ethnic tension. In Fassin's (2013) commentary on the "politics and ethics of moral emotions", he strives to situate moralities as "reactive attitudes in response to an injury or an injustice" (p. 249). Utilising ethnographic data from South Africa, he labels one such reactive moral attitude as "ressentiment", which is explicitly "a condition related to a past of oppression and domination" (Ibid), and crucially, actively embodies a hostile sentiment towards the architect of said subjugation (p. 253).

Fassin's commentary frames the relationship between morality and political life as a hostile and confrontational space, where a fracture in morality is used to justify political orientation. To be sure, this procedure is surely relevant in the state of ethnic tension in Carruth's study. But given a humanitarian agenda, how else might the relationship between morality and politics be understood? In light of the politics of care explored above, this relation is pronouncedly more generative and affective than hostile and confrontational, and in turn, outlines what humanitarianism can bring to political life. Or, as Carruth would put it, a space of "love and liberation" (2021). Beyond the studies used here, Elena Fiddian-Qasmiyeh (2020) explores the use of mutual aid and political organising across national and ethnic divides within the Beddawi refugee camp in

Lebanon during Covid-19, due to a lack of services and increasing precarity and fear. In addition, Anne Decobert (2015) identifies local medical NGOs in Myanmar as a space for the formation of ethnic solidarities, and using projects as a way to link aid with a “politico-moral mission”. Similarly, in building ethnic solidarities between Somali aid workers and their recipients, and disobeying government authorities to aid Syrian refugees, the meaning of politics is not defined by what it seeks to subvert, destroy, or enable for personal gain. The moral character at play is not one of resentment or revenge, but can be linked to a core normative aspiration that many humanitarians hold, regardless of their background - that being, and ascribed as the first principle of ICRC international standard, to act in the service of, and with a sense of, humanity. The motive for their politics can be understood in reference to this moral basis.

Political action as operational device

In light of the political action and moral bases of local humanitarians discussed above, in what sense are they generative? This can be tracked upon multiple lines, and address issues larger than the business of providing aid, such as nation building. However, their significance for humanitarian action is the potential for political action to be used as an operational device to service humanity, due to its ability to overcome constraints of the operational environment and generate humanitarian space.

By taking the fraught context of Haiti as his field site, Farmer (1996) attempts to illustrate how overarching social forces come to be translated, or “embodied” (p. 262), as individual suffering. Despite criticisms of the rather broad remit of his ‘structural violence’ theory, which seemingly collapses differing forms of broad structural malevolence into a single analytical category (Wacquant 2004), the pivotal driver of structural violence that Farmer emphasises is the institutionalising of constraint. If one is subject to a ‘structurally violent’ arrangement, their options for action are constrained within the limits of such an arrangement, which “dictate life choices” and thus have a coercive power (Farmer 1996, p. 271). As Farmer emphasises, historical processes are key drivers of establishing constraint, such as the poverty caused by deliberate flooding of agrarian lands and livelihoods in the central plateau of Haiti (Ibid, p. 264), and can in this sense be interpreted as a residue of history. To continue with Fassin’s (2008) framing that historical condition is how history is materially experienced in the present, then

constraint is the mechanism that gives this experience its unpleasant edge. In the humanitarian contexts addressed above, it is evident that various pre-existing constraints within contexts of structural violence limit the ability of local actors to carry out their work. First, it is noted that Somali workers in Ethiopia experience a lack of trust stemming from past inter-ethnic grievances, limiting their ability to create a stable and receptive environment. Second, displaced Syrian workers in Lebanon, through an institutional denial of their professional identities and competencies, are officially unable to assert a humanitarian practice.

As Hilhorst and Jansen (2010) note regarding humanitarian space: “this space is in fact highly politicized” (p. 1117). It would be analytically thin to claim that localised humanitarian politics are always employed for purely pragmatic reasons. Regimes of value may also be layered within these initiatives, and consequently express effects on larger political forms. As documented by Wick (2008, 2011, 2023), Palestinian health workers created informal networks of care organised through an archipelago of rural makeshift clinics in order to maintain humanitarian spaces during Israeli policies of closure, that cut off many Palestinians access to healthcare in the West Bank. A further intended effect, however, was to provide an alternative to the state-run Israeli and Palestinian Liberation Organisation (PLO) health system, which they saw as insufficient. Further, Ogaden-Somali workers sort to create relations with rival Issa members not only to establish trust and thus a stable humanitarian space, but increase the “saliency of a cohesive Somali Region” (Carruth 2015, p. 69), ideally through an independent state and strong clan relations, and thus to construct a future in which crisis can be weathered more effectively. To pejoratively characterise these ambitions as a weaponisation of aid, however, would negate their humanitarian and generative goals, and the creative ways in which they seek to protect humanitarian spaces.

This chapter has demonstrated how specific politics of care react to the experience and condition of history in order to generate humanitarian space. The meaning of politics in these instances, then, must be understood as a defence of humanity, characterising their moral worlds as results of historical lineages. Through enacting the scheme of *samafal*, Somali workers are able to overcome the constraint of ethnic tension by countering the embodiment of distrust, and by implication work towards a future of solidarity and nation building that will ease the potency of the crisis in the future. And, in the case of Syrian

workers in Lebanon, by creating an informal system of care they overcome the constraint of illegality, and are able to institute their highly affective “breathing spaces” to actualise embodiments of empathy. Due to these processes, the politics of care here cannot be understood only as pure polemics, but as necessary operational devices, thus embedding the agencies of local humanitarians in situ. Chapter 2 and 3 provide a second answer to my primary research question: my own accounts of non-neutrality suggest these instances unfold as a consequence of history.

Conclusion

This thesis has addressed the long-standing contention of neutrality as a fundamental principle of humanitarianism. To reach this end, it has reconciled with the tension between "pure intentions and principles" and "contingent actions and effects" (Redfield 2015, p. 245) that are often employed in humanitarian practice. As examined in Chapter 1, the recent development of the localisation agenda has once again brought this tension to light. The infallibility of neutrality has been mobilised to fashion local political agencies as deviant, thus denying their legitimacy in humanitarian practice. This dynamic is a contradiction in the localisation agenda - despite the romanticisation of locality and the self-deprecation of the international system, it is at the very moment in which the 'old players' attempt to vacate their hegemonic position that an assertion of universality is made through the gatekeeping of legitimacy.

This thesis has assessed the legitimacy of political agency in two steps. First, to account for the creation of 'unprofessional' politics, in Chapter 2 I have demonstrated how embodiments of history are instrumental in shaping the humanitarian encounter for Somali and Syrian medical aid workers and their patients. I claimed that by interpreting these caring relationships over a more comprehensive temporal frame, they can be understood as 'unsettled', shaped intersubjectively, and according to certain political conditions. Second, in Chapter 3 I explored the potentials of these 'unprofessional' politics. Mainly, that they create and maintain humanitarian space in accordance with the historical circumstances found in their respective milieus. The meaning of politics, then, emerges as an essential, unavoidable process in service of an ethics of care that is consistent with those of humanitarians more broadly - the defence of human life. In the following sections I will recount how I have substantiated this argument, before concluding with wider implications for the discursive category of 'the local' in humanitarian discourse, the legitimacy of local actors, and the tension between duty-based principle and situated practice.

The creation of 'unprofessional politics'

As Chapter 2 seeks to stress, local actors have unique histories that morally, politically, culturally, and analytically separate them from expatriate actors. The

relevancy of these histories is drawn from how they shape non-neutral actions in humanitarian practice. As a formula, it is evident from the ethnographic examples provided that ways in which history is remembered (reconciliation of the past, distrust, shared trauma) or materially experienced (ethnic tensions, professional marginalisation), anchor aid practices. According to Carruth's research, Somali medical aid workers' recognition of patient distrust, their ambition to reconcile with the past, and contexts of ethnic tension shape the clinical encounter. In research conducted by Honein-AbouHaidar (et al 2019) and Duclos (et al 2021) on refugees treating refugees in Lebanon, shared trauma from the Syrian civil war, as well as common marginalisation in Lebanon, shape the clinical encounter. Chapter 3 builds on this basis by arguing that the provision of aid in these encounters must be actualised through pragmatic political methods (*samafal*, informal labour), to generate political effects (healing ethnic rifts, tacit resistance to the state) that overcome conditional constraints and solidify humanitarian space.

It is in this sense that specific politics of care can mesh political and humanitarian agendas. Or, in other words, the meaning of political action is diachronically contingent - it depends on the history of both worker and victim. Only in terms of their histories and their memories does its causes and motives become intelligible. Fundamentally, this process provides an alternative explanation for subversions of neutrality, one that is not based on the idea that local actors are coerced or corrupt. Local enactments of humanitarian work unsettle technical or unidirectional care relationships in their own unique ways, and therefore it is necessary to propose a frame to interpret these diverse care practices that take place in contexts of historical hardship.

The potentials of 'unprofessional' politics

Breaches of neutrality, or more specifically, the ideological assumption that humanitarianism is 'apolitical', remain varied, and the empirical examples provided above are no exception. As a gateway to some concluding points, it is worth assessing how these local operations could be assessed according to the strictest interpretation of international standards. These assessments can then be countered through a continuation of the discussion regarding moral bases of non-neutrality as stated in Chapter 1. First, the Ogaden-Somali workers committed the sin of breaching neutrality by explicitly tinkering

with local politics, of which they themselves were stakeholders with interests and concerns. Further, they achieved this by not recognising the bounds of their prescribed institutional mandates, deliberating expanding them to establish trust, favour, and ultimately, stability. Second, the illegal practice of displaced Syrian health workers in Lebanon disregarded government consent and authority through deliberate disobedience of the law to aid their fellow refugees. Both examples did not arise from any official professional standard or mandate. These are not isolated humanitarians who are above the fray, providing aid from a separate space, whether physical or figurative. Their space is negotiated and created within the social, political and cultural field itself.

As mentioned in Chapter 1, a real or perceived position of neutrality is deemed essential in ensuring to stakeholders and onlookers that action is being carried out purely in the service of humanity, and not for an ulterior motive. But the question remains - how to reconcile this assertion with the reality that pure neutrality can, especially in complex political environments, impeded on the safeguarding and aid provision to such a humanity, or the establishment of humanitarian space? Unlike organisation such as MSF who partake in politics through rhetoric and advocacy (or *témoignage*), these local actors, who often do not have a large platform like their foreign counterparts, defend victims using politics in operational ways that manifest in the field, such as finding creative ways to birth healthy humanitarian spaces. To reiterate a point made in Chapter 1 in reference to INGO's such as MSF, and at the end of Chapter 3 in reference to local actors, the meaning of politics in these cases is not subversion or personal gain. It is often not antagonistic or centred around a struggle for power. Its moral character is therefore not one of revenge or resentment, but aligned with the first principle of the ICRC international standard - to act in the service of, and with a sense of, humanity.

The stakes of temporal alignments

As discussed in Chapter 1, discourse surrounding the localisation agenda is already rife with ideology. Mainly, that the hegemonic position of the international system substantiates a moral authority that is expressed through a specific chronotopic equation. Here, locality as a discursive category has a synchronic temporality, framing politics as sporadic and docile, thus providing a space for this moral authority to be exerted through the prescription of deviance.

The safeguarding of principle through moral authority creates a mechanism to legitimise claims to humanitarianism, and delegitimise others. As Decobert (2015) can attest, however, the stakes of legitimacy do not only pertain to an actors moral or professional status - legitimacy is important in gaining support from international funding mechanisms (significantly, a key operation of localisation as defined by the Grand Bargain 2.0 (2021)), and therefore may literally determine the very existence of local actors. The mission, then, is to provide a gateway to legitimacy through a challenge to the temporal alignment in which this moral authority resides.

Locality as diachronic chronotope

The challenge to this process of legitimacy must then start with a reconfiguration of the chronotope of locality (Figure 2). As Brada (2011) argues in reference to the "global health" chronotope: it "can be constituted wherever its conditions can be argued to exist, or contested and dismantled wherever those conditions can be questioned... ..This flexibility... ..carries fairly serious implications." (p. 303). In the case of the locality chronotope, I argue the contestation must start with its synchronic element, in the form of its inversion into a diachronic element, which enables an ideological challenge not only to the chronotope of locality, but to the idea of humanitarianism as fundamentally

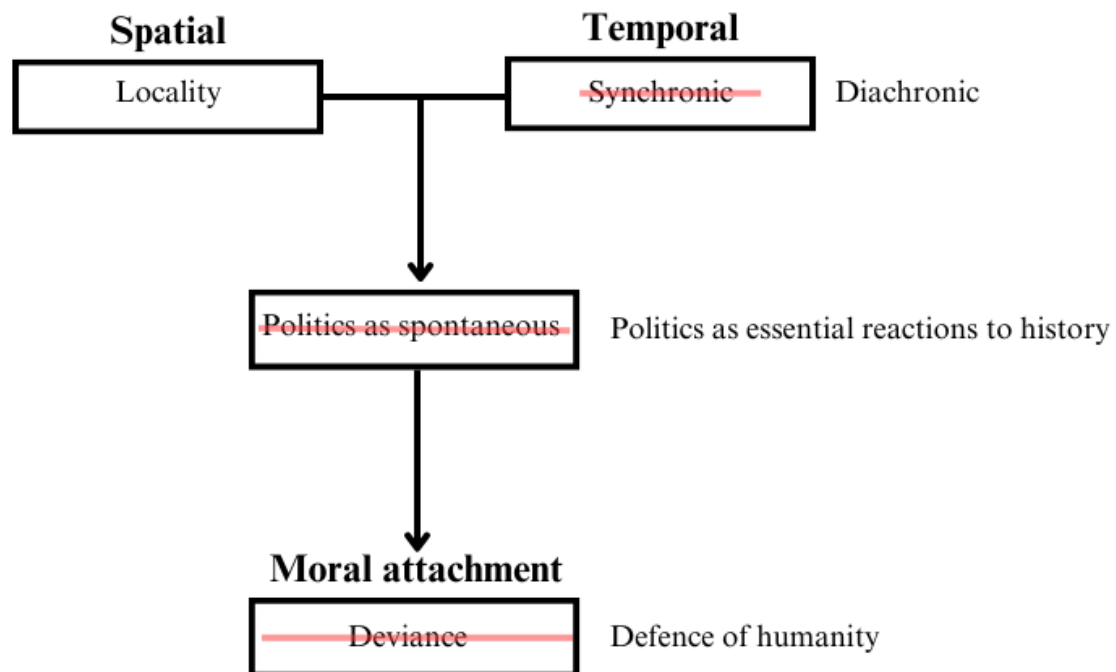


Figure 2: *Reconfiguration of locality chronotope*

apolitical. The questioning of this chronotope, upon which the moral authority within international-local dichotomy depends, is not to make the point that both objects in this dichotomy are one and the same, but it is to stress where their distinction lies. Locality, and the local actors within it, have a specific relationship to time that extends beyond the contemporary, and is distinct from the histories of foreign actors. It is here, in 'locality', where the crisis has played out (albiet it may well have been influenced by global forces), and it is from this basis that its subjects act. If local actors within their own milieus have a distinctiveness from international actors, it is greatly shaped by this generative relationship to the past.

To return to the main thrust of the argument, it is through extending the temporal frame to appreciate historical experience and condition in which a meaning of politics emerges that does not denote sporadic corruption, but essential action. Somali aid workers *must* engage in local politics through *samafal* to counteract embodied distrust, stemming from the condition of ethnic tension, in order to establish humanitarian space. Syrian aid workers *must* resist the condition of legal frameworks in Lebanon through informal labour to create humanitarian space, in order to actualise the embodiment of empathy and comfort that is pivotal in the comprehensive care of Syrian refugees. It is in this sense that reformulating the temporal-spatial alignment has an ideological effect - politics as essential reactions to history. The moral association of politics must then also be changed from that of deviance, to that of a defence of humanity. Not only does this reinterpret how local actors engage with political agencies, but creates a definitive challenge to the principle of neutrality *as such*. It is in this way that opening a gateway of legitimacy for politicised local actors is synonymous with a reconfiguring of humanitarianism's relationship with politics - acceptable iterations of political action, outside of those with only a rhetorical substance such as *témoignage*, can be made available in its conceptual contents.

Humanitarianism as practice

As alluded to here, the reframing of local political action acts as a rebuttal to the 'standard bearers' framing that the international vs local dichotomy perpetuates. The key theoretical point upon which this reframing resides is that humanitarianism is formulated in practice, and not formulated purely in accordance with abstract principles, therefore

problematising the assumption of universal standards. In the cases presented above, this point has been made in relation to the principle of neutrality, as the moral basis of humanitarianism - that is, the defence of human life - is sustained by contextual practices which may be in contention with this principle. Localisation, then, must entail the questioning of humanitarianism as a universal (or distinctive) category, that implies a fault-line between standardised ways in regulating victims, and creative local practices that 'calibrate' the provision of relief (Redfield 2015, pp. 242-251). It must be understood as a phenomena maintained within, and therefore indivisible from, the life-worlds and politics of the people who devote their energies to providing emergency care. In this sense, localisation does not only necessitate geographical power shifts or technical tinkering, but a fundamental alteration of the conceptual basis of humanitarianism. That being, humanitarianism as animated by people, and the histories and political realities in which they reside.

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