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Can Medical Humanitarianism Ever Be Neutral?

Introduction

Neutrality is a sacrosanct, cardinal value lying at the heart of medical humanitarianism. It features in the charters of leading aid organizations, safeguards the lives of relief workers, and feeds the image of humanitarianism as being devoid of power and ethically chaste. Although neutrality often goes by unquestioned, a rich scholarship shows that it is a multifaceted and contentious concept and that the possibility of neutrality in humanitarianism is all but self-evident. So, can medical humanitarianism ever be neutral? This essay explores and grapples with this thorny question.

The complexity of this question is rooted in the multifarious interpretations of neutrality. Engaging with this complexity, I here interpret neutral as equivalent to *apolitical* and I consider two ways in which medical humanitarianism (henceforth humanitarianism) is commonly called neutral or apolitical. I refer to these two ways as the two claims of neutrality. The first, more common claim states that humanitarianism is neutral or apolitical because it stays *outside of politics*, meaning that humanitarians do not take a political side, and remain isolated from the political terrains in which they intervene. The second, more fundamental claim holds that humanitarianism is neutral or apolitical because it is *beyond politics*. Here, being neutral entails that humanitarianism is intrinsically 'without politics': single-mindedly committed to saving lives in the name of a universal humanity, humanitarianism operates within the realm of ethics and it thus evades actions which might establish a political order or affect power relations. Although the two claims of neutrality have several touchpoints, they subtly yet significantly depart in their focus: while the first claim places emphasis on the relation between humanitarianism and politics, the second one hinges on the very nature of humanitarianism. This essay aims to evaluate and reject both claims. To this end, I proceed in three parts.

The first part lays out the background of this essay by further qualifying neutrality and recollecting its historical trajectory in humanitarianism. In doing so, I zoom in on what is often termed 'new humanitarianism', referring to the thread of humanitarianism which emerged with the formation of *Médecins Sans Frontières* in 1971, and which combines a desire to end suffering with an opposition to sovereignty. Against this backdrop, the second part attentively investigates the 'outside of politics claim'. Leveraging a fecund body of critical literature and the case study of the Rwandan genocide, I show that neutrality is unattainable in practice since humanitarianism is always part of politics.

Having refuted the first claim of neutrality, the third and last part turns to the ‘beyond politics claim’ and wrestles more deeply with the essence of humanitarianism. On the basis of the anthropological literature, I rebut the ‘beyond politics claim’ by arguing that humanitarianism is intrinsically political since it practices multiple forms of politics. Put in a nutshell, this essay develops the following, multi-layered answer to the question in my title: despite labelling itself as neutral or apolitical, humanitarianism is neither outside nor beyond politics; that is, humanitarianism is both *in* politics and it *is* politics and, thus, it can never be neutral.

Part I – Background

1.1. Neutrality: Outside and Beyond Politics

Neutrality is traditionally considered one of the constitutive principles of humanitarianism, yet it is understood and applied in a myriad of different ways (Redfield 2011). One common interpretation equates humanitarian neutrality to being ‘apolitical’, where apolitical can signify both being ‘outside of politics’ and ‘beyond politics’ (Ticktin 2006a). Before further characterizing the two claims of neutrality, let me specify what I mean by politics. In line with a profuse philosophical and political literature (Mouffe 2005; Rancière 2004; 2010), I use politics to refer to the “practices by which order is created and maintained,” meaning that politics includes any action that affects power relations and the distribution of resources in a society (Ticktin 2011a:19; Scott-Smith 2016a).

According to the most straightforward ‘outside of politics claim’, neutrality stipulates that aid agencies must keep their distance from political disputes, and refrain from taking a political position (Minear 1999). Operating under the banner of neutrality, humanitarians are thus required to extricate themselves from the political environments in which they intervene and to separate their actions from political manoeuvring (Fassin 2007). By casting humanitarian missions as being outside of politics, neutrality serves as a crucial operational tool, which allows aid agencies to gain access to vulnerable populations and protect the lives of relief workers (Terry 2001).

On top of separating humanitarianism from politics, neutrality constitutes the very essence of humanitarianism and embodies the supreme mission that aid organizations undertake: to alleviate suffering and to save lives in the name of a universal humanity (Agier 2010). In other words, neutrality defines humanitarianism as the pure, ultimate ethical act of bringing medical relief to all people in need, irrespective of their political affiliations. Neutrality thus casts humanitarianism as “all that is humane and positive” (Warner 1990:110), equates it to “relief and nothing but relief” (Barnett & Weiss 2008:6), and positions it beyond “the grubby, partial, and interest-driven” world of politics, situating it in a “pure, impartial, and value-driven world of moral action” (Scott-Smith 2016a:8). In

short, neutrality does not only isolate humanitarians from politics, but it places them beyond politics, invigorating their ring of ethical purity and underscoring their apolitical visceral nature (Redfield & Bornstein 2011).

1.2. Neutrality and MSF

Neutrality has not only put humanitarianism outside and beyond politics conceptually, but it has indelibly marked humanitarianism's history and evolution. Specifically, neutrality was epitomized as a fundamental humanitarian principle by the *International Committee for the Red Cross* (ICRC) – the world's first official humanitarian organization, founded in 1863 (Harroff-Tavel 1989). Bound by inter-state agreements, the ICRC proposed a strict approach to neutrality, which involves a high degree of confidentiality, and the abstention from any act of public denunciation. Passing almost uncontested for years, the ICRC's principle of strict neutrality was put under intense scrutiny at the end of World War II, when it became clear that the organization delivered food and medicine in concentration camps, but, to protect its neutral status, did not speak out against the atrocities it was witnessing (Terry 2002).

A similar incident occurred during the Biafran War (1967–1970), leading a small group of French doctors to break ranks with the ICRC and to found *Médecins Sans Frontières* (MSF) in 1971, paving the way for the emergence of a 'new humanitarian' movement (Scott-Smith 2016b). Determined to not commit the same mistakes, MSF combined the ICRC's principle of strict neutrality with the 'duty to bear witness', meaning that, in the face of extreme violence, the organization "may speak out publicly [...] to protect life and health" (MSF 2020). Adhering to both principles to this day, MSF claims that neutrality and bearing witness are not contradictory: indeed, denouncing abuses is presented as an exceptional act, which derives from a sense of moral obligation rather than a pursuit of political objectives (Fassin 2008). Thus, despite rejecting to conflate neutrality with silence, MSF never abandoned the core tenet of neutrality: humanitarianism is and should remain apolitical, "outside [and] beyond politics" (Ticktin 2006a:121).

With the principles of neutrality and bearing witness as a foundation, MSF embraced at least two other key features which characterize and still shape 'new humanitarianism': a cosmopolitan, universalistic ethos and a biomedical focus (Ticktin 2006b; 2017). Specifically, the organization revived the French paradigm of universalism¹ by infusing it with the ideas of challenging sovereignty and overcoming borders in the name of a universal humanity (Calhoun 2008). In concrete, this means that MSF views borders as arbitrary barriers to the alleviation of suffering, which can and should

¹ For a detailed explanation of the influence of French universalism and the Enlightenment tradition on 'new humanitarianism' see Taihe (2004).

always be overcome to help any people in need. New humanitarians' universalism thus isolates victims from their politics or history and pledges loyalty to an egalitarian, cosmopolitan conception of humanity (Malkki 1996).

Tightly connected to its universalistic ethos, the second characteristic of MSF has to do with its biomedical approach to health, which essentially restricts its operations to addressing the clinical needs of suffering victims (Redfield 2005; 2008c). This entails that new humanitarians respond to any significant emergency, be it an armed conflict, a cholera outbreak, or a refugee crisis, in terms of health. Health is here understood through the prism of biomedicine,² so as the product of universal and scientific interventions which are divorced from historical or political contexts (Birn 2014; Lakoff 2010). Applying a biomedical logic to emergency situations, humanitarians leverage technical practices and standardized protocols to restore bodily integrity – in a rapid, urgent, and disease-oriented manner (Fox 1995). Crucially, humanitarianism does not pretend to tackle the root causes of suffering, such as poverty, inequality or ethnic discrimination, but takes a “technical – medical – engagement with that suffering” (Scott-Smith 2016a:21).

It is critical to recognize at this point how tightly neutrality is interwoven with humanitarianism's universalistic and biomedical ethos (Ticktin 2006b). Indeed, neutrality pushes humanitarians to indiscriminately alleviate pain and to act on behalf of a universal humanity. This universal conception of humanity necessarily goes hand-in-hand with a purely technical approach to health, which only focusses on the physical suffering of victims (Redfield 2012b). If humanitarians would not embrace such an approach, they would likely have to take into consideration political factors when intervening, which, in turn, would render their operations non-universal and, thus, political (Ticktin 2014). Briefly put, neutrality ties together humanitarianism's universalistic and biomedical ethos, allowing aid organizations to operate in an apolitical sphere that is both outside and beyond politics.

The first part of this essay sketched the background by eliciting two related interpretations of humanitarian neutrality – outside of politics and beyond politics – and by stressing how neutrality shaped the history as well as the universalistic and biomedical ethos of new humanitarianism.³ In the following two parts, I scrutinize the carefully laid out tenet of neutrality, directly addressing the core question of this essay: Can medical humanitarianism ever be neutral? I begin by evaluating the ‘outside of politics claim’.

² For comprehensive reviews on biomedicine and its colonial and Western roots see Keller (2006) and King (2002).

³ In the remainder of this essay, I use the terms new humanitarianism and humanitarianism interchangeably.

Part II – Humanitarianism in Politics

The ‘outside of politics claim’, i.e. humanitarianism is neutral because it remains separate from the political realities in which it operates, has received attention from a copious critical literature (Slim 1997a; Weissman 2012). By means of historical and contextual analyses, this scholarship exposes the tensions that aid organizations experience when moving from the theory to the practice of neutrality, and ultimately shows that neutrality is a fragile fiction – unattainable, often undesirable, in practice (Slim 1997b; Terry 2002). These tensions arise because humanitarianism never functions in a political vacuum: indeed, its questions, actions, and actors are in the midst of the political, enmeshed in politics rather than insulated from it (Magone et al. 2011; Redfield 2011).

To back up this claim, scholars show how, among other things, humanitarian missions heavily depend on government structures (Benton 2017); are often implicated in military interventions (de Waal 2013); and always have political consequences, such as prolonging conflicts or influencing peacebuilding (Warner 1990). As the political scientist Thomas Weiss summarizes it, “humanitarian activities take place in a political environment and thus are affected by and affect that environment” (1999:21). To exemplify the impossibility of the ‘outside of politics claim’, the following section zooms in on David Rieff’s (2002) analysis of the Rwandan genocide.

The Rwandan Genocide

Widely considered as one of the most traumatic events of the twentieth century, the Rwandan genocide unfolded in 1994, when the Hutu-dominated militia begun to systematically slaughter members of the Tutsi ethnic minority group (Cooper 2002). Responding to the humanitarian imperative, aid organizations promptly intervened in the midst of the carnage by bringing indispensable medical relief to the victims. Yet, Rieff reveals that humanitarian intervention quickly became a powerful political instrument in the hands of Western governments, ultimately exacerbating and extending the killings.

Specifically, Western countries, who did not want to get involved in the crisis, used the presence of relief workers on the ground to justify and cover-up their inaction. By appealing to the presence of humanitarians, major powers were able to cast the Rwandan genocide as a ‘humanitarian emergency’ – one which required medical and technical solutions – rather than as a fraught political crisis necessitating military action.⁴ Growing increasingly aware of the ineffectiveness of their efforts

⁴ While Rieff strongly supports the idea that military intervention was necessary to halt the genocide, this is a contentious and unsettled issue; this, however, does not affect the author’s point on the impossibility of humanitarian neutrality.

and of being used as fig leaves for the inertia of Western states,⁵ several aid organizations ultimately broke their plead to neutrality and called for military intervention.

As Western governments remained deaf to humanitarianists' call, the Rwandan Patriotic Front – a Tutsi rebel group stationed in Uganda – eventually put an end to the killings and defeated the Hutu-dominated army. In fear of retaliation acts, over two million Hutu fled into the neighbouring Congo, where they settled in vast refugee camps. It is in these camps, where members of the old genocidal regime were mixed up with civilians, that humanitarianists had to “face the full extent to which, under the wrong circumstances, [...] aid could be at least as destructive as it was helpful” (179).

Indeed, while humanitarianists were working to contain the infectious diseases which were spreading fast among Hutu refugees, the architects of the genocide took charge of the camps. Using humanitarian aid as a primary source of income, the old Rwandan regime could reconstitute its institutional structures, rebuild its morale, and attempt its return to power. In this way, relief groups “were forced to [...] become logisticians, medics, and civil engineers for those who had committed mass murder” (184). Exasperated by the flagrant manipulation of humanitarian relief, most aid agencies allowed political judgement to, once again, override neutrality; they thus abandoned the Congolese camps and publicly protested the vexed political situation within them.

In sum, Rieff's fine-grained account suggests that both during and in the aftermath of the genocide relief agencies got inevitably “stuck into politics” (Scott-Smith 2016a:9): hijacked first by Western powers and then by the old Rwandan regime, humanitarianists could not extricate themselves from the highly politicized circumstances wherein they were operating. On the contrary, they had to repeatedly take political stances. As the author decisively concludes, “[...] Rwanda would establish beyond any argument, that humanitarianism [...] could not operate effectively in its own sphere of alleviation without political engagement” (172).

Adding to a rich body of critical literature, the Rwandan genocide is just one of several examples⁶ which supports the first core point of this essay: neutrality is unattainable in practice since humanitarianists cannot remain outside of politics. The third and last part turns to the ‘beyond politics claim’. Peeling off neutrality's multiple layers, I ultimately argue that humanitarianism is not only part of politics, but it is inherently political.

⁵ As Rony Brauman, MSF's president at that time, poignantly asserted, the presence of humanitarianism “far from representing a bulwark against evil, was in fact one of its appendages” (Rieff 2002:170).

⁶ For other examples see del Valle (2016), Magone et al. (2011), and Terry (2002).

Part III – Humanitarianism is Politics

To recall, humanitarians label themselves as neutral or apolitical to underscore not only that they stay outside of politics, but also that they are beyond politics, meaning that humanitarianism is intrinsically apolitical and does not pursue actions which might establish a political order or affect power relations.

Engaging deeply with the nature of humanitarianism, a burgeoning literature has emerged which argues that humanitarianism is not only part of the political fray, but it is a form, even multiple forms, of politics (Fassin 2007; Scott-Smith 2019). This is because humanitarian actions are driven by values and interests (Barnett & Weiss 2008), involve power and control (Benton 2016), influence the redistribution of goods (Scott-Smith 2016a), and ultimately shape both local and global governance (Barnett 2011). Among other things, scholars show that aid organizations effectively *govern* emergency situations (Feldman 2012), inform national laws and international norms (Ticktin 2014b), and make political calculations when they allocate resources to projects (Redfield 2008a; 2008b). In this sense, humanitarians do not only operate ‘in politics’, but they *are* political actors who pursue their own ‘humanitarian politics’ (Fassin 2011).

But what kind of politics is the humanitarian politics? Among the vast scholarly analyses of the political nature of humanitarianism, two arguments stand out.⁷ At one level, humanitarianism pursues a ‘politics of medicine’⁸, governing crises through its biomedical apparatus, yet often doing so at the expense of long-term solutions. At another level, humanitarianism is a ‘politics of humanity’, which operates in the name of a universal humanity, but may foster exclusion and inequality. To shed light on these complicated arguments, the next sections draw on Miriam Ticktin’s research (2011a; 2011b) and deal in-depth with the humanitarian politics of medicine and politics of humanity. By elucidating how humanitarianism works as both kinds of politics, I ultimately aim to show that humanitarian action is fundamentally political and, thus, that it can never be beyond politics.

3.1. The Humanitarian Politics of Medicine

Building on Michel Foucault (2008; Lemke 2001), anthropologists study the biomedical practices used by humanitarians when intervening in emergencies (Nguyen 2005; Redfield 2005). As discussed in Section 1.2, biomedical operations are casted as intrinsically apolitical, taking into consideration nothing but the clinical needs of the victims. However, scholars reveal that addressing crises through

⁷ For another often-invoked case of how humanitarianism functions as politics, see Didier Fassin’s (2007) article *Humanitarianism as a Politics of Life*.

⁸ Note that the literature often adopts the Foucauldian term ‘biopolitics’ (or variations of it, such as ‘minimal biopolitics’) when studying humanitarian biomedical operations (Redfield 2005). However, biopolitics is frequently used in an ambiguous manner and several scholars avoid its use (Scott-Smith 2013).

the prism of biomedicine is, in fact, not an apolitical act, but one that has political weight and consequences (Redfield 2012a). Indeed, as soon as humanitarians use their biomedical apparatus to intervene in the midst of emergencies, this apparatus effectively starts governing crisis zones: it fills the gaps left open by political institutions, substitutes inadequate governance, and shapes the political reality of emergencies (Redfield & Bornstein 2011; Ticktin 2011a). In this sense, humanitarians ‘do politics through medicine’, turning the medical realm into a “site of sovereign power” and ultimately installing technical regimes (Ticktin 2006b:43).

As aid organizations act in this sovereign role, complex socio-political problems often succumb to the logic of biomedicine (Biehl & Petryna 2013). In this way, humanitarian interventions may obscure the necessity of long-term solutions and contribute to sustaining unjust status quos (de Waal 1997; Chigudu 2020). To illuminate this point and further qualify the humanitarian politics of medicine, I examine below MSF’s interventions addressing gender-based violence in the Congo. This case study provides a prime example of how the humanitarian, ‘apolitical’ approach to problems in terms of health becomes a form of politics itself.

Gender-Based Violence in the Congo

Triggered by ethno-political tensions and the pressures of external forces, the Congo Republic civil war (1997–1999) has been marked by an intense policy of genocidal rape, which was carried out by armed parties and primarily directed towards women. As recounted by Ticktin (2011b), humanitarian organizations such as MSF faced heated debates on whether and how to assist the victims of rape. These debates were ignited by the fact that rape is – without doubt – a political issue: placed under the rubric of human rights as ‘gender-based violence’, rape is about gender relations, thus necessarily entailing relations of dominance and subordination. In Ticktin’s words, “when we speak of gender-based violence, we imply relations of power [...]. Immediately, then, we enter into politics” (254). Indissolubly tied to politics, gender-based violence is thus an extremely delicate issue for aid organizations striving to hold the political at bay.

Facing the quandary of how to fit the “quintessential political problem” of gender-based violence into its purportedly apolitical missions, MSF resorted to biomedicine as an instrument to read and translate gender relations (254). This means that the organization primarily conceived rape in the Congo as a health issue, framing it as an ‘epidemic’ and shifting the focus entirely on the medical consequences experienced by victims, including the assault on their bodily integrity, HIV infections, and unwanted pregnancies. Since the Congolese authorities were refusing to approve post-exposure prophylaxis for HIV or to legalize abortions, MSF substituted the authorities in guaranteeing these much-needed treatments. Ultimately, the organization was able to take control of the ‘rape

crisis’: leveraging its biomedical apparatus, MSF delivered on tasks usually ascribed to the state and governed the ‘rape epidemic’ with technical means.

Notwithstanding the vital role MSF played in offering palliation and technical assistance to the victims of rape, Ticktin shows that MSF’s intervention left political traces. One such effect was that it contributed to informing a purely medical conception of gender-based violence, which spilled over to international policy circles. Indeed, gender-based violence began to be narrowly conceived as a medical condition akin to several others – possible to be traced back to the body and amenable to biomedical treatment. In this sense, MSF’s politics of medicine “had the strange effect of erasing gender [...] leaving in its place suffering bodies, without perpetrators or causes” (251).

In the specific context of the Congo, the medicalisation of gender-based violence caused the ‘rape crisis’ to be stripped from its historical, political, and cultural determinants and ultimately contributed to halting the articulation of long-term solutions. Without attending to the power relations and broader political context in which the violence took place, MSF’s intervention left little room for structural responses as well as for questions of accountability. While it might have seemed apolitical at first glance, an intervention which leaves power relations unaltered is as much a political action – with deep political consequences – as it is an intervention which attempts to address them.

In short, what Ticktin’s analysis reveals is that humanitarianism functions as a politics of medicine – a politics which, by adhering to a ‘biomedical agenda’, risks transforming political issues into one-dimensional, technical problems and eclipsing the need to tackle their multi-scalar dimensions. Tightly connected to the politics of medicine, humanitarianism practices another form of politics: the politics of humanity. It is to this politics that I now turn before concluding.

3.2. The Humanitarian Politics of Humanity

In her oft-cited book *Causalities of Care*, Ticktin (2011a) builds on the politics of medicine but pushes her argument further, and meticulously inspects the most fundamental feature of humanitarianism: its universalistic ethos (see Section 1.2). Specifically, Ticktin shows that humanitarianism’s purported universality conceals another form of politics, which she terms a politics of humanity.⁹ By this she means that humanitarians set the details of governance on the basis of a ‘universal, biological humanity’ and inevitably sponsor only a limited notion of what it means to be human. The intricacies and disconcerting implications of the politics of humanity are best illustrated through the example of the French illness clause, which I examine below.

⁹ Note that Ticktin commonly refers to the ‘politics of humanity’ as ‘politics of care and compassion’ or, less frequently, as ‘politics of universality’.

The Illness Clause

Ticktin analyses the French immigration policies, specifically focusing on the so-called ‘illness clause’. Introduced in the French code of law in 1998, the illness clause grants undocumented immigrants a legal permit to stay in France, under the condition that they can prove that they are suffering from life-threatening pathologies and are unable to obtain proper treatment in their home countries. This provision aims to loosen up the otherwise strict French immigration laws, by establishing health and illness as legitimate criteria for obtaining legal residency.

Humanitarian organizations notably promoted the institution of the illness clause. Indeed, the conversion of this provision into law was largely due to the lobby-efforts of organizations such as MSF and Médecins du Monde, who contended that French regulations violated people’s right to health by frequently deporting sick immigrants. Even more fundamentally, humanitarianism provided the underlying logic of the illness clause: indeed, the French government instituted this provision out of “respect for human dignity” and for “humanitarian reasons,” thus openly appealing to humanitarianism in order to justify the universal, apolitical nature of the clause (95).

The humanitarian illness clause is cast as universal and apolitical because it does not take into account political factors, but operates in the name of a ‘universal, biological humanity’. More precisely, the provision aims to protect only a universally recognizable form of suffering, namely bodily suffering; it thus leaves aside contentious political debates for awarding asylum and only draws attention to the universality of the biological life. In this way, the illness clause isolates immigrants’ biological life from the specificities of their political or social life, finding in suffering and sickness their universal, common humanity. With humanitarianism as its driving logic, the clause is perceived to be beyond politics, since it only grants legal status for the “higher, moral cause of the [...] apolitical suffering body” (96).

Yet, despite casting itself as apolitical, the humanitarian illness clause produces a politics of humanity, through which the status of French immigrants is no longer governed by political institutions, but on the basis of biology. Indeed, the clause establishes and maintains a new political order wherein the apolitical, universal humanity of the suffering body becomes the grounding of the new politics of citizenship in France. While other types of ‘non-biological’ suffering, such as suffering from poverty or lack of religious freedom, are left in the background, the suffering body turns into “the most legitimate vehicle” with which to do politics (127). The significance of the politics of humanity becomes evident when looking at the French statistics on residence permits: while the number of permits granted for political asylum staggeringly diminished since the 1990s, the number granted under the auspices of the humanitarian clause kept rising (see Fassin 2001). In this sense, the illness clause comes to play a critical role in administering immigration in France.

Digging deeper, Ticktin shows that the humanitarian politics of humanity may have “discriminatory and even violent consequences” (2006b:34): indeed, by institutionalizing the body as the most legitimate ground on which to advance political claims, the provision discounts other types of non-biological suffering, essentially elevating and protecting only a specific category of humanity. To highlight the consequences of the illness clause, Ticktin reports stories of immigrants who purposefully infected themselves with HIV to obtain legal residency; or of patients who interrupted medical treatments after being legally recognized, so that they could prove to still be sick and thus get their status extended. On the basis of these and other distressing examples, Ticktin argues that the illness clause forces immigrants to use their suffering bodies to barter for legal recognition; in this ‘regime of care’, one who cannot or does not want to “sell” her suffering to obtain legal status is discounted and excluded – left out from the ‘universal’, biological humanity (127). Ultimately, the illness clause establishes a political order which structurally “favors suffering and sick bodies” and fosters inequalities and hierarchies (2006b:41).

The upshot of Ticktin’s analysis carries profound implications. Indeed, Ticktin demonstrates not only that humanitarianism is intrinsically political, since it shapes national laws and governs citizens in the name of a universal, biological humanity. She also shows that the politics of humanity emerges not *in spite of* humanitarianism’s claims to universality, but *because* of its universality: aspiring to be universal “in a world where life is anything but universal” (Scott-Smith 2019:519), humanitarianism cannot but make choices between humans, thus failing to stay neutral and taking sides of a non-universal, biological humanity (see also Rees 2010).

The humanitarian politics of medicine and humanity buttress the second core point of this essay: humanitarianism can never be neutral or beyond politics, since it practices multiple politics. While the politics of medicine and humanity are just two of the many humanitarian politics, taken together these two politics make a particularly powerful case: indeed, they show that humanitarianism is not only political, but that ‘its politics’ emerge from its universalistic and biomedical ethos and, thus, run through its core.

Before concluding, one last point deserves consideration. In arguing that humanitarianism can neither be outside nor beyond politics and, thus, that it can never be neutral, this essay should not be mistaken as an attempt to criticize or diminish the indispensable work of humanitarians. As repeatedly remarked, aid organizations play an extremely valuable role in saving lives and alleviating suffering, and this essay does not intend to detract from this worth. My goal is different and more humble: by prudently removing the double mantle of humanitarian neutrality, this essay aims to encourage a deep and serious engagement with a non-neutral, *political* humanitarianism.

Conclusion

In an attempt to answer the profound question ‘Can medical humanitarianism ever be neutral?’, this essay embarked on a tortuous journey. I began by establishing the terms on which I approached the question. Specifically, I equated humanitarian neutrality to being apolitical and I elicited the twin meanings that apolitical can assume, namely as being outside of politics and beyond politics. Turning my attention to the ‘outside of politics claim’, I drew on a fecund body of critical scholarship and on the example of the Rwandan genocide to argue that humanitarianism is inescapably part of politics. Determined to delve deeper into the nature of humanitarianism, I then moved to examine the ‘beyond politics claim’: zooming in on the case studies of gender-based violence in the Congo and of the French illness clause, I showed that humanitarianism is not beyond politics, since it pursues multiple politics. Combining the insights of several strands of literature and a wide set of case studies, this essay reaches the following conclusion: despite casting itself as neutral or apolitical, humanitarianism is neither outside nor beyond politics, but it is both *in* politics and it *is* politics and, thus, it can never be neutral.

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