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## "The Clinic in Crisis" - Special Issue of Culture, Medicine, and Psychiatry

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By Anna Zogas

Adia Benton and Sa'ed Atshan have edited a special issue of [Culture, Medicine, and Psychiatry](#) called [The Clinic in Crisis: Medicine and Politics in the Context of Social Upheaval](#). Here are the abstracts of the articles in this timely collection.

["Even War has Rules": On Medical Neutrality and Legitimate Non-violence](#) (*open access*)

*Adia Benton, Sa'ed Atshan*

[excerpt] This special issue is the result of a two-day symposium held at Brown University, which was co-sponsored by the Watson Institute, the Humanities Initiative and the Department of Anthropology at Brown University and the Science, Religion and Culture Program at Harvard Divinity School in May 2014. It broadly addresses the challenges that political conflicts pose to the practice of medical neutrality and impartiality by mostly local clinicians under conditions of state-sponsored and intrastate violence. The speakers at the symposium worked in places as diverse as the US, Sierra Leone, Mozambique, Pakistan, Egypt, Somalia, Israel/Palestine and Turkey. Although they represent a small sample of what was presented during the symposium, the papers in this issue contain ethnographic case studies that address the everyday negotiations of medical neutrality in times of crisis and kin concepts: global health diplomacy and humanitarian medicine. Together these papers highlight the conflicts, tensions and solidarities that politicize clinical spaces and clinical practice.

In this introduction, we will outline three themes that emerge in this set of papers, rather than providing a case-by-case summary of their contents. Together, the papers demonstrate that, as integral members of the communities in which they live and practice, doctors and other health workers are always positioned socially and politically. Medical ethics and international norms hold that medicine should be practiced impartially in situations of conflict, and that health care workers and patients be immune from attack. Medical neutrality—in these two senses of the term—is understood to be a universal moral norm, upheld in international law. Yet insights from medical anthropologists working in conflict-affected settings

suggest that addressing social, political and institutional conditions shaping the possibilities of neutrality are a necessary first step, without which appeals to moral or even legal norms are not only insufficient, but may also be counterproductive.

[Abandonments, Solidarities and Logics of Care: Hospitals as Sites of Sectarian Conflict in Gilgit-Baltistan](#)

*Emma Varley*

Using data collected over nearly three years of ethnographic fieldwork in the Gilgit-Baltistan region of northern Pakistan, my paper explores hospital spaces, clinical services and treatment encounters as conduits for the expression and propagation of conflictive Shia-Sunni sectarianism. Where my prior research has investigated the political etiologies (Hamdy in *Am Ethnol* 35(4):553–569, 2008) associated with Gilgiti women’s experiences of childbirth during ‘tensions’, as Shia-Sunni hostilities are locally known, this paper focuses on healthcare providers’ professional and personal navigations of an episode of conflict whose epicentre was at the District Headquarter Hospital, Gilgit-Baltistan’s foremost government hospital. Through critical evaluation of the impacts of Shia-Sunni tensions on the social, administrative and clinical practices and consequences of medicine, my paper analyses the complex ways that clinics in crisis serve as zones of contact (Pratt in *Profession* 91:33–40, 1991) and abandonment (Biehl in *Soc Text* 68(19):131–149, 2001; Subjectivity: ethnographic investigations, 2007), in which neglect and harm are directed along lines of sectarian affiliation to produce vulnerability, spectacular violence and death for healthcare providers and patients.

[Peace in the Clinic: Rethinking “Global Health Diplomacy” in the Somali Region of Ethiopia](#)

*Lauren Carruth*

Drawing on ethnographic research with Somalis, within aid organizations, and within health care facilities in the Somali Region of Ethiopia, this article argues that what is called “global health diplomacy,” despite its origins and articulations in interstate politics, is fundamentally local and interpersonal. As evidence, I outline two very different health programs in the Somali Region of Ethiopia, and how, in each, existing animosities and political grievances were either reinforced or undermined. I argue that the provision of health care in politically insecure and post-conflict settings like the Somali Region of Ethiopia is precarious but pivotal: medical encounters have the potential to either worsen the conditions in which conflicts and crises recur, or build new interpersonal and governmental relations of trust. Effective global health diplomacy, therefore, cannot be limited to building clinics and donating medicine, but must also explicitly include building positive relationships of trust between oppositional groups

within clinical spaces.

[Medical Humanitarianism Under Atmospheric Violence: Health Professionals in the 2013 Gezi Protests in Turkey](#)

*Salih Can Aciksoz*

During the 2013 Gezi protests in Turkey, volunteering health professionals provided on-site medical assistance to protesters faced with police violence characterized by the extensive use of riot control agents. This led to a government crackdown on the medical community and the criminalization of “unauthorized” first aid amidst international criticisms over violations of medical neutrality. Drawing from ethnographic observations, in-depth interviews with health care professionals, and archival research, this article ethnographically analyzes the polarized encounter between the Turkish government and medical professionals aligned with social protest. I demonstrate how the context of “atmospheric violence”—the extensive use of riot control agents like tear gas—brings about new politico-ethical spaces and dilemmas for healthcare professionals. I then analyze how Turkish health professionals framed their provision of health services to protestors in the language of medical humanitarianism, and how the state dismissed their claims to humanitarian neutrality by criminalizing emergency care. Exploring the vexed role that health workers and medical organizations played in the Gezi protests and the consequent political contestations over doctors’ ethical, professional, and political responsibilities, this article examines challenges to medical humanitarianism and neutrality at times of social protest in and beyond the Middle East.

[Egypt’s Popular Uprising and the Stakes of Medical Neutrality](#)

*Sherine F. Hamdy, Soha Bayoumi*

Amidst the recent political uprisings in the Arab region, physicians and other healthcare workers have found themselves in the crossfire. This paper focuses on Egypt’s doctors, paying special attention to how many have both appealed to and practiced medical neutrality as its own potent and contested political stance, particularly since the period of military rule following Mubarak’s removal from power. Our paper draws on interviews with physicians who served as volunteers in the field hospitals in the days of unrest and violence, and with others who played a major role in documenting protesters’ injuries, police brutality, and other forms of state violence against unarmed citizens. Based on interviews with doctors who belong to organizations such as “Tahrir Doctors” and “Doctors Without Rights,” our paper reveals how these doctors’ commitment to professional ethics put them at odds with the orders of military personnel, rendering their appeal to “medical neutrality” a weighty political act in and of itself.

[A Doctor's Testimony: Medical Neutrality and the Visibility of Palestinian Grievances in Jewish-Israeli Publics](#)

Guy Shalev

This paper follows the testimony of Izzeldin Abuelaish, a Palestinian physician who bears witness to his experiences working, living, and suffering under Israeli rule. He presents his story as a doctor's story, drawing on his identity as a medical professional to gain credibility and visibility and to challenge the limited legitimacy of Palestinian grievances. In this paper, I explore his testimony as a medical voice that at once recounts the suffering and loss endured by the Palestinian people and also struggles to negotiate the values associated with being a "reliable" witness. Consequently, I ethnographically examine the social life and reception of his story in Jewish-Israeli publics. In comparison with most Palestinian narratives, Abuelaish's testimony achieved an extremely rare degree of visibility and sympathy, a phenomenon that calls out for analysis. I identify the boundaries that typically render Palestinian grievances invisible to Israeli publics and suggest how medicine's self-proclaimed ethos of neutrality served as a channel for crossing them. Finally, I reflect on the political possibilities and limitations of medical witnessing to render suffering visible and arouse compassion toward those construed as a dangerous/enemy Other.

[Clinic in Crisis Response: Imagined Immunities](#) (open access)

Peter Redfield

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