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Healthcare under siege: Geopolitics of medical service provision in the Gaza Strip

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ABSTRACT

Siege, a process of political domination aimed at isolating an entire population, represents a unique threat to healthcare provision. This study is a qualitative examination of the impacts of siege on the practices and systems that underlie health in Gaza. Data are from participant observation conducted over a period of six years (2009-2014), along over 20 interviews with doctors and health administrators in the Non-Governmental Organisation (NGO), Governmental, and United Nations sectors. Analyses were informed by two connected theories. First, the theory of surplus population was used, an idea that builds on Marx's conception of primitive accumulation and Harvey's accumulation by dispossession. Second, Roy's theory of de-development was used, particularly as it is connected to neoliberal trends in healthcare systems organizing and financing. Findings indicate that siege impinges on effective healthcare provision through two central, intertwined processes: withholding materials and resources and undermining healthcare at a systems level. These strains pose considerable threats to healthcare, particularly within the Ministry of Health but also within and among other entities in Gaza that deliver care. The strategies of de-development described by participants reflect the ways the population that is codified as a surplus population. Gazan society is continually divested of any of the underpinnings necessary for a well-functioning sovereign health care infrastructure. Instead of a self-governing, independent system, this analysis of health care structures in Gaza reveals a system that is continually at risk of being comprised entirely of captive consumers who are entirely dependent on Israel, international bodies, and the aid industry for goods and services. This study points to the importance of foregrounding the geopolitical context for analysis of medical service delivery within conflict settings. Findings also highlight the importance of advocating for sovereignty and self-determination as related to health systems.

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1. Introduction

The effects of conflict on healthcare, particularly on public efforts to protect and promote health, are well-established (Barghouthi and Giacaman, 1990; Farmer, 2004; Ityavyar and Ogba, 1989; Sidel and Levy, 2008; Ugalde et al., 2000). Siege represents a specific expression of conflict around territoriality between and among nations. It is a process of political domination aimed at isolating an entire population as a means of imposing collective punishment on ordinary people to demand political changes from their governments (Geldenhuys, 1990; Gordon, 1999). In 2006, Israel imposed a comprehensive unilateral siege

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upon Gaza, which was then supported by actions taken by Egypt, the European Union and the United States, through anti-terrorism provisions.

The isolation that siege generates is particularly important within the globalized context of health and development (Graham, 1998; Sparke, 2006); in this context, issues of geo-political control and dependency versus autonomy become especially salient. Indeed, the phenomenon of siege makes clear the importance of understanding the relationships between power, social relations, and health (Flores et al., 2009), along with the need for true soverignty as a critical strategy of health promotion (Becker, Al Ju'beh, & Watt, 2009; Giacaman et al., 2009). Health care provision under siege requires particularly nuanced approaches. These approaches should balance the immediate and long term needs with concerns about rights, independence, and collaborative efforts that foreground global arrangements of power (Maina-Ahlberg et al., 1997).

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With this framework in mind, this article uses a lens of critical political geography to explore healthcare provision within the conditions of siege in Gaza, particularly attending to the complex power relations inherent in this locale.

The data presented here was gathered from over 20 interviews I conducted with doctors and health administrators in the Non-Governmental Organisation (NGO), Governmental, and United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) sectors in Gaza in 2014 (in the days and weeks prior to the attacks during the Summer of 2014 and with additional follow up in January of 2015) and participant observation I performed during several months of field work over a period of 6 years from 2009 to 2015. Based on critical analyses, I argue that the data collected indicates that siege impinges on effective healthcare provision through two central, intertwined processes: withholding materials and resources and undermining healthcare at a systems level. Each of these processes reflect how the strains on health care in Gaza, within the Ministry of Health and the many other entities in Gaza that deliver care, disrupts what the World Health Organization (WHO) considers the six system building blocks of a positive health care framework: Leadership and Governance, Health Care Financing, Health Care Workforce, Medical Products and Technologies, Information and Research, and Service Delivery (World Health Organization, 2007).

I interpreted data using two connected theories. First, analyses are informed by Marx's notion of surplus population (Marx, 1959), an idea that builds on his conception of primitive accumulation and one that has been deepened by several scholars (Di Muzio, 2007; Harvey, 2003; Luxemburg, 1951; Vasudevan et al., 2008) and is further enriched by Harvey's notion of accumulation by dispossession (Harvey, 2003). Second, analyses are informed by the notion of de-development (Roy, 1995), particularly as this process is connected to neoliberal trends in healthcare systems organizing and financing. Prior to introducing the results, I present these two theoretical frameworks. This section describing the theoretical framing is followed by an explanation of the methodology. Then, I present the results, which hinge on two central dynamics that siege creates regarding healthcare: withholding materials and resources and undermining healthcare at a systems level. Results conclude with a section that focuses specifically on how these two dynamics, as well as other political and historical processes, contribute to the particular ways that the Gazan Ministry of Health is in a crisis situation. After putting the findings into a deeper conversation with the theories that underpin this research, I conclude with recommendations for strategies that might enable effective collaboration across the development divide around healthcare provision in this complex geo-political terrain.

1.1. Primitive accumulation, accumulation by dispossession, and surplus population

Siege is a practice that invokes Marx's conception of primitive accumulation (Di Muzio, 2007; Harvey, 2003; Vasudevan et al., 2008), or more directly, Harvey's notion of accumulation by dispossession (Harvey, 2003), which describes a process wherein populations are displaced and dispossessed of their lands and livelihoods by economic elites for the purpose of financial gain. In early capitalist Europe, primitive accumulation was driven by the phenomenon of enclosure that privatized land held in common (Marx, 1959). This resulted in the displacement of populations who lived off of or supplemented their incomes through the harvest of these lands. In time, these populations were forced to leave their homes and join the surplus population, seeking jobs in the nascent capitalist enterprises. The lands themselves were expropriated for use by the wealthy classes. Marx also details this phenomenon as a

central motivating factor for colonialism, wherein indigenous populations were made surplus.

Surplus population, according to Marx, refers to a phenomenon that he charges is an inevitable outcome of capitalist accumulation, or concentration of wealth, through the displacement brought about by primitive accumulation. Marx's conception of surplus population is a rejection of Thomas Malthus's argument that surplus populations are an inevitable consequence of natural population growth — Marx considered the reformation of a population as surplus as an entirely artificial process, an effect of capitalism not nature. Marx (1959:631,2) argues that capitalism creates surplus populations that he refers to as the industrial reserve army. These surplus populations represent potential laborers with a tendency to produce a downward pressure on wages, while simultaneously providing a market for manufactured goods, but always marginalized and never fully incorporated into the capitalist structure.

Rosa Luxemburg expanded upon the notion of surplus populations in the context of colonialist expansion by detailing the importance of captive, non-capitalist strata to the success of capitalist regimes in her notion of internal and external markets. She posited that the external market "is the non-capitalist social environment which absorbs the products of capitalism and supplies producer goods and labor power for capitalist production (Luxemburg, 1951)." Luxemburg's reading here expands on Marx's analysis of colonialism, and explains what occurs after the initial exploitation and expropriation of indigenous territories through colonialism. Gaza, as an occupied territory, represents this external labor market to the Israeli economy. The idea of expelling Palestinian workers from the Israeli labor market is not new, rather this dynamic has long been fundamental to the Israeli notion of Avodat Ivrit (Shafir, 1989), or "Hebrew Labor," wherein proponents of a Jewish state have advocated for the elimination of indigenous, nonlewish labor.

The case of Gaza requires a variation of the concept of surplus populations. As indicated in UN documents, Gazans, particularly after the establishment of the siege, are no longer laborers in the Israeli market, but remain a captive population, forced to consume Israeli goods. The siege in Gaza represents a quite dramatic type of enclosure, via no-go zones unilaterally imposed by the Israeli government that make vast swaths of arable land off-limits (UN OCHA OPT, 2010). The surplus categorization is represented in official Israeli correspondence, as they relegated the population itself to the title of hostile entity (Israel MFA, 2007) as a result of the ascension of the political organization Islamic Resistance Movement (HAMAS, an acronym from the Arabic for the "Organization of Islamic Resistance," hereafter referred to simply by HAMAS) to power in 2006.

Analyses of my data indicated that for the Israeli siege on Gaza the conquest of raw materials is not the primary focus. Rather, the population represents a captive market, banned from productive activity on its own terms, a process that furthers dependency and hinders sovereignty. While Gaza provides no labor power to the Israeli market, its existence as an external consumer is a boon to the Israeli economy, and offsets some portion of the costs of the occupation (Hever, 2009). In effect, the siege is designed to break the duality of the role of members of the surplus population: laborers and consumers, in the interest of using Gazans solely as consumers. Political economic analysis suggests that this notion is problematic in a conventional, non-crisis framework, as a population can only be exploited to a certain point as consumers until they no longer have the capital necessary to purchase goods and provide a market for the dominant economy.

Gazans are thus categorized as unnecessary as workers for the daily economic functioning of the occupying power, the Israeli state (Tyner, 2013). This categorization facilitates the deliberate process

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