



Beyond medical humanitarianism - Politics and humanitarianism in the figure of the *Midānī* physician

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ABSTRACT

This article explores the complex position of local physicians at times of political unrest or conflict, conceptualizing local medical voluntarism as a form of collective action. It analyzes the evolving interpretation of medical neutrality among Egyptian physicians who provided medical assistance to injured protesters in the Egyptian uprising (2011–2013). In-depth interviews with 24 medical and non-medical volunteers on their perception of medical neutrality were matched with their mobilization and participation history, showing the extent towards which political considerations influenced their voluntary medical engagement. The results firstly show that revolutionary political considerations played a central role in the physicians' mobilization into medical networks active in the protests, as well as in their interpretation of their medical and non-medical activities. Secondly, I argue that the interpretation of medical neutrality among Egyptian physicians evolved significantly over time. A special type of medical volunteer took shape, the *midānī* physician. This physician openly expresses his/her political convictions and adheres to (self-defined) humanitarian principles through a conscious reconciliation of the two. The article details the increasing difficulty of this task after the revolutionary movement splintered into competing factions and citizens ended up fighting each other instead of authoritarian rule.

1. Introduction

Physicians played an important role in the wave of protests which swept countries of the Middle East and North Africa from December 2010 onwards. In Syria, Bahrain, Egypt, Yemen, and Libya, healthcare to injured protesters was offered by (inter)national humanitarian organizations and local civilian doctors. This article focuses on local physicians, and to a more limited degree other health workers, who face a specific set of circumstances and professional and ethical challenges as health workers in a society where conflict or political unrest erupts. This is also the case in Egypt, where in the period of January 2011 until August 2013 local physicians were a fixture within Cairo's protests and sit-ins.

Through organizations such as the 'Tahrir Doctors Society' (TDS), physicians offered healthcare assistance through a network of field hospitals and medical clinics. Physicians in this medical network (MN) partook in both medical and non-medical activities, including provision of emergency care and first aid, running of out-patient facilities, organization of medical caravans, establishment of shelters and distribution centers of medical and non-medical products, training of paramedics and the next generation of medics, forensic medicine, and advising on prevention of injuries. Additionally, they were involved in practices of

witnessing (*témoignage*) in national and international media, and took on leadership and mediation roles within the broader revolutionary community.

The experience of local physicians is even more complex than the position of international humanitarian staff in times of conflict. Local physicians in the Egyptian context are simultaneously citizens, protesters, and members of a profession. While they may suffer financial hardship individually, they occupy a privileged position in other, sociocultural, ways. Physicianhood continues to be a source of pride for Egyptian families. They are regarded as part of the social elite and hence share 'a sense of social responsibility' towards the population (Rosefsky Wickham, 1997:122–123; 129). These circumstances affect the manner in which they attribute meaning to their actions, constitute a collective identity, and shape the interaction between the clinic and protest environment. Instead of (predominantly non-local) salaried humanitarian professionals, operating in a society to which they often do not have a long-term connection (Slim, 2015:13; Barnett and Weiss, 2008:31), they are locals who happen to find themselves in a situation where they possess a strategically relevant skill. This difference in position requires a shifting of the paradigm and interpretive framework through which their engagement in the protests should be understood. Moreover, as the characteristics of protest events evolved, the activities

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of MN physicians and their own interpretation of them changed as well.

There are a limited number of contributions on local health workers' activities during times of conflict (see Adams, 1998; Iliffe, 1998; Dewachi, 2017; Abramowitz and Panter-Brick, 2015). The Arab uprisings have galvanized efforts in the field, for instance on Turkey (Aciksoz, 2016) and Egypt (Hamdy and Bayoumi, 2016). The plight of Syrian health workers in particular has resulted in renewed interest in the local medical response. Oftentimes these contributions focus on the attacks the medical sector faces (Rubenstein, 2013; Fouad et al., 2017). This article contributes to the few works currently available on local health workers' considerations, and experiences in times of conflict and political unrest (see also Footer et al., 2014:385; Peterson, 2015:6; Sousa and Hagopian, 2011; Aciksoz, 2016).

It analyzes the role political convictions played in their motivation to mobilize in the first place, and in their continued participation (and eventual demobilization) in MN. Exploring the political element within humanitarianism is not without controversy. In analyzing the politicization of local medical assistance, this contribution does not seek to detract from the beneficial activities that these local physicians engaged in, often at significant personal cost. Instead, it aims to further inform the debate on the engagement of local physicians with humanitarianism. It also elaborates how their interpretation of their activities evolves and can take on new (political) meaning. These issues are especially pertinent in a time of increasing localization of humanitarian assistance, including medical assistance (Schenkenberg van Mierop, 2016b).

2. The Egyptian context

Egypt experienced a time of profound political unrest in the period under study (January 2011–August 2013), resulting in sustained protest activities undertaken by different coalitions of protesters against rapidly changing rulers. Crucially, these fast changes provide the study with a *de facto* longitudinal element. Despite the relatively brief period under study (2.5 years), these changes offer a rare opportunity to analyze how the MN adapted to different levels of restriction under subsequent rulers, and engaged with various protest bodies, while controlling for medico-cultural and socio-economic context.

The following limited timeline is based on a larger one, drawing on several hundred open source media and policy publications on the protest events, in addition to academic publications. After years of labor protests, driven by decreased living standards and increased political oppression, and emboldened by the successful Tunisian revolution, Egyptians took to the streets against President Hosni Mubarak in January 2011. The protesters were able to oust Mubarak in February 2011 after which the Supreme Council of the Armed Forces (SCAF) took control for 17 months. SCAF was also subjected to mass protests, as different political factions sought to fill the power vacuum, and fought to secure revolutionary gains (Abdelrahman, 2015). Protests occurred during 'Mohamed Mahmoud' (November 2011), where protesters protested among others the SCAF's increasingly assertive rule and pushed for a handover to civilian rule. An estimated 45–47 protesters died and over 2000 were injured in the violent state response that followed (Ahram Online, 2011a; 2011b, 2012b; Feteiha and Tarek, 2011; HRW, 2012b). In the 'Cabinet clashes' (December 2011), protester demands remained unchanged, as they challenged the selection of new prime minister Kamāl al-Ganzūrī. Violence escalated when the army took a more pro-active role in combating the protests, resulting in 17–19 deaths and 750–928 wounded (Ahram Online and Feteiha, 2011; Ahram Online, 2011b; El Gundy, 2011; Abouzeid, 2011; Eskandar, 2012; Al-Khalfwai, 2013). Another large protest moment followed in 'Abāsiya (May 2012), when popular Islamist presidential candidate Ḥāzīm Ṣalāḥ 'Abū 'Ismā'īl was excluded from the presidential race. After several days, death rate estimates ranged between 11 and 20, and over 373 were injured (CNN Wire Staff, 2011, 2012; Shams El-Din, 2011; Egypt Independent, 2012; Ahram Online, 2012a; US Embassy in Egypt, 2012;

RT, 2012; AlArabiya with agencies 2012; HRW, 2012a). Muslim Brotherhood member Mohamed Morsy took his seat as new President in June 2012. However, he similarly reached for authoritarian measures to navigate Egypt's complex post-revolutionary political system, drawing rebuke from his political opponents and triggering mass protests (Ali, 2012; HRW, 2012c). In 'al-Ittīḥādīya' (December 2012), a sit-in in front of the Presidential al-Ittīḥādīya palace turned sour. Muslim Brotherhood sympathizers attacked the anti-Brotherhood protesters, and Egyptian civilians targeted each other in street battles. Death estimates ranged from two to nine and hundreds were injured. (CIHRS, 2012:8, 13, 24; Shukrallah et al., 2012; Ahram Online and Hussein Rashwan, 2012; El-Sharnoubi et al., 2012). Morsy's rule remained mired with weekly protests, quickly gaining momentum when in April 2013 Tamarrud was formed. This anti-Morsy grassroots movement called for large scale protests on the one year anniversary of Morsy's rule on 30 June 2013 (Alexander and Bassiouny, 2014:311; BBC, 2013). In response, support rallies and sit-ins were organized by Morsy's supporters in Rābi'a al-'Adawiyya square and in al-Nahḍa square. In July 2013, SCAF, led by Minister of Defense and Commander-in-Chief (and later President) al-Sisi, announced Morsy had been ousted. They could count on the support of leftists, centrist forces, ancien régime, Salafists, and Coptic clergy in this "popular coup". In the four days of protests that followed, 57 were killed. Muslim Brothers vehemently protested the coup (AFP, 2013), and a decisive crackdown followed on 14 August 2013. In the euphemistically titled one day "evacuation" of the sit-ins in Rābi'a al-'Adawiyya and al-Nahḍa squares, more than 817 — and likely over 1000 — protesters died and thousands were injured in Rābi'a alone, with 87 deaths occurring in al-Nahḍa (HRW, 2014: 6, 11, 102). These events are merely a selection of the many protests and violent crackdowns that occurred. They have been elaborated here, as they played a key role within the mobilization and participation process of the MN physicians, and specifically feature in this study.

3. The medical network

As its name implies, the MN consists of a wide range of actors, groups, and initiatives both formal and informal. Partially due to the MN's multi-faceted nature and the ad-hoc participation of many of its contributors, the total number of medical and non-medical volunteers in MN is unclear. However, the nascent Tahrir Doctors Society (TDS) reported that in the '18 days' revolution against Mubarak (January–February 2011), it had a list with over 600 health workers who wanted to contribute to the medical response. The Egyptian Medical Syndicate, meanwhile, lauded over 300 people who had greatly contributed to the medical efforts during these protests in Egypt. This means that hundreds, and potentially even more than a thousand physicians and other health workers (in the making) may have been involved in providing medical support in Cairo alone.

Most notable among the groups is TDS, which was officially established in March 2011. The organization peaked during Muḥamad Maḥmūd with an estimated 200–250 active volunteers, but saw its numbers decrease thereafter. At the time of the interviews with members of the organization (August–September 2014), they estimated that there were approximately 25–50 active members left. Due to their longevity they feature extensively in the analysis. The informal *Kentucky Revolutionary Clinic* (KRC) was known for its location in front of Tahrir Square's Kentucky Fried Chicken branch. KRC had approximately 32 active members, including medical and non-medical volunteers. It evolved into an important primary response point and one of the most media-savvy MN organizations. It unfortunately suffered from organizational infighting, hampering its continuing effectiveness. The *Muslim Brotherhood* similarly engaged in emergency response. However, they initially mostly drew on the Brotherhood-dominated Arab Medical Union (AMU). The Brotherhood largely relied on its own medical response structure in the Rābi'a and Nahḍa sit-ins. The medical team of the *Qaṣr al-Dūbāra* Evangelical Church was another key contributor.

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