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The flight of white-collars: Civil conflict, availability of medical service providers and public health

Arzu Kıbrıs [a, *], Nils Metternich [b]

[a] Sabancı University, Turkey
[b] University College London, United Kingdom

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ABSTRACT

Civil conflicts devastate public health both in the short run and in the long run. Analyzing novel data sets that include yearly information on public health and the availability of health professionals across provinces in Turkey in the 1964–2010 period, we provide empirical evidence for our theoretical argument that a major mechanism through which civil conflicts exert their long term negative influences on public health is by discouraging medical personnel to practice in conflict regions. We also assess the effectiveness of certain policy measures that Turkish governments have tried out over the years to counteract this mechanism. Our results reveal that the long running civil conflict in Turkey has been driving away doctors and other highly trained medical personnel from conflict areas and that mandatory service requirements do help counteract this flight.

1. Introduction

Civil conflicts have both immediate and long-term effects on social well-being. There is the immediate suffering in the form of casualties, displacements, the destruction of infrastructure and property. And a recently emerging literature is telling us that the indirect and longer term impacts on health (Davis and Kuritsky, 2002; Guha Sapir and Van Panhuis, 2003; Hoeffler and Reynal-Querol, 2003; Li and Wen, 2005; De Walque and Filmer, 2012; Akresh et al., 2009), education (for a detailed review see Kıbrıs, 2015), economic activity (Collier et al., 2003; Collier, 1999), and social cohesion and trust (Kıbrıs, 2014; Wood, 2008; Sambanis and Shayo, 2013) are even more substantial. Nonetheless, Blattman and Miguel (2010) argue in their detailed review of this literature that we are still far from a complete understanding of the damages civil conflicts inflict upon societies. The important question is not whether these conflicts harm societies, but rather in what ways, how much, and how persistently—all crucial questions for understanding the impacts on economic, political and social development, as well as priorities for post-conflict assistance.

This study contributes to the literature that addresses these crucial questions. By analyzing novel data sets from Turkey, we provide empirical evidence for yet another negative consequence of civil conflicts. We show that the enduring civil conflict in Turkey has been driving away medical personnel from conflict areas. This is an important, yet academically neglected mechanism through which civil conflicts exert their long-term negative influences on public health. We also assess the effectiveness of certain policy measures that Turkish governments used to intervene in the medical labor market to offset the disparity between the conflict zone and other parts of the country. While our results indicate that higher salaries do not increase medical personnel counts, mandatory service requirements are associated with higher number of doctors.

It is well established that civil conflicts inflict long term damage to public health. The ebola outbreak in sub-Saharan Africa constitutes the latest example. Of the 32 sub-Saharan African states to have experienced internal armed conflict since 1976, nearly a third have also experienced ebola outbreaks. In fact, the virus appears to be tracking ongoing and recent civil wars in the Democratic Republic of Congo (1976), Gabon (1996), Uganda (2000), Gabon again (2001), Congo (2002) to today's outbreak in West Africa (Fazal, 2014; Maxman, 2014). What we need at this point is to develop a thorough understanding of the mechanisms through which civil conflicts damage public health so that we can devise effective

* Corresponding author. Sabancı University, Faculty of Arts and Social Sciences, Orhanli, Tuzla, Istanbul, 34956, Turkey.
E-mail addresses: akibris@sabanciuniv.edu (A. Kıbrıs), n.metternich@ucl.ac.uk (N. Metternich).

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counteractive policies. We argue that the flight of medical personnel is one such mechanism which, despite its importance, has not received much scholarly attention. While there are studies which have theoretically acknowledged the existence of such a mechanism, to our knowledge, this is the first study to provide empirical evidence of the flight of health professionals from conflict areas. The main reason why the issue has been left unexplored is the lack of data. Information systems that record the indicators of social well-being often cease to function in societies experiencing civil conflict. It is also common that officials refuse to share information in an effort to hide the true extent of the damage caused by the conflict. Consequently, data on the availability of medical personnel across locations and time is hard to come by for countries with civil conflicts.

The second major contribution of our study is the provision of such data for Turkey. Through extensive research on Turkish State Archives, we have constructed a novel data set that includes yearly information on the number of doctors, nurses, dentists, midwives, and health technicians across provinces in Turkey between 1964 and 2010, along with some important public health indicators. This time-series-cross-section panel, which spans an impressive 46-year period, enables us to analyze whether the Kurdish-Turkish armed conflict that has been going on since 1984 has had an impact on the supply of medical professionals in conflict areas. The results reveal a significant negative impact. We then look into the role medical personnel play in public health. Finally, we analyze two different policies employed by the Turkish governments over the years, and investigate whether those policies proved effective in halting the flight of the medical personnel out from the conflict areas and in improving public health. We believe this exercise provides important clues for developing effective counteractive policies.

2. Public health and civil conflicts

Civil conflicts damage the ability of civilians to lead a long, and healthy life (Ghobarah et al., 2003; Iqbal, 2006) resulting in a persistent increase in mortality rates (Guha Sapir and Van Panhuis, 2003; Hoeffler and Reynal-Querol, 2003; Li and Wen, 2005; De Walque and Filmer, 2012). Previous research suggests that a significant portion of this increase results from an increased spread of infectious diseases (Degomme and Guha-Sapir, 2010). Berrang-Ford et al. (2011), for example, associate the reemergence of the Human African Trypanosomiasis disease in sub-Saharan Africa with the armed conflicts in the region. Akresh et al. (2009) reveal the stunting effect of the civil conflict on the physical development of children in Rwanda. Davis and Kuritsky (2002) show that in sub-Saharan Africa, countries which have experienced violent conflict have significantly worse health indicators compared to peaceful countries.

Despite the ample evidence on the detrimental impacts of civil conflicts on public health we still lack a complete understanding of the mechanisms behind these impacts to formulate effective policies to counteract the damage. Existing works offer theoretical discussions on what these mechanisms might be, but they do not empirically analyze those mechanisms nor the extent of the damage caused by them. One very comprehensive theoretical discussion is offered by Ghobarah et al. (2003, 2004). They identify five major mechanisms: (1) The destruction of infrastructure such as hospitals, roads, water supply, and power grids; (2) The increased risk of exposure to diseases due to displacement of large populations and poor conditions in refugee camps; (3) The lack of financial resources due to economic hardship; (4) The diversion of existing resources to military use leading to resource scarcity in the health sector; (5) The flight of medical professionals from conflict areas. Iqbal (2006) adds to this list the disruptions in agricultural production which may then lead to widespread famines.

In this study, we focus on the flight of medical personnel from conflict areas, and provide empirical evidence from the Turkish case. We then analyze two specific policies that Turkish governments implemented in order to halt this flight. We believe our work provides important clues for devising effective policies to counteract the negative impacts of civil conflicts on public health.

3. The Turkish case

3.1. The civil conflict

Since late 1984, Turkey is experiencing an insurgency campaign led by the Kurdish separatist guerrilla organization Kurdistan Workers' Party (Partiya Karkaren Kurdistan), the PKK. The PKK was first founded with the goal of establishing an independent Kurdish state in southeastern Turkey, though later on in the 1990s, it appeared to have aimed for a federal structure that would grant more autonomy to the large Kurdish minority in Turkey. The armed activities of the PKK have been almost completely concentrated in Southeastern and Eastern Turkey which is a poor, and underdeveloped part of the country, and which has traditionally been inhabited by ethnic Kurds.

Financially, the conflict has cost the country billions of dollars. But more importantly, it has cost more than 40 thousand lives (Şener, 2010). Our knowledge about civilian and insurgent casualties is limited to aggregate numbers sporadically released by contending sources. Nevertheless, Kıbrıs (2011, 2015, 2014) offers a unique database on security force (i.e., soldiers and police officers) casualties (SFCs).

Chart 1(a) depicts the total number of SFCs over the years, and Chart 1(b) presents their geographical distribution. As can be seen in Chart 1(a), the 90s has been the most bloody period of the conflict. The PKK received a major setback when its leader Abdullah Öcalan was captured in Africa in 1999, brought back to Turkey, tried and sentenced to life in prison. Due in part to this lack of leadership, the PKK ceased its attacks in the early 2000s. Unfortunately, peace in the area did not last long. The PKK resumed its attacks in 2004 and continued up until the latest cease fire in March 2013. The destructiveness of the conflict resulted in the deepening of the economic and social disparity between the conflict zone and the rest of the country. The area has lost its economic and social appeal for business and people, and has come to be considered as exile by public employees like doctors and teachers who are subject to periodical appointments by the state.

3.2. The health sector in Turkey

Up until recent years, the health sector in Turkey has been almost entirely public. Private hospitals accounted for less than 3% of hospital beds across the country in 1990, 8% in 1999, and 15% in 2010. In other words, the state has been the biggest (and in less developed and rural areas, the only) employer and service provider in health. Consequently, state employment policies have almost completely determined the demand side of the labor market in medical professionals.

The state has been very influential on the supply side of the market as well by heavily regulating it with strict legal codes. The Turkish law (Official Gazette of the Republic of Turkey, 1928) states that in Turkey only medical professionals of Turkish nationality with a medical diploma officially recognized by the Turkish Ministry of Health can provide services to Turkish citizens. This regulation was relaxed in 2012 to allow private health institutions to employ foreign national doctors (Official Gazette of the Republic of