



# The Clinic in Crisis

Medicine and Politics in the  
Context of Social Upheaval

5 / 9-10 / 2014

**P E M B R O K E   C E N T E R**

## WELCOME

The Clinic in Crisis Symposium is a two-day conference that brings together an international group of scholars to Brown University with the aims of exploring the wide-ranging and conflicting roles of clinicians in situations of political violence and/or social unrest. The interdisciplinary nature of the conference draws on the strengths of its participants to deepen discussion across disciplines on topics ranging from the dilemmas of care and triage that clinicians face under situations of political instability to the impediments in realizing professional commitments to medical neutrality.

By contributing sociological, cultural, and political perspectives, we question how medicine and its practice have been implicated in contemporary social, political, and cultural movements. How have clinicians—physicians, surgeons, nurses, and the allied health professions—themselves spurred the expansion of their profession into moral, legal, and other realms presumed to be outside its practice? What insights, dispositions, expertise, and values do clinicians bring to such movements, and in what ways do they become entangled in processes of social and political change with multifaceted views ranging from progressive and radical to reactionary and conservative? Finally, how do hierarchies and markers of “difference” within and among clinical professions—particularly along the lines of race, gender, class, and nationality—configure and shape the potential for and effects of clinicians’ participation in social movements?

In addition to bringing diverse projects in the social studies of medicine into conversation with each other, the symposium is an opportunity for clinicians, political scientists, anthropologists, and public health practitioners to exchange ideas and opinions through moderated discussions on innovative and cross-cultural research of contemporary importance.

## ORGANIZERS / STAFF

### Symposium Chairs

Dr. Sa'ed Atshan

*Postdoctoral Fellow in International Studies  
Brown University*

Dr. Adia Benton

*Assistant Professor of Anthropology  
Brown University*

Dr. Sherine Hamdy

*Assistant Professor of Anthropology  
Kutayba Alghanim Assistant Professor of Social Science  
Brown University*

Dr. Soha Bayoumi

*Lecturer, Faculty of Arts and Sciences  
Harvard University*

### Staff Members

Matilde Andrade, Financial Coordinator

Natalie Posever, Student Assistant

Christina Sun, Student Assistant

Alex Chen, Graphic Designer

## AGENDA

### FRIDAY, MAY 9, 2014

8:15 - 9:00 Breakfast & Introduction

#### The Humanitarian Impulse

*Adia Benton, Brown University  
Sa'ed Atshan, Brown University*

9:00 - 9:45 Abandonments, Solidarities and Logics of Care: Hospitals and Medical Encounters as Sites and Sources of Conflict in Gilgit-Baltistan

*Emma Varley, Brandon University*

9:45 - 10:30 Peace May Begin in the Clinic: Caregiving, Healing, and the Potentials of Medical Humanitarian Aid

*Lauren Carruth, George Washington University*

10:30 - 10:45 Coffee Break

#### Mental Health

*Byron Good, Harvard Medical School and Harvard University  
Debbie Weinstein, Brown University*

10:45 - 11:30 Love and Violence in the Mental Health System

*Eric M. Greene, Private Practitioner*

11:30 - 12:15 The Dark Side of Pragmatism: Electroconvulsive Therapy, Psychiatry, and Torture in Occupied Kashmir

*Saiba Varma, Duke University*

12:15 - 1:30 Lunch

## Medical Neutrality in Turkey

*Mary-Jo Good, Harvard Medical School and Harvard University*

*Amy Austin Holmes, Brown University*

1:30 – 2:15 Terrorizing Medics: Atmospheric Violence & Medicalized Resistance  
*Salih Can Aciksoz, University of Arizona*

2:15 – 3:00 Criminalization of Clinicians and Delegitimization of State Violence During the Gezi Riots in Turkey  
*Basak Can, University of Pennsylvania*

3:00 – 3:15 **Coffee Break**

## Medicine and Authority

*Peter Redfield, University of North Carolina—Chapel Hill*

*Michael Kennedy, Brown University*

3:15 – 4:00 Doctors of the Revolution: Egypt's medics and their fight for health and social justice  
*Sherine Hamdy, Brown University*  
*and Soha Bayoumi, Harvard University*

4:00 – 4:45 Doctors with Borders: Palestinian Physicians' Testimonies in Israel/Palestine  
*Guy Shalev, University of North Carolina—Chapel Hill*

≠ Joint dinner at the Faculty Club  
to be scheduled at the end of the day.

## SATURDAY, MAY 10, 2014

8:30 – 9:00 **Breakfast**

## Structural Violence in the United States

*Rebecca Carter, Brown University*

*Dannie Ritchie, Brown University*

9:00 – 9:45 Youth Violence Intervention and Prevention  
– from Understanding to Action

*Robert Gore, State University of New York Downstate Medical Center*

9:45 – 10:30 Alternatives to Abortion: Creating the Pro-Life Clinic  
*Sara Matthiesen, Brown University*

10:30 – 10:45 **Coffee Break**

10:45 – 12:00 **General Discussion**

12:00 – 1:00 **Lunch & Concluding Remarks**

## Emma Varley

*Assistant Professor, Department of Anthropology  
Brandon University*

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### **Abandonments, Solidarities and Logics of Care: Hospitals and Medical Encounters as Sites and Sources of Conflict in Gilgit-Baltistan**

Using data from five years of fieldwork in the semi-autonomous Gilgit-Baltistan region of northern Pakistan, my paper explores clinical services and treatment encounters as conduits for the expression and propagation of conflictive Shia-Sunni sectarianism. This paper focuses on healthcare providers' professional and personal navigations of an episode of sectarian conflict whose epicenter was at the District Headquarters Hospital (DHQ), Gilgit-Baltistan's foremost government hospital. Staffed by predominantly Shia personnel and based in a Shia neighbourhood in Gilgit, the region's capital, the DHQ provides treatment for conflict-related injuries, refuge for those fleeing local violence, and has been the site of Shia political and religious protests and acts of terrorism. Patients and providers from across the sectarian divide report the DHQ's wards are also the scene for increasingly routine acts of Sunni-directed enmity, inclusive of medical neglect, mismanagement and extortive demands for informal fees, and targeted attacks, with patients abducted, injected with 'poison' or shot in their beds. Through critical analysis of providers' narratives concerning the impacts of the hostilities on the social, administrative and clinical practices and consequences of medicine, I explore how medicine and the delivery of health services exemplify the complex ways that clinics in crisis serve as zones of contact and abandonment, in which neglect and harm are directed along lines of sectarian affiliation to produce vulnerability, spectacular violence and death for both healthcare providers and patients.

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*Emma Varley received her PhD in Medical Anthropology from the University of Toronto in 2008. Her recent research and publications address the impacts of conflict, social inequality, and health sector reform for Safe Motherhood services, programming, and policies in northern Pakistan.*

## Lauren Carruth

*Postdoctoral Fellow, Institute for Global and International Studies  
Department of Anthropology, George Washington University*

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### **Peace may begin in the clinic: caregiving, healing, and the potentials of medical humanitarian aid**

Staffs of relief agencies, around the world, regularly care for persons from antagonistic groups during humanitarian relief operations. This is the case in the Somali Region of Ethiopia: Somalis from the Issa clan frequently receive healthcare during relief operations either from clinicians affiliated with the rival Ogaden clan further south, or from clinicians belonging to Amharic-speaking, historically antagonistic groups further west. Consequently, even though humanitarian aid is often characterized as ad-hoc and neutral, medical encounters undeniably shape and are shaped by political subjectivities and histories of conflict. Drawing on ethnographic work in eastern Ethiopia, I describe two contrasting medical interventions, and show how, in each, animosities were either reinforced or destabilized. I then connect insights from the anthropology of healing (e.g. Kleinman) with the idea of “therapeutic citizenship” (e.g. Nguyen) to help me think through the relationships between providing care, establishing trust, and building governments. I find that what it means to be a Somali National Regional State citizen, an “Ethiopian,” a “patient,” and a “healthcare provider” are all related and all forged intersubjectively, often within the walls of clinical spaces. These forms of sociality may well shape the course of peace talks between Somali groups and the Ethiopian state, burgeoning regional political structures, and future relief operations. In sum, healthcare during and after emergencies is precarious but pivotal: it has the potential to either worsen the conditions under which humanitarian crises unfold, or build new interpersonal and governmental relations of trust. Peace can, potentially, begin in the clinic.

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*Lauren Carruth is a medical anthropologist with expertise in nutrition and humanitarian policy. She teaches courses in anthropology at George Washington University in Washington, DC. Her research investigates health care and healing during humanitarian crises among displaced Somalis in the Horn of Africa.*

## Eric M. Greene

*Clinical Psychology  
Private Practitioner*

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### **Love and Violence in the Mental Health System**

Two areas of conflict that have persisted in the United States are of class and of race. Forms of structural violence based on class and race also lead to physical and psychological violence against disenfranchised populations in the United States. Structural racism and classism are embedded in the mental health care system. In order to demonstrate how psychology participates in this structural violence, I will present a brief history of psychology’s role in oppressive dynamics; I will present current research on the ways in which psychology continues to act oppressively; I will try to show how classism and racism are associated with mental illness. To demonstrate how these oppressive dynamics directly affects disenfranchised populations, I will present three case studies of male patients who are African-American, of low socioeconomic status, and vary in age.

From my observations of their participation in the mental health system, I will draw three conclusions. One, psychiatrists, psychologists and other mental health workers are complicit to further oppress disenfranchised populations by shaping patients to think their illness is a result of a biological or genetic dysfunction (i.e., the medical model), thereby turning their patients’ attention away from their oppressive environment, and by creating stigma. Two, medication can be used as an oppressive tool which can lead to lifelong iatrogenic illnesses. Three, structural violence is embedded in psychological diagnosis, testing and treatment. Most mental health professionals mean well and aspire to make a positive difference, but once acting as a participant in the larger system, may lose their moral footing. Theoretical ideas about consciousness and ideology, and systemic implications about psychology in the greater social context will be discussed. Thus, drawing upon my clinical training and research on the relationship between psychological counseling and structural violence, my paper will shed light on the position of mental health practitioners and clinicians in the context of race and class-based violence in the United States.

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*Eric Greene is a clinical psychologist who is in private practice in Los Angeles, CA. He has nearly ten years of experience in the mental health field working in various institutions, such as a juvenile detention center, an HIV/AIDS organization, an hospice center, and dual-diagnosis treatment facilities. His dissertation focused on the social sources of psychopathology.*

## Saiba Varma

*Lecturing Fellow, Thompson Writing Program  
Duke University*

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### **The Dark Side of Pragmatism: Electroconvulsive Therapy, Psychiatry, and Torture in Occupied Kashmir**

In psychiatric hospitals across India, electroconvulsive therapy (ECT) – colloquially known in Kashmir as “karant” [from the English word current] – is routinely and pervasively administered without anesthesia in cases of severe mental illness. While psychiatrists in Kashmir acknowledge that ECT is administered in imperfect political-economic conditions, they justify its continued use based on an “ethic of pragmatism”: namely, that real-world problems in access to mental health care and treatment in the global South require pragmatic, creative, and improvised techniques; as such, imperfect ECT is better than no ECT. Through a close reading of a case file of a twenty-year-old female patient named Saira Irshad, I show how the logic of pragmatism – created in the name of access and care – nonetheless circumscribes the agency and experiences of patients in profound ways. I also locate the use of ECT in Kashmir within a social and political context where state torture – including the use of electric shock – has been widely reported. In comparing the clinic and interrogation center, I show how both regimes of governance attempt to reduce their subject to a body that bears the marks of material state power. In nesting ECT within this context of violence and occupation, I show the limits of an ethics based on pragmatism.

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*Saiba Varma completed her PhD in anthropology from Cornell University in 2013. Since 2012, she has worked as a postdoctoral fellow at the Thompson Writing program at Duke University. Her book manuscript, currently in preparation, examines state and non-state trauma-based humanitarian interventions in Kashmir.*

## Salih Can Acikcoz

*Assistant Professor, School of Middle Eastern & North African Studies  
The University of Arizona*

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### **Terrorizing Medics: Atmospheric Violence & Medicalized Resistance”**

One of the defining characteristics of the Gezi Uprising that shook Turkey over the summer of 2013 was its medicalized nature. As police forces unlawfully used excessive amounts of poisonous anti-riot gas in order to disperse the protests, thousands of protesters responded by flooding the streets wearing surgery masks. Pharmacies in all major cities ran out of their stocks of antacid medicine, and “Talcid Man,” who offered first aid for those affected by gas with his tank of antacid solution, became one of the cultural icons of the protest. More importantly, medics and health workers played a key role in the sustainability of protests by setting numerous impromptu emergency care centers for protesters near the sites of violent confrontation. As the resistance against police violence increasingly became medicalized, the government launched a brutal crackdown on medical professionals and their organizations, facing international criticisms over violations of medical neutrality. This paper will study these intertwined processes of medicalization of political protest and the Turkish government’s targeting of medical professionals as a window to explore the broader transformations of sovereignty, state violence, and medicine in the millennial Turkey. Analyzing how protesters fashioned embodied cultural responses to poisonous gasses, inventing new forms of endurance, care, and resistance, and the role health workers played in this process, the paper will discuss the political contestations over the ethical, professional, and political responsibilities of medics in revolution.

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*Salih Can Aciksoz received his PhD in anthropology from the University of Texas at Austin in 2011. His research and teaching interests include violence, masculinity, body and disability, trauma, sovereignty, nationalism, social movements, reproductive health, and new reproductive technologies. He has published several book chapters and articles in journals such as Medical Anthropology Quarterly and Ethnologie Française. He is currently working on a book manuscript entitled Sacrificial Limbs of Sovereignty: Gender, Violence, and Embodied Politics in Turkey.*

## Basak Can

*Doctoral Student, Department of Anthropology  
University of Pennsylvania*

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### **Criminalization of Clinicians and Delegitimization of State Violence during the Gezi Riots in Turkey**

During the Gezi riots in June 2013 in Turkey, hundreds of clinicians simultaneously mobilized to provide first aid for the injured protestors in makeshift clinics as well as through mobile medical teams. However, their clinical practice became the target of police violence during the events, and of legal sanctions and indictments that criminalize unauthorized emergency medical care after the events. The clinicians not only organized campaigns against the criminalization of care, but also mobilized various expert witnessing techniques by gathering casualty data, preparing medical reports and organizing symposiums on the long-term bodily and psychological effects of riot control agents during and after the events. Drawing on personal observations of the workings of makeshift clinics during the events and semi-structured interviews with clinicians, and analyzing recent laws restricting emergency care provision, the paper discusses how expert medical knowledge and practice became the site of legal and political contention between the government and the clinicians. Against the backdrop of anti-torture struggles of physicians in Turkey in the last three decades, this paper explores the interaction between criminalization of clinical practice through legal means and delegitimization of state violence through clinical practice during the Gezi Riots in Turkey. To this end, the paper follows one critical event where an Ottoman style old mosque was turned into a makeshift clinic for two days at the height of the protests. The government represented this as a sacrilegious act accusing the protestors/clinicians of entering the mosque with their shoes on and consuming alcohol inside despite the fact that the muezzin of the mosque denied these claims. The prosecutor charged two doctors of hiding the protestors in the mosque. The clinicians respond to the government's criminalization campaign by further resorting to the notions of universal medical ethics and medical neutrality, which at the same time enable them to classify excessive use of riot control agents as torture, and delegitimize state violence.

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*Basak Can studied economics and sociology at Bogazici University in Istanbul, Turkey. As a PhD candidate at the University of Pennsylvania, she is currently completing her doctoral dissertation in anthropology entitled "State-making, evidence-making, and claim-making: Enforced disappearances and torture in Turkey." Her research addresses the complex relationship between politics of knowledge and state violence and analyzes the ways in which different actors—the relatives of the forcibly disappeared and the tortured, as well as human rights activists/organizations and forensic and medical experts—interact with the repercussions of political violence.*

## Sherine Hamdy

*Kutayba Alghanim Assistant Professor of Social Sciences  
Department of Anthropology, Brown University*

## Soha Bayoumi

*Lecturer, Faculty of Arts and Sciences  
Department of the History of Science, Harvard University*

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### **Doctors of the Revolution: Egypt's medics and their fight for health and social justice**

Amidst the recent political uprisings in the Arab region, physicians and other healthcare workers have found themselves, willy-nilly, in the crossfire. This paper focuses on Egypt's medics, 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 key players in the doctors' strike and with physicians who served as volunteers in the field hospitals in the days of unrest and violence, including those who belong to organizations, such as "Tahrir Doctors," "Doctors Without Rights," and "Operation: Anti-Harassment." Our paper reveals how their commitment to medical neutrality put them at odds with the orders of military personnel, infuriated throngs of protestors, led to suspicion among members of the Muslim Brotherhood, and even caused divisions and factions within their own movement.

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*Sherine Hamdy has been teaching at Brown since 2006, first as a Cogut Mellon Postdoctoral Fellow and later as an assistant professor of anthropology. She serves on the faculty committee of Science, Technology, and Society and the faculty committee on Middle East Studies. In 2009, she was named the Kutayba Alghanim Assistant Professor of the Social Sciences. Her article "When the State and Your Kidneys Fail: Political Etiologies in an Egyptian Dialysis Ward" (American Ethnologist, 2008) won the 2009 Rudolph Virchow Award from the Society of Medical Anthropology. Her latest book, Our Bodies Belong to God: Organ Transplants, Islam, and the Struggle for Human Dignity in Egypt, received honorable mention in the 2013 Clifford Geertz Book Prize from the Anthropology of Religion section of the American Anthropological Association. She was a Member of the School of Social Sciences at the Institute for Advanced Study in Princeton, 2011-12. She is currently a Greenwall Foundation Scholar in Bioethics as she continues to research and teach medical anthropology at Brown.*

*Soha Bayoumi received her PhD in 2012 from Sciences Po Paris in political philosophy and works on the question of justice at the intersection of political philosophy, intellectual history, and Science and Technology Studies. She has worked and taught on European and American intellectual history, as well as the intellectual history of the modern and contemporary Middle East. She also works and teaches on questions related to gender, health, and medicine. She is currently co-authoring a book (with Sherine Hamdy, Brown University) about the role of doctors in the Egyptian revolution, and working on a book manuscript on the normative links between liberalism and socialism.*

## Guy Shalev

*Doctoral Student, Department of Anthropology  
University of North Carolina at Chapel Hill*

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### **Doctors with Borders: Palestinian Physicians' Testimonies in Israel/Palestine**

With Palestinians comprising about 12% of physicians working in Israel, the public health system is one of the few arenas in the "Jewish state" where Palestinians are positioned as authoritative experts alongside Israeli colleagues. Yet in this context of ongoing political conflict and Jewish doubts over Palestinians' social inclusion, Palestinian physicians' professional identities are fraught with broader cultural contestations and struggles. This paper examines what the production and circulation of Palestinian physicians' testimonies may reveal about the practice of medicine amidst political conflict. Drawing on interviews with Palestinian physicians and close readings of two memoirs by Palestinian doctors, I explore how Palestinian physicians mobilize and contest medicine's authority in acts of bearing witness. Their testimonies combine personal and collective experiences as Palestinians with narratives of doctoring. Viewed within the dual contexts of Palestinian traditions of bearing witness and medical traditions of 'detached-concern,' these testimonies reveal the complex choreography between two identities: the disinterested objective witness and a total engaged insider. I then examine the circulation of one such testimony in Israeli media: the story of Izzeldin Abuelaish, who lost three daughters in an Israeli tank assault. I follow the circulation of his story in television and radio broadcasts, YouTube videos, a memoir and a theatrical adaptation, contrasting it with the invisibility of countless other Palestinian testimonies. I argue that in the Israeli-Palestinian context, the medical profession forms a 'fluid space' in which physicians' Palestinian-ness and their doctor-ness are both perceived as partial, allowing for the formation of a border-crossing testimony.

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*Guy Shalev holds an MA (2011) from the Hebrew University and is currently in a PhD program in medical anthropology at UNC. His MA thesis examines the production of charismatic authority in a Sufi order in Nazareth; it was named the Best Thesis of 2013 by the Israeli Sociological Society and was awarded the 2013 Society for the Anthropology of Religion's Student Paper Prize. His current research is about Palestinian physicians in the Israeli health system.*

## Robert Gore

*Executive Director, Kings Against Violence Initiative,  
Department of Emergency Medicine  
SUNY Downstate Medical Center & Kings County Hospital Center*

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### Youth Violence Intervention and Prevention – from Understanding to Action

Being a black man working in the ER and taking care of patients riddled with bullets, stabbed, or beaten hit me at my core, especially when I know the patient from my neighborhood and when they look like me, my friends, or family members. Violence is beyond a social problem. It is a public health crisis with risk factors that can be changed to prevent senseless death. Mental wellness is just as important for the patients whose lives are affected but also with the family members and friends. It's a community process. It's still taboo for black youth to have a mental illness in our community dealing with depression, bipolar disorder, schizophrenia, or anxiety. My team and I have decided to do something about it, thus the birth of the Kings Against Violence Initiative (KAVI). KAVI is a hospital, school, and community-based youth violence intervention, prevention, and empowerment program working to create opportunities for young people injured as a result of violence or at risk to engage in violent behavior. The young people that we work with are some of the best and brightest minds I have seen, and we are sure, given the right circumstances, support, tools, and resources, these minds will continue to grow, thrive, and create positive changes within our communities.

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*Robert Gore is an attending physician and clinical assistant professor at Kings County Hospital – SUNY Downstate Department of Emergency Medicine in Brooklyn, NY. After finishing his undergraduate studies at Morehouse College in Atlanta, GA, he then went on to the State University of New York at Buffalo for medical school. He then completed his emergency medicine residency training at Cook County Hospital in Chicago, where he was chief resident. Dr. Gore was the assistant program director for the Kings County-SUNY Downstate Emergency Medicine Residency Program for four years. He is the founder and currently the executive director of the KAVI (Kings Against Violence Initiative), a hospital and school based youth violence intervention prevention and empowerment program targeting teens that have been injured as a result of violence or at risk for violent and recurrent violent injury. He is the founder and director of the Minority Medical Student Emergency Medicine (MMSEM) Summer Fellowship, which is a mentoring and enriching program for underrepresented minorities interested in Emergency Medicine with a focus on project development. Dr. Gore has lectured around the U.S., the Caribbean, and Asia and has worked in East Africa, Haiti, and South America. Since 2008, he has been working as a consultant for Clinique Espérance et Vie in Terrier Rouge (Northern Haiti) and working towards establishing a regional health care system in the northern part of Haiti. He is on the board of directors for EMEDEX International, a non-profit organization dedicated to the global promotion and advancement of emergency medicine, disaster management, and public health.*

## Sara Matthiesen

*Doctoral Candidate, Department of American Studies  
Brown University*

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### Alternatives to Abortion: Creating the Pro-Life Clinic

In the U.S., mention of “abortion” or the “abortion debate” easily rouses images of clinic violence, ranging from gauntlets of zealous protesters blocking women’s entry to the murder of abortion providers. In these familiar configurations, the abortion clinic is the target of antiabortion violence. However, in this paper I explore a pro-life tactic that uses the clinic to enact violence, albeit in much subtler and diffuse forms. Over the past twenty years, the work of “crisis pregnancy centers,” volunteer-run clinics providing “alternatives to abortion,” have grown in both number and scale of services provided. Advertisements offering free pregnancy tests and low-cost medical care bring in women concerned about an unplanned pregnancy and looking for cheap abortions or prenatal services. Due to the pro-life and conservative Christian orientation of centers, women are unlikely to get thorough or accurate information about abortion or contraception, and material support often entails further embedding women in a medical network guided by conservative views on reproduction and sex. Decreased state support for poor mothers and their children over the past twenty years has only increased the odds that poor women will utilize these centers. This paper explores how white, middle-class, Catholic and Evangelical women have used the clinic to both position themselves as advocates of poor pregnant women and wed medical support to a pro-life political project. I consider the different types of violence enacted by this approach, and how such violence disproportionately impacts women abandoned by a state that treats reproduction as a private burden.

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*Sara Matthiesen is a PhD Candidate in American Studies at Brown University. Her dissertation, “Reconceived: Women’s Reproduction after Roe v. Wade,” examines debates between gender-based advocates and state and legal institutions over how to define and best account for women’s “reproductive difference” in the decades following the women’s rights movement.*

## SPONSORSHIP

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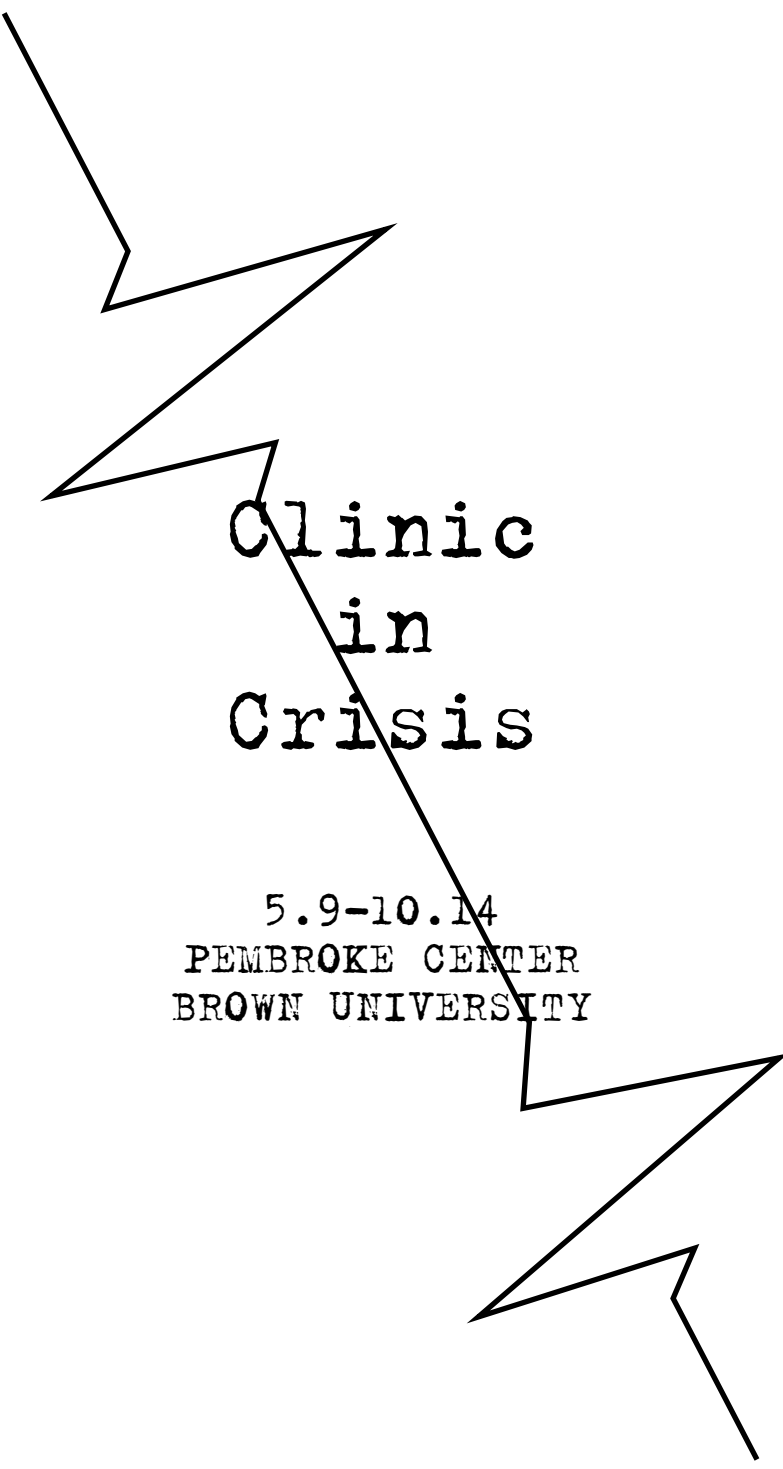
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