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## Medical Humanitarianism Under Atmospheric Violence: Health Professionals in the 2013 Gezi Protests in Turkey

Salih Can Aciksoz<sup>1</sup>

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**Abstract** 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 protesters 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.

**Keywords** Medical neutrality · Medical humanitarianism · Riot control agents · Turkey · State violence

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## Introduction

An atmosphere is not an inert context but a force field in which people find themselves. It is not an effect of other forces but a lived affect—a capacity to affect and to be affected that pushes a present into a composition, an expressivity, the sense of potentiality and event. It is an attunement of the senses, of labors, and imaginaries to potential ways of living in or living through things. Kathleen Stewart (2011)

From where I stand in Gezi Park, I can see through the thick tear gas clouds shrouding Taksim Square. Protestors wearing construction helmets and goggles and covering their faces with bandanas are trying to impede the riot police's steady march toward the park. Every 5 min, gas masked members of a voluntary NGO rush in and out of the white clouds to save incapacitated protestors on stretchers. "We have an injured," one shouts and the thick crowd opens to let them through until they reach the corner of the park that is used as a makeshift infirmary. In the section marked with barricade tape, two young people in medical garb receive the injured with an oxygen mask and after first aid and medical examination decide to transfer him to a medical facility. Suddenly, the police start firing tear gas canisters into the park and one of them lands in the middle of the infirmary, causing panic. Before having to leave the park with burning eyes, runny nose and difficulty breathing, I hear someone from the infirmary yelling at the police at the top of his lungs: "Don't shoot! Don't you see? We have patients here!"

During the Gezi protests that shook Turkey for weeks in the summer of 2013, such encounters between the police and medical professionals were repeated on a daily basis. To quell the massive political mobilization in all major urban centers, Turkish police treated protestors with what was criticized by numerous international observers, including the United Nations, European Union, and the United States government, as well as human rights organizations such as the Amnesty International and Human Rights Watch, as excessive and disproportional force. Against this backdrop of increasing political turmoil, volunteering Turkish health professionals under the coordination of the national medical syndicate established makeshift infirmaries around protest sites and provided on-site medical assistance to protesters. This led to a government crackdown on health workers and professional medical organizations in the face of international criticisms over violations of medical neutrality. The confrontation between the government and the medical profession culminated, among the protests of the local and international medical community, with a new health bill that allowed prosecution of doctors for providing emergency healthcare without government authorization.

In this article, I ethnographically examine the polarized encounter between the neoliberal authoritarian Turkish government and medical professionals aligned with social protest during the 2013 Gezi protests in Turkey.<sup>1</sup> Exploring the vexed role

<sup>1</sup> Although the empirical scope of this paper is limited to Turkey, it is important to note that similar processes have been taking place in different contexts, ranging from the anti-austerity protests in Europe to the Occupy movements in North America. I use the term "authoritarian neoliberal" to precisely highlight this global role of atmospheric violence in the projects of economic and spatial reorganization

that health workers and medical organizations played in the Gezi protests and the consequent political contestations over doctors' ethical, professional, and political responsibilities, which led to the state's criminalization of "unauthorized" emergency healthcare, this article examines the challenges to claims of medical humanitarianism and neutrality at times of social protest in and beyond the Middle East.

### Medical Humanitarianism, Neutrality, and Atmospheric Violence

This article expands on and contributes to the literature on conflict and health, medical neutrality, medical humanitarianism, and anthropology of violence. Violent political conflicts often have devastating long-term consequences for human health through their transformative effects on "therapeutic geographies" (Dewachi et al. 2014). These include not only indirect morbidity and mortality caused by the breakdown of public health and the destruction of health infrastructure, but also attacks on health facilities and health workers (Haar and Rubenstein 2012; Murray et al. 2002; Pedersen 2002). The restricted mobility of healthcare staff, stressful working conditions, and direct violence and harassment against health professionals not only disrupt the ability of healthcare workers in conflict zones to function effectively, but also induce them to leave, thus further depleting health provision (Rubenstein and Bittle 2010; Summerfield 1996).

Such direct interferences with healthcare are often condemned as violations of medical neutrality—the principle referring to "the ethical duty of health professionals to treat any individual in need of medical assistance, regardless of his or her race, religion, or political affiliation, and to have a safe place provided by the state to carry out their work" (Friedrich 2012:655). Nevertheless, this abstract principle of neutrality is very thorny in practice (Redfield 2010). Indeed, the very concept of medical neutrality itself has recently become subjected to critical inquiry as physicians in conflict situations juggle myriad duties and experience many ethical dilemmas in the provision of care (Fox 1995; Geiger and Cook-Deegan 1993; Gottlieb, Filc, and Davidovitch 2012; Hannibal and Lawrence 1999; List 2008).

The principle of medical neutrality is seen as indispensable at times of violent conflict because it posits a safe space for the operation of medical humanitarianism, "the delivery of health related services in settings of crisis" (Good et al. 2014:311). Yet, like the space of contemporary humanitarian itself, medical neutrality largely depends on recognition by states to flourish. "Humanitarian neutrality ultimately

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Footnote 1 continued

associated with neoliberalization and to distance my analysis from parochializing understandings of Middle Eastern authoritarianism. The neoliberal urbanism practiced at Gezi Park that aimed to forcefully "transform use values embedded in an urban commons into exchange values through the construction of a shopping mall in the park's stead" (Kuymulu 2013:276) is a critical example of how urban spaces have globally become increasingly important terrains of social struggle (Brenner and Theodore 2002; Bruff 2014; Davis 2005; Davis 2006).

relies on recognition. Thus it compromises a formal weakness alongside its partial counterclaim to sovereignty” (Redfield 2010:67). Moreover, it is the laws of war that regulate and restrict the scope of the state’s authority in armed conflicts in order to offer a space for the neutral and impartial provision of humanitarian aid in contexts of violence. Since international law does not precisely regulate humanitarian assistance in times of peace (Forsythe 2013), it is particularly hard to establish what counts as humanitarianism in the face of state violence in domestic arenas.

Drawing on anthropological works that have revealed our conceptions of humanitarianism and medical neutrality to be the artifacts of inter-state war and suggested their rethinking in the age of intra-state political conflicts (Chen 2014; Fassin 2007, 2012; Fink 2000; Redfield 2013), this article addresses the conflicting roles of clinicians and the challenges of providing emergency medicine in situations of political violence and social protest. In the article, I demonstrate how Turkish health professionals framed their provision of health services to protestors around and apropos of medical humanitarianism, and how the state strived to dismiss their claims to humanitarianism and neutrality by accusing them of partisanship and hence argued against their impartiality by playing one component of neutrality—protection—against another—impartiality.

The “contemporary debate over the purposes, principles, and politics of humanitarianism reveals a struggle to (re)define the humanitarian identity” (Barnett and Weiss 2008:5). This article illustrates a specific instance of this struggle over humanitarian identity in the context of what is here called “atmospheric violence,” the state’s deployment of riot control agents (often generically referred to as tear gas) against civilian populations. The concept of atmospheric violence builds on Sloterdijk’s (2009) work on the weaponization of atmospheres, where he argues that the military use of poisonous gasses in the First World War inaugurated a new era in warfare, in which environmental conditions of life, rather than the enemy’s body, constitute the main target. I introduce the concept of atmospheric violence for two reasons. First, the concept enables us to understand the technological specificity of riot control agents as a modality of state violence. Unlike nonchemical means of crowd dispersal, atmospheric violence is “deployed spatially and atmospherically across generalized territories” (Paul 2013) and acts on the scale of urban environments rather than individual bodies. This mediated nature of atmospheric violence enables the state to wield the environment to repress dissent on a massive scale, while also giving way to new forms of embodied vulnerability, resistance, and political agency. Second, the concept renders visible the very physical violence that the use of riot control agents entails. The anthropological scholarship on violence has repeatedly demonstrated how certain forms of violence, such as structural violence, are not easily recognized as violence. Violence is a “slippery concept” (Schepers-Hughes and Bourgois 2004:1) because it is always mediated by an expressed or implicit dichotomy between legitimate and illegitimate acts. Atmospheric violence is not often identified as violence per se, not only because it is deployed by the states’ security forces and it is particularly hard to pin down state force as violence (Sluka 2000), but also because of the ideological work of concepts

like “non-lethal” and “riot-control,” which trivialize the adverse health risks of riot control agents.<sup>2</sup>

The latter point is especially important for this article’s discussion of medical humanitarianism and neutrality. The chemical compounds that make people temporarily incapacitated by causing pain and irritation to exposed mucous membranes and skin are banned in international warfare under both the 1925 Geneva Protocol and the 1993 Chemical Weapons Convention.<sup>3</sup> Nevertheless, tear gas is globally used despite its undetermined health effects, ill-defined death toll, and contentious legality (Feigenbaum 2016). The laws of war that ban the international use of such chemical compounds permit the states to deploy them under the rubric of riot control agents. It is ironic that these very same laws also constitute the international legal-moral framework that enables neutral humanitarian spaces in times of violent conflict. Exploring the juxtaposition of debates over riot control agents and medical neutrality, this article shows how the global turn to atmospheric violence brings about new health, ethical, and political challenges for health professionals working in conflict settings.

The data for this article are derived from ethnographic observations during the Gezi protests, in-depth interviews with healthcare professionals, and extensive media and archival research. Anthropologists often complain about “arriving too early or too late to observe the really large and significant political events and the violent upheavals” (Scheppele-Hughes and Bourgois 2004:6) that descend on their field sites. I was fortunate to already be in Istanbul for field research at the onset of the Gezi protests and to be able to conduct ethnographic observation in Taksim Square, where Gezi Park—the center of the protests—and most of the makeshift infirmaries providing healthcare to protestors were located. Bolstering my ethnographic observations and my informal interactions with volunteering medics, I carried out tape-recorded and transcribed in-depth interviews with three physicians and two nurses who played an active role in the establishment, coordination, and delivery of voluntary health services at protest sites. My participants were recruited through a combination of snowball and purposive sampling methods. Although not statistically representative, my interview findings exemplify the perspectives of the health professionals who aligned themselves with the protestors, especially given that two of my interlocutors have served on the administrative board of the Istanbul branch of the Turkish Medical Association. I also examined print, visual, and social media coverage of the protests, and the reports, publications, and press releases of the Turkish medical syndicate, international medical and human rights associations, and the Turkish Ministry of Health. I analyzed both my interviews and my archival

<sup>2</sup> The Turkish police’s use of high velocity tear gas canisters as live bullets has been well documented in all the medical and human rights reports cited in this article and “Ban Tear Gas Initiative” has been archiving all tear gas-related deaths in Turkey on their website at <http://bibergaziyasaklansin.net>. The limited research shows that exposure to riot control agents may produce significant toxic effects even when they are used in accordance with instructions. See Olajos and Salem (2001) for a toxicological perspective.

<sup>3</sup> The US military has historically allowed the use of riot control agents, placing the United States outside the international norms regulating chemical weapons. For the international legal status of riot control agents and the US exceptionalism, see Giovanello (2012).

material using discourse and narrative analysis methods to identify and examine the ethical and political claims around humanitarianism, neutrality, and atmospheric violence, paying particular attention to their textual and enunciative strategies, and affective and performative dimensions.

In what follows, I use the findings of this research in order to examine the confrontation between the Turkish government and health professionals to address the following questions: What were the discursive and material practices through which Turkish medical professionals made a medico-political intervention to care? What happens when the discourses of medical humanitarianism are employed not by international humanitarian organizations but by local health workers actively partaking in a political conflict? How do contestations over medical neutrality unfold in a politically charged context characterized by an increasingly polarized relationship between the state and medical professionals? What are the challenges that bedevil our understandings of humanitarianism and neutrality when claims to medical humanitarianism are confronted with atmospheric violence?

### The Gezi Park Protests, the State and the Medical Profession

The Gezi Park protests started in May 2013, when a coalition of activists, including environmentalists, feminists, LGBT activists, left-wing organizations, professional chambers, and right-to-the-city platforms began an Occupy Movement-style sit-in in Gezi Park, one of the few remaining green belts in the Taksim area. Taksim—the cosmopolitan cultural and political center of Istanbul—had long been one of the most politically charged spaces in Turkey. Designated as the new center of the city in the 1920s, Taksim Square became the spatial symbol of the secular national identity of the then newly founded republic (Çınar 2005). The square became an icon of working class struggle after a massacre that took place there during the international Labor Day demonstrations on the 1st of May, 1977. After the 1990s, the square also became the center of a controversial Islamist campaign to erect a mosque and to reassert the city's Islamic identity. Finally, in the 2000s, Taksim became the focal point of the neoliberal urban renewal policies of the neoconservative Islamist Justice and Development Party (AKP), which sought to "develop" the area into a refurbished touristic and shopping center. The government's demolition of historic urban landmarks and neighborhoods such as Sulukule, one of the world's oldest Roma settlements, and the consequent displacement of urban poor in the name of urban renewal engendered new struggles for urban rights and for conserving the living and built environment heritage.

Government plans to demolish Gezi Park and chop down its hundreds of trees to construct a postmodern replica of a late Ottoman military barracks to serve as a shopping mall crisscrossed all these political fault lines. A turning point took place in the Gezi protests around midnight on May 27, when bulldozers started tearing down the protestor-occupied park without, it later turns out, any legal permission to begin demolition. Protestors who peacefully halted the demolition were faced with a police dawn raid during which they were pummeled by tear gas and pepper spray and their tents were burned. Nevertheless, anger over police violence and the

condescending remarks of the Prime Minister Erdoğan, who habitually referred to the protesters as “looters,” “drunkards,” “terrorists,” “putschists,” and “promiscuous,” only increased the number of protestors.<sup>4</sup> Eventually, the protests turned into an urban uprising on May 31 as millions of Turkish citizens took to the streets throughout Turkey to voice their grievances.<sup>5</sup>

The Gezi protests brought together a wide spectrum of social groups and political actors who felt threatened by the AKP government’s authoritarian, neoconservative, and anti-secular blend of neoliberalism.<sup>6</sup> Among these were the physicians and professional medical organizations. The Istanbul branch of the Turkish Medical Association (TMA), which represents over eighty percent of Turkish doctors as a professional organization and trade union, was involved in the Occupy Gezi umbrella coalition from the very start. The antagonism between the AKP government and the medical profession was multifaceted. The AKP government regarded physicians, who served as state-aligned agents of top-down modernization and secularization since the late Ottoman era (Terzioğlu 1998), as a sector of the privileged secular elite that vehemently opposed its rule. Physicians and the AKP government were also at odds over healthcare policies. Medical trade unions like the TMA spearheaded the opposition against the government’s healthcare reform, which they criticized as the neoliberalization and privatization of healthcare. The government, however, held that the physicians were only looking out for their own interests. When the Full Day Working Act of 2010 prevented physicians from working both in public hospitals and in private clinics amidst physicians’ objections, both the Minister of Health at the time and PM Erdoğan accused physicians of being greedy and stealing money from the pockets of the public by taking unfair advantage of their patients by not treating them in public hospitals but in their private clinics (Aksoy 2012). The medical organizations argued that such accusations and the new performance-based pay system that brought about excessive working hours for physicians made physicians vulnerable to violence at the hands of disgruntled patients. A legal regulation allowing the employment of foreign doctors and the government’s continuous attempts to curtail the autonomy and reduce the self-governing powers of the TMA caused further uproar among professional medical circles. All this led to an increasingly confrontational relationship between the government and the medical profession.

The Gezi uprising was neither the first time that Turkish doctors confronted governmental policies, nor their first mass mobilization. After being founded as a professional organization in 1953 in the context of Turkey’s transition into a multi-

<sup>4</sup> For the Turkish PM Erdoğan’s speeches, see Jose Calatayud, “‘Just a few looters’: Turkish PM Erdogan dismisses protests as thousands occupy Istanbul’s Taksim Square,” June 2, 2013, (<http://www.independent.co.uk/news/world/europe/just-a-few-looters-turkish-pm-erdogan-dismisses-protests-as-thousands-occupy-istanbuls-taksim-square-8641336.html>); “‘Patience has its limits,’ Turkish PM Erdogan tells Taksim Gezi Park demonstrators,” Hurriyet Daily News, June 9, 2013 (<http://www.hurriyetdailynews.com/patience-has-its-limits-turkish-pm-erdogan-tells-taksim-gezi-park-demonstrators.aspx?pageID=238&nID=48516&NewsCatID=338>).

<sup>5</sup> For a concise discussion of these grievances, see Savci 2013.

<sup>6</sup> For an analysis of the Gezi Uprising in relation to Occupy movements and the Arab Uprisings see Tuğal (2013).

party democratic state, the TMA gained a markedly leftist character in the 1970s like most other trade unions and has remained as such since then. Following the 1980 military coup, progressive Turkish physicians within the TMA took on new political roles through their involvement in the documentation and rehabilitation of torture victims, public denunciation of the state's human rights abuses, and campaigns against the forced feeding of political prisoners on hunger strikes. In the aftershock of the devastating 1999 Marmara Earthquake, which led to a near collapse of state institutions including healthcare services, many physicians from the TMA also became involved in humanitarian medical aid. Physicians who voluntarily delivered emergency healthcare services during the Gezi protests built on these political legacies to articulate the distinctly political medical humanitarianism that I discuss in the following sections.

### Atmospheric Violence and Medicinalized Resistance

During the protests, the police used heavy amounts of tear gas, rubber bullets, live ammunition, and water cannons spiked with chemical agents against the protesters. They also beat, detained, and sexually and physically abused hundreds of protesters (Physicians for Human Rights 2013). As of August 1, 2013, the TMA collected medical information on more than 8000 injuries due to tear gas, rubber bullets, water cannons, beatings, and live ammunition (Turkish Medical Association 2013a). According to their report, there were at least five civilian deaths caused by police violence and one hundred six cases of severe head trauma, including eleven people who lost an eye.

The extensive use of tear gas became a striking symbol of police violence during the Gezi protests. The police used 130,000 cartridges of tear gas in the first 20 days of the protests, draining the entire annual stock that totaled 150,000 cartridges, and the government put in a bid for another batch of 100,000 cartridges in order to replenish the stock (Arsu 2013). Testimonies of protestors and independent reports of medical and human rights organizations illustrated that the Turkish police systematically and unlawfully misused tear gas as a weapon on millions of protestors, firing canisters directly at them at close range, aiming for their heads, and using asphyxiating gasses in confined spaces with no outlet for escape. During protests, riot police gassed mosques, schools, hospital ER rooms, restaurants, and houses. In one of the most comprehensive reports on police violence against protestors, the US-based Physicians for Human Rights (PHR) team concluded that the "Turkish authorities misused tear gas" and that "tear gas was used unlawfully as a weapon on a massive scale" (PHR 2013:9). Citing the European Court of Human Rights' conclusion in a 2012 ruling that Turkish authorities misused tear gas against a demonstrator in what amounted to inhuman and degrading treatment, the PHR report argued that the excessive and unnecessary use of tear gas constituted inhuman and degrading treatment on a massive scale in light of the ECHR decision. In another report, the Human Rights Foundation of Turkey reached the same conclusion after conducting 297 medical evaluations of injured protesters and stated that the physical and psychological evidence in each case is consistent with torture

and/or ill-treatment intentionally and systematically inflicted on large populations of protesters.<sup>7</sup>

The deployment of such excessive quantities of riot control agents was meant to shut down the public spaces in which protests were taking place. Paradoxically, the state's turn to atmospheric violence emboldened the massive mobilization of the Turkish urban middle classes, who quickly attuned to the new atmosphere under which they lived. One aspect of this atmospheric attunement was the frantic cultural buzz that linked the bodily experience of tear gas to resistance in novel ways. As not only being on the streets to protest but also the very everyday experience in the city turned into a sort of *sumud* (steadfast perseverance),<sup>8</sup> tearful eyes, runny noses, suffocating lungs, burning skin, and painful sinuses quickly became signs of dignity and resistant agency. "Tear gas tastes like honey," said the lyrics of one of the most popular resistance songs. Walls were covered with graffiti subverting, celebrating, and humorously glamorizing the experience of tear gas: "This gas is awesome, dude" was a favored one. "Tear gas beautifies the skin," another read. Still another interpellated the police: "You did not need to spray tear gas, Mister, we're already sentimental guys." Resistance also incorporated gendered critiques of atmospheric violence. Protesters' favorite slogan to chant to taunt the police was "Spray, spray, go on and spray tear gas. Take off your helmet, drop your baton, and let's see who the real man is." The protesters re-signified their own painful resistance to atmospheric violence as a masculine rite of passage, which rhetorically replaced compulsory military service as the primary rite of passage into adult masculinity: "No daughter's hand for those who haven't tasted gas," one line of graffiti read.

The attunement of middle classes to atmospheric violence transformed the labors of resistance, medicalizing them in unexpected ways. Within the very first hours of the mass mobilization, municipal ambulances provided thousands of surgical masks to protestors, which created the visual effect of a mass epidemic or viral outbreak. Gas masks and dust mask-goggle combinations soon replaced the surgical masks on the front lines. Protesters also used Vicks VapoRub in the surgical masks—which, despite their porousness and ineffectiveness in keeping out tear gas, continued to be worn by the protesters, as if they were medical charms. Sidewalks, shop windows, and the tops of street transformers hosted placards reading "emergency aid station" that housed lemon halves and vinegar solution bottles. After the first few days of protests, mixed liquid antacid and water also emerged as an innovative treatment to palliate skin, eye, and throat symptoms. People rushed to help one another and affected street animals, spraying antacid solutions on each others' faces to wash off and neutralize the effects of gasses. Pharmacies in all major cities ran out of their stocks of antacid medicine, and one protester in superhero costume dubbed "Talcid-Man" offered first aid for those affected by gas with his tank of antacid solution, becoming one of the cultural icons of the protest. These medicalized practices that were used to increase resilience to atmospheric violence heralded the upcoming

<sup>7</sup> <http://1807.tihv.org.tr/wp-content/uploads/2014/06/geziraporu.pdf>.

<sup>8</sup> Sumud is an Arabic term meaning steadfastness and perseverance that have come to symbolize the Palestinian resistance to occupation. Although the contexts are very different, the Palestinian notion of sumud as the "infrapolitics of the weak" and "stubborn dignity" (Khalili 2007:748) is very useful to understand the resistant agency described in this article.

mobilization of Turkish health workers and the unprecedented politicization of emergency healthcare.

### **Ethics and Politics of Medical Humanitarianism**

As mentioned earlier, representatives of the Istanbul chamber of the national medical syndicate were already among the relatively small group of protestors who resisted the park's demolition. Yet, health workers' political involvement changed course when mass protests broke out and the number of injured protestors who could not access healthcare facilities or avoided them out of fear of persecution geometrically increased. As individual doctors started to share their cell phone numbers on Facebook and Twitter in response to the endless pleas for help for wounded protestors on social media, the medical syndicate started to coordinate the delivery of healthcare services. After the TMA posted an online request for assistance, an astounding number of over 1000 Turkish health workers offered voluntary help with medical assistance (Doğanyigit 2013). In less than a few hours, the first makeshift infirmary became operative in the Chamber of Mechanical Engineers in Beyoğlu, sharing its phone number and location through social media. With the ever-growing number of wounded protestors and volunteering doctors, nurses, and medical students, this first infirmary quickly expanded into a decentered but well-coordinated healthcare network of more than twenty aid centers and three permanent infirmaries that were housed in places like parks, hotels, and mosques. These makeshift facilities would constitute the focal point in the ongoing contestations over professional medical ethics, medical neutrality, and doctors' social and political responsibilities.

All my interviewees who actively participated in the establishment and coordination of these makeshift infirmaries in the first hours of mass protests highlighted the unpremeditated and spontaneous nature of their decision. Deniz<sup>9</sup>, a general practitioner with ER experience, who played an active role both in the social media coordination of triage teams and the spatial reorganization of the workplace infirmary at the Chamber of Mechanical Engineers into an emergency infirmary, repeatedly used the metaphor of "reflex" in our interview to explain her medical involvement during the protests:

You see all these injured people, hundreds of them. As a reflex, you immediately grab a first aid kit and run to succor. That's how a physician's mind works. For us, it is always like this. If there were an earthquake right now, that's how a physician's mind would react.

Despite being a proud political activist, Deniz did not narrate her medical aid to protestors as an act of political solidarity. On the contrary, her narrative reconstructed her reaction as a habituated and automatic response conditioned by the physician's mindset. She was not alone in accounting for the provision of

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<sup>9</sup> All names are pseudonyms, and identifying information has been changed to protect the anonymity of participants.

emergency healthcare on the grounds of a stimulus act that bypassed conscious reasoning and hence political contemplation. Mahir, a TMA board member and a seasoned political activist, also used the notion of reflex and located his motivating force in the visceral register of the physician's subjectivity:

This was not something our syndicate had prepared or organized for. This was a spontaneous feeling to help. We already take the Hippocratic oath; it's our duty to provide health service whenever it's needed. We do it as a reflex regardless of its location. It could be for someone on a plane or someone drowning in the sea, after earthquake or flood, in everyday life, while taking the bus, or after an accident. If you collapse from your chair right now, my first reflex would be to intervene. I would immediately make a diagnosis, check your pulse, open your airway if it's obstructed, resuscitate you if your heart stops. And I would do these all spontaneously. Even though we are at an interview and I am not on duty, this is a humane reflex that the Hippocratic oath brings about. That's what happened during Gezi.

In Mahir's account, the delivery of health services during protests was a consequence of physicians' "humane reflexes" in the face of the everyday precarity of human beings. Performatively, using the vulnerability that I embodied as a human body at our interview setting to make his point, Mahir construed doctors' mobilization to provide healthcare for protesters as a manifestation of their commitment to the Hippocratic oath that demands physicians to be there for patients around the clock and regardless of location.

It was not only doctors like Mahir who gestured toward their adherence to professional medical ethics to justify their practices. Banu, an intensive care nurse, who played an active role both in the provision of medical aid and the categorization and stockpiling of the donated medical equipment after initially taking to the streets to protest police violence, also referred to the demands of the medical oath:

I have a social side that goes beyond my identity as a nurse and that is how I was drawn into Gezi events. I could not remain silent or stay away. And knowing that people were harmed, I could do whatever I could. I don't think I misused my occupation. I just used my skills to help people. For me, this is no different from a post-earthquake or flood situation. What happened was a natural disaster in my opinion. Health workers shoulder the same responsibility in a natural disaster. Being a health worker is not only about working at a hospital and taking care of people who come there. The oath you take is above and beyond that.

Although they all actively participated in the protests either as unaffiliated individuals or as activist physicians organized under the banner of the medical syndicate, my interviewees understood their medical involvement not as a political gesture but as an inescapable ethical and professional obligation of health workers prescribed by the Hippocratic oath.

All of my informants compared their medical activities with post-disaster medical relief and hence construed the medical situation on the ground as an emergency comparable with natural disasters like earthquakes. This notion of

emergency, which imbued my informants' narratives with moral force, is of key importance to the medical profession's claims for humanitarianism and medical neutrality and the state's attempts to dismiss them and criminalize "unauthorized" emergency healthcare. As a cultural construct, the idea of emergency is an indispensable element of contemporary humanitarian interventions (Calhoun 2010). Emergency is "a way of grasping problematic events, a way of imagining them that emphasizes their apparent unpredictability, abnormality, and brevity and that carries the corollary that response—intervention—is necessary" (Calhoun 2010:55).

In the context of the Gezi protests, health workers' interpretation of the medical situation in which they operated as a humanitarian emergency was made possible by two main factors. The first was the very technological modality of atmospheric violence, the way that it acted on the environmental level and transformed the urban ecology like a natural disaster. The extensive use of riot control agents indiscriminately affected all urban residents regardless of their political stance in some of the most populated areas in Istanbul, putting people with respiratory diseases like asthma especially at risk. In our interview, Mahir explicitly dwelled on the specificity of atmospheric violence as he linked the deployment of asphyxiating gasses with humanitarianism:

The government can of course take preventive measures to protect liberties during social upheavals. We are not against this. Certain means of force such as water cannons and shields can be used. We do not object to that either. But if you use a chemical weapon like tear gas, then you'd better have to have organizations like the Red Crescent and the Red Cross ready. There is this new organization for earthquake preparedness, Disaster and Emergency Management Authority. It should have been ready. Alongside the police there must have been health workers who could give aid to the injured. That was missing during the Gezi events. Ambulances could not enter areas where clashes took place. We had to deliver emergency healthcare and we ended up guilty for doing what the state was supposed to do.

During the course of the protests, professional medical organizations collected casualty data, compiled medical reports, and produced statistics that conferred scientific status to the protestors' embodied knowledge of the effects of atmospheric violence (Turkish Medical Association 2013a, b; Human Rights Foundation of Turkey 2013; Turkish Thoracic Society 2013a, b, c). A report released by the TMA during the protests surveyed approximately 12,000 people who had been exposed to chemical weapons up to eight hours a day over multiple days and indicated that 40 % suffered from long-term complications.<sup>10</sup> The report documented that 39 % still complained about continuing effects from exposure at the time of the study; 14 % said they suffered skin irritations; and 10 % reported dizziness and balance problems. The statistics that were released during the protests documented and discursively produced the medical situation on the ground as an emergency.

The second factor behind the health workers' emergency discourse was the alleged failure of the state to provide adequate emergency healthcare services in

<sup>10</sup> <http://bianet.org/bianet/saglik/148110-11-bin-155-kisi-gazdan-etkilendim-dedi>.

protest areas. The reports prepared by the TMA pointed out the failure of the Ministry of Health to provide satisfactory emergency healthcare services, especially ambulances, for wounded protestors. According to these reports, the public emergency hotline was unreliable and doctors were compelled to use independently operated private or municipality-run clinics and ambulances. The Ministry of Health denied these allegations in a press statement, and blamed the protesters for damaging ambulances: “The Gezi events took place in large cities, generally in city centers. There was no question of any shortfalls in the provision of health services in those locations... It is greatly unfair to claim that there were shortfalls in the provision of health services during the protests” (quoted in Wietig and Butler 2014). Nevertheless, just after the protests ended, the Turkish Bar Association filed a criminal complaint against the Ministry of Health for “negligence” in light of the testimonies of health workers and claimed that the Ministry failed to provide a sufficient number of ambulances and doctors despite the gravity of the medical situation.

Depending on the location of their makeshift infirmaries, my interviewees had mixed recollections as to the availability of state-run ambulances. Some suggested that ambulances were dispatched efficiently after the first few days of the protests; others argued that they had to make do for weeks and carry injured people to hospitals in cabs or on stretchers, chairs, and even on shoulders. Nevertheless, as Deniz’s remarks below exemplify, all of them agreed that there was a general crisis of trust in the state, including its healthcare services:

First aid was badly needed. State hospitals could not help. Everything was happening on the streets and there was no healthcare service on the street. Ambulances did not show up. He later disowned this statement, but the word on the street was that the minister of health said, ‘Why would I dispatch ambulances for those opposing the state?’ He later refused saying that but that was the word on the street and the ambulances were really not coming. They were not coming because the government was acting political, but also because people did not trust the state. Because there is a state that shoots at you, at your head, with the intention to kill...Thus, even if the ambulance would show up, it would not be able to enter the square. It carries the emblem of the state and people don’t trust the state. Also, there were rumors about ambulances. People believed that they were carrying tear gas. In extraordinary circumstances, such speculative rumors always circulate. I know it from my post-earthquake experience. What is important is the feeling these rumors convey about the people’s mistrust of the state.

Deniz, just like the rest of my informants and thousands of other Turkish health workers, was first recruited into medical humanitarianism after the devastating 1999 Marmara Earthquake, which led to a collapse of state institutions, including healthcare services, and widely popular political critiques of the state as corrupt and ineffective. In that sense, her evocation of the post-earthquake setting in her narrative can be understood in relation to the ways in which the 1999 Marmara Earthquake shaped popular understandings of emergency as a foundational moment in the history of humanitarianism in Turkey. Her emphasis on the entanglement of

medical and political crises in the post-earthquake and Gezi protest milieus had another significance. Protestors' mistrust in state institutions in the context of political protests against the increasingly authoritarian AKP government once again showed that a well-working medical system was not simply a question of adequate provision of services. A TMA survey based on 11,155 respondents determined that the rate of hospital referral was around 5 % among those who suffered adverse health effects from tear gas exposure.<sup>11</sup> Injured protesters did their best to avoid official health facilities out of fear of being beaten, detained, or prosecuted by the police. Indeed, while many injured protesters were beaten or detained in police custody in their attempts to seek emergency care in public hospitals, doctors who cared for protestors were pressured by the Ministry of Health to reveal their patients' identities. As the next section illustrates, the Turkish medics' battle over neutrality would extend such breaches of doctor-patient confidentiality and beatings, arbitrary arrest, and detention of individuals seeking medical care.

### **Medics Under Fire**

In the first hours of the Gezi protests, doctors assumed that they would enjoy the immunity conferred on health personnel and travel without obstruction to provide healthcare where needed. Seher, for example, a general practitioner who was on night shift on May 31 when mass protests started, and followed the events and pleas for medical help through social media, decided to go to Taksim the following morning, only to realize that the privileges she took for granted were on hold:

I knew that people in Taksim were blocked off by police barricades but I said, 'Come on! I'll tell them that I am a doctor and show them my medical equipment and they'll let me in.' But my friends warned me, saying that they treat doctors even worse. 'Hide your bag,' they told me, 'and do not tell that you have medical equipment.' I had to join a group of protestors who clashed with the police to enter Taksim.

Another general practitioner, Deniz, came to the same realization alongside the shopkeepers who welcomed her and her fellow medics with the expectation of establishing their businesses as neutral and safe spaces:

Shopkeepers warmly received us in all places where we wanted to provide healthcare services. They had the idea that no one would attack their shops if they opened them to health workers. They were thinking, 'We will tell that we have wounded and there will be no attacks.' You see? Everybody has an ethical vision about healthcare. But then we all came to our senses.

After the very first hours of mass protests, the repression of dissent extended to the healthcare practitioners in a way that was reminiscent of the Bahrain

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<sup>11</sup> <http://www.ttb.org.tr/en/index.php/tuem-haberler-blog/179-ttb/1220-ba>.

government's systematic attack on clinicians.<sup>12</sup> Volunteer health workers were detained and beaten as the police attacked hospital ERs, temporary medical aid stations, and makeshift infirmaries. The media widely circulated footage of a water cannon attack on Istanbul's private German Hospital near the center of the protests. Doctors working in the German Hospital and in the public Taksim Hospital reported that tear gas was directly fired at emergency rooms, thereby hampering treatment of patients and leading to the hours-long shut down of crucial hospital departments such as radiology.<sup>13</sup>

Reports prepared by the research teams of Physicians for Human Rights (2013) and Amnesty International (2013) documented these abuses, including police raids on professional medical organizations. These reports, as well as the internal reports of the TMA, demonstrate the systematic nature of the police targeting of healthcare sites and professionals. In one incident, a group of doctors volunteering in a makeshift infirmary sought relief from excessive tear gas in a hospital nearby but were prevented by the police, who aimed and shot tear gas canisters at them after seeing their white lab coats. Some doctors came to see their coats as invitations for attack, rather than protective symbols, and eventually removed their coats and other forms of medical identification. As my informant Deniz put it: "After a while we had to take off our white coats. Being identified as a doctor was dangerous because the police immediately targeted us. We were not different from a protestor on the street, a bird flying in the air, or a wandering street dog. We were all at risk."

On June 13, at the end of the second week of the Gezi protests, the TMA stated in a press release that they had refused the request of the Ministry of Health to reveal the names of the physicians, students of medicine, and health workers running the makeshift clinics, as well as the names of people who received medical care.<sup>14</sup> The following day, the Minister of Health stated that the makeshift health clinics were illegal and that medical personnel could face criminal investigation for providing emergency healthcare there.<sup>15</sup> On June 15th, the Minister of EU Affairs declared that every single person in the Taksim area would be considered a terrorist, paving the way for the police's final attack onto the protest sites. The video footage of the event shows police firing tear gas and pressurized water at the entrance of the makeshift health clinic at the Divan Hotel, beating people running out of the building, removing masks from people's faces, and removing lotion used to treat exposure to tear gas.<sup>16</sup> While this episode concluded the physical confrontation between the state and the medical profession, their battle continued in the juridico-legal realm.

<sup>12</sup> During the 2011 protests in Bahrain, the government launched a systematic attack on medical staff. The military organized incursions into hospitals and doctors who treated protestors were abused and arrested and even went missing. For a detailed account of the Bahraini case, see Friedrich (2012).

<sup>13</sup> <http://www.youtube.com/watch?v=DU2h00hjnaM>.

<sup>14</sup> <http://www.ttb.org.tr/en/index.php/tuem-haberler-blog/179-ttb/1220-ba>.

<sup>15</sup> <http://www.ttb.org.tr/en/index.php/tuem-haberler-blog/179-ttb/1215-physicians-wait-neither-for-permission-nor-order-to-serve-humanity>.

<sup>16</sup> <https://www.youtube.com/watch?v=hSMwcJGe0cY>.

The medical personnel detained during the protests were eventually released. Yet the state's criminalization of the medical community has continued in other forms. The Ministry of Health, after declaring that the makeshift infirmaries were illegal, began a post factum legal investigation to determine whether healthcare professionals' volunteer efforts comprised criminal activity. Doctors who volunteered to treat the protestors or to collect casualty data received letters from hospital administrations and the Ministry of Health informing them that they were under legal investigation and requesting information about their participation in the infirmaries. In a letter to the medical journal *The Lancet*, the Turkish Ministry of Health spokesperson defended these practices by arguing that, rather than providing healthcare, the infirmaries actually stood in the way of the delivery of healthcare services:

Protesters set up some so-called first-aid stations. No evaluation or medical recordings have been obtained so far. These stations were open to malpractice by unskilled people. Instead of calling for ambulances, protesters tried to keep injured people in these first-aid stations and put patients' lives at risk. In one of these stations, some people acting as doctors were arrested, they had criminal records according to judicial records, and were not associated with healthcare services. Thus, these so-called first-aid stations hampered actual first aid that patients really needed.<sup>17</sup>

The Ministry of Health's main argument in this letter is that the prevention of malpractice and the provision of standardized healthcare services can only be assured through official control mechanisms. In the domestic arena, the government focused on conflating doctors with criminals in order to delegitimize the delivery of voluntary emergency healthcare services. For example, the governor of Istanbul stated:

The detention of three doctors for helping the wounded during the protests was reported in the news. Professional medical organizations also contacted us for these cases. I now announce: Those individuals wearing medical garbs, who are said to be delivering medical aid, have nothing to do with medicine and health.<sup>18</sup>

While government representatives assured that no legal action would be taken against the healthcare workers, a prosecutor launched an indictment against two medics who had served in the infirmary in the Dolmabahçe Mosque, which became embroiled in an intensely charged national drama (for a detailed analysis, see Can in this volume). The mosque was converted into an infirmary where protestors took shelter after a severe police crackdown on protestors marching toward PM Erdogan's office in Istanbul. PM Erdogan claimed that the medics and patients defiled the mosque by stating: "Protesters entered the Dolmabahçe Mosque with their shoes on, consumed alcoholic beverage there, and through that acted disrespectfully to this

<sup>17</sup> [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)61459-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)61459-2/fulltext).

<sup>18</sup> [http://www.zaman.com.tr/gundem\\_beyaz-onluklerle-gozaltina-alinan-supheliler-doktor-degil-sabikali-ciktig\\_2101319.html](http://www.zaman.com.tr/gundem_beyaz-onluklerle-gozaltina-alinan-supheliler-doktor-degil-sabikali-ciktig_2101319.html).

country's religious sacred places" (quoted in Daloglu 2013). Although both the imam and the muezzin of the mosque explicitly denied these claims, the government propaganda proved effective in blemishing the medical profession. Months after the incident, the TMA issued a press release in front of the mosque to protest the prosecutorial indictment against the medics who treated patients there. An old man passing by scolded them, by saying "Is Hippocrates our god? There is Allah. You are defiling the mosque."<sup>19</sup> A few months later, the dean of a medical faculty became the center of media attention after he removed the phrase "I will not permit considerations of religion, nationality, race, political affiliation or social standing to intervene between my duty and my conscience" from the commonly used version of the Hippocratic oath and added, "I take an oath in the name of Allah."<sup>20</sup> These incidents illustrate how even the medical oath itself, to which my informants continuously referred to justify their medical involvement in the protests, continued to be a subject of political contestation even months after the protests.

Following these contestations, the government passed a new health bill that allowed the prosecution of doctors who provide "unauthorized" emergency healthcare. Under this legislation, health professionals are obliged to apply for official permission to administer emergency first aid; without that authorization, medical personnel could face one to three years in prison and fines of up to \$920,000 for treating patients in emergency situations.<sup>21</sup> The TMA declared that it would not abide by the legislation. Many members of the international medical community, including but not limited to the United Nations' special rapporteur on the right to health, World Medical Association, Standing Committee of European Doctors, Physicians for Human Rights, and British and German Medical Associations, also condemned the health bill, which was seen as limiting access to care and putting doctors in direct conflict with their ethical and professional responsibilities. However, the AKP government stood defiant in the face of international criticism and the bill was passed by the parliament and signed by the president. Officially criminalizing the kind of emergency healthcare provided during the Gezi protests, this bill announced that there would be no neutral space for voluntary medics at times of political upheaval and effectively closed the door for any future claims to humanitarian medicine except those recognized by the state.

### **Difficult Categories: Humanity and Neutrality**

The struggle of medics and medical organizations in Turkey brought to light two sets of limits and challenges related to local health workers' claims to humanitarian medical practice in times of political upheaval. The first concerns the alignment of

<sup>19</sup> [http://www.dha.com.tr/doktorlar-bir-kez-daha-dolmabahcede\\_646579.html](http://www.dha.com.tr/doktorlar-bir-kez-daha-dolmabahcede_646579.html).

<sup>20</sup> [http://www.radikal.com.tr/saglik/hipokrat\\_yemini\\_yine\\_degisti\\_allah\\_huzurunda\\_yemin\\_ederim-119885](http://www.radikal.com.tr/saglik/hipokrat_yemini_yine_degisti_allah_huzurunda_yemin_ederim-119885).

<sup>21</sup> Following the objections from the opposition in the parliament, the following sentence was added to the legislation: "In extraordinary circumstances, those who are authorized to conduct their profession will be kept exempt from such restriction while providing first aid and until the authorized emergency medical aid providers arrive at the scene" (quoted in Daloglu 2014).

medical humanitarianism with social protest in the name of humanity. Throughout the protests, the TMA had recourse to a discourse of humanity; for example, in a press release titled “Humanity and Medicine,” the medical association stated, “If those resorting to tear gas, pressure water and violence have their Prime Minister, the Turkish Medical Association has *humanity* to be in solidarity with” (Turkish Medical Association 2013e). Such evocations of humanity provided medics with a moral high ground. Yet, humanity is a contested category whose “capacity to evoke compassion for others is matched by its tendency to identify these others as threats” (Feldman and Ticktin 2010:25). States also invoke the category of humanity in order to push certain populations outside the fold of humanity and to render them expendable and killable. In the case of the Gezi protests, while the TMA claimed a morally superior commitment to humanity, the government’s discourse, in turn, dehumanized the protestors by deploying the rhetoric of terrorism and the morally and religiously charged accusations of desecration, drunkenness, looting, promiscuity, and living in urine and feces.<sup>22</sup>

The second set of limits and challenges concern the issue of medical neutrality, especially for practicing medics who choose to speak out in their own countries. From the onset of the conflict over the future of Gezi Park, the TMA was an active party in the conflict and some (but not all) of the volunteering medics including my informants also took part in the protests as citizens when they were not treating patients. My informants did not see any conflict between their explicit political stance and their adherence to the professional principle of “no interest above the well-being of patients” and narrated their medico-political involvement in the protests in medical-ethical terms.

Medical personnel responded to this particular challenge through various strategies. Medics’ humanitarian mobilization following the utter failure of the state’s healthcare system in the aftermath of the 1999 Marmara earthquake was frequently cited as a precedent that legitimatized the role that health professionals played in the Gezi protests. My informants regularly described the medical situation on the ground as a humanitarian emergency equivalent to the aftermath of a natural disaster. For example, in a press release that responded to the Ministry of Health’s criticisms, the medical syndicate used medics’ mobilization for post-disaster medical care as a comparable example of their adherence to legal regulations and professional medical norms:

Let’s think together: What is ‘legal’ and what is not? Then let’s ask the Minister of Health: on which issue and against whom are you planning to lodge your official complaint? In the earthquakes of Körfez (1999) and Van-Erciş (2011) health workers had set up infirmaries and extended health services on voluntary basis. Were they illegal too? (Turkish Medical Association 2013d)

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<sup>22</sup> For a discussion of the cultural and political implications of Erdogan’s remarks, see Umut Ozkirimli, “The odour of Gezi: On the dangers of crass populism,” Al Jazeera, June 24, 2013 (<http://www.aljazeera.com/indepth/opinion/2013/06/201362495929920667.html>).

Another strategy that functioned like the comparison of state violence to a natural disaster to legitimize the provision of medical care was the invocation of a public health threat. The state's deployment of atmospheric violence played a key role in the construction of the medical effects of state violence as an urgent public health problem. Throughout the protests, medical professional organizations informed the public about how to prevent and protect oneself from tear gas exposure and popularized new methods of protection like the use of antacids (Akgül 2013; Aktan 2013; Arbak 2013; Ünüvar 2013). They also found innovative ways to campaign for the ban of riot control agents, as in the case of the Turkish Thoracic Society's World No Tobacco Day press release arguing that tear gas exposure is at least as harmful as smoking.<sup>23</sup>

Last but not least, volunteering doctors continually alluded to their treatment of an injured police officer at the Gezi infirmaries as an iconic moment of their neutral stance. In a *Lancet* article that criticized the Turkish government for its excessive use of force and violations of medical neutrality, a representative of the TMA recalled the event:

[The police officer] had been hit in the head by something that fell from the AKM building... There was no ambulance for him, and at first the police said, 'We don't want your help.' But then they saw that it was serious—[the injured officer] had been knocked unconscious and was in a lot of pain—and they changed their mind. (Quoted in Adams 2013:14)

Nevertheless, as I have shown in the previous section, the government did not acknowledge these medical humanitarian claims and dismissed pleas for medical neutrality as it launched a crackdown on medics. From the government's perspective, medics in makeshift infirmaries were not entitled to protection and immunity because they had lost their impartiality by acting in tandem with protestors on the frontlines, increasing their resilience in the face of state violence. Government crackdown ironically produced as truth what was the assumption behind the crackdown—that there was no unproblematic position of medical neutrality during the protests. The only way that health workers could now treat patients regardless of their political associations was through active political defiance of the government's criminalization of their services, a stance that has been described by the anthropologist Peter Redfield as "active neutrality on the side of victims" (Redfield 2013:103).

The medical syndicate assertively voiced this active political stance through powerful public appeals:

We practice our profession here on this land that once hosted the founders of the science of medicine: Hippocrates of Kos and Galenos of Pergamon... For thousands of years we have seen many leaders, kings and sultans on this land. (Even more we have seen their copycats). They have all gone as we remain here. They will go as well ... And we shall continue! (Turkish Medical Association 2013f)

<sup>23</sup> <http://www.toraks.org.tr/news.aspx?detail=1242>.

If this statement claimed political neutrality of the medical personnel through an emphasis on their independence from past, present, and future political authorities, the TMA's active and defiant stance made the medical professionals further vulnerable to the Ministry of Health's accusations of interestedness. The healthcare volunteers negotiated an increasingly difficult balance between this explicitly politicized stance and a constant emphasis on the medical commitment to neutrality (see, for example, Turkish Medical Association 2013c).

Writing on the international medical humanitarian organization Médecins Sans Frontières/Doctors Without Borders, Redfield (2013) argues that neutrality "is not disinterested, but rather an instrumental claim, a political strategy that under particular conditions can serve the interests of the weak as well as the dominion of the powerful" (32). Redfield's remarks on neutrality as a "weapon of the weak" (Scott 2008) help us understand the difficult positioning of the TMA, which is trapped within the borders of a nation-state, between the rival objectives of "protecting its humanitarian stance by claiming an operational sense of neutrality as a professional right and claiming moral authority through the engaged stance of speaking out" (Redfield, 32). In the case of the Gezi Protests, Turkish medics' strategic claims to neutrality did not prove successful despite their arguments about humanitarian medicine and impartiality in relation to the protestors and the outcry from the international medical community.

## Conclusion

The contestation between the Turkish government and the medical profession over the meaning and scope of medical humanitarianism, neutrality, and ethics is a reminder that attempts to circumvent violence while providing services "are not the experiences of foreign humanitarians alone but particularly acute experiences of local health workers in setting[s] of conflict" (Good et al. 2014:314). Making successful claims to neutrality at times of political conflict is particularly challenging for local health workers, who are often accused of political interest-edness: "When attentive to politics, mainstream biomedical practitioners are often questioned about compromising their objectivity, as if political neutrality were a requirement of objectivity. Politically sensitive physicians are often subjected to criticisms of bias—of placing truth in the service of partisanship" (Adams 1998:5).

While critically analyzing the Turkish doctors' appeals for neutrality and humanitarian action in the midst of anti-government political protests, in which they partook not only as medical professionals but often also as protestors, I do not intend to dismiss their appeals as inauthentic strategic moves hiding political purposes. I rather examine the discourses in and through which they construed the medical situation on the ground as a humanitarian crisis in the spirit of the critical scholarship that has demonstrated that the category of humanitarianism is not given but "an artifact of various historically produced and socially situated discourses" (Barnett and Weiss 2008:41). As these social constructivist approaches to humanitarianism have clearly shown us, the definition of what constitutes "humanitarianism" has "evolved historically in close parallel with changing forms

of humanitarian responses” (Good et al. 2014:311). In that sense, the kind of politically engaged medical humanitarianism that the health workers claimed in the Gezi protests is one among many possible “different strands of humanitarianism that are constituted and defined by different configurations of practices, principles, and understandings of the proper relationship between politics and humanitarianism” (Barnett and Weiss 2008:5). As evidenced by the tug-of-war between an increasingly hostile government and an increasingly defiant medical organization, medical humanitarianism cannot be taken for granted as an apolitical concept but becomes a terrain of political struggle during internal conflict.

It is not only medical humanitarianism that has to be radically rethought in the contexts of political mobilization against the state, but also the idea of neutrality, which constitutes the practical and ethical core of humanitarian practice. As the recent uprisings in the Middle East showed us, states easily discard claims to neutrality when confronted with massive waves of protest. From the perspective of the state, local health workers’ medical aid to wounded protestors hinders the consolidation of state authority in times of political upheaval (Hamdy and Bayoumi in this volume). In such a milieu, Redfield’s reminder (2010) that the claims, practices, and strategic significance of neutrality vary under different regimes of power and, I would add, of violence, is more crucial than ever.

Atmospheric violence already has a problematic relationship with the abstract principle of neutrality as its constitutive outside. The same international legal regulations underlying the international consensus that sustains the principle of neutrality also allow sovereign states to domestically use technologies of atmospheric violence against their own civilian citizens while banning them as chemical weapons in times of armed conflict. Under atmospheric violence through which the state politically weaponizes the very environmental conditions that are vital for healthy human life functions such as breathing, the fragile fiction of “neutrality” becomes ever more problematic. When the medical humanitarian ethics of sustaining life intersect with atmospheric violence, medical care can hardly remain neutral. The very technological modality and political purpose of atmospheric violence do not leave room for neutral sanctuary spaces on the frontlines for the medics who align themselves with protestors. The AKP government’s recent criminalization of “unauthorized” emergency healthcare services constitutes a clear example of how health workers’ medico-political mobilization under atmospheric violence is understood as an important political threat by states with authoritarian ambitions. The recent politicized conflicts over medical humanitarianism and neutrality in Turkey resonate with the struggles of those providing medical care in times of political conflict in and beyond the Middle East in our era of intensifying political discontent and increasing use of atmospheric violence around the globe.

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### Compliance with Ethical Standards

**Conflict of interest** Salih Can Aciksoz declares that he has no conflict of interest.

**Human Rights and Informed Consent** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. Informed consent was obtained from all individual participants included in the study.

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