Wounds Without Borders: War, Injury and Care in the Middle East
Dr Craig Jones ISRF Early Career Fellow 2019-20

NOTE: The Early Career Fellowship application form has been updated since this proposal was submitted.

Abstract
Wounds Without Borders offers a pioneering investigation of what happens to injured patients and healthcare infrastructures under conditions of war. The aim of the project is to investigate and map the journeys of injured civilians from spaces of injury in Syria and Iraq to spaces of care in Lebanon and Turkey. I treat war wounds as an analytic to explore the 'slow violence' (Nixon, 2011) of war as well as its transnational biopolitical regimes of care. The project forges a new social-science approach to war that focuses on injured bodies and wounded journeys and fosters interdisciplinary thinking about war as a producer of mass-scale disability.

In recent years infrastructures of care in Lebanon and Turkey have become a lifeline for over 5.5 million refugees fleeing violence in Syria and Iraq. However, these caring spaces are largely-undocumented and little-understood. This project therefore responds to an urgent gap in our understanding of the scope and effectiveness of the regional healthcare response to war and displacement in the Middle East.

The project uses a creative mixed-method approach to capture and spatialise the lived experience of injured patients. Fieldwork will be conducted in key borderland areas in Lebanon and Turkey in conjunction with collaborators at the Global Health Institute at the American University of Beirut (AUB). This will consist of interviews with patients and medical-care workers, ethnographic methods focused on casualty evacuation routes and care facilities, and audio-visual documentation and mapping of patient journeys.

The project addresses ISRF goals by forging a new interdisciplinary methodology to tackle the socio-political problem of what happens to health and healthcare under conditions of war. By mapping the war-injured patient Wounds Without Borders develops new thinking about how injured patients are spatially reconfiguring healthcare infrastructures amidst one of the greatest humanitarian crises of our time.
**The Research Idea** The innovative thesis of the project

This project offers a pioneering investigation of what happens to injured patients and healthcare infrastructures under conditions of war. By paying attention to ‘wounds without borders’ the project develops new thinking about how injured patients are spatially reconfiguring healthcare infrastructures amidst one of the greatest humanitarian crises of our time.

This project investigates the journeys of injured civilians in a region where medical and healthcare infrastructures have been destroyed, often deliberately, by military and paramilitary violence. It focuses on Syria and Iraq, the two most injurious ongoing conflicts in the Middle East, and traces the systems of casualty evacuation and medical care that have emerged across borders in Turkey and Lebanon (together, these states host over 5.5 million Syrian and Iraqi refugees). The spatialisation of war wounds among civilian populations is a moral and political issue of enormous contemporary significance. Rates of survival and health outcomes depend in-part on the gap between the site of the injury and the location of healthcare facilities.

The core innovation of this project is to show how war is animated and (re)produced through a complex entanglement of ‘spaces of injury’ and a ‘spaces of care’. This project treats war wounds as an analytical prism through which we can explore both the ‘slow violence’ (Nixon, 2011) of war as well as its transnational biopolitical regimes of care.

I will collaborate with established close contacts at the Global Health Institute at AUB, who will assist with access to research participants and field-sites.

**Background** Current research reference points and their limitations

War wounds travel across conceptual as well as geographical borders, but existing explanatory frameworks remain siloed. This project innovates three interdisciplinary literatures to develop a new approach for understanding the transnational geographies of injury and care.

Feminist accounts of the injured body and bodily precarity: There is a diverse interdisciplinary literature on the body-in-war but scant attention has been paid to wounded bodies and – relatedly – to bodies in motion (c.f. Everelles 2011; Puar 2017). This project prioritises the injured and circulating body in order to show how the
necropolitics of war is entangled with, and sometimes countered by, a biopolitics of care and survival in which the wounded play vital transformative roles.

Military and medical geography: Medicine and military operations have a long and homologous relationship. Historians know this very well, but elsewhere their reciprocity has been lost from view. The journeys of civilians whose bodies have been affected by (para)military violence have been particularly overlooked. This project cross-fertilises military and medical geography to develop new conceptual thinking about the military-medical co-constitution of wounds.

Critical medical anthropology has cast much light on the relationship between war and health and this project extends this vital work in two key ways. Inspired by Omar Dewachi’s (2017) ground-breaking work on injured Iraqis, the project fastens on the bodies, populations, and places that continue to bear the brunt of (para)military violence in the post 9/11 era. In focusing on wounds without borders, the project also re-casts our attention toward informal and non-clinical spaces of care.

**The Focus** How the research provides a fresh approach to real-life problems

War is nearly always measured by the number of deaths it produces. But lost lives should not be the only measure of war’s devastation. War is also a producer of mass-scale disability. Late-modern militaries pride themselves on their putative capacity to minimise violence and employ ‘less-than-lethal’ force (Puar, 2017; Weizman, 2011). In the 21st century the ‘body-count’ may, therefore, prove less decisive than the disability-count.

In 2016 the Syrian Center for Policy Research reported that a staggering 1.9 million people (nearly 10% of the pre-war population) had been wounded in the Syrian war since it began in 2011. To make matters worse, healthcare facilities and infrastructures have been deliberately targeted and destroyed, vital medical equipment and medication is in short supply and medical care workers have fled en masse (Fouad et al, 2017), creating a dearth of adequate spaces of care. The problems in Iraq are similar but more protracted: Iraqi society has witnessed a slow but decisive deterioration in its capacity to provide even basic care to its wounded.
Emerging transnational infrastructures of care in Lebanon and Turkey have become a literal lifeline for over 5.5 million refugees fleeing violence in Syria and Iraq. These sites are at the forefront of a largely-undocumented and little-understood international healthcare response to war and displacement in the Middle East. This project responds to these urgent and all-too-real problems by tracing for the first time the systems of casualty evacuation and medical care that have emerged across borders in Lebanon and Turkey.

**Theoretical Novelty** What conceptual innovation the research is aiming at
This project shows how spaces and times of war spiral outward, transforming the ontology of injury from an event to a series of dispersed and ever-emergent events. The injured patient struggles to find adequate care or undergoes remedial surgery; sepsis sets in or the exit-wound decays; osteoarthritis emerges years later. In this sense, wounds bear testimony not only to the ‘slow violence’ of war but also reveal its changing cartographies of care and survival long after the ‘event of injury’.

Late modern military operations are a putatively bloodless enterprise, more like neatly-sutured surgery than an exercise of mass injuring (Ricks 2015). In war and across much of the social sciences, the fleshy body seems to have disappeared from view, legible only in death and regimes of mourning, and only partially, even then (Butler 2006).

But what about those who survive war, yet are irreparably scarred by it? What about what Lisa Parks (2016) has memorably called ‘the targeted class’? Who are they, where do they go, how do they get there, and what obstacles do they face en route and upon arrival? Where the capacity or will of the state to provide healthcare is limited or non-existent (as it is in so many contemporary warzones) what networks, organisations, and groups provide medical treatment?

Wounds Without Borders answers these questions. It focuses on the journeys of injured patients be-tween spaces of injury and spaces of care in order to transform and critique contemporary theorisations of war as sensitive, meticulous and clean.

**Methodology** How different disciplinary inputs will interact in empirical inquiry – specific methodological examples are often helpful for non-specialist readers
This project operationalises a creative mixed-method approach designed to capture and represent the lived experience of injured patients. As with my previous work on the
involvement of military lawyers in lethal targeting operations in Iraq, Afghanistan and Gaza, this project is founded on a commitment to empirical fieldwork in difficult-to-access locations. Precise field sites will be confirmed prior to conducting fieldwork, and in conjunction with collaborators at AUB, but I am currently working with a short list of five sites: Beirut and the Bekka Valley (Lebanon) Gazantiep, Arsal and the Turkey-Syria borderlands (Turkey).

Methods will include: interviews with patients and medical-care workers (in Arabic and English), ethnography of casualty evacuation routes and care facilities, and audio-visual documentation and mapping of patient journeys and evacuation routes. Film, photography, audio-recordings and geo-locational data will inform a series of anonymised and generalised multi-medium maps and a podcast series (see §Work Plan). The study of war wounds has been understandably medicalised, with research focusing on improving medical intervention (Abu-Sittah et al 2017). Borrowing from geographical approaches to commodities, this research ‘follows the wound’ (c.f. Cook et al 2004) before, during and after medical intervention, opening a line of methodological inquiry into what happens to wounds when they are beyond the purview of the medical institute and when they travel across borders. This approach extends current work on social wounds in medical anthropology (Dewachi 2015; Dewachi et al 2018) and adds a crucial cartographic component that places war wounds and explores their distinctly spatial manifestations.

**Work Plan** How the work will be organised over the award period and what outputs are intended.

The award would support 12-months of intensive research, writing and dissemination, consisting of three phases:

1)  1 September 2019-30 November 2019

I will conduct fieldwork for 3 months in Lebanon and Turkey (6 weeks in each). This will involve conducting interviews and ethnographic fieldwork with wounded patients and medical-care workers, as well as audio-visual documentation and the gathering of data for mapping. Colleagues at the Global Health Institute at AUB will assist with access to research participants and field-sites during this phase.

2)  1 December 2019-31 January 2020

I will transcribe interviews and perform data analysis using axial coding and visual
methods. This phase will focus especially on the analysis and organisation of audio, visual and geo-locational data in preparation for the creative outputs in phase three.

3) 1 February 2020-31 August 2020
This phase focuses on writing and dissemination. Findings will be presented at a series of international interdisciplinary and intersectoral conferences (see §Budget). I will write and submit two peer-reviewed articles, one on re-thinking the ontologies of the ‘event’ of injury in Theory, Culture & Society and the other on mapping transnational medical evacuation routes in The Lancet. Working with world-renowned critical cartographer Professor Jeremy Crampton (Newcastle University), I will produce a series of multi-medium story-maps focusing on the lived experience and journeys of wounded patients. I will work with Newcastle University Culture Lab to produce a podcast series (5x30 minute episodes) called Injured Escape. The maps and podcasts will be hosted on my research website, thewarspace.com.

Outcome
What further steps and what longer-term outcome are envisaged.
Thinking about wounds without borders is a major new research direction for the social sciences. The Fellowship would allow me to lay important foundations for future empirical and conceptual work, and to strengthen interdisciplinary and cross-sector collaborations in this new field.

A major aim of the broader program of work is to raise public awareness about the long-term and disabling consequences of war and to diversify the audiences of social science research. Beyond the lifetime of the award a number of additional outputs that bridge the academy, humanitarian organisations and broader interested publics are envisaged:

1. A major interdisciplinary and inter-sectoral workshop at Newcastle University co-sponsored by Médecines Sans Frontières and the International Committee of the Red Cross to examine the impact of war on health and healthcare infrastructures in the Middle East. This will lead to a trade book containing articles from the workshop, which I will edit with Dr Ghassan Abu-Sittah, a leading trauma surgeon at AUB;

2. Part two of the Injured Escape podcast series, which will re-visit the people we met in the first 5 episodes, asking: where and how are they now?;
3. A full-length documentary titled Injured Escape that tells story-journey of a patient (or patients) between various cross-border spaces of injury and spaces of care. The documentary will be submitted to the Sundance Institute;