Managing Public Health in a Fragile Consociation: Lebanon between Wars, Explosions and the Covid-19 Pandemic

Marcello Mollica
(University of Messina, Italy)
mmollica@unime.it

Shortly after the 2006 Hezbollah-Israel war, I organized fundraisers at Kent University in the U.K. — then my employer — and in my hometown of Sicily. Back then, I enjoyed frequent exchanges with the people in a Christian enclave bordering Israel with whom I resided during that war (Mollica 2014a). I received a receipt and a letter of gratitude in acknowledgement of the money transfers that I had made to the municipality. The receipt detailed all the municipally-purchased medicines from a pharmacy of a nearby town. During the war, gathering medicines was a major problem. Indeed, one of the last photographs I took just before my evacuation was of the then deputy mayor, who was drafting a list of medicines that were needed in the village. He then organized a car trip to a nearby village where there was a pharmacy, of course having alerted Unifil (United Nations Interim Forces in Lebanon), the Idf (Israeli Defense Forces) and Hezbollah.

The journey of that (Christian) car was emblematic of a fractured country. It was a mirror of a sectarianism that not even the war had managed to appease. Although during the war Christian and Shia communities — the most affected by the conflict — were helped not only by their co-religious but also by other communities, the municipalities remained divided by religious affiliation which changed topographically as the villages changed, including what was within their borders: a pharmacy in a Shia village remained nominally Shia, and a butchery in a Sunni area remained nominally Sunni. The fact that these settings were attended also by other communities did not diminish their religious affiliation, which went far beyond the divisions codified by the legacies of the personal statutes, penetrating every domain of social life.

*   *   *

Italo Pardo (2004) has showed how the largest modern Italian scandal, 'tangentopoli', originated in an inquiry on corruption in public life that produced the arrest of a businessman who worked in the health service. The businessman justified his behaviour by saying that in order to survive he adopted the normal way of doing things. Building upon this case, Pardo suggests that when there are no alternatives, 'people may treat certain illegitimate […] acts as unavoidable evils' (Pardo 2004: 37). Meanwhile, 'wrongdoings that may not […] be legally defined as corrupt [are] condoned' (ibidem). His Naples ethnography addressed the relationship between patients, people and institutions deemed to provide health services. He reached two conclusions: firstly, the health service was considered extremely important; secondly, the dynamics of corruption were articulated on two interlinked levels: on the one hand, the patient/carer and, on the other hand, the local institutions of the health service (Pardo 2004: 37-38). In order to obtain a favour, it is not necessary to make payments of money or some sort of 'direct profit' — the process is part of a 'generalized mode of exchange' (Pardo 2004: 40). For instance, a common practice was to have doctors ready to certify 'non-existent-illness in exchange for money' in order to obtain votes (Pardo 2004: 41). Polese

(2014) shows that monetary payments in Ukrainian hospitals traversed several levels between gifts and bribes, depending on whether those payments were made after the provision of health services or as a pre-requisite to obtaining healthcare. The exchange of money/gifts in the healthcare sector does not necessarily imply the prevalence of corrupt practices. The degree to which these gifts/payments become a barrier to obtaining health services classifies the system as corrupt.

Similar dynamics can be found in Lebanon, where the relationship between patients and doctors and with health provider institutions is regularly based upon informal relations. In my fieldwork, I came across stories of votes exchanged for support. Illustrating this point, Cammet (2014) shows that activists for a political party ensure greater access to finance for healthcare than non-politically-affiliated individuals. Political parties broker access to healthcare by interceding on behalf of their supporters with the minister of public health, with the syndicate of pharmacists and doctors and with privately-owned clinics and hospitals. This brokerage of healthcare services can increase the degree of intra-sectarian party competition. For instance, some Christian political parties stepped up their inter-party competition for the loyalty of supporters in their constituencies by building a mutual fund programme whereby subscribers gain access to healthcare and private insurance schemes at discounted prices (Cammet 2014, Helou 2020).

<p style="text-align:center">*   *   *</p>

Pardo argues also that 'we need to understand, with Weber, that the authority to rule depends on recognition of rulers' legitimacy across society' (Pardo 2000 quoted in Pardo and Prato 2019: 1-2) and that legitimacy's 'contours may change over time alongside changes in people's values and moral expectations' (Pardo 2019: 3). In such a frame, 'political and governmental bodies that fail to respond to the instances of citizenship [contributes] to widening the distance between rulers and the ruled' (Pardo and Prato 2019: 5-6). In turn, 'when rulers lose legitimacy […] their power' (Pardo and Prato 2019: 6) becomes authoritarian. This is virulent in democratic societies (ibidem), but is manifested also in the Lebanese context, above all during the incumbent Covid-19 pandemic.

The history of modern Lebanon has long been marked by tensions among and within the religious sects that hold a share of power and the overarching national structures. This follows a model based upon religious affiliations, not on normal democratic electoral rules. Such a model has taken a sectarian path that takes into consideration transnational loyalties which, at times, are stronger than national loyalties. The tension is proportional to the way in which foreign money is, first, internally allocated and, then, legitimized. This was the case with the tension that followed the support that Lebanese communities received after the 2006 War (Mollica 2014b). More recently, it has been the case with the rhetoric around the introduction of Covid-19 vaccines.

This tension is apparent in South Lebanon, where Hezbollah's post-conflict strategies of reconstruction have been legitimated (Mollica 2010, 2014b). These strategies have eroded the rule of law and its interpretation (Mollica 2019). But this also seems to be the case with the reaction of Lebanese diasporic communities to the explosion of the summer 2020 in Beirut. This process becomes visible when communal loyalties overcome individual needs, thus bypassing state legal codes (Mollica 2019). Given the perceived absence of the state, formally illegal customary actions are regarded as legitimate, as the sectarian reactions to the pandemic has recently proved

<center>*   *   *</center>

Since 2006, I have collected data on Lebanon and have periodically discussed the unfolding events with my informants. Now, due to the Lebanese government-imposed Covid-19 restrictions and the resultant difficulties in doing fieldwork, we speak via Skype. Recently, we have re-discussed the aforementioned 16-year-old photograph in light of the last Lebanese events. That photograph was taken at the beginning of the third week of the war. A few days later, the situation worsened. Following the closure of the village's bakery, local authorities had to ration bread as it was difficult to go to the Shia village of Naqoura. The supplies of medicines also became scarce. Then, the locals were told to go north of the Litani River to get medicine, which was an impossible journey because the Idf bombed all the bridges. The relatives of local people who resided in Beirut and some NGOs sent medicines, which remained trapped north of the Litani and reached the village only a week later.

Having commented on that photograph and heard my explanation of my new research project, the former deputy mayor shared with me his doubts about the way the Lebanon was reacting to the pandemic. He said:

> 'In 2006, we had a government, we had money, people could buy medicines. Today, because of the corruption, we have no money, nobody can help' (former deputy mayor, June 2021, Skype videocall; henceforth fvm).

He was critical about the political vacuum in Lebanon. He thought that the situation was worse than during the 2006 war, for then at least there was a government. In terms of responsibility, external factors emerged, matching a long-lasting narrative. He blamed other countries because they were not helping Lebanon.

> 'My friends are dying because they have no oxygen machines. What are the big countries doing, we need them to bring medicines to the Lebanese people via *their* [italics added] NGOs?' (fvm).

He claimed that major countries were punishing the Lebanese people who were trying to hold their politicians accountable. Indeed, a number of Lebanese politicians are involved in major scandals and are placed on the black lists of several Western states. On a local level, the incompetence of the political élite has had a devastating impact.

> 'The black market is everywhere; it is a jungle. Even if vaccinations are now getting somehow available, people get drunk and use drugs' (fvm).

Sectarianism is as present as before, above all in decentralized areas where the consociational construction meets real life. There, sectarian dynamics are at work and local customs are deemed stronger than the national law. What happened with the vaccine distribution in South Lebanon is a case in point. As the deputy mayor said:

> 'In a South Lebanese Sunni village, not far from my village, the locals got 1000 doses of vaccine without any registration'.

This happened because a Sunni political leader helped them. Other Christian informants I spoke to also pointed out that even Shia and Druze leadership helped their communities with the vaccinations, bypassing state delays. This, however, was not the case for most Christian communities. This problem was linked with other problems, such as endemic power-cuts, lack of medical supplies, rising of poverty, shortage of water, increasing difficulties with internet access and education being often out of reach. Finally, this overlaps with the belief that the currency reserves kept in the country's Central Bank are at a critical level.

When considering the contemporary political management of public health, it is important to contextualize the events. As a colleague from Beirut has recently suggested, the issue is rooted in three factors: 1) the ability of the Lebanese Government to govern; 2) geopolitical interests and regional shifts; 3) communal reactions. After the 17 October 2019 Revolution, it became clear to many that there were no 'Lebanese people', but 'different sects'. Since then, political élites started playing a critical role. At the same time, people's disaffection towards the élite grew.

<p align="center">*   *   *</p>

Most important, no persuasive verdict relating to Prime Minister Rafiq Hariri's assassination (14 February 2005) was issued. Hezbollah gained popularity among many Lebanese communities and several international actors following the July 2006 war, but this popularity diminished following Hezbollah's potential complicity in the Hariri assassination. Hezbollah rejected the establishment of an international Special Tribunal for Lebanon to try the perpetrators of the Hariri assassination and withdrew from the Government. As a spill-over effect, frictions entered the regional arena. The Doha agreement of 22 May 2008 was marked by a political consensus, following Hezbollah's 7 May 2008 invasion of Beirut. The subsequent round of National elections in 2009 proved to be the most expensive Lebanese elections. Money was channelled into Lebanon, which was followed across the country by an increase in the private Hezbollah institutions; that is, hospitals and clinics (Mollica 2014b).

The 2011 Arab Spring and the associated regional shifts brought about changes in Lebanon. Egypt's regime change and the Syrian War affected the regional power balances. Initially, money flew into Lebanon, as Hezbollah participated in the Syrian conflict (Panchetti and Mollica 2019). The Lebanese Central Bank seemed capable of managing finances. However, since 2011, Lebanon's balance of payments became consistently negative (Helou 2021, 2022). The involvement of Hezbollah in the war reduced the entry of money into Lebanon. Iran did not invest in Lebanon as before, but started investing directly in Syria. Even for the Arab countries Lebanon was no longer a priority. Since 2015, the economic situation has worsened. In the summer of 2019, a growing gap between the official exchange rate of the Lebanese Lira to the Dollar started taking shape (Helou 2021, 2022). The 17 October 2019 Revolution occurred with the persistent imposition of flat taxes — triggered by a proposal of a $6 monthly tax on Whatsapp calls — as opposed to progressive taxation. Unsustainable national debt, dwindling foreign currency reserves in the central bank, a consistent negative balance of trade as of 1990 and a set of distorted public finance policies exacerbated an already difficult situation (ibid). For the first-time, people organized themselves in a bottom-up non-sectarian way. A rise of socio-economic demands ensued. Then, the Covid-19 pandemic struck. By 7 March 2020, the Government defaulted on its sovereign debt

payments, declaring insolvency. Depositors could no longer withdraw their U.S. Dollars from their accounts, but certain amounts in Dollars became denominated in Lebanese Liras, thereby implementing an unspoken haircut on deposits and unspoken capital controls (Helou 2021, 2022).

These processes had a significant impact on the health sector. The pandemic hit Lebanon fast. It took two weeks from the detection of the first Covid-19 case for a lockdown to be imposed to. Still, at the start of the pandemic things were somehow under control. Hospitals could get medicines and the Central Bank could transfer money for medications. But hospitals were calling for the state to help pay debts. Normally, in Lebanon, hospitals admit patients with the following health plans: 1. the National Social Security Fund; 2. patients' coverage from the Ministry of Public Health; 3. private health insurance. Once the situation got worse, private hospitals stopped admitting patients under the first two health plans.

Everything, from gasoline to clothing and hospitalization, was impacted by the rise of the U.S. Dollar. This happened because 90% of Lebanese consumption was based on import and Lebanon could no longer use its dwindling Dollar reserves; so, the Central Bank stopped spending money on essential items. In 2020, all prices rose again in Lebanon, following tourist arrivals. On Christmas 2020, political authorities opened up the country because Lebanon needed money. But then another lockdown was imposed.

Meanwhile, on 4 August 2020, another dramatic event had taken place: Beirut port explosion. It was quantified as the largest non-nuclear explosion in the history of the planet. The explosion was followed by a new wave of international support. As a colleague from a Lebanese university, pointed out:

> 'Despite the damaged area being mainly Christian, casualties were from all communities; and this impacted everyone. A lot of money flew into the country; political parties tried to get money; the diaspora got involved again'.

Everyone felt impacted because casualties affected all sects. However, the position of some political parties about the explosion was ambiguous. As the same informant pointed out referring to a long-established situation,

> 'it was the fragmentation of the system that had to be blamed for the explosion, because nobody knows who allowed the chemicals to be stored there; there are no memos about that while three different ministers, belonging to different political parties, held their positions since the chemicals were stored there.'

Following the explosion, international attention returned to Lebanon and mobilization resumed. Local people and students helped with the relief effort. The emotional support intensified. However, after a few months the country moved back to what some informants called a 'state of chaos'.

<p style="text-align:center">*   *   *</p>

The chaos increased the fragmentation. Communities polarized again opening the door to the old sectarian narrative to which the ambiguous attitudes of the élites added. These ambiguities built upon what an informant called the 'sectarian mind'. On a different level, at one point during the pandemic, the Maronite Patriarch asked his priests in Lebanon to stop praying in churches. Some

Christians replied that Muslims were still praying in their Mosques, which reflected the need for policies that establish sectarian parity in the practices. However, the Secretary General of the Shia party of Hezbollah, Hassan Nasrallah, explicitly stated that he wanted Hezbollah supporters to consider the fight against Covid-19 as a Jihad. He asked people to avoid public gatherings that included rituals, funerals and other religious processions.

The relationship between religious practices and the management of health was also an intra-denominational problem. A key challenge for the Maronite church pertained to the Communion during religious service. The Maronite patriarch granted permission for the faithful to receive the Eucharist from clergymen during service and then self-administer the Communion, to minimize the risk of infections. Some Maronite clergymen refused these newly-proposed measures on the ground that they violated the sanctity of the Communion.

<center>*   *   *</center>

One of the most interesting scenes of the film *Under the Bombs* (2007), shot in the wake of Idf bombardment of South Lebanon, is that of a taxi-driver approaching an NGO ship in the port of Sidon. The ship is unloading medicine and the man tries to convince one of the workers to give him some medicines, claiming that they are for a sick relative. He was lying, and we can guess what he could have done if the cooperant had given him the medicines. This scene came to my mind when an informant told me that the Government had no money left, not even to buy masks to distribute to workers in vital sectors.

In my last interview with the former deputy mayor, he raised the issue of vaccines being distributed according to sectarian lines. Once vaccines became available, Lebanese politicians tried to get them, to distribute in their constituencies. The Sinovac vaccine entered the country via Hezbollah; Sputnik entered the Beqaa through a local politician. Moreover, China offered 150,000 doses of Sinovac to the Lebanese Army. The idea of donors was however magnified through a consortium of universities. One of them, the Lebanese American University (LAU), received a donation of a million dollar from Bahaa Hariri to buy Pfizer vaccines through the Lebanese government for its faculty, staff and students.

The impact of Covid-19 has deepened the Lebanese chasms. The international extensions of the local factions added to the fragmented nature of the Lebanese political identity. This exacerbated the role of religion in the management of public health, while the management of the pandemic threatened the fragile Lebanese system. Narratives and ambiguities widened then the gap between religious groups and between them and the central government. Fitting a tradition of sectarianism, the pandemic enhanced the tensions which traditionally have become more manifest at times of crisis.

References
Cammet, M. 2014. *Compassionate Communalism: Welfare and Sectarianism in Lebanon.* Ithaca: Cornell University Press.
Helou, J. P. 2020. *Activism, Change and Sectarianism in the Free Patriotic Movement in Lebanon.* Cham: Palgrave MacMillan.

Helou, J. P. 2021. Lebanon's Political Economy of Informality: Elites, Citizens and the State Shape Money(s) during the Sovereign Debt Crisis. In I. Salamey (ed.), *The Communitarian Nation-state Paradox in Lebanon*. New York: Nova Science.

Helou, J. P. 2022. 'State Collusion or Erosion during a Sovereign Debt Crisis: Market Dynamics Spawn Informality in Lebanon. In A. Polese (ed.), *Informality, Labour Mobility and Precariousness: Supplementing the State for the Invisible and the Vulnerable*. Cham: Palgrave MacMillan.

Mollica, M. 2010. Erosion of Legitimacy: A Lebanese Case of Collapsed Governance. In I. Pardo and G. B. Prato (eds), *Citizenship and the Legitimacy of Governance in the Mediterranean Region: A Comparative Anthropology*. London: Routledge.

Mollica, M. 2014a. When the Ethnographer Encounters War'. In A. Boscoboinik and H. Horakova (eds), *Anthropology of Fear. Cultures Beyond Emotions*. Münster: LIT.

Mollica, M. 2014b. A Post-War Paradox of Informality in South Lebanon: Rebuilding Houses or Destroying Legitimacy. *Studies of Transition States and Societies*, 6 (1): 34-49.

Mollica, M. 2019. Conflicting Loyalties and Legitimate Illegality in Urban South Lebanon. In I. Pardo and G. B. Prato (eds), *Ethnographies of Legitimacy: Methodological and Theoretical Insights*. New York: Palgrave MacMillan.

Panchetti, B. and Mollica, M. 2019. Governance formale e informale nel Libano di Hezbollah: le nuove sfide del conflitto siriano. *Humanities*, 8 (2): 55-84.

Pardo, I. 2000. When Power Lacks Legitimacy: Relations of Politics and Law to Society. In I. Pardo (ed.), *Morals of Legitimacy: Between Agency and System*, Oxford: Berghahn.

Pardo, I. 2004. Where it Hurts: An Italian case of Graded and Stratified Corruption. In I. Pardo (ed.) *Between Morality and the Law: Corruption, Anthropology and Comparative Society*. London: Routledge.

Pardo, I. and Prato, G. B. 2019. Ethnographies of Legitimacy: Methodological and Theoretical Insights. In I. Pardo and G. B. Prato (eds), *Legitimacy: Ethnography and Theoretical Insights*. New York: Palgrave MacMillan.

Polese, A. 2014. Informal Payments in Ukrainian Hospitals: On the Boundary between Informal Payments, Gifts, and Bribes. *Anthropological Forum*, 24 (4): 381-395.