Acts of whistleblowing: the case of collective claim making by healthcare workers in Egypt

T. Sharkawi & N. Ali (28th June 2020)

Abstract

After a brief interlude of democratization ushered in by the Arab uprisings in 2011, Egypt has taken a sharp turn towards authoritarianism. While political repression has disintegrated social movements and demobilized seasoned activists, the outbreak of the coronavirus has afforded an opening for new voices, such as those of healthcare workers who took to social media to expose mismanagement and malpractice within the healthcare sector. The article examines acts of whistleblowing performed by Egypt's healthcare workers during a public health crisis, drawing on qualitive research materials collected from social media, trade union press releases, and interviews conducted with a small group of doctors and pharmacists. The article contends that individual acts of whistleblowing can produce unconventional practices towards collective claim-making prompting multiple forms of contentious mobilization. The findings highlight main features that facilitate diffusing and sustaining mobilization under prohibitive authoritarian settings.

Keywords: acts of whistleblowing, social movements, authoritarianism, COVID-19, Egypt.

Introduction

Since the removal of the democratically-elected President Mohamed Morsi in 2013, Egypt has taken a sharp turn towards authoritarianism. The new leadership has taken great pains to consolidate its rule, curbing in the process dissent and curtailing freedom of speech. Various political and legislative measures have been introduced to clamp down on unions, civil society and any form of grassroots organizing. Nevertheless, the outbreak of the coronavirus has encouraged many healthcare workers to speak out, taking to social media to expose mismanagement and malpractice within the healthcare sector. Participants in this series of whistleblowing videos and posts publicly express grievances about adverse working conditions and make claims using their real identities. Whilst there is no dearth of anonymous leaks or incidents of extraterritorial whistleblowing by members of the Egyptian diaspora, acts similar to those undertaken by healthcare workers have been extremely rare in post-2013 Egypt.

This article engages with social movement scholarship to argue that the coronavirus pandemic has provided an opportunity for the emergence of novel acts of dissent and mobilization among members of the healthcare community operating under highly prohibitive authoritarian conditions in Egypt. While

political repression in Egypt has disintegrated social movements and demobilized seasoned activists, forcing many into exile, the pandemic has afforded an opening for new voices, such as those of healthcare workers, who have deployed different implicit and explicit forms of renegotiating their social contract. The article further contends that individual acts of whistleblowing, which take a public and interactive nature, can produce unconventional practices towards collective claim-making prompting contentious mobilization. The main questions the article attempts to address are how and why this wave of contention has started and is sustained in a ruthlessly repressive authoritarian setting. The article is organized into three sections. It begins with a review of Egypt's militarized authoritarianism under President Abdelfattah El-Sisi to contextualize the repercussions of the prohibitive conditions created by this brand of authoritarianism on social mobilization and dissent. This section then turns to surveying the state of the healthcare sector in Egypt and its connections with the military institution. Drawing on analytic categories developed within social movement theory, the article then moves to examine empirical research materials collected from social media, trade unions press releases and statements, and interviews conducted with a small group of doctors and clinical pharmacists in Egypt. More specifically, it analyzes acts of whistleblowing performed by Egypt's healthcare workers during a public health crisis, focusing on how collective claim making escalated into instances of direct action. This section looks closely at the relevant changing opportunity structures and threat levels, the social networks involved and the framing of the collective claims of healthcare workers. The analysis concludes that deviation from conventional forms of collective claim making under repressive rule and in times of crisis was crucial in diffusing and sustaining mobilization within the healthcare sector. Building on these findings, the article calls for reconsidering predominant modes of collective claim-making under repressive authoritarianism. Finally, the article considers the impact of the swelling of collective claim making by healthcare workers on future popular mobilization, sustaining political and social dissent, and engendering the formation of new social and political grassroots networks that can escape authoritarian state surveillance.

Legislating authoritarianism

The history of authoritarianism in Egypt dates back to the popularly-backed military coup of 1952 placing the country into the hands of successive military rulers who stifled political life. The Arab uprisings in 2011 ushered in a brief interlude of democratization, popular mobilization and civic participation. However, following the popularly-backed putsch in 2013, Egypt has reverted to a harsher authoritarianism which expanded the role of the military in politics and civil domains in ways unseen before (Sayigh, 2012; 2019; Rutherford, 2018). The new leadership has taken great pains to consolidate its rule, curbing in the process dissent and curtailing freedom of speech (Abrams, 2015; Cook, 2017; Hawthorne & Miller, 2019). A body of legislation introduced in the past

few years helped "legalizing authoritarianism" (Hamzawy, 2016) in Egypt, namely, the Protest Law (107/2013) – and its 2017 amendment – which restricted demonstrations and gatherings (Hamzawy, 2016). This law has effectively put an end to all forms of public manifestation and organizing. This was followed by the Cybercrime Law (175/2018) which legalized internet censorship (Hassan, 2018; Mada Masr, 2018; RSF, 2018), and "provide(d) authorities with further leeway to conduct comprehensive surveillance of communications…forcing broad collection of data…not provided for in the law" through five major surveillance actors including the General Intelligence, Military Intelligence and the National Security Agency (Privacy International, 2019). Egypt's early adoption[1] of a 'networked authoritarianism' (MacKinnon, 2011)[2] facilitated the enforcement of the Cybercrime Law with the aim of targeting political dissidents and non-dissidents who could be seen as a threat to the monopoly of the state over communication and information. Through its significant investment in technologically advanced methods of social control and networked repression such as communication surveillance (FIDH, 2018; Privacy International, 2019), the Egyptian regime demonstrated its evolving dynamics of 'tactical adaptation against dissidents' (Karagiannopoulos, 2012; Lynch, 2011). The latest measure in this run towards 'legalizing authoritarianism' is the amendment of the Emergency Law (162/1958) in May 2020 which exploited the COVID-19 public health crisis to further undermine judicial independence by "permanently introduc(ing) military personnel to the panel of the Emergency High State Security Court and expanding the jurisdiction of the military judicial system over civilians" (EFHR, 2020).

The introduction of this series of laws cemented the legal enforcement of authoritarianism and legitimized the militarization of civil life in Egypt. This stands in sharp juxtaposition to a legislative vacuum in relation to whistleblowing as seen in the absence of any laws that can protect whistleblowers in Egypt (Birch et al., 2015). This has had catastrophic consequences for Hesham Genena, the former head of the Accountability State Authority, Egypt's central auditing agency. Genena was fired and then arrested in 2016 after releasing a report that reveals the involvement of the state in corruption transactions that cost Egypt's budget around $68 billion over four years (Aboughabal, 2018). To further suppress political life, the government also declared the Muslim Brotherhood, Egypt's most influential opposition party, a terrorist group, in addition to arresting at least 60,000 people on political grounds from 2013 to 2019 (HRW, 2019). Meanwhile, the crackdown on civil society organizations has escalated, leaving most inoperative or

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[1] The President's Men? Inside the Technical Research Department, the secret player in Egypt's intelligence infrastructure. (2016) Medium https://medium.com/privacy-international/the-president-s-men-9a1d0e0e1e62 Accessed 29 May 2020

[2] In her research on how China uses the internet to suppress dissent, Mackinnon (2001) argues that the internet has globalized the reach of state security apparatuses and their agents and informers, placing dissidents and critics inside and outside on the radar of authoritarian regimes which has created a 'networked' form of authoritarianism.

ineffective (Amnesty International, 2016; Austin Holmes, 2017, HRW, 2016). In tandem, privately-owned satellite channels, which have played a crucial role in the run-up to the uprising in 2011, have toed the line of the state, whether by means of intimidation or direct acquisition (AFTE, 2018). This unprecedented clampdown on political life has coincided with the military leveraging its influence to advance its economic expansion (Abul-Magd, 2016; Noll, 2017).

The healthcare sector in Egypt

Decades of systemic mismanagement and underfunding have left Egypt's public healthcare system in shambles, disproportionately ill-equipped to cope with a lethal pandemic. Egypt has 1.6 bed hospitals for every 1,000 people, significantly lower than the WHO recommendation of 5 beds per 1,000 population (World Bank, 2014). In the past few decades, economic migration attracted scores of doctors and nurses fleeing low pay and poor working conditions[3] in Egypt. The Egyptian Medical Syndicate (EMS) estimates that more than 50% of its membership of 220,000 registered doctors work outside Egypt (Abd El-Galil, 2019). Public hospitals are also understaffed by around 55,000 nurses (Abdo, 2020). An EMS board member estimated that around 1,800 Egyptian villages do not have doctors (Debes, 2015). This grim picture of the healthcare sector in Egypt is the background against which systemic efforts have been directed towards militarizing the Ministry of Health (MoH). Several plans were adopted in 2018 to ensure that the Egyptian Armed Forces are involved in: 1) the procurement and importing of medical equipment and baby formulas; 2) the construction of new hospitals; and 3) the militarization of the organizational structure of the MoH through appointing members of the Armed Forces to fill managerial positions in the ministry and at public hospitals (Hamdy, 2019). The military seems to be also keen on discursively and visually asserting their involvement in the MoH. This is evident in the countless pictures and footage of the Minister of Health, Hala Zayed, in Egyptian media where she is seen accompanied by army generals in field trips, press conferences, and official visits to other countries. A picture from a pro-government newspaper of Zayed on a podium closely surrounded by army generals was turned into a meme trending on Egyptian social media.[4] The text accompanying the picture added by the author of the meme read: "I would like to reveal the actual figures of coronavirus infections but I can't."

Against this backdrop, and bearing the brunt of the fight against a deadly virus, many healthcare workers have made noise in order to highlight shortcomings,

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[3] Doctors' infection allowance is 19 Egyptian pounds (slightly over $1) a month, while judges, a mainstay of the regime, receive 3,000 pounds (about $187) per month. https://www.middleeastmonitor.com/20200402-proposed-covid-19-pay-rise-insufficient-say-egypts-doctors/ (accessed 22 May 2020)

[4] The picture of the minister of health: Elbalad (2020) 'The minister of health welcomes families and children repatriated from China', 17 February. Available at: https://www.elbalad.news/4177956.

assert rights and put forth demands. The current authoritarian environment of
Egypt which brought back political fear to public life (Khalifa, 2017) makes it
difficult to dismiss these acts of whistleblowing as merely workplace grievances.
The return of large-scale state surveillance after 2013, which Egyptians
experienced under Mubarak (Asad, 2012), forced many to self-censor and
eventually withdraw from engaging with politics (Matthies-Boon, 2017). In a
prevailing culture of a "silencing fear planted from above" (Pearlman, 2016, p.
30)[5], speaking out becomes an act of dissent, and individual discursive acts of
opposition (on social media) become public expressions of disagreement and
non-compliance through which collective political agency is exercised. In
Egypt's muted public sphere, and amidst the quiet of an eerie lockdown, the
voices of healthcare workers broke the silence and fear, turning their individual
grievances into collective claims.

Social movements and acts of whistleblowing

Social movement scholarship posits that opportunities for contentious
mobilization are oftentimes met with the threat of suppression (Tilly and
Tarrow, 2007). Mobilization can often begin in response to changing political
opportunities (Meyer, 2004), when actors involved in "contentious politics
combine response to threat with seizing opportunities" (Tilly and Tarrow, 2007,
p. 58). These opportunities are often engendered in connection to shifting
regime characteristics (Tilly and Tarrow, 2007, pp. 58-59). Accordingly,
changes in political opportunity structures are of particular relevance to
understanding the conditions under which actors can mobilize (Tarrow, 1994)
in spite of the threat of repression from a consolidated authoritarian regime like
that of Egypt. A combination of opportunity and threat can, therefore, explain
why and how healthcare workers in Egypt have recently engaged in defiant acts
of whistleblowing which they then escalated, at a great risk, into collective claim
making against a repressive and authoritarian regime.

A number of factors have arguably opened a window of opportunity for
healthcare workers in Egypt to engage in contentious mobilization under harsh
authoritarianism. While no substantial changes in the Egyptian regime can be
tangibly identified, and forms of militarized policing of dissenters and non-
dissenters are still widely employed, the pandemic and the ensuing public
health crisis have unquestionably overwhelmed the state's struggling economy
and public health services at a staggering scale. Consequently, opportunity
structures during the peak of a global pandemic have been more favorable to

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[5] Pearlman's work describes Syria's legacy of political fear and repression. Her perspective can
also be extended to Egypt as the two countries entered a political union from 1958 to 1961 led by
the Egyptian President Gamal Abdel Nasser. Nasser's reign is said to have paved the way for a
legacy of state violence, political suppression and fear, transforming Egypt from a constitutional
monarchy to an authoritarian police state. See Cook (2011), Joesten (1974), Kandil (2012), and
Podeh (2004).

mobilization by healthcare workers in Egypt precisely because, paradoxically, it was not anticipated.

Despite vast scale unionization and the prominent role played by the Egyptian Medical Syndicate (EMS)[6] in modern Egyptian politics (Abou Omar, 2013), the majority of doctors and other middle-class healthcare workers[7] in Egypt are generally perceived not to be as politically engaged as other groups in Egyptian society. Because of the arduous admission requirements to schools of medicine and pharmaceutical sciences in Egypt and the difficulty of graduating from these schools, doctors and pharmacists are largely viewed by many Egyptians as hardworking and career-focused albeit somewhat socially isolated.[8] This social perception may have made many doctors less heavily monitored[9] by Egyptian security agencies. Fighting the pandemic under excruciatingly difficult conditions, Egyptian healthcare workers, like their peers around the world, have been working very hard, showing resilience and resourcefulness despite substantial government mismanagement. This prompted state officials and the main stream media[10] to hail healthcare workers as 'Egypt's white army'[11] commanding their 'courage, heroism and sacrifice'. Songs have been composed in praise of doctors and many Egyptians have used the phrase 'Egypt's White Army' on social media in appreciation of doctors and nurses on the frontline. This newly found national appreciation for underpaid and overworked

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[6] The Egyptian Medical Syndicate is an independent organization that was established in 1920 under the name of the Egyptian Medical Society which was later changed to syndicate in 1926. The leadership and the administrative organizational structure of the Syndicate run like a trade union and some of the objectives of the EMS stated on their website are those typical of a union. The wider mission statement of the Syndicate ranges from providing medical education and training, medical ethics, primary and preventive medical care, to engaging with national causes and building bridges with regional medical unions and syndicates. For more background on the recent struggles of members of the Syndicate, see (Hodaib, 2016) and (El-Mahdawy, 2018).

[7] See Kandil (2012) for an analysis of how the middle class was perceived to be an ally of the Mubarak regime, yet was first to take to the streets in2011 demanding the fall of the regime.

[8] This remark draws on findings from telephone interviews conducted (in Arabic) by T. Sharkawi with doctors and pharmacists at the National Cancer Institute in Cairo, Egypt during the first week of June 2020.

[9] State surveillance in Egypt has (historically) targeted those who are affiliated to or have connections with the Muslim Brotherhood.

[10] The private main stream media in Egypt are informally controlled by the state security apparatus.

[11] The subtext of this description is comparing the "courage, heroism and sacrifice" of Egyptian healthcare workers to that of the Egyptian armed forces who have been engaged in a 'war on terror' in Sinai in the north east of Egypt for the past seven years. In these years, the incumbent regime used the media and educational institutions to engender a neonationalist discourse which glorifies the armed forces as an organization, and individuals who belong to the military. This is exemplified in songs valorizing the army sung by public school pupils during their morning assembly, films and TV drama shows produced by the Ministry of Defense and similar prescriptive displays of national solidarity with the army.

professionals of the public healthcare sector[12] coalesced with staunch support from the EMS for doctors.

As the registered trade union and professional association for doctors in Egypt and one of the oldest unions in the region, EMS played an actively prominent role during this public health crisis, holding online press conferences and publishing regular press releases; criticizing and demanding revisions of protocols adopted by the Ministry of Health (MoH); issuing statements of support for doctors on the frontline underlining the conditions they are facing; and successfully negotiating on behalf of the families of doctors who die from Covid-19 infections to receive the same pension and compensation provided to families of soldiers who are killed in combat. Following several acts of whistleblowing, which exposed cases of infected doctors who have died due to the unavailability of beds in the hospitals specializing in treating the coronavirus, the EMS demanded that the MoH designate hospitals exclusively for the treatment of infected healthcare workers across the country. With the spike in infections and deaths among healthcare workers, the EMS adopted a more vocal stance in advancing the rights of doctors. Its elected general-secretary, who is also the head of the Egyptian Medical Syndicates Union, coordinated with other medical syndicates to release a strongly worded statement[13] addressed to the Egyptian President General Abdelfattah El-Sisi. The statement published on May 24 accused the MoH of negligence and failure to protect medical doctors, stressing that the MoH "has an obligation towards doctors and all medics," and emphasizing the "imperative to provide them with the necessary protection and rapid medical intervention for those who contract the disease." The statement goes on to stress that the Syndicate "holds the health ministry responsible for the mounting deaths and infections among doctors due to its negligence ... that is tantamount to death through a dereliction of duty" (AFP, 2020).

These dynamics combined have carved an opportunity for contentious mobilization among healthcare workers in Egypt – an opening that is less available to other groups in the country at present. This shifting in opportunity structure becomes more evident when contrasted to the fate of the social media campaign 'Egypt's Scholars are Angry,' which was launched in August 2019 to demand the reform of salaries and pensions at public universities. The campaign managed to mobilize thousands of faculty members to engage in collective claim making but stressed that this was not a call for strike action.[14] Despite the growing number of supporters, the campaign failed to gain wider traction among Egyptians inside and outside academia. On August 31, the

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[12] Egypt has an extremely underserviced and impoverished public health sector, and a growing private sector for health services that are deemed beyond affordability for many Egyptians. See Youngman (2015).

[13] The text of the statement published on the website of the Egyptian Union of Medical Syndicates: https://emu-eg.org/?p=1245

[14] Technically, it would have been complicated to organize a strike given that universities in Egypt are banned by law from unionizing.

National Security Agency (NSA) arrested law professor and co-founder of the campaign, Tarek El Sheikh (AFTE, 2020A). Further arrests of several prominent political science professors and junior faculty members took place in the following week; some of whom still remain in custody without trial (AFTE, 2020B).[15] Juxtaposing these two instances of collective claim making reveals the conditions under which mobilization interacts with the dynamics of a pandemic, national solidarity and a strong union, to mediate changes in opportunity structures. Thus, "the 'when' of social movement mobilization – when political opportunities are opening up – goes a long way towards explaining its 'why'" (Tarrow, 1994, p. 17). To further explore the changing opportunity structure and the dynamics involved, the article focuses on two of the early cases of whistleblowing that took place at two university hospitals in Cairo: the National Cancer Institute and Al-Zahraa Hospital.

As is the case with most forms of dissent, it is not a simple task to account for the onset of contention. It is, however, believed[16] that the National Cancer Institute (NCI)[17] in Cairo is the site where the first acts of whistleblowing were performed by healthcare workers. The earliest documented incident started when a nurse exhibited symptoms of COVID-19 on March 21, motivating staff to ask the dean of the NCI to adopt strict preventive measures in order to ensure the safety of vulnerable patients and medical staff.[18] The dean's response was sending instructions to resume business as usual, and warning against disclosing any work-related information on social media (Abdelwahab, 2020). When the NCI head of anesthesia revealed on Facebook that two staff members had tested positive, she was forced to delete the post, and was later suspended by the dean.[19] By early April, 17 doctors and nurses working in the hospital had contracted the virus (Alaa El-Din, 2020). This coincided with recurring statements by the EMS calling on the government and the MoH to provide

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[15] Egypt arrests prominent critics of Sisi with 1,400 detained since Friday protests

https://www.middleeasteye.net/news/egypt-arrests-prominent-political-scientists-critical-sisi (accessed 29 May 2020)

[16] This conclusion is based on research materials collected from 1) social media, 2) independent digital news media platforms during the period from the second half of March to end of May 2020, in addition to 3) interviews conducted with doctors and pharmacists at the NCI during the first week of June 2020.

[17] The National Cancer Institute is Egypt's largest oncology hospital and research institute operating several pediatric and adult departments, outpatient units and pharmacies serviced by thousands of doctors, pharmacists, nurses and medical technicians. The NCI is affiliated to and funded by Cairo University and its medical staff are academic faculty members. Medical services at NCI are offered to patients free of charge.

[18] Testimony of a clinical pharmacist at the NCI on the breakout of the virus at the Institute and the response of the dean. These details were verified by two of the research participants interviewed in June 2020. https://www.cairo24.com/2020/04/04/حذرت-صيدلانية-بالفصل-هددوها-مع-تحول-من/

[19] Testimonies of two colleagues of the NCI head of anesthesia https://www.facebook.com/611353599/posts/10157516780293600/?d=n; and https://www.facebook.com/100000228084062/posts/4263075767043317/?d=n.

testing and personal protective equipment (PPE) to medical staff country wide, and expressing strong support for doctors across Egypt.[20]

As the NCI dean continued to deny confirmed cases of Covid-19 among staff or patients, several staff members claimed that they were threatened to be terminated if they speak out about any Covid-19 cases (Abdelwahab, 2020).[21] It could be argued that this escalation by the NCI dean together with the attention the situation has received from independent news media impacted opportunity structures perceived by healthcare workers in Cairo and elsewhere in the country. Enraged by the inaction of the NCI senior management, several doctors, pharmacists and nurses resorted to social media to expose the situation. One pharmacist revealed the details of a closed meeting the medical staff had with the dean. She claimed in a Facebook post that the dean said: "If you are afraid of the Coronavirus, then submit your resignation and don't come again" in response to her pointing out that failure to act swiftly could cause harm to doctors and patients alike. She also accused him of outright lying in his public statements to the media (Ahmed, 2020).

If the National Cancer Institute was the first hit by the virus, then Al-Zahraa Hospital in Cairo, affiliated to Al-Azhar University, has probably been one of the hardest-hit hospitals in Egypt, with at least 135 reported infections among staff (EG24 News, 2020). Following in the footsteps of their NCI colleagues, several doctors took to social media to criticize the hospital management and expose the gravity of the situation. In a Facebook post dated May 13, an intern doctor called out "the injustice" she and her colleagues had faced. She explained that she was assigned to work five 12-hour shifts in one week during which the senior management of the hospital "was covering-up on the real number of infections" and refusing to perform Polymerase Chain Reaction (PCR) tests on workers who had come in direct contact with suspected Coronavirus patients.[22] Another doctor posted on Facebook demanding the provision of isolation beds and treatment for medical staff saying: "our most basic right is to offer us and our families a place for isolation and treatment," and urging his followers to help in exposing the situation by sharing his post.[23] The story was picked up by the media after similar whistleblowing posts started circulating (EG24, 2020). An incomprehensive number of PCR tests were performed only after the media

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[20] The EMS has published daily statements since the outbreak of the virus on its website: www.ems.or.eg

[21] Testimony of a pharmacist on the response of the NCI senior management and the intimidation of staff. The alleged intimidation was also reported by several of the doctors and pharmacists interviewed in June:

https://www.facebook.com/HagarAshmawy/posts/10219645233774823; and
https://www.cairo24.com/2020/04/04/هددوها-بالفصل-صيدلانية-حذرت-من-تحول-مع/

[22] https://www.facebook.com/100002897158832/posts/2669106193195926/?d=n

[23] https://www.facebook.com/100026009796852/posts/536160857260903/?d=n.

had reported the outbreak, yet the MoH failed to provide isolation beds for medical doctors who tested positive.[24]

The recurring acts of whistleblowing by NCI and Al-Zahraa staff garnered support from many Egyptians on social media who shared and retweeted whistleblowing posts using the Arabic hashtag 'solidarity with Egypt's doctors.' These acts of whistleblowing interacted with national and EMS solidarity which were critical for animating and sustaining further mobilization and drawing recruitment from other groups in the healthcare sector. Similar acts of whistleblowing soon started to swell across Egypt. This was reflected in the larger numbers of nurses, pharmacists, medical technicians and paramedics posting on Facebook to expose wrongdoing at their workplace, as well as sending complaints to the EMS to report malpractice. In a whistleblowing post, a doctor at Al-Matareya Hospital warned that the situation was "catastrophic" and had "gotten out of control." Whistleblowing escalated into harsh criticism from healthcare workers levelled at the health minister, her senior advisors, and the state at large for the inefficient and unmethodical handling of the crisis. The same doctor laments the terrible working conditions endured by staff saying: "The state and the ministry (of health) have sold us out."[25] Another doctor responded to the ministry's decision to modify the testing protocol for COVID-19 in ways that could ultimately increase the risk of infection by saying: "They are killing the medical teams."[26] Objecting to the same infamous protocol, an intensive care physician stated: "Enough with the monkey business, health ministry."[27] A third doctor exposed in detail the grave conditions of public hospitals leading to her decision to quit working for the MoH explaining that she is "not ready to bear the guilt for all those who will perish due to poor capabilities and mismanagement." Then, hinting at her intention to move overseas, she said: "You are not safe in Egypt. It is impossible for me to raise my children in a country where I might not be able to save their lives if they fell ill."[28]

Growing acts of whistleblowing on social media continued to focus on collective claim making through discursively framing demands to reflect a unified voice of the healthcare community at large. For instance, a doctor at Al-Hussein University Hospital stated: "We want the same social protection and financial rights that the army and officials have. Believe me, doctors do not want songs or titles[29] – we just want to be able to do our job safely" (Michaelson, 2020).[30] The

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[24] https://www.facebook.com/100002897158832/posts/2669106193195926/?d=n.

[25] https://www.facebook.com/815525496/posts/10163983410605497/?d=n.

[26] https://www.facebook.com/815525496/posts/10163980298145497/?d=n.

[27] https://www.facebook.com/815525496/posts/10163798416020497/?d=n.

[28] https://www.facebook.com/100003927702950/posts/1668382463302661/?d=n.

[29] This is an allusion to the description 'Egypt's white army'

[30] "Egyptian authorities have forced (Michaelson, the Cairo-based Guardian journalist) to leave the country after she reported on a scientific study that said Egypt was likely to have many more coronavirus cases than have been officially confirmed. Ruth Michaelson, who...reported from

rise in acts of whistleblowing[31] on social media alongside the increasing solidarity statements and press releases by the EMS seem to have prompted contentious mobilization on a wider scale. This is evident in how whistleblowing escalated into growing calls for collective disobedience in the form of refusal to work until testing and PPE are provided. Following the disclosure of the full extent of the virus outbreak at NCI, a number of nurses assembled in front of the main entrance[32] of the hospital. Addressing senior management, one of the nurses said rebukingly: "If you are not concerned about our safety, then (at least) be concerned about the patients" (Basha, 2020). In the same vein, individual acts of whistleblowing at Al-Zahraa Hospital took on a collective character. Frustrated at being deprived of their basic rights, the hospital doctors issued a public statement on May 20 outlining their struggle with senior managers to ensure that health and safety procedures are put in place. The statement lists the various demands they made since early April to protect the hospital staff from contracting the virus, adding that the hospital's managers flouted their demands and even failed to provide them with basic PPE.[33] In response to mounting pressure, the director of the hospital was forced to submit his resignation.

By extension, mobilization among doctors and clinical pharmacists in Cairo affected opportunity structures perceived by healthcare workers elsewhere in the country. This is apparent in the rise of whistleblowing acts taking place in rural cities and the recurrence of incidents of small-scale contention, such as short strike action and assembly. This shift in scale (McAdam et al., 2001) also made diffusion of further contention and collective claim making possible among less visible groups within the healthcare sector such as nurses, first responders, and medical technicians. In the small town of Al-Bagour, located in the northern governorate of Al-Minufiyah, nurses went on strike in protest of insufficient testing and shortages of PPE and medical supplies in an isolation hospital designated for COVID-19 patients. One nurse is seen in a video documenting the incident saying emphatically: "We will not work … We are only asking for our rights, just our rights." Another healthcare worker protested their mistreatment by MoH senior officials explaining: "The two representatives of

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Egypt since 2014, was advised last week by western diplomats that the country's security services wanted her to leave immediately after her press accreditation was revoked and she was asked to attend a meeting with authorities about her visa status." See Safi (2020).

[31] The increase in acts of whistleblowing was met with a campaign by some pro-government supporters on social media and MSM to delegitimize the demands and calls for disobedience by doctors. The campaign claims that healthcare workers who make these demands belong to the banned Muslim brotherhood, and "deserve to be killed like traitors who abandon the battlefield." This campaign, however, did not find much support among the majority of Egyptians on social media who continued to express their solidarity with doctors.

[32] NCI main entrance is centrally located in the heart of Egypt's capital city, very close to Tahrir Square and in close proximity to a number of government offices. The main entrance is also at the crossroads of the motorway connecting the north and the south of Cairo.

[33] Text of the doctors' statement and demands:
https://twitter.com/Mohamme03693409/status/1263200320081010689.

the ministry's undersecretary talked to us as if we were chess pieces. They did not give any of us the chance to talk. When our doctors attempted to discuss matters, they said: 'We know how the protocol works, but you don't.' Aren't we human beings (like them)? ... The two representatives talked to us with arrogance and snobbishness" (Protests of Nurses, 2020). The same kind of collective claim making that defies the government and the state, and the recurring use of a language of rights is seen in the footage of a similar strike by nurses in the socioeconomically disenfranchised Karmus district in Alexandria. The video shows a female nurse shouting assertively in the face of the hospital's manager: "We want CPR tests to be performed on all nurses. This is our right. The state is leaving us high and dry ... We are no less than other people; we should be treated equally and granted our rights." The manager promised to take care of it, asking her to resume work, but she went on: "None of us - doctors, nurses and workers - will resume working before all our needs are met ... Detain us, throw us in police stations (if you want); at least, we will not die then" (Karmus Nurses, 2020).

Despite the considerable risks associated with collective direct action in an authoritarian context, digital acts of whistleblowing have coalesced into traditional forms of dissent involving collective claim making on the ground. Contentious activities that require some level of organizing, such as strikes and sit-ins, took place in at least three hospitals in the period from April 28 to May 9 alone. Remarkably, many of these public displays of dissent occurred outside Cairo, traditionally Egypt's historic hub of social and political dissent, as well as the epicenter of surveillance and policing of dissenters. Noticeably, some healthcare workers in some of these strikes played the game with caution, insisting that they were not striking even when explicitly stating they are not going to work until their demands are addressed. Most videos of strikes were shot from a distance and in some cases only showed the torsos of the people assembled. The reporter who covered the nurses' protest at the main entrance of the NCI mentioned that they refused to reveal their names (Basha, 2020). Caution also extended to the framing of claim making. In most of the social media posts and videos by healthcare workers, whistleblowers and instigators of collective disobedience framed their claims explicitly in professional terms, evoking notions of ethical responsibility towards patients and society to explain their rage about negligence and malpractice. Footage of some of the small-scale demonstrations that surfaced on social media were in many cases staged as staff meetings or gatherings.

These strategies can be understood in light of the intensification of political repression and the ruthless crackdown on dissent in Egypt since 2013. Individual whistleblowers are not any safer in the absence of whistleblowing protection laws in Egypt (Birch et al., 2015), and like all social media users around the country, they are, too, subject to the Cybercrime Law. This already repressive environment is further compounded by the fact that doctors and clinical pharmacists at university hospitals in Egypt are academic faculty who

answer to the Ministry of Higher Education and Scientific Research (MoHE).[34] This is additionally problematized by the direct intervention of state security in matters of higher education in Egypt (Ashour[35], 2013; Geer, 2013; Scholars at Risk, 2015). The encroachment on the academe is reflected in the processes of appointing university presidents and faculty deans which are sanctioned by the National Security Agency (NSA) (AFTE, 2016; Scholars at Risk, 2016). Similarly, academic staff, including doctors and clinical pharmacists at university hospitals, is required to obtain clearance from the NSA before they are hired[36] (AFTE, 2016). Staff is also required to apply for NSA approval before travelling to academic conferences, or receiving international research grants, scholarships or funding (AFTE, 2019). This political environment heightened the awareness among doctors of the risks associated with their acts of whistleblowing.[37] A case in point is a Facebook post of an anesthetist at NCI: "I write this and I know all the consequences ... I was threatened in various ways, directly and indirectly, that I would be fired because I talk a lot and object to mistakes. I know all this, but I still write these words because what's going on jeopardizes my life and those of my colleagues and patients. This situation should not be tolerated." He goes on to describe at length the malpractice and intimidation committed by the senior management, and highlights how the lack of protective gear for frontline workers could have disastrous consequences (Egypt Fans Club, 2020). Shortly before this post, his supervisor was suspended by the dean for disclosing that colleagues have contracted COVID-19.[38] Other doctors and clinical pharmacists experienced more serious consequences for their whistleblowing acts as they ended up getting arrested, or worse, were forcibly disappeared (Amnesty International, 2020; Reuters, 2020). A 26-year-old junior doctor in Al-Shatby University Hospital in Alexandria contacted the MoH hotline to report a patient who had visible symptoms of COVID-19 and needs immediate care. Allegedly, the head of the department then informed the dean of the school of medicine at Alexandria University, about what she had done. According to human rights organizations, the dean then requested that she go to his office. Once at his office, she was arrested by the NSA. She is currently held in pre-trial detention on charges of "membership in a terrorist

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[34] This issue was raised by doctors and clinical pharmacists interviewed in June, as well as on earlier field research on academic freedom in higher education in Egypt conducted by T. Sharkawi in 2015.

[35] Radwa Ashour was a professor of comparative literature at Ain Shams University in Cairo. She was one of the co-founders of the '9 March movement for the Autonomy of the University'. In her autobiographical book, she documented the daily experiences of the intervention of the police in university and academic matters, as well as incidents of police violence against protesting professors and students on campus.

[36] We draw here on findings from earlier field research on academic freedom in higher education in Egypt in 2015. This was also confirmed by NCI doctors in June 2020.

[37] The issue of fear and awareness of risk was raised in the interviews conducted with doctors and pharmacists at the National Cancer Institute in Cairo during the first week of June 2020.

[38] https://www.facebook.com/611353599/posts/10157516780293600/?d=n; and https://www.facebook.com/100000228084062/posts/4263075767043317/?d=n.

group," "spreading false news," and "mis-using social media" (Amnesty International, 2020; EFHR, 2020B). Over the past two months, a number of journalists and a researcher, who published and posted about the pandemic situation in Egypt, were arrested (EFHR, 2020B; Safi, 2020).

Despite the threats and arrests, acts of whistleblowing continued and spread. Confronted by a situation where the cost of inaction came to outweigh the jeopardies of speaking out, many doctors and other healthcare workers continued to engage in various forms of defiant collective claim making. This reveals how changes in perceived opportunity structures and threat levels can have significant explanatory value for understanding why mobilization by healthcare workers started and swelled across Egypt.

Social networks of the healthcare community in Egypt

As changing opportunity structures and threat levels might not fully address questions of how mobilization can transform into collective action (Goodwin & Jasper, 1999), we draw on the work of a number of social movement scholars who underline the analytic value of social networks in understanding mobilization (Diani, 2003; McAdam et al., 2001) despite practical impediments to collective action as in the case of highly authoritarian contexts (Shock, 2005; Gamson, 1990; Denoeux, 1993; Pfaff, 1996). We examine the role of networks between individuals and groups among the healthcare community to explain movement recruitment and swelling within established social settings (Diani, 2003). The healthcare community in Egypt is characterized by dense and interconnected social networks which seem to have informed perceptions of opportunities, facilitated recruitment, and enabled mobilization to start in Cairo, and then diffuse to other cities. Our findings from several interviews with a small group of doctors and clinical pharmacists at the NCI reveal how these dense and interlaced social ties extend beyond common professional interests and identities as they appear to impact the socio-economic, academic and political life of healthcare workers. The economic interdependency in these formal social networks is most apparent in individual and group professional ties between the medical and the pharmaceutical sectors in Egypt. These links typically include incentivizing large-scale prescriptions both in public hospitals and private practice – particularly in the field of oncology, sponsoring academic conferences and opportunities for career development, kitting out new private-practice clinics, sponsoring lavish social gatherings for star academics in the medical profession, doctors and pharmacists, and similar reciprocities. Similar interdependent ties also exist among doctors, and testing and imaging laboratories and physiotherapy clinics, to name a few examples. Dense informal socio-economic links between and among doctors, pharmacists and nurses exist in parallel through social gatherings and parties, group holidays, informal networks of chain lending[39], and organizing group community gifting during

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[39] This is a fairly common practice among the working and lower middle classes in Egypt whereby a group of people agree to pay an equal share each month. Then each participant

religious festivals. Interviewed doctors and pharmacists note that these informal networks have provided a safe space for members of the healthcare community to share problems, brainstorm solutions and discuss the politics of healthcare in Egypt. "It was only natural to resort to these networks as a platform for a more candid discussion around the coronavirus crisis away from the constraints of the workplace and censorship by senior management."[40] Worth noting is that the characteristically leaderless and dispersed nature of this type of informal social networks contributes to their opacity[41] to authorities and are hence in some way shielded from state surveillance.

A key figure who animated both formal and informal social networks of the healthcare community in Egypt over the past decades is Dr. Mona Mina, the former EMS secretary-general.[42] Mina, who was elected in 2013, is widely respected among Egypt's healthcare community for her staunch advocacy for the rights of doctors, universal healthcare, and an autonomous role of the EMS in healthcare policy making.[43] She resigned her role as assistant secretary-general in 2018 "in protest of low ceiling for union freedoms" in Egypt.[44] She is one of the co-founders of the group 'Doctors without Rights', formed during the Mubarak era, which grew into the biggest independent healthcare activist movement in Egypt (El-Mahdawy, 2018; Hodaib, 2016). The group fought for EMS reform and succeeded in ending the hegemony of members of the Muslim Brotherhood over EMS elections (Dyer, 2016; Hodaib, 2016). She has also supported the 2011 uprising and took part in the 18-day sit-in in Tahrir Square which culminated into the ousting of President Mubarak. She repeatedly expressed her disagreement with controversial policies introduced by successive governments since Mubarak. Through her Facebook page, Mina played a crucial role during the pandemic crisis by exposing negligence and mismanagement,

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receives the cumulative total amount paid at a pre-agreed time. This practice is called 'gamiya' in Egyptian Arabic which roughly translates to organization.

[40]This was iterated by one of the doctors in an interview conducted in June 2020. Words to this effect were echoed by other healthcare workers interviewed.

[41] See Scott (1990) for more on network opacity.

[42] Profile: Mona Mina, new sec-gen of the Doctors Syndicate http://english.ahram.org.eg/NewsContent/1/64/89596/Egypt/Politics-/PROFILE-Mona-Mina,-new-secgen-of-the-Doctors-Syndi.aspx (accessed 1 June 2020); and https://egyptindependent.com/profile-mona-mina-revolutionary-sage-who-subdued-ministry/ (accessed 1 June 2020)

[43] Egypt's Doctors Take on Mubarak http://news.bbc.co.uk/1/hi/programmes/crossing_continents/7301476.stm

(accessed 1 June 2020); and Doctors Without Rights Protest Against New Accreditation Body https://wwww.dailynewssegypt.com/2010/08/01/doctors-without-rights-protest-against-new-accreditation-body/ (accessed 1 June 2020)

[44] Doctors' Syndicate General Secretary and Assistant Resign in Protest of Low Ceiling for Union Freedoms https://madamasr.com/en/2018/05/22/news/u/doctors-syndicate-general-secretary-and-assistant-resign-in-protest-of-low-ceiling-for-union-freedoms/ (accessed 1 June 2020)

offering support and solidarity with doctors, and advocating for the rights of protection and treatment for healthcare workers. The doctors and pharmacists we interviewed referenced Mina's past of healthcare activism as the reason behind many doctors around the country trusting her with first-hand accounts of the malpractice and negligence they witnessed in managing the outbreak of COVID-19. Mina has been remarkably active on social media, sharing stories of negligence and mismanagement sent by doctors, sharing whistleblowing posts, and publishing op-ed pieces in newspapers. Her videos, posts and published articles criticize the way the government and the MoH handled the crisis and make suggestions to address the issues raised by healthcare workers, demanding that the MoH act swiftly. Her ceaseless activity turned her Facebook page into a site of collective claim making which seems to have brokered mobilization as apparent in the level of engagement with her live videos and posts. Many of the public comments left by doctors and other healthcare workers reveal their deep appreciation for her solidarity and advocacy.

A third intensely dense and overlapping network involves the Egyptian Medical Syndicate (EMS) which has arguably been the primary hub of closely interlinked formal and informal social networks among the healthcare community nationally and regionally.[45] As a trade union and a professional association, the EMS sponsors numerous projects that look after the professional, economic and social interests of members.[46] These projects continue to provide countless opportunities for growing informal social networks among doctors across the country.[47] Under Mubarak, the Syndicate played a significant role in opposing the application of neoliberal policies to healthcare provision and medical education (Abou Omar, 2013), largely through networks of leftist groups among its membership and the 'Doctors without Rights' movement.[48] The Syndicate took on a more prominent role in the political struggles after the 2011 uprising, especially after the election of Mona Mina and her mostly leftist successors (Abou Omar, 2013; Hodaib, 2016; Kiley, 2016). These struggles produced resources, skills, social relations, and a social space engendered in its networks. In many ways, these informal social networks acted as social and political sites where activist learning took place, and resistance and grievances took shape and were articulated in an environment that was fairly guarded from state surveillance. Over the years, the social networks that were involved in (and emerged from) these struggles provided a key source of solidarity, a strong sense of identity and camaraderie, and a much-needed resource for socio-

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[45] Based on findings from interviews conducted with doctors and pharmacists at the National Cancer during the first week of June 2020.

[46] EMS website http://www.ems.org.eg/menu/index/خدمات_النقابة (accessed 2 June 2020)

[47] Based on findings from interviews conducted with doctors and pharmacists at the National Cancer Institute in Cairo, Egypt during the first week of June 2020.

[48] Doctors' Syndicate General Secretary and Assistant Resign in Protest of Low Ceiling for Union Freedoms https://madamasr.com/en/2018/05/22/news/u/doctors-syndicate-general-secretary-and-assistant-resign-in-protest-of-low-ceiling-for-union-freedoms/ (accessed 1 June 2020)

economic coping. More importantly, these networks generated a wealth of contentious repertoires for successful collective claim making and sustainable mobilization under prohibitive conditions.

Since the outbreak of the pandemic crisis in Egypt, the EMS and its formal networks have continued to provide unwavering solidarity for doctors, exhibited in a series of powerful statements, relentless criticism of the government, and collective claim making addressed directly to the president.[49] This solidarity seems to have provided the backdrop against which acts of whistleblowing and associated collective claim making, and recruitment took place. Drawing on an established legacy of social and political organizing, the EMS informal networks adapted some of the inherited repertoires for claim making and mobilization during the pandemic crisis. This is manifested in the framing of claims made on the government both by individual whistleblowers and in the formal statements and open letters published by the EMS. Grievances articulated and demands made stressed the professional rather than political nature of claim making and avoided direct criticism of the president, hiding behind phrases like 'the state' and 'leadership'. Another salient tactic in framing claims is the discursive deployment of the carrot and stick metaphor by offering some limited praise of the government or head of state while alluding subtly to the indispensability or the social and economic weight of the healthcare community and its networks. The EMS has further capitalized on its dense and overlapping social networks to rally national and transnational support for the healthcare community. This stance was more vocal in response to claims made by government officials and the state-run media that doctors who call for strike or resignation due to lack of protection or testing are conspirators who belong to the banned Muslim Brotherhood group[50], as well as claims by the prime minister that the spike in infections is due to doctors' absence from work.[51] The same social networks also mobilized support for Mina when a complaint was submitted to the Attorney General accusing her of "communicating with Brotherhood channels to question the health system and the measures taken by the state to confront the coronavirus, and intentionally publishing false news."[52]

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[49] The EMS website is updated several times each day, publishing statements, open letters, demands, op-ed pieces by its members, and reporting cases of malpractice. It also includes a new section which commemorates doctors who died from COVID-19 while treating infected patients. These updates have also been widely circulated by doctors on social media and by Mona Mina.

[50] Resignations of Doctors: A Muslim Brotherhood Conspiracy or Legitimate Demands? Available in Arabic at: https://www.bbc.com/arabic/trending-52811178 (accessed 2 July)

[51] Rage among Egyptian Doctors as the Government levels Accusations of Causing a Spike in Infections. Available in Arabic at: https://www.bbc.com/arabic/middleeast-53169582 (accessed 24 June 2020)

[52] A Notice Accuses Mona Mina of Doubting the Health System

 https://nwafez.com/en/a-notice-accuses-dr-mona-mina-of-doubting-the-health-system/ (accessed 3 July)

Conclusion

By exploring the various acts of whistleblowing performed by Egypt's healthcare workers during the COVID-19 pandemic, the article has attempted to highlight three main features of dissent in authoritarian settings. First, unusual times impose risks, but they also open opportunities for novel acts of mobilization and claim-making. Second, sporadic and individual incidents of whistleblowing have the capacity to translate over a brief time into more direct forms of contentious mobilization even under the reign of the most repressive political regimes. Third, the role of informal, and hence, more opaque social networks in the diffusion and sustainability of mobilization carry the potential of engendering new social and political grassroots networks that can mobilize at short notice in the future. The article therefore calls for revisiting predominant forms and modes of collective claim-making in the literature on social movements in relation to highly authoritarian settings, wherein public organizing is suppressed and an open public sphere has been eradicated.

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Acknowledgements

About the authors

T. Sharkawi is a doctoral researcher at Lancaster University whose research focuses on refugee and diaspora politics, social movements, authoritarianism, and the Middle East and North Africa.

N. Ali is a political scholar who has a special interest in the politics and society of the Middle East, particularly Egypt and the Levant. He has published on state-society relations, identity politics and Islamist movements.