Friends and Foes in the Boundary Zone:

New Military-Medical Spaces in the Treatment of Syrian Casualties in Israel

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In this article, the concepts of borders and boundaries are discussed by analyzing the medical treatment provided in Israel to Syrian casualties.[1] Over the past few years, Israel has been providing medical assistance to numerous Syrian casualties from the ongoing civil war in Syria. Although Israel and Syria continue to regard each other as enemy States, these casualties have received various forms of medical treatment in Israel as part of a humanitarian operation launched by the State of Israel under an official governmental decision (Linder-Ganz, 2017) and implemented by several governmental entities (Dekel *et al*., 2016).

Since 2013, approximately 5,000 Syrian casualties have received medical care in Israel. At first, a new military-humanitarian site was established near the Israeli-Syrian border, referred to as "Blue Purple" (*Tchelet Argaman*). This provided initial medical treatment to Syrian casualties at field hospitals staffed by military physicians. In 2015, however, the program was expanded to include the provision of treatment at civilian Israeli hospitals, mainly in the northern area of the country : the Galilee Medical Centre in Nahariya and the Ziv Medical Centre in Safed (Bahouth *et al*., 2017). Later, casualties have also been sent to other hospitals further inside the country – in Haifa and Jerusalem – with treatment periods lasting anywhere from a month to over a year (Bahouth *et al*., 2017; Blumenthal & Rabad, 2017; Young *et al*., 2016). Most of the Syrian casualties (70 percent) who have entered Israel have been hospitalized at the Galilee Medical Centre in Nahariya (located 10 kilometres from the Lebanese border and 70 kilometres from the Syrian border).[2] On arrival, they are placed in wards that are protected by security guards and IDF soldiers, which rapidly transforms the surroundings into a joint medical-security environment.

This article's aim is to examine the *boundary work* (Gieryn, 1983) that takes place between the two elements of security and medicine in this new space of interaction created through the provision of medical treatment to Syrian casualties within Israel. It explores how security arenas adapt to the humanitarian aid agenda, on the one hand, and how civilian medical spheres are readily transformed into security areas, on the other. While the concepts of bordering or border-making are generally used to refer to efforts to re-establish distinctions between spaces or groups, we maintain that the hospital ward here becomes a new boundary object – one that we term *a boundary zone* – that mediates not only between

[1] This research was funded by the Levi Eshekol Institute, Hebrew University of Jerusalem.

[2] In addition to the patients treated at the Galilee Medical Centre, some 20 percent of the Syrian casualties have been hospitalized at the Ziv Medical Centre in Safed, while the rest were treated at other hospitals around the country ("*Good Neighbour*" [*Shchenut Tova*], IDF website, accessed 29 November 2017).

the two spheres of medicine and the military, but also between two peoples, Syrians and Israelis. We further discuss the challenges and changes each of these elements undergoes in this process in the boundary zone.

Though our ongoing project on the provision of humanitarian aid to Syrian casualties in Israel draws on various sources of data, here the focus is mainly on the analysis of a documentary movie,[3] *The Syrian Patient*, made by Israeli director Racheli Schwartz (2017) and first premiered on Israeli national TV in June 2017. The footage for the film was recorded over the course of three years of treatment of Syrian casualties at the Galilee Medical Centre in Nahariya and presents a comprehensive overview of the different interventions provided by the military and medical teams in the aid project.

Though the film reflects the Israeli perspective on the Syrian casualties' stories and treatment, it nevertheless provides rich data and in-depth observations on the long-term processes that took place in the hospital during this period, as well as the unique relationships that developed there. By analyzing the story the film presents, we seek to understand the boundary work that takes place in the new boundary zone created here between the security and medical arenas, as well as between the different nationalities involved.

Syrian casualties that arrive at the Israeli border are transported in ambulances by the Israel Defence Forces (IDF) to the hospital in Nahariya, where, for the most part, they receive intensive medical care over a continuous period. The film's storyline deals with the relationships that take place between these casualties and staff at the hospital. It presents the stories of various injured patients, focusing predominantly on three main characters : Majed, Rashid, and Rashid's mother, Seikha.

Majed is 23 years old, married, and from Daraa in Syria. A former solider in the Syrian Army, he later joined the ranks of those fighting against the Assad government. Majed lost both his brother and his sister when their neighbourhood was bombed. He himself also sustained serious facial injuries in the bombings, which necessitated a series of complex operations that he underwent in the hospital in Nahariya. Majed stayed in the hospital for several months, moved back to Syria, and then returned after a few months for another set of medical procedures. The documentary introduces Majed during his second period of hospitalization in Israel. His recovery process has been long and painful, and has included a suicide attempt.

The film portrays the close relationship that has developed between him and the hospital staff, and how he helps hospital staff carry out routine work on the ward. In addition, we witness the development of a love story between Majed and Huda, an Israeli Arab student who volunteers at the hospital.

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[3] The research project methodology included initial interviews with nurses, physicians, and former military personnel. These interviews were semi-structured and sought information about the procedures and treatment of the Syrian causalities. We also examined media coverage of the humanitarian aid project within the main Israeli daily newspapers (*Haaretz*, *Ynet*, and *Israel Hayom*), from 2013 to the present time, in which either official reports or stories about the teams providing treatment were presented.

The other heroes of the film are Rashid, a 10-year-old boy, and his mother, Seikha, who accompanies him throughout his recovery period. Rashid lost one of his legs as a result of the bombings. We first encounter him as the medical staff are deciding whether to amputate the other one in order to save his life. The film tracks Rashid's recovery, at the end of which he learns to walk with prostheses on both legs. During the film, we hear from his mother, Seikha, about the war in Syria, the massive bombings of civilian areas, and the frequent arrests of men, women, and children. We also learn the story of their family, which lost both its father and its eldest son during the war. Three younger daughters were left behind in Syria when Rashid and his mother travelled to Israel for Rashid's medical treatment, and another son has been hospitalized in Turkey.

Boundary Work and Boundary Objects

The concept of *boundary work* was initially developed by Thomas F. Gieryn (1983, 1999) as a way of describing how scientists act to establish boundaries between themselves and other systems of authority in their attempts to maintain their autonomy and sovereignty. Boundary work takes place when scientific authority, prestige, power, or credibility are threatened or questioned. It is performed from an oppositional stance, rooted in science's need to compete with non-scientific fields for the authority to diagnose and interpret particular problems. Boundary work occurs between groups committed to different, competing missions, which develop ideologies that define their work and accumulate the resources required to carry it out. However, even when boundaries between domains are reinforced, these domains still interface – and sometimes cooperate.

Since Gieryn's initial discussion of the concept, scholars have begun to use the notion of boundary work in a broader sense. Boundary work is now also used to refer to symbolic and conceptual borders that seek to establish the categorical distinctions through which people act. When symbolic boundaries are agreed upon, they are characterized as social interactions and become social boundaries[4] – for example, in the construction of identities and systematic patterns of racial prejudice.[5] In the case of medicine as a professional entity, scholars have examined how boundary work is conducted with respect to intra-institutional entities – for example, how physicians engage in boundary work against parties perceived as competing over the same professional authority, such as practitioners of alternative medicine (Mizrachi *et al*., 2005) or nurses (Apesoa-Varano, 2013). The current study, however, inquires into boundary work between two separate entities – medicine and security – which are called upon to work together in the new medical-military spaces manifested in the zones created for the treatment of Syrian casualties in Israel.

Concomitant with boundary work, Star and Griesemer (1989) have proposed the concept of the *boundary object* as a way of referring to interfaces that establish joint work through a new shared space or object. A boundary object may be an idea, an object, a

[4] Lamont & Molnár, 2002, p.5.

[5] Fassin, 2001 ; Lamont & Molnár, 2002.

person, or a process that unfolds across various social boundaries, uniting them or creating cooperation between them. This object simultaneously belongs to a number of spaces, creating congruence between various groups without the need for consensus between them.

Along these lines, we argue that in the interaction under examination here – that is, in the treatment of Syrian casualties in Israel – boundaries are blurred and cross along many lines. This situation enables the generation of a new boundary object, designated by the new space of the hospital ward. We refer to this space as the *boundary zone*, where the simultaneous existence and mutual connections of the medical and the security spheres – and of enemies and allies – take place for a limited time and in a limited area.

Crossing Borders, Blurring Boundaries

Medical and Security Dynamics

Under the military-medical programme discussed here, Syrian casualties are transported in ambulances from the Israeli-Syrian border to the hospital at which they will be treated. Once patients have "recovered" from their injuries, they are also returned to the border in ambulances. In other words, the medical vehicle whose purpose is to transport urgent medical cases is now used to cross borders. Moreover, the military is directly involved in the provision of medical care, both in deciding who can cross the border to receive aid and in actually conveying the casualties to Israeli hospitals. The actual crossing of the geographic border, however, is not shown in *The Syrian Patient*. It is only recounted by the narrator, while the focus of the film is kept on the new zones created in the hospital.

At the beginning of the movie, the camera scans the area that can be seen through the hospital's window. We are given a pretty view of green fields and colourful swathes of land, where neither borders nor signs of the war are visible, despite the fact that the border is quite close, as we are told several times during the film. In other words, though defined in relation to the geographic location of the hospital (which is very close to the border), the new boundary space is presented as a harmonious sphere, without borders, that mediates the two sides of the border into a new shared space.

In the hospital ward, we see almost only Syrian casualties ; hospitalized Israelis appear intermittently, but only for a few seconds at a time. The ward houses the Syrian casualties, the medical staff, and the soldiers and security guards. Together, these create a space that is both medical (medical staff and patients) and security-oriented (soldiers and security guards). Although what we see initially appears to resemble a typical public hospital ward in Israel, watching the film increases the feeling that what we are dealing with here is a new space with a new order and management. The department is managed and run by the medical staff, but the traffic in and out of it is defined and determined by the security guards and military personnel.

This new space has clear signs that frame its order and borders. The IDF is responsible for authorizing and carrying out the transfer of individual Syrian casualties to the hospital for treatment. The security guards and soldiers – easily identified by their

uniforms or by the handcuffs hanging from their belts – become an inseparable part of the ward, whose entrance they also guard. For the most part, however, these soldiers and other security personnel have only a physical presence throughout the film. They define the ward's space and, through their presence, create a separation between that space and the remaining areas of the hospital and its surrounding environment. However, in contrast to the medical staff and the casualties, who talk directly to the camera in the first person, the security personnel feature minimally and are not identified in the film – as though they are not part of the storyline. Once in a while, they enter the frame, as if by mistake, and their presence, even if unintentional, reminds us that other factors are at play in this new space.

The presence of the soldiers emphasizes the fact that the ward is not merely a medical space, and that the terms and conditions of the casualties' hospitalization on the ward are defined not just by the medical authorities but also by the security authorities. In one scene, soldiers arrive with a list of the names of the Syrian casualties. They go from room to room, asking patients their names and making sure the names on the list are correlated with the patients on the ward. This check by the soldiers is similar to the roll call carried out in the armed forces or in a prison, and differs from the usual process by which the registration of names is carried out in hospitals, which is generally done on an individual basis, with names being written down next to each patient's bed. In this case, the names appear in a group listed as "Syrian casualties", which is how the security authorities identify and classify the group of patients that have crossed the country's borders. Here, then, security and medical aspects exist simultaneously and share the same space, each having its role in the care and management of the casualties.

The security element also manages the intake and release of the casualties to and from the ward, through the persons of the IDF soldier who guards the ward's entrance and the security guards who accompany the casualties when they "cross the ward's borders". For example, when Majed is to be released from the hospital, a security guard accompanies him throughout the entire time that he is saying his goodbyes to the nurses and doctors on the ward. In this scene, we witness an emotional farewell, accompanied by hugs with the medical staff and crying on both sides ; for their part, however, the soldiers and security guards stand to the side, as though Majed is a prisoner or a dangerous security risk. In the background, we hear the crackle of feedback from IDF communication devices along with the hospital monitor noises that accompany the film's soundtrack. These two monotonous sounds mark the presence of the unique spatial duality : the security-oriented space (the communication device) and the medical space (the monitors), as well as the blurring between the two.

The security and medical spatial duality also appears when Rashid, the injured child, and his mother, Seikha, leave the hospital to take a walk outside and to buy *shwarma*. As the scene opens, we see what appears to be a rather routine picture of a recovering patient: A child is dressed in hospital clothes, both of his legs have been amputated, and he is sitting in a wheelchair. He is leaving the hospital with his mother to get a breath of fresh air after enduring difficult medical treatments and to eat his favourite

food. However, as the patient and his mother move out of the elevator, we see the security guards who will accompany them as they leave the ward and until they return to it.

During the trip, the security guards appear in the frame now and again, interrupting the "story" of Rashid and his mother's walk and marking the "border" or separation between them and the Israeli public space. When Rashid's period of hospitalization ends, he is escorted to an ambulance by security guards. In this case, as in the farewell scene with Majed, the medical occasion becomes a security situation. The transfer from the hospital in Israel to Syria is managed by the security forces. The conversation between Rashid's mother and the treating physician, Dr. Khatib Maher, before Rashid's release from the hospital, encapsulates the way in which the medical and the military elements share the management of this space :

> **Seikha** : Are we being released today?
> **Dr. Khatib** : I was planning on releasing you tomorrow.
> **Seikha** : I think tomorrow is better.
> **Dr. Khatib** : We must coordinate with Syria and the Army (...) it's not only up to us if the Army can come tomorrow... Anyway, I asked for tomorrow.

Release from the hospital must be coordinated with the military forces. The conclusion of medical treatment and the subsequent release from the hospital are dependent upon IDF authorization, and the actual transfers by ambulance are jointly managed by the paramedics and the security forces.

In this sense, Israel's "border zone" is extended into "inner" areas of the country and to civilian sites through the provision of medical aid to Syrian casualties in Israeli hospitals, while military bases are transformed into medical treatment areas and care facilities – where both medical and security teams operate. The arena for treating casualties thus creates an intersection between military and medical entities, which are separate on the one hand but united on the other. In this intersection, the boundaries between the civilian and the military, between the medical and security, become blurred. 9

Between War and Peace, an Enemy and an Ally

Another blurring that takes place within the new boundary zone concerns the national identities of the medical staff and the patients as Israelis and Syrians :

> **Racheli Schwartz (director)** : I wanted to describe the interaction between people who, until yesterday, were bitter enemies, and today everyone is a partner in this war and in saving lives – a task that everyone embraces : the casualties, their escorts, the medical staff, and also the local residents, Arabs and Jews, who take care of the casualties who have nothing. They bring clothing, shoes, and toys to the children's ward (Kadosh, 2017).

On the ward, the atmosphere among the medical staff and the patients is very friendly. The camera documents the activities in the hospital and creates the sense of a direct link between us (the viewers), the casualties, and the hospital staff. The injured are

accessible to us as viewers; they speak to the camera, straight to the Israeli viewers that are watching at home.

Perceived as enemies for many years, Syrians now become injured patients being treated in Israel, both for the medical staff and for the film's audience. The transition from enemy to ally or neighbour in need of help takes place through the new zone. Here, it should be noted that the Syrian casualties who cross the border into Israel put themselves at risk not just by reaching out to an enemy State but also because they risk being perceived as traitors by their own nation – "a collaborator with the Jewish enemy" (Bahouth *et al*., 2017). Consequently, the war in Syria becomes a common enemy for both the Israelis and the Syrians who meet at the hospitals.

In the new boundary space being created here, there is also a blurring between the languages of the two peoples – Hebrew and Arabic – which are here spoken together in a new way. The new hybrid language crosses the communication barrier and becomes a tool that marks the transition from complete alienation to friendship. The two languages mix and become integrated in the exchanges between the medical staff and the casualties. Dr. Maher Khatib, an Israeli Arab who is treating Rashid, speaks with Rashid's mother in Arabic, but when he locks eyes with the camera he naturally switches to speaking in Hebrew. The same goes for the Jewish nursing staff members, who also speak to the patients in Arabic. Another example can be seen when Dr. Eyal Sela describes his relations with Majed: this time, it is the patient who is learning the Hebrew language as a sign of their close relationship:

> He is already learning Hebrew. Let me remind you that he can't read or write in Arabic (...). He speaks to me in Arabic and half in Hebrew, and I speak to him in Hebrew, and half in Arabic.

This joint effort by both caregivers and patients to learn the other's language creates a new language of communication – Hebrew-Arabic – in the new inter-border space. In an interview for a daily news programme, the head nurse in pediatric surgery, Smadar Okampo, who is also introduced in the film, reveals that she has taken an Arabic course at the hospital. "*Language is the first thing that builds trust*", she explains (Linder-Ganz, 2017). Learning Arabic enabled the medical staff to interact and provide better care, but also led to the humanization of their Syrian patients (Young *et al*., 2016).

It is interesting to observe this language-sharing process, which stands in sharp contrast to what happens when the patients leave the ward upon their release from the hospital and return to Syria. At this point, all their documentation, including their letters of discharge, is drawn up in English and Arabic. All signs of Hebrew (the official language of the Israeli health institutions) disappear; there is no proof that they were ever in Israel. No hospital logo appears on the documents, or on the labels of the clothing, toys, and other stuff they take back with them from Israel (Bahouth *et al*., 2017). The return to Syrian territory, which is defined as that of an enemy country, necessitates a dramatic separation from everything that signifies Israel, which might put them in danger upon their return to Syria.

In contrast, the meeting between the medical staff and the Syrian casualties – the transition to immediate medical care, which saves lives – is perceived as a peace mission:

> **Dr. Sela** : If we manage to achieve even a small change, to change the opinion of just one person, we've done our job. If I treat one man, 50, 1,500, and then they go back to Syria, their families will be grateful. At some stage, the child or grandchild will ask about their scar, and they'll explain that the "Zionist enemy" treated them and saved their lives (Linder-Ganz, 2017).

For Dr. Sela, the two missions – medical care and peacemaking – are blurred and bonded as a future vision, a message for the next generation.

During his stay at the hospital, Majed begins to draw. One of his drawings contains a figure that resembles one of the nurses, depicting her face and upper body. A red heart has been drawn on one side of the figure's head, a red rose on the other, and the drawing is signed by Majed in Hebrew. Another drawing depicts a flower with wide yellow petals in the centre of the page, with the flower's stem planted in the ground. At the top of the page is a dove, carrying a similar flower in its beak ; at the bottom of the page, an arrow pierces a bleeding heart. Majed explains : "*This is a drawing of a nurse who took care of me. It's a drawing that expresses hope and life*". He links these images to the aim of peace : "*The dove is the dove of peace, and the heart represents dreams*". Majed and Dr. Sela thus both link the provision of medical treatment to the act of making peace.

The connections between the medical treatment, feelings of closeness, and the striving for peace are also recognized in the emotional parting between one of the nurses, Smadar, and Rashid's mother, Seikha:

> **Seikha** : We cried today. Life goes on.
> **Smadar** (hugging Seikha) : No, don't cry.
> **Seikha** : Even if we lose our arms and legs...
> **Smadar** : Don't be afraid, don't be afraid. When peace comes (...) you'll come to my coffee shop.
> **Seikha** : I wish. Thank you, Smadar.

This conversation takes place with both speakers using a mixture of Hebrew and Arabic. Both laugh over their mutual efforts to learn words from the other's language. Their hybrid language works not only as a tool for communicating but also as a means for crossing boundaries of hostility and creating a new safe zone. This is also seen toward the end of the film, when Seikha says : "*I wish she knew some Arabic, the female solder that returns with us*". Seikha is not worried about being with an Israeli soldier, a figure that until recently was her enemy ; rather, she is troubled about not having a way of speaking to her on their journey together back to the Syrian border.

Throughout the documentary, the geographic border between Syria and Israel remains an unspoken, distant space, one that seems untouched by change. Yet, in the new space of this hospital ward, the borders between Israel and Syria – and between the Israeli and the Syrian – are blurred. The newly-created boundary zone crosses the geographic

border and enters a new realm, marking a transition from enemy to ally. Hospital personnel describe the new relationship between the medical staff and the wounded using the terminology of a "family":

> **Dr. Eyal Sela** : I can't explain it, but he (Majed) has won our hearts; he's like family here. I love him like a son, you understand ? It's ... there's a doctor–patient relationship. But beyond that, when you invest so much energy, time, thought, knowledge and emotion, there is a bond, no doubt about it. You can't sever that bond.
>
> **Smadar Okampo** : She (Ranya, age 10) needs... They're going to reconstruct her jaw, and there are blood vessels involved, so they need a CT, an assessment before the reconstruction.
>
> **Narrator** : So you are also her caregiver?
>
> **Smadar** : Her guardian, yes.... Her mother isn't here, after all, so....

The hospital staff use a variety of family-based metaphors to describe their relationships to their Syrian patients. One is described as being "*like my own child*" – "*we got attached to him"*. Fanny Shlomo, a nurse on the ward, describes her relationship with Majed in the following manner:

> He's become attached to us, and we to him, because he has been here so long and has suffered so much (...). He was in a bad situation. Very bad. He came here directly from the intensive care unit with (...). It's hard to describe how he cried and screamed with pain and because of what he saw later, the way he looked. Half his tongue was missing, the jaw was gone, everything was gone. He did nothing but scream and weep (...). We gave him as many painkillers as we could, but his emotional state (...). He is alone here, no family, no nothing. To find himself in such a condition (...) it took a lot of effort and emotional support on our part ; we were all there for him.

The fact that the injured patients are far from their families, and that the fate of their families is unknown, arouses compassion and a special sensitivity among the medical staff. According to the "contact theory" developed by social psychologist Gordon Allport (1954), relationships between members of different racial or cultural groups change and become more positive when direct contact is made between them. As a result of such contact, group members are likely to change their beliefs and feelings about each other, leading to reduced levels of prejudice and hostility. The basic preconditions for success in such a situation, according to "contact theory", are that the two groups have a roughly equal status, share common goals, and enjoy the cooperation and support of their respective official authorities.[6] In the current case, the Israeli medical staff and the Syrian casualties do not enjoy equal status, while the authorities of the two States are not engaged in any form of formal cooperation (and in fact regard each other as enemies). Nevertheless, the hospital staff and the Syrian casualties cooperate regarding the common goal of the healing mission, with the support of the military and medical authorities. This creates a joint effort to transform hostility into trust.

[6] See, for example, Matejskova & Leitner 2011 ; Hewston & Swart 2011 ; Aberson *et al*., 2007.

The film's director, Racheli Schwartz, presents the relationships in the ward as going beyond those of the regular patient-caregiver relationship. The distinction between the Syrian casualties and the medical staff becomes blurred, and a home-like and familial environment is created. In an interview, however, Schwartz reveals that she is aware that not all relationships with Syrian casualties are like those presented in her documentary: "*There are a few full of hatred* (...) *who even after you save their lives, curse you and behave violently, until the nurses require the protection of the security guards*" (Kadosh, 2017). In Safed hospital, for example, medical personnel have reported having to deal with trauma, anxiety, and suspicion on the part of Syrian casualties. These types of strong and complex emotions, however, are not portrayed in Schwartz's film. Yet the existence of such complex emotions need not entail that a relationship between the medical team and the Syrian casualties was not established or that "contact" was not achieved. What should perhaps be noted in this context is the director's sense of mission and her deliberate choice to emphasize the positive results of the treatment programme and to downplay hostile responses – "*pushing aside the enemy*".

The emotional connection characterizing the relationships between the Syrian casualties and the medical staff was also recognized by the injured patients themselves. Majed describes his close relationship with Dr. Eyal Sela : "*I am grateful to Dr. Eyal who took good care of me, who operated on me and gave me hope* (...). *He goes abroad a lot, and brings me presents*". On the ward, the usual hospital routine is carried out in a different way. The nurses describe how Majed became part of the ward's operational staff, helping and aiding the nurses:

> **Narrator** : Does he (Majed) help you ?
> **Gila Ben Adiba** (nurse) : A lot. Every day, every day.
> **Narrator** : What does he do ?
> **Gila:** Makes beds, (...) helps us do transfers, washes and changes sheets...

This is not a regular hospital ward with the usual clear delineation of roles between medical staff and patients. Because the Syrian casualties often undergo long periods of hospitalization, they make their own contributions to the running of the ward by sharing the workload and helping the staff with routine tasks :

> **Hiba Aprimov** (nurse): There was another young Syrian here ; he was released. When I developed this problem with my leg, they started helping me with the laundry.

When she starts suffering from leg pains and has trouble doing physical work at the hospital, Majed helps nurse Hiba Aprimov by carrying chairs and heavy objects so that she does not have to. The ward in which the Syrian casualties are treated thus becomes more than merely a medical sphere.

The issue of food also receives a special meaning in the family-like relationships woven by the staff and the Syrian casualties. The nurses pamper the patients with foodstuffs and baked goods they like and know from Syria, such as *falafel* and *shwarma*:

> **Smadar Okampo (nurse)**: A recovering boy wants to eat the food he knows from home. Even the food here tastes strange and unfamiliar to them. So our doctors collect money and we collect money and they go and buy him a *shwarma*, which for us is very trivial, but for them it's home cooking, so it's actually part of their recovery process.

The food, like the language, becomes part of the 'getting close to one another' process ; it blurs the strangeness and stresses the familiar. *The Syrian Patient* attempts to portray the warm, emotional relationships that develop between the Israeli staff and the Syrian casualties, and in certain ways gives up on trying to present the complexity and difficulties facing both sides. Suspicion or fear on the part of the casualties is only mentioned at the beginning of the film, in something of an aside, when Darwish, an Israeli Arab patient at the hospital, recounts:

> When [the Syrian patient] opened his eyes ... after he had been transferred here, I was beside him. He couldn't believe it. I said to him: "Yes, you are in Israel. Don't be afraid".

Out of the suspicion and anxiety, a space opens up to speak about home and family. Take, for example, the nurse caring for an injured boy, bandaged from head to toe. He cries, and we hear her speaking to him in Arabic :

> It's all right, everything is okay, don't be afraid. Be strong. You are a good boy (...). Look at the world. This is your new home. Let's lean back. Feel better, sweetheart. Don't be afraid. They brought you out of there. You are in a good place now.

The blurring of the borders between the military and the medical, between enemy and ally, is made possible by the creation of a new space – a boundary zone. In this grey zone, the collaboration and cooperation between all parties for a limited period and in a limited geographic space enables the ongoing joint work between the two spheres, as well as the ongoing blurring of the borders between enemies and allies, and between doctors and soldiers, within this defined and limited framework.

Discussion: From Border Zone to Boundary Object

The ward in which the Syrian casualties are hospitalized on the one hand symbolizes medical authority, yet on the other hand it also enables the activities of other, particularly military and security-oriented professions to take place. Accordingly, the ward functions as a boundary object between the military and medical spheres, which operate in coordination within it. This new space within the medical centre allows for a security presence that defines and delineates the ward's borders.

The new zone thus makes it possible for the military to expand some of the activities it exercises along the geographic border between Israel and Syria through its "good neighbour" policy (*Shchenut Tova* – IDF Headquarters Operation) into the interior of the country. In other words, the ward in the medical centre establishes a spatial area from which the military can operate and supervise other humanitarian activities, in addition to carrying out its routine military tasks of guarding the border and providing humanitarian aid in the border region.

Borders or "border regions" are related to territorial measurement, demarcating lines, and points of entry between nations and states.[7] Accordingly, borders play an important role in shaping questions of policy and sovereignty,[8] immigration,[9] economics,[10] crime and criminal jurisdiction, and security (e.g. "security perimeters" and "homeland defence").[11] Van Houtum and Van Naerssen (2002, p.126) have coined the term "bordering" to describe an ongoing strategic effort to establish distinct spaces related to the movements of people, money, and products. The practice of border-making – "bordering" – confirms and maintains a particular space through surveillance infrastructures.[12] Gazit (2009) points out that a border zone acts as a localized "independent" domain filled with various meanings, practices, and intuitions, and as a space where official boundaries are blurred.

In the case examined here, we argue that the *boundary zone* of the hospital is an extension of the border zone into inner areas of the country and civilian sites. It is a unique space, one that combines the notions of both the border zone and the boundary object, where the border zone diffuses into internal national civilian areas and functions as a boundary object between different professions. This creates a new boundary zone that mediates between the military and medical elements, both enabling their coexistence and facilitating cooperation between them. In addition, definitions of enemy or ally become blurred here as the metaphor of "family" – used to describe the new close relationships that are created – begins to emerge.

The humanitarian medical aid provided in the ward is not just another civilian or medical activity, but is also an activity that involves the military in a direct and collaborative manner. While the humanitarian aid activity is carried out in a civilian space, it is military management and authorization that makes it possible.

In this new shared space – that is, the boundary zone – Syrian patients receive a newly defined status, one that is used in place of other definitions such as those of "refugee", "immigrant", "illegal alien", or "citizen". That is, in contrast to the situation in other humanitarian spaces, where the population in need is defined according to international law concerning refugees, in this case the patients are classified as "Syrian casualties". While their injuries grant them permission to enter Israel and to stay in the country until their treatment has been completed, their status as Syrians determines that their movements be kept under close military supervision and that they maintain a certain level of anonymity when returning to Syria.

In addition, the special location of the humanitarian-medical space reconstructs the role of the hospital staff, who become both mediators between the civilian space and the military space, and cultural mediators between the two peoples. Their actions are simultaneously civilian and political, and as such become security-related acts. The Syrian

[7] Fassin, 2011 ; Wilson & Donnan, 2016.
[8] Fassin, 2011.
[9] Hanson & Spilimbergo, 1999.
[10] Newman, 2006 ; Rudolph, 2006.
[11] Andreas, 2003.
[12] Balibar & Williams, 2002 ; Van Houtum, 2011.

casualties begin to acquire trust in Israel through the medical staff who treat them. The hospital personnel, who are dedicated to their patients, are not just apolitical "medical staff" but instead represent the "face" of Israeli society – they are the first to meet with the Syrians within Israel. In this space, the hospital staff are State representatives and diplomats, and their actions affect the prospects for peace in the region. In other words, the medical team carrying out the humanitarian civilian activity becomes a partner in a national peace project.

To summarize, the hospital ward – as a boundary zone that blurs the distinctions between the military and the medical, and between enemies and allies – creates a configuration of security and humanitarian medical aid as a space of action assimilated into conflict and war zones.[13] Pandolfi (2008) defines such a space as a *grey zone* or a *laboratory of intervention* – a fluid space that links politics, society, and the military ; a local configuration that enables the mobility of the international community and includes myriad experts in various fields of expertise. This grey zone acts as a third player : neither international nor local, it is hybrid in nature. The space creates different types of interventions that accommodate the needs of the international humanitarian community while simultaneously shaping local needs. Relations between the humanitarian and the military, in particular, are especially ambiguous and hybrid within this "grey zone".

Whereas the existing literature has discussed cases where humanitarian activity takes place in disaster zones, between friendly forces, or involves non-State organizations providing aid to individuals and populations in the latter's "national" areas,[14] the circumstances in which aid is provided in the present case are rather different. Here, the population in need crosses the border into a neighbouring enemy State, receives treatment in local public hospitals, and subsequently returns to its country of origin.

Accordingly, as the concepts of bordering or border-making usually refer to efforts to re-establish distinctions between spaces or groups, we suggest using the concept of the boundary zone to explain not just the new bordering practices that are seen in the case of the humanitarian aid provided to Syrian casualties in Israel, but especially the new boundary space that bridges the two spheres of the medical and the security, as well as the relationship between enemies and allies, in this case. Rather than making a distinction between these, and maintaining or reassuring the original "enemy borders" (of Syria and Israel), the case of Israel's treatment of Syrian casualties blurs individual and professional boundaries, creating a newly defined boundary zone at the hospital, which functions as a grey zone in a multi-bordered boundary site.

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[13] Smets, 2006 ; Walters, 2011 ; Price, 2014.

[14] Newman 2003, 2006, 2011 ; Fassin, 2007 ; Pandolfi, 2008 ; Good *et al*., 2014 ; Abramowitz & Panter-Brick, 2015.

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