Islamic Associations and the Middle Class

The Islamic Hospital in Amman is the jewel in the Islamic Centre Charity Society's crown. It is an important symbol of the viability of the Islamist model for the Muslim Brotherhood that established it. In keeping with its stated philanthropic aims, the prices listed at the hospital are significantly lower than at other hospitals. The cost of a natural childbirth delivery is only 15 Jordanian Dinars (JD) compared to 18 JD at the al-Bashir Hospital, a public hospital for the poor, and over 200 JD at the Farah Hospital, considered the finest private hospital in Jordan. Furthermore, the hospital's Fund for the Sick and Poor provides subsidies for medical treatments; in 2002 alone it distributed a remarkable 4.5 million JD. These statistics appear to support the widely held image of Islamic charitable and social welfare associations as targeting the poor with the aim of recruiting them. The authenticity of this image of philanthropy combined with recruitment of the poor has largely gone unquestioned.

Due to their operational and instrumental dictates, Islamic associations are largely run by and for the middle class and not the poor. Islamic associations' services are driven by the associations' needs for donations and professionals, the demands of the professional middle class for employment, good schools and hospitals, and the response of the Brotherhood to its predominantly middle-class constituency. As a result, they forge strong middle-class networks. Rather than the recruitment of the poor, the activities of such associations directly and indirectly contribute to the expansion and strengthening of middle-class ties of solidarity that reinforce an Islamist worldview and bind Islamists, non-Islamists, and the institutions of the Islamist movement.

Islamic associations and the middle-classes

The ICCS, and particularly the Islamic Hospital, is a case in point. The Brotherhood in Jordan is largely a professional middle-class phenomenon. This is reflected in the ICCS' services. Of the ICCS' forty kindergartens and schools, one college, two hospitals, thirty-two medical clinics, six training centres, and thirty-three centres for orphans and poor families, its largest facilities—the kindergartens, schools, college, and hospitals—are all not-for-profit enterprises that are commercial-like in that they target a paying middle-class clientele and not the poor. A second look at the Islamic Hospital's prices reveals its middle-class bias. While the base cost of a delivery is 15 JD, the hospital charges separately for each additional service and tacks on the costs to the original base fee. The result is that the delivery of one child with no complications and, with one overnight stay in a third-floor room actually costs 190 JD. Patients without medical insurance are charged an extra 20% of the costs for poor patients thereby reducing the cost of a delivery to 152 JD. Jordan's poor, however, spend 15.88 JD or less per year on medical expenses. The hospital is simply beyond their means. And the same can be said for the ICCS' private kindergartens, schools and college.

The ICCS not only targets a middle-class constituency as its clientele, but for employment purposes as well. The Islamic Hospital alone has approximately 12,000 employees, seventy-seven resident doctors, twenty-one interns, and 445 nurses. The ICCS employs thousands of people—mainly professionals who are attracted by handsome pay, full benefits, and excellent equipment. Furthermore, hiring for the ICCS' private enterprises is prioritized over hiring for those facilities meant for the poor. While approximately 200 doctors (including residents and interns, but not part-time doctors) cater to the needs of the hospital's middle-class clientele, only thirty-two doctors in total tend to the poor in the ICCS' medical clinics. Three of these clinics, moreover, are located in the ICCS' private schools.

It is not surprising that ICCS centers are predominantly situated in the middle-class neighbourhoods of Amman and Zarqa. Here the ICCS finds middle-class clients, employees, and also donors. The very fabric of the ICCS is made up of the ongoing development and maintenance of middle-class social networks—interpersonal ties that are constantly being created and/or solidified in order to secure the donations and staff the association requires. ICCS directors make individual appeals for donations of money, services or items to neighbours, friends, colleagues, and merchants. In this manner, overlapping networks between the home, mosque, workplace, and other associations make the ICCS possible. These networks include individuals who may only donate once per year, those looking for an extra income, those wanting to fulfill a personal Muslim obligation, and more committed Islamists.

Do Islamic associations recruit the middle-class? The provision of health care does not directly lead to recruitment. Rather the creation and strengthening of intricate social networks indirectly binds their middle-class members ever closer to Islamist movements. The question to be asked is whether this focus on the middle class has alienated others.

Notes

1. Interview with Ra’if Nijim, former Director of the Fund for the Sick and Poor, Amman, Jordan, August 10 2002.
2. For example, of the 353 founders of the Islamic Action Front, the Muslim Brotherhood’s political party, 37.7% were professionals: 24 university professors; 26 physicians; 22 engineers; 16 pharmacists; 25 lawyers; 17 managers; 5 journalists. This excludes business people and salaried employees. See Ahmad Jamal Azm, “The Islamic Action Front Party,” in Islamism Movements in Jordan, ed. Hani Hourani (Amman: Al-Undoii Al-Jadid Research Centre, 1997), 121-123.
4. E-mail communication from the medical director, Islamic Hospital, July 18, 2001.

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