

Kurds between Sovereign Violence and Bio-Political Care: Healthcare Provision in Hakkâri during the AK Party Era

By

İlker Cörüt

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Supervisor: Ayşe Çağlar

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Statement

I hereby state that this dissertation contains no materials accepted for any other degrees in any other institutions. The thesis contains no material previously written and/or published by another person, except where appropriate acknowledgement is made in the form of bibliographical reference

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Abstract

Based on dissatisfaction with the strong inclination in nationalism studies that identify nationalism with extremist political practices and discourses, this dissertation specifically focuses on the effects and subjectivities generated by the on-going improvement of healthcare provision of the Turkish state in Hakkari, a small Kurdish province which has witnessed the intense armed conflict between the Turkish army and Kurdish rebels led by the PKK for the last 30 years. The question which is sought to be answered through this focus is the failure of the on-going improvement of healthcare provision in Hakkari to meet the expectations and demands of patients despite the fact that the improvement of healthcare provision in Hakkari with respect to health labor force, medical infrastructure, immunization coverage is undeniable and can be shown by statistical indicators of the work performance of the medical establishment.

My attempt at answering the question is theoretically based on a critical framework formulated with reference to the literature on everyday nationalism, the critical perspective of subaltern school, and fruitful conceptualizations of Michel Foucault and Giorgio Agamben on bio-politics and sovereignty. The dissertation argues that nationalist practices and discourses, and also resistances to these practices and discourses, may also take place through everyday policies and services of the state which work as mechanisms of nationalist interpellation, though they do not impose visible signifiers of national identity. Methodologically, the dissertation is based on a fieldwork carried out in Hakkari. The material collected during the research has five main sources: Interviews conducted with doctors and also with other health staff, interviews conducted with patients, field notes and participatory observations, survey research and archival work.

Drawing on this critical framework and material collected, it is argued that the improvement of healthcare provision in Hakkâri during the AK Party era should be regarded as an attempt to render people as pedagogical objects/bare lives by translating their everydayness into a moment in the linearity of the transition/development narrative of the Turkish state/nationalism. This attempt, however, has failed to construct hegemony in the face of the subjectivities of the citizens, and the subjectivities and histories excluded from this narrative continue to haunt the pedagogical narrative in the very performance of citizenship in Hakkâri as dissatisfaction with public services, and hence the AK Party and its Turkish nationalism.

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INTRODUCTION

This research is an attempt at contributing to the scholarly discussions on the limits of the assimilation policy carried out over Kurds by the neo-liberal and conservative AK Party (*Adalet ve Kalkınma* Partisi, Justice and Development Party) in the last ten years. The assimilation of Kurds into Turkishness is an old story which did not start in the AK Party period and dates back to the foundation of the Turkish state in 1923 by Kemalists. Yet the Kurds' experience with the state ruled by the AK Party considerably diverged from the pre-AK Party period and needs to be discussed with new terms and approach.

The AK Party's Kurdish policy is a fully-fledged assimilation policy, which was missing before, effectively and simultaneously relying on instruments of three modalities of power as named by Michel Foucault: sovereignty, discipline and bio-politics. The specifically distinct aspect of this fully-fledged assimilation policy is its use of bio-political elements in unprecedentedly an intense manner compared to other periods of the history of the Republic. This is especially visible in the improvement of healthcare provision, from medical infrastructure and preventive medicine to health manpower and social assistance. Construction of new hospitals, purchase of new medical equipment, opening of intense care units, staffing hospitals and other health units, considerable rise in immunization rates are all parts of the improvement I am speaking of.

To reword the goal of this research, what I am trying to do here is then to shed some light on the limits of an assimilation policy which values Kurds as living beings, as service-beneficiaries while devaluing and criminalizing Kurdishness as ground of ethno-political claims and mobilization. For the accomplishment of the task, I provide an ethnographic account of the responses to the new medical establishment given by the people of Hakkâri, which is a homogenously Kurdish province located at the intersection of the Iraq and Iran

border of Turkey, and the response to these responses of the patients given by Turkish doctors in Hakkâri who are there to do compulsory service.

Research Objective

Healthcare provision in Hakkâri has improved greatly over the last decade. It would not be an exaggeration to claim that only after introduction of the 2005 law on compulsory public service for doctors (CPSD), and two new, modern public hospitals—one in the provincial capital, Hakkâri city, and the other in the biggest district of the province, Yüksekova,—were opened at the end of 2008, have the inhabitants of Hakkâri been able to access a more or less adequate health service in their hometown. Before the CPSD law and construction of new hospitals, patients had had to make the four-hour journey to Van, or, in more serious cases take the even longer route to Ankara or Istanbul, or else cross the border for the cheap hospitals in Orumieh, in Iran.

The striking improvement of health care provision in Hakkâri during the period of government by the AK Party is not limited to the enactment of the CPSD law, purchase of new equipment and construction of modern hospitals. As is obvious from the sample figures below (Table 1), healthcare provision in Hakkâri, from health manpower and service capacity to medical equipment and infrastructure, has considerably improved during the AK Party period in office.

Table 1.Healthcare provision in Hakkâri, 2002 and 2010

Provision	2002	2010
No. of Specialists	11	91
No. of GPs	11	89
No. of Emergency Medical Stations	2	9
No. of Ambulances	2	24
No. of Wheeled Snow Track Ambulances	0	2
No. of Snow-track Ambulances	0	1

No. of Air Ambulance Transfers *	0	63
Users of Primary Health Care Services	109250	163077
Users of Hospitals	275487	437640
Average Yearly Investment in Medical Equipment (Primary Health Care Services) between 1997-2002 and 2003-2010**	36969	64166
Vaccination Rate (BCG)	49%	94%

Source: Presentation to Provincial Director of Health, Özlem Köse

* Van Region Air Ambulance began operations in December 2009

** Turkish Lira, calculated according to 2003 prices (by the author)

Such a remarkable improvement signifies a notable change in Hakkâri politics toward productive technologies of power centered on fostering quality of life. This improvement maybe the most striking, but is by no means the only evidence of the change. Since 2004, means-tested conditional cash transfers, which require pregnant women to attend regularly to medical controls during the pre-partum period and parents to ensure school-attendance and regular check-ups of their children, have become an important income item for thousands of families in Hakkâri, as in other, mainly Kurdish populated provinces.¹ Also with the enactment of The Law on Compensation for Losses Resulting from Terrorism and the Fight against Terrorism in 2004, thousands of Hakkâri-resident victims of the village evacuations of the counter-insurgency strategy of 1990s have been allocated an average of 15–20 thousand liras.² Among other signs of development in the province, one may also mention the opening of a public university in 2008 and construction of an airport in Yüksekova (initiated in 2010).

The change of form of state violence further confirms the new orientation, even if there has not been a major drop in its intensity. The AK Party government's 2002 annulment of the

¹In 2008, for instance, 24,739 households in Hakkâri province benefited from conditional cash transfers, each household receiving on average around 612TL (c.\$300) per annum. See "Sartli Nakit Transferi," <http://www.sosyalyardimlar.gov.tr/tr/html/11569/Sartli-Nakit-Transferi>. Erdem Yörük shows that the rate of social assistance provided to the Kurdish region as compared to that provided to other regions is disproportionately higher than the rate of poverty in the Kurdish region as compared to that in other regions. See Erdem Yörük, "The Politics of the Turkish Welfare System Transformation in the Neoliberal Era: Welfare as Mobilization and Containment" (PhD diss., The Johns Hopkins University, 2012).

²c. \$7–10k

state of emergency in Hakkâri saw a huge decrease in counter-insurgency tactics directly targeting Kurdish activists, including the assassinations and systematic torture committed by the special units of army and police. The main form of violent policies of the AK Party period has rather been the arrest of political opponents, dubbed “political genocide” by members of the pro-Kurdish BDP (*Barış ve Demokrasi Partisi*, Peace and Democracy Party). The large scope for initiative left to special courts and anti-terror teams by the Anti-Terror Law has led to thousands of people in Hakkâri being accused of affiliation with the PKK (*Partiya Karkerên Kurdistan*, Kurdistan Workers` Party) or the KCK (*Koma Civakên Kurdistan*, Association of Communities in Kurdistan) and arrested.

Expressed otherwise, the combination of less negative (e.g. arrest rather than killing) and positive (e.g., improved healthcare) amounts to a major shift in the methods followed by the Turkish state to incorporate Hakkâri into the Turkish national body. This involves a change in the relative weight of violent and benevolent elements in the instrumental composition of Turkish policy tools towards Hakkâri.³ One can conclude that the very character of the official approach to Hakkâri and Kurdish region has altered. For, until the late 1990s, the effort of the Turkish state to manufacture a Turkish national body corresponded in Hakkâri, as in the Kurdish region generally, with overwhelmingly violent policies through extraordinary forms of rule, from the Law for the Restoration of Order (1925–1927) against the Sheikh Said Revolt, through the establishment of the First General Inspectorate (1927–1947),⁴ to martial law (1979–1987) and emergency rule (1987–2002). The goal was to constitute Turkish sovereignty in the region. State violence has persisted through the AK Party period, but now

³For discussion of the evolution of the way benevolent elements have been introduced to contain Kurdish unrest with a special focus on the AK Party period, see Erdem Yörük and Hişyar Özsoy, "Shifting Forms of Turkish State Paternalism toward the Kurds: Social Assistance as “Benevolent” Control," *Dialectical Anthropology* (2013).

⁴See Cemil Koçak, *Umumi Müfettişlikler: 1927-1952* (İletişim Yayınları, 2003); Hüseyin Koca, *Doğu-Güneydoğu Anadolu Politikaları*, vol. 1 (Mikro Basım-Yayın-Dagıtım, 1998); M. Bülent Varlık, *Umumi Müfettişler: Konferansı'nda Görüşülen Ve Dahiliye Vekâleti'ni İlgilendiren İşlere Dair Toplantı Zabıtları İle Rapor Ve Hulâsası 1936*, vol. 6 (Dipnot, 2010); Serap Yeşiltuna, *Resmî Kanun, Kararname, Rapor Ve Tutanaklarla Atatürk Ve Kürtler* (İstanbul: İleri Yayınları, 2007), 157-261.

reinstalled to force Hakkârians to make a choice between the two sides of the bio-political duality, either the “identity politics” of the Kurdish movement or the “politics of service” of the AK Party.

Somewhat surprisingly, however, the change in the relative weight of violent and benevolent elements in the instrumental composition of the Turkish policy tools toward Hakkâri and Kurds did not result in a steady and meaningful increase of support among the people of Hakkâri for the AK Party. On the contrary, it is the pro-Kurdish party that has been backed by the majority of the population in the process as the election results reveal: the share of the AK Party in total votes of Hakkâri in general elections held in 2002, 2007, and 2011 was 6%, 33%, and 16%, respectively, whereas the Kurdish party (DTP/BDP) secured 45%, 56%, and 80% of total votes.⁵ The DTP/BDP confirmed its overwhelming superiority over the AK Party in Hakkâri in local elections held in 2009, while in the most recent election at the time of writing, the April 2014 local election, the AK Party scored 25% of the popular vote, as opposed to the BDP 69%. Today, six of the eight mayorships of Hakkâri are governed by the BDP.⁶ The organizational power of the Kurdish movement has reached to such an extent in Hakkâri that in many cases people apply to the local party organization, instead of courts, to ask for the settlement of disputes among themselves. The AK Party, on the other hand, has been so marginalized that it has even had difficulty in finding a place to rent.⁷

⁵“Seçimler,” <http://www.ysk.gov.tr/ysk/GenelSecimler.html>

⁶The exceptions are *Durankaya* and *Derecik*. They are very small towns where patronage relations and kinship networks are decisive in the formation of political choices. See <http://secim.haberler.com/2014/>

⁷After the building of the AK Party provincial organization was bombed by the PKK in 2008, the party could not find a place for rent for months due to the political unwillingness of Kurdish movement supporters and the fear of material and personal damage on the part of property owners. In the end, they rented a place in a building belonging to Hakkâri Provincial Special Administration, where they continued to work after the building was transferred to the University of Hakkâri. That is to say that, the provincial organization of the government party could only find a place to rent in a public institution. The building had two entries for two sections of the building, and in front of the entry of the section in which the provincial organization worked there was a Special Police Force station with sandbags and automatic weapons. In cases that I had to study in my room in the building at night I had to use this entry, which meant a short, thanks to my Black Sea origins, interrogation each time those in duty changed. The building had to be vacated in 2012 due to refurbishment. The AK Party was only able to find a place in 2013, thanks to the moderation of the political atmosphere enabled by the reform and

The main question that I seek to answer in this contribution, therefore, concerns the failure of the new strategy in Hakkâri (i.e., the central government moves toward a mix of beneficial and less violent policies). Why has this not been successful? At a more abstract level, I also follow the emergence of benevolent elements as significant instruments of the assimilation strategy and to discuss the limits of the current use of these in the Kurdish issue. Due to the dominance of violent elements in the Turkish nationalism towards the Kurds until the end of 1990s, nonviolent, everyday processes have been not placed at the center of Kurdish studies.⁸ Therefore, our knowledge about subjectivities, shortcomings, achievements, and discourses generated by the current use of benevolent elements in the Kurdish issue is largely lacking. This research will, I hope, also contribute to discussions around the subject, which are likely to continue to proliferate in parallel with the ongoing shift of the center of gravity from armed conflict in the mountains to hegemonic struggles in civil society.

Theoretical Framework

The theoretical questions that I am trying to think over through this research date back to 2007 when I, as a member of the organization committee of the graduate conference, *History, Politics, Turkey: Social Questions and Critical Approaches*, assumed the responsibility to classify the available papers into sessions that we earlier had designated. The tentative titles of the sessions we announced were *Fascism/Nationalism/Racism, Urbanization and Migration, Social Policy, Kurdish Question, Social/Opposition Movements, The Politics of Fear and Violence, Media, Discussions around Gender, Agriculture and Ecology, Social Change and the Political Economy of the State*. It was a difficult task partially because I had not had a similar experience before and also because some papers were suitable by content to be classified into more than one session. While trying to do my best to match the papers with the

negotiation process known as Kurdish Opening. The new premises are located at the center of the city, right across from the public housing reserved for police.

⁸Cengiz Gunes, *The Kurdish National Movement in Turkey : From Protest to Resistance*, Exeter Studies in Ethno Politics (New York: Routledge, 2012), 22.

proper sessions, many papers led me to go back and forth between two or even three sessions. I thus decided to modify and unite the titles of some sessions and cancel out some others so as to make the titles and the available presentations compatible. The titles of the sessions in the finalized and announced list were *Turkish Nationalism Between Development, Citizenship and Racism, The Transformation of Cities and Identities under the Shadow of Neo-liberalism, The Changing Political Economy of the State and the Social Policy, Being a Kurd: The Forms of the Constitution of the Kurdish Identity from Resistance to the Being Othered, Social/ Opposition Movements from 60s to Today, The Politics of Fear and Violence, The Presentation of Social Questions in Popular Culture and Media, Femininity Experiences as Question and Possibility, The Politics through the Lens of Art and Literature.*

This grouping task made me notice two interrelated and strange issues. One of these issues had to do with my difficulty in grouping the presentations: I did not experience much difficulty while I was grouping papers into the session on the Turkish nationalism, for there was, and is still, a common conception, which I shared as well, that the Turkish nationalism refers to a very specific phenomenon: a particular extremist ideology and movement assuming the label of Turkish nationalism. This common conception was also reinforced in our tentative title that associated nationalism with fascism and racism. In parallel to this common conception, all the available presentations on Turkish nationalism were not surprisingly on different aspects of extremism. I did not therefore have the problem of classifying these presentations and grouped the papers with titles or abstracts including the term Turkish nationalism into the session on Turkish nationalism. The presentations in the session were *The Politics of Popular Nationalism: Reading the Contemporary Turkish Nationalism Through “Crazy Turks” and “Metal Storm,” Turkish Nationalism in Contemporary Military Texts, The Left of Centre: The Constitution of The Social Democracy in Turkey or A Nationalism with a Social Democratic Face?*

The other issue pertained to the available papers on the Kurdish question. All the available papers on Kurdish question focused on aspects of political and ideological resistance to the extremist policies of Turkish nationalism of the Turkish nation-state. Actually, once the Turkish nationalism is identified with extremism, there is nothing surprising in that the question it generates is analyzed in terms of resistance to that extremism. The presentations grouped into the session on the Kurdish Question were as following: *Newroz as the Site of Hegemony Struggles*, *The Kernels of the Democratic Kurdish Movement in the Republican Period: Eastern Meetings and DDKO (Revolutionary Eastern Cultural Hearths)*, *The Politics of Fear*, *Media and the Kurdish Question: The Holy Bodies against the Cursed Bodies*. The title I chose for the session to summarize the common point of the presentations, *The Forms of the Constitution of the Kurdish Identity from Resistance to the Being Othered*, also reflects the over-politicized character of the presentations:

The question left behind from this classifying task was simply that: How come is it possible that while we are living lives under strict control, guidance and hegemony of nation-states that we still achieve to identify nationalism with extremist movements, practices and ideologies but not with the very “network of apparatuses and daily practices” of the nation states through which we are instituted “... as homo nationalis from cradle to grave?”⁹ As Michael Billig shows in his famous *Banal Nationalism*, this failing “we” was not only a group of narrow-minded amateur social scientists. Identifying nationalism with extremism has been a widespread everyday habit in the world of consolidated nation-states of West as well. As Billig puts:

In both popular and academic writing, nationalism is associated with those who struggle to create new states or with extreme right-wing politics. According to customary usage, George Bush is not a nationalist but separatists in Quebec or Brittany are; so are the leaders of extreme

⁹Etienne Balibar and Immanuel Maurice Wallerstein, *Race, Nation, Class : Ambiguous Identities*(London ; New York: Verso, 1991), 93.

right-wing parties such as the Front National in France; and so, too, are the Serbian guerrillas, killing in the cause of extending the homeland's borders.¹⁰

My readings on nationalism theory in the light of this question took me to the literature on everyday nationalism. In parallel to my readings on everyday nationalism I could realize that the answer of my question was there in the question indeed. What is seemingly strange issue is not as strange as much it appears at the first glance. It is precisely because that we are living lives under strict control, guidance and hegemony of nation-states that we identify nationalism with extremist movements, practices and ideologies. It is because we are all, albeit in varying degrees, *homo nationalis* that we are not able to realize the “network of apparatuses and daily practices” which institute us as *homo nationalis* as nationalism. Nationalism has become so a normalized phenomenon that it almost has become a natural, ontological constant, as can also be seen in the preference of Benedict Anderson in grouping nationalism with kinship and religion than with ideologies like fascism and liberalism.¹¹ In other words:

.... in the established nations, there is a continual 'flagging', or reminding, of nationhood...In so many little ways, the citizenry are daily reminded of their national place in a world of nations. However, this reminding is so familiar, so continual, that it is not consciously registered as reminding. The metonymic image of banal nationalism is not a flag which is being consciously waved with fervent passion; it is the flag hanging unnoticed on the public building.¹²

Suggestions and Limits of the Literature on Everyday Nationalism

Billig's book *Banal Nationalism* (1995) has been undeniably the one of the most inspiring texts in the emergence and development of the literature on everyday nationalism. Tim Edensor's *National Identity, Popular Culture and Identity*,¹³ Rogers Brubaker's *Nationalist*

¹⁰Michael Billig, *Banal Nationalism*(London ; Thousand Oaks, Calif.: Sage, 1995), 5.

¹¹Benedict R. O'G Anderson, *Imagined Communities : Reflections on the Origin and Spread of Nationalism*, Rev. ed.(London ; New York: Verso, 2006), 5.

¹²Billig, *Banal Nationalism*, 8.

¹³Tim Edensor, *National Identity, Popular Culture and Everyday Life*(Oxford ; New York: Berg Publishers, 2002).

*Politics and Everyday Ethnicity in a Transylvanian Town*¹⁴ can also be named as the leading and mostly cited examples of this new literature. All these works and their followers, though they vary in their focal points and sites of expertise, represent “a movement away from the 'grand narratives' of ethnicity and nationalism with their concentration on elite projects to a systematic study of the role of popular beliefs, sentiments and practices.”¹⁵ Their point of departure is simple: “The nation... is not simply the product of macro-structural forces; it is simultaneously the practical accomplishment of ordinary people engaging in routine activities.”¹⁶

That the nationalism has been started to be seen as an everyday issue concomitantly has entailed a shift in research topics and required an update of methodologies to render them compatible with new research topics. As Anthony D. Smith emphasizes, ethnographic methods like survey research, in-depth interviews, focus groups and participant observation of everyday life have acquired a great importance in the literature on everyday nationalism,¹⁷ for the new research topics are no more the macro-historical determinants of the emergence of nationalisms and nation-states, but rather the everyday phenomena like consumption practices, rituals, everyday speech, habits, etc. For instance, Jon E. Fox and Cynthia Miller-Idriss propose that research topics of everyday nationalism should be the following: “ 'talking the nation': the discursive construction of the nation through routine talk in interaction,” “ 'choosing the nation': nationhood as it is implicated in the decisions ordinary people make,” “ 'performing the nation': the production of national sensibilities through the ritual enactment

¹⁴Rogers Brubaker, *Nationalist Politics and Everyday Ethnicity in a Transylvanian Town*(Princeton: Princeton University Press, 2006).

¹⁵Anthony D. Smith, *Nationalism : Theory, Ideology, History*(Cambridge: Polity Press, 2010), 83.

¹⁶Jon E Fox and Cynthia Miller-Idriss, "Everyday Nationhood," *Ethnicities* 8, no. 4 (2008): 537.

¹⁷Smith, *Nationalism : Theory, Ideology, History*, 84.

of symbols,” “ ‘consuming the nation’: the constitution and expression of national difference through everyday consumption habits.”¹⁸

The impact of the trend “history from below” and cultural-linguistic turn on the literature is clearly visible in the emphasis the literature puts on the perspective from below and everyday reproduction of the nation through mundane practices. It may be argued that it is thanks to the critical remarks and insights provided by these trends that the literature on everyday nationalism could be possible and shed light on popular levels of nationalism so far relatively ignored in works on the historical sociology of the nationalism.

Yet it should be added that the literature suffers from as much it enjoys the advantages of the perspective from below. Because the literature has developed in response to an understanding of nationalism as an extremist ideology and has been nurtured by the new academic trends emphasizing perspectives from below, it is seen that, as can also be noticed in the research agenda proposed by Fox and Idriss, popular culture has generally been addressed as the single locus where nationhood is performed on daily basis.

I think a certain Euro-centrism of the literature as well as its engagement to the new trends glorifying perspectives from below had a role in the noticeable absence of the nation-state in the literature on everyday nationalism. Because Western nations are geographically, politically and culturally largely consolidated ones, albeit in varying degrees and at the end of demanding nation-building processes,¹⁹ relying on Billig we can say that everyday nationalism in these societies is first and foremost an issue of re-production. It is therefore more or less justified that the critical Western analysts of everyday nationalisms in Western societies put the everyday subjectivity of individuals, namely popular culture, to the center of

¹⁸Fox and Miller-Idriss, "Everyday Nationhood," 537-8.

¹⁹See Eugen Weber, *Peasants into Frenchmen : The Modernization of Rural France, 1870-1914*(Stanford, Calif.: Stanford University Press, 1976).

their works. Yet, it is not so easy to isolate the nation-states from an analysis of everyday nationalism in peripheral contexts where everyday nationalism also appears in the guise of historicist discourses, policies and practices nation-states produce to attribute unity and integrity to the “nation” which is characterized by big discrepancies and unevenness. In these contexts, many times the single issue is not the re-production of an already established hegemonic form of community.

My formulation of the research topic of the dissertation occurred thanks to the insights provided by and in tension with shortcomings of the literature on everyday nationalism. The argument of the literature on everyday nationalism that nationalism exists in the very materiality of our lives theoretically elaborated my discontent with the identification of nationalism with extremism from the point of view of nation-state fetishism. The emphasis put on ethnographic methods was inspiring as well. Yet the theoretical tools the literature on everyday nationalism generates to make sense of the re-production of the nation in popular culture were not much suitable for my research which focuses on Turkish nationalism through Kurdish citizens’ daily experience of healthcare provision of the Turkish state. These tools offer neither a theoretical nor a methodological guidance that can be followed while making sense of the role of the nation state in everyday nationalism. Below, relying on my critique of the literature on everyday nationalism, the theories of subaltern school on anti-colonial nationalism and historicism, main suggestions of nationalism studies, and the fruitful arguments of Foucault and Giorgio Agamben on sovereignty and bio-politics, I attempt at formulating basic concepts of a methodology that may be useful in making sense of nationalism taking place through everyday and ordinary nation-state practices in which nationalism does not take the shape of imposing visible signifiers of national identity.

The Analytic of Nation:²⁰ Being and Becoming of Nation

Being of Nation or Nation in Homogenous and Empty Time

The distinction Chakrabarty makes between “being of capital” and “becoming of capital” through his reading of Karl Marx's *Capital*, *Grundrisse*, and *Theories of Surplus Value* is fundamental to the framework provided here. Chakrabarty develops these concepts in the second chapter of *Provincializing Europe, The Two Histories of Capital*, where he focuses on the complicated relationship of difference, exchange and commodity. Chakrabarty starts his analysis by underlying the conflict between difference and exchange, which is embedded to the very structure of the commodity itself. As he puts:

Fundamental to Marx's discussion of capital is the idea of the commodity, and fundamental to the conception of the commodity is the question of difference...commodity exchange is about exchanging things that are different in their histories, material properties, and use-value. Yet the commodity form, intrinsically, is supposed to make differences-however material they may be in their historical appearance-immaterial for the purpose of exchange.²¹

To make the products of incommensurable concrete labors exchangeable with each other, these labors require to be reduced to abstract labor which is measurable by a common standard. This common standard is homogeneous empty time of clock which has an objective existence indifferent to and is independent from human subject. Therefore what is at stake in the reduction is the externalization of laboring process to the laborer. This is a violent practice in that capitalists, by using disciplinary mechanisms, try not allow diverse times and histories embedded in the laborer to interrupt the uniformity and regularity imposed during laboring process. In Chakrabarty's words, “to organize life under the sign of capital is to act as if labor

²⁰The title is inspired from the title of the section “Histories and the Analytic of Capital” where Dipesh Chakrabarty introduces his concepts “History 1”, “History 2”, “being of capital” and “becoming of capital.” Dipesh Chakrabarty, *Provincializing Europe : Postcolonial Thought and Historical Difference*(Princeton, N. J. ; Oxford: Princeton University Press, 2008), 62.

²¹*Ibid.*, 51.

could indeed be abstracted from all the social tissues in which it is always embedded and which make any particular labor....concrete.”²² By “being of capital” Chakrabarty refers to the ideal case in which this abstraction is fully achieved either by the elimination of or the containment of differences. This ideal case is the point where the fight of homogenous and empty time, which is materialized in the uniformity and regularity imposed in laboring process, with diverse times materialized in the concrete labor of the laborer comes to an end and homogeneous, empty time appears as the single time. Put otherwise, being of capital “refers to the structural logic of capital, that is, the state when capital has fully come into its own.”²³

The nation which Anderson talks about, as Chatterjee emphasizes, “inhabits” in this “utopian time of capital.”²⁴ It is imagined in homogenous and empty time in that it corresponds to “transverse, cross-time”²⁵ simultaneity of “deep, horizontal comradeship.”²⁶ This is the nation which has fully come into its own. The question of difference is not on its agenda as if it was left behind. Drawing on Chakrabarty's “being of capital”, I call the nation as discussed by Anderson in *Imagined Communities* as the “being of nation” insofar as it “refers to the structural logic of” nation.

Becoming of Nation or “Nation in Heterogeneous Times”²⁷

Once the homogeneity of the nation is posited, heterogeneity at the midst of the nation turns into a problem to be addressed and overcome. For the tension is irreducible, as Chatterjee puts:

²²Ibid., 54.

²³Ibid., 62.

²⁴Partha Chatterjee, *The Politics of the Governed : Reflections on Popular Politics in Most of the World*(New York: Columbia University Press, 2004), 6.

²⁵Anderson, *Imagined Communities : Reflections on the Origin and Spread of Nationalism*, 25.

²⁶Ibid., 7.

²⁷Chatterjee, *The Politics of the Governed : Reflections on Popular Politics in Most of the World*, 6-7.

People can only imagine themselves in empty homogenous time; they do not live in it. Empty homogenous time is the utopian time of capital. It linearly connects past, present, and future, creating the possibility for all of those historicist imaginings of identity, nationhood, progress, and so on that Anderson, along with many others, have made familiar to us. But empty homogenous time is not located anywhere in real space-it is utopian. The real space of modern life consists of heterotopia....Time here is heterogeneous, unevenly dense...To ignore this is, I believe, to discard the real for utopian.²⁸

Anderson shows in *Imagined Communities* that nation is imagined in homogenous and empty time, yet he does not pay same theoretical attention to the question of difference as if the reduction of diverse times of diverse communities to the homogenous empty time of the nation can be ever completed. He does not seem to be equally concerned with how this imagination achieves to survive and further reproduces its internal coherency despite the actual, visible diversities at its midst. In other words, neither the serious challenge the heterogeneity of national space and of times of heterogeneous communities pose to the idea of homogenous and empty time of deep horizontal comradeship nor the way this challenge is settled resides within the analytical horizon of “being of nation.”

To make sense of the way “being of nation” deals with problem of heterogeneity at its midst, my suggestion is to look at how historicism and its linear time conception are rendered into tools of power by totalities built on homogenous and empty time. Let’s lend an ear to John Holloway who, based on Marx’s analysis of commodity fetishism in *Capital*, defines the hegemonic character of homogenous time with such words:

Homogenous time has the present as its axis. It is not that the past and the future are completely denied, but the past and especially the future are subservient to the present: the past is understood as the pre-history of the present, and the future is conceived as the pre-visible extension of the present. Time is seen as a linear movement between past and future.²⁹

²⁸Ibid.

²⁹John Holloway, *Change the World without Taking Power*(London ; Sterling, Va.: Pluto Press, 2002), 58.

The immediate lesson to be derived from these words with respect to the goals of the research is that the place reserved by any structure built on homogenous and empty time to diversities is nowhere but a place in pre-history of that structure. Diversities that embody different possibilities and trajectories are reduced to points in a transition line in an order with respect to their distance to a particular embodying the norm inhabiting in homogenous and empty time. They are thus to this or that extent rendered into unevenly developed “incomplete” or “lacking” entities which are supposed to close the gap by leaving or “by the addition of certain elements in the chronological time.”³⁰ The name Chakrabarty gives to this transition process in his discussion of capital is “becoming.” The becoming of capital “refers to the historical process in and through which the logical presuppositions of capital's “being” are realized. “Becoming” is not simply the calendrical or chronological past that precedes capital but the past that the category retrospectively posits.”³¹

My argument is therefore that the imagination of nation cannot be reduced merely to the imagination of “being of nation.” It also has to be imagined as a becoming, unevenness and hierarchy. Drawing on Chakrabarty's “becoming of capital,” I call the imagination of transition process imposed on diversities by being of nation as “becoming of nation” in the sense that it “refers to the historical process in and through which the logical presuppositions of” “being of nation” “are realized.”

Further Deductions on “Becoming of Nation”

Resistance

Reduction of space to time, rendering spatial difference into lagging in time, is not completely attainable. This means the resistance to the reduction is intrinsic part of “becoming of nation.”

³⁰Chakrabarty, *Provincializing Europe : Postcolonial Thought and Historical Difference*, 249.

³¹Ibid., 62.

Yet, because power enjoyed by national totality and local fragment is hugely unevenly distributed, the very form of resistance to the “becoming of nation” posed by the local, except the rarely occurring overt insurgencies,³² is mostly determined by the very matrix of being and becoming of nation, not by the own dynamics of the fragment.

To make sense of the form of the resistance, the categorical distinction Homi Bhabha makes between pedagogical and performative representations of nation is good to think with. With pedagogical representation of nation, which is what I call as “becoming of nation”, Bhabha refers to the representation of nation as an object moving in the past-present-future linearity. It is pedagogical in the sense that it speaks in a pedagogical authority based on the “a priori historical presence,”³³ “pre-given or constituted historical origin...”³⁴ of nation. With performative aspect of nation, which takes place at the level of “being of nation”, on the other hand, Bhabha refers to the fact that “the people are also the “subjects” of a process of signification”³⁵ and are “constructed in the performance of narrative, its enunciatory 'present' marked in the repetition and pulsation of the national sign.”³⁶ This performative character of nation, the role of the people as subjects in the performance of nation, opens a place for “the discourses of minorities, the heterogeneous histories of contending peoples, antagonistic authorities and tense locations of culture”³⁷ which cannot be objectified in the linearity of the pedagogical representation of the nation. As John McLeod puts it:

Because of the necessity for the performance of the nation's signs by the people as 'subject', the pedagogical ideal of the homogenous people can never be realized. This is because the performative necessity of nationalist representations enables all those placed on the margins of

³²See James C. Scott, *Weapons of the Weak : Everyday Forms of Peasant Resistance*(New Haven: Yale University Press, 1985).

³³Homi K. Bhabha, *The Location of Culture*(London ; New York: Routledge, 2004), 211.

³⁴Ibid., 208.

³⁵Ibid.

³⁶Ibid., 211.

³⁷Ibid., 212.

its norms and limits....to intervene in the signifying process and challenge the dominant representation with narratives of their own.³⁸

To sum up, the methodological implication of these arguments for my research is that pedagogical tune in any political discourse should be examined in detail to uncover the nationalist motives and stance which may not reveal itself easily to an analytical gaze looking for overt forms, symbols and language of nationalism. In addition, it must be born in mind that resistance to nationalism may occur in forms which are not political as we know it. Everyday dissatisfactions, sabotages, nuances, discourses and practices that undermine and disrupt linear transition and “becoming” narratives may be manifestations of resistance to nationalism carried out in everyday clothes.

Assimilation

At a less abstract and more political level, “becoming of nation” corresponds to the policy of assimilation. To expand on the argument, I would like to base on following two quotations from Anderson and Agamben, respectively:

- [Nation] is imagined as sovereign because the concept was born in an age in which Enlightenment and Revolution were destroying the legitimacy of the divinely-ordained, hierarchical dynastical realm.³⁹

- The sovereign is the one with respect to whom all men are potentially *homines sacri*.⁴⁰

If nation “is imagined as sovereign” and “the sovereign is the one with respect to whom all men are potentially *homines sacri*”, it is evident that nation is imagined as something above

³⁸John McLeod, *Beginning Postcolonialism*(Manchester England ; New York: Manchester University Press ; Distributed exclusively in the USA by St. Martin's Press, 2000), 119.

³⁹Anderson, *Imagined Communities : Reflections on the Origin and Spread of Nationalism*, 7.

⁴⁰Giorgio Agamben, *Homo Sacer. Sovereign Power and Bare Life*, Meridian (Stanford, Calif.: Stanford University Press, 1998), 84.

bare, biological life. Yet the “inclusive exclusion” of bare life, *homo sacer*, is not peculiar to “nation” form of political community. As Thomas Blom Hansen and Finn Stepputat put,

The expulsion of someone who used to have rights as a citizen, or simply to categorize some individuals in a society as a form of life that is beyond the reach of dignity and full humanity and thus not even a subject of a benevolent power, is the most elementary operation of sovereign power—be it as a government in a nation-state, a local authority, a community, a warlord, or a local militia.⁴¹

We should take a step further then to have a better grasp of the historical specificity of “nation” form of political community: Peculiarity of “nation” form of political community lies in its very attempt at overcoming of bare life rather than its mere exclusion or sacrifice. In other words, “nation” form of political community is assimilative in character.⁴² To proceed further, I would like to draw on the following two inputs, the former from Anderson and the latter from Claude Lefort:

- The nation is imagined as limited because even the largest of them, encompassing perhaps a billion living human beings has finite, if elastic, boundaries beyond which lie other nations.⁴³

- The modern democratic revolution is best recognized in this mutation: there is no power linked to a body. Power appears as an empty place and those who exercise it as mere mortals who occupy it only temporarily or who could install themselves in it only by force or cunning. There is no law that can be fixed, whose articles cannot be contested, whose foundations are not susceptible of being called into question...With totalitarianism an apparatus is set up which tends to stave off this threat, which tends to weld power and society back together again, to efface all signs of social division, to banish the indetermination that haunts the democratic experience. But this attempt...itself draws on a democratic source, developing and wholly affirming the idea of the People-as-One, the idea of society as such, bearing the knowledge of

⁴¹Thomas Blom Hansen and Finn Stepputat, "Introduction," in *Sovereign Bodies : Citizens, Migrants, and States in the Postcolonial World*, ed. Thomas Blom Hansen and Finn Stepputat (Princeton, N.J.: Princeton University Press, 2005), 17.

⁴²Nicos Poulantzas also asserts that the assimilative aspect of nation is its distinct feature. See Nicos Poulantzas, "The Nation," in *State/Space : A Reader*, ed. Neil Brenner, et al. (Malden, MA: Blackwell Pub., 2003), 65-83.

⁴³Anderson, *Imagined Communities : Reflections on the Origin and Spread of Nationalism*, 7.

itself, transparent to itself and homogenous, the idea of mass opinion, sovereign and normative, the idea of the tutelary state.⁴⁴

People-as-One, that is, the nation of the nation-state, is then not a one ordinary sovereign that may be compared to a warlord or a local militia. It is rather a totalitarian answer given within the borders of a particular territory to the radical indetermination of modern society. It is an attempt to return the social its lost unity and thus remake it as readable. Nationalist ideology, as John Breuilly put, “is neither an expression of national identity (at least, there is no rational way of showing that to be the case) nor the arbitrary invention of nationalists for political purposes. It arises out of the need to make sense of complex social and political arrangements.”⁴⁵ That means nationalist ideology does not make any room for the duality of nation and *homo sacer*. To use Baumann’s terminology in *Modernity and Ambivalence*,⁴⁶ nationalism does not have any tolerance to the “strangeness” posed by *homo sacer* to the single duality recognized and required by the Oneness of People: reductive duality of “friends”, People-as-One, and “enemies”, Other, the exporter of all conflicts and divisive practices at the midst of otherwise unitary people. Nation-state is structurally inclined to classify *homo sacer* as either “enemies” to kill or deport or as potential “friends” and try to assimilate them into the nation.

To leave the elimination of “enemies” aside for the moment, assimilation of *homo sacer* into the nation, the distinct feature of nationalism, works through two lines. Because the nation *homo sacers* are sought to be assimilated into is imagined as People-as-One, disciplinary train of *homo sacers* to the norms of this Oneness is internal to all assimilation processes. In other

⁴⁴Claude Lefort and John B. Thompson, *The Political Forms of Modern Society : Bureaucracy, Democracy, Totalitarianism*(Cambridge Eng.: Polity Press, 1986), 305.

⁴⁵J. Breuilly, *Nationalism and the State*(Manchester University Press, 1993), 343.

⁴⁶Zygmunt Bauman, *Modernity and Ambivalence*(Ithaca, N.Y.: Cornell University Press, 1991).

words, one aspect of assimilation is “normation”⁴⁷ through which “deviant behaviors and identities” of homo-sacres are corrected. Although Foucault did not name nation-state as a site of disciplinary normalization, it is evident that it is a site of disciplinary normalization given that:

Disciplinary normalization consists first of all in positing a model, an optimal model that is constructed in terms of a certain result, and the operation of disciplinary normalization consists in trying to get people, movements, and actions to conform to this model, the normal being precisely that which can conform to this norm, and the abnormal that which is incapable of conforming to the norm.⁴⁸

Assimilation processes, however, have an additional procedure as well, in addition to disciplinary one. Because nation is imagined as sovereign and thus above bare and biological life, nation has to be liberated from biological constraints, risks and determinations. That is to say, assimilation also has to proceed through bio-political route to ensure well-being of the “population” through interventions into “biological processes: propagation, births and mortality, the level of health, life expectancy and longevity...”⁴⁹ To put this close affinity of sovereignty and bio-politics in nationalism with reference to Agamben, “The novelty of modern biopolitics lies in the fact that the biological given is as such immediately political, and the political is as such immediately the biological given.”⁵⁰

To sum up, we can identify three simultaneous moments of assimilation. In the sovereign moment, which I call as the institution of national sovereignty, some communities are reduced to the status of *homo sacres* and denied any place in political community as citizens. Sovereign moment, as told above, applies for all political communities, whether they are

⁴⁷ Michel Foucault, *Security, Territory, Population : Lectures at the Collège De France, 1977-78*, ed. Michel Senellart (Basingstoke ; New York: Palgrave Macmillan : République Française, 2007), 85.

⁴⁸ Ibid.

⁴⁹ “Right of Death and Power over Life,” in *The Foucault Reader*, ed. Paul Rabinow (New York: Pantheon Books, 1984), 262.

⁵⁰ Agamben, *Homo Sacer. Sovereign Power and Bare Life*, 85.

modern or pre-modern. Yet, the sovereign moment of assimilation entails an additional operation which was missing in earlier non-assimilative forms of political community: Nation-state is by nature intolerant to any duality dividing the Oneness of People, and thus follows the duality of *homo sacers* and citizens, as soon as this duality emerges, a distinction made among *homo sacers* between those adequate and inadequate for assimilation. Those inadequate, which can be named as the foundational “Other” of the nation, are massacred, deported or institutionally degraded, as can be seen in the Armenian Genocide of 1915, the compulsory Greco-Turkish population exchange of 1923, the assignment of non-Muslim groups into “minority groups” as second-class citizens.

The institution of national sovereignty ends at that point and disciplinary and bio-political moments take start for those found adequate for assimilation, Kurds and other non-Turkish Muslim ethnicities in Turkish case. The goal intended by these moments is to raise those *homo sacers*, who are claimed to be originally part of the nation and later have “degenerated” or fallen apart from the nation due to some involuntary factors, from the level of biological to the level of political, that is, to the level of the nation again. The disciplinary moment of assimilation, which I call as the manufacture of national identity, serves the cause along vertical axis by returning *homo sacers* the national identity they somehow lost. Through surveillance and other individualizing techniques of army, schools, prisons, police, etc., *homo sacers* undergo normalization which slightly differs from national identification under the framework of the nation-state. Put otherwise, disciplinary moment of assimilation corresponds to the transformation of *homo sacer* to *homo nationalis*. As for the bio-political moment of assimilation, it serves the cause of raising *homo sacers* from biological to political along horizontal axis by policy tools, like immunization of the population, healthcare provision, provision of social assistance to the poor, economic investments, etc., which aim at

strengthening biological body of nation to liberate it from biological risks, constraints and determinations.

As I discussed above with reference to Billig, nationalism is usually identified either with sovereign or disciplinary moments of nationalism and thus reduced either to a body of extremist practices and ideas or to a visible pedagogical violence imposing national norms, symbols, discourses, etc. What I would like to put forward while laying out three moments of assimilation above is something different, however. I propose that ordinary public services of the state, bio-political elements, which in themselves and at the first sight have nothing to do with nationalism/assimilation, can indeed function as a moment of assimilation in cooperation with other, more visible moments of assimilation. This is the first methodological implication of addressing three moments of assimilation. To understand whether this sort of services of the state functions as a means of nationalist interpellation, and this is the second methodological implication of addressing three moments of assimilation, one needs to have a look at the big picture and analyze three moments of assimilation in relation to each other.

Field

Hakkari: Basic Characteristics

To understand the basic characteristics of Hakkâri, my field area, one needs to address its physical geography and also pay a particular attention to transformation of the province after 1990s as a result of Kurdish insurgency and counter-insurgency policies of the Turkish state.

Province of Mountains

Hakkâri is a small Kurdish province with its four districts, Hakkâri (Kurdish: Colemêrg), the provincial capital, Yüksekova (Kurdish: Gever), the biggest district, Şemdinli (Kurdish:

Şemzînan) and Çukurca (Çelê), on 7189 kilometer square and located at the southeast corner of Turkey at the juncture of Turkey, Iraq and Iran. The province is surrounded by Van from the North, Şırnak from the West, Iraqi Kurdistan from the South and Iran from the East.⁵¹

The physical geography of the province is known by its harsh structure. It is so mountainous that 88% of the landscape is formed by high mountains many of which are higher than 3000 meters.⁵² This mountainous landscape has necessarily played a decisive role in the formation of settlement patterns, seasonal conditions, economic activities, and transportation conditions of Hakkâri. Harsh continental climate prevailing especially in the provincial capital and Yüksekova is one such effect. Village roads are closed for weeks and months due to long-lasting and harsh winter conditions. Even the main road connecting Hakkâri to Turkey via Van used to be closed by snow for days until 1980s. In all memoirs about Hakkâri of pre-1980s, one can read how Hakkâri was isolated from the rest of the world for weeks and months during winters and people especially those living in villages suffered from hunger.

One another effect of this mountainous landscape is the scarcity of agricultural land and abundance of meadows and range. Due to this topographical fact, agriculture has never gone beyond having a marginal place in peasant economy. Peasants, who formed more than half of the population until early 1990s, rather were involved in transhumance, and sheep and goat farming and also beekeeping used to be the main economic occupation of the people of Hakkâri until early 1990s when villages were evacuated by the army as a counter-insurgency strategy.

Harsh physical geography of Hakkâri also resulted in that the province has largely remained isolated from the rest of country given that the state retreated from or could not manage to open high quality roads connecting the province to the rest of the country and districts and

⁵¹"Hakkari," in *Yurt Ansiklopedisi: Türkiye, il il* (İstanbul: Anadolu Yayıncılık, 1982), 3291.

⁵²Ibid.

villages to each other. Even today, it takes four torturous hours by bus to go from Van to Hakkâri, which is 210 kilometers-length and had no alternative. Transportation cost in Hakkâri therefore has been always higher than the average of Turkey. This has structurally prevented the development of capitalist relations of production in Hakkâri and also resulted in the daily fact that daily consumption items not produced in Hakkâri, from clothes to vegetables, are sold much expensive in Hakkâri than elsewhere.

“Kurds have no friends but mountains” says one famous Kurdish proverb to express the cruel Middle Eastern fact that Kurds lack any shelter than that provided by mountains against the attacks of the states. This is the last effect of the harsh physical geography of Hakkâri I would like to cite. Until 1970s, mountains of Hakkâri hosted many bandits escaping to mountains from gendarmerie after they shot someone dead over this or that dispute, which most times had to do with feud issues. They used to live there by smuggling and theft until that time they were captured by the gendarmerie, most times as dead. When looked at the local newspapers of Hakkâri issued in 1960s-1970s, it would be seen they are full of news reporting the clashes between the bandits and the gendarmerie. Halit Duman, who was known as *Halit e Marûnisi*, was the most famous bandit in Hakkâri these years and his stories are still told by Hakkârians speaking of him as a legend.

Following bandits as we know them, the same mountains have been hosting social bandits of the PKK since 1982-1983. Using the mountainous landscape as the ground of guerilla war, the PKK guerillas could manage to give a guerilla war for almost 30 years against one of the biggest armies of the NATO.

Political Geography

One also needs to specify the place of Hakkâri in the political geography of Turkey to continue to describe basic characteristics of Hakkâri. More concretely, one cannot understand

the current material reality of Hakkâri without searching the dynamics related to the construction of the Turkish nation-state: The deportation of heretic Assyrians from Hakkâri during the foundation of the nation-state, the construction of national borders threatening free flow of people, animals, commodities, and the evacuation of villages at mid-1990s as counter-insurgency strategy.

The first issue that needs to be underlined is that the population of present-day Hakkâri is wholly Kurdish, except civil servants and soldiers of the state who do not form more than 5% of the population, and Sunni Muslims. Yet this was not the case until early 1920s. As can be seen in the table below reflecting size of population groups living in Hakkâri in 1891, Assyrians, a heretic Christian society, formed almost half of the population living in the present-day borders of Hakkâri. Also other non-Muslim groups like Gregorian Armenians, Chaldeans and Jews used to live in Hakkâri as well.

Table 2.Population of Hakkâri Province in 1891 by Religious Belonging

District	Muslim	Gregorian Armenians	Assyrians	Chaldeans	Jews	Total
Hakkâri City	16900	2000	15000	-	-	33900
Şemdinli	15270	-	3000	-	200	18470
Yüksekova	14700	1900	9000	300	300	26200
Çukurca	11930	-	31960	-	-	43890
Total	58800	3900	58960	300	500	122460

Source: Yurt Encyclopedia, 1982

Due to imperialist rivalry, Islamist policy of the Hamidian regime and missionary activities, there already emerged a polarization between Assyrians and Muslim-Kurdish tribes of Hakkâri on the religious basis in the late 19th century. Due to this conflict, Assyrians had to leave Hakkâri first time in 1915 when they were seen as collaborators of the occupying

Russians and second time in 1924. Assyrians' attempts at returning their villages after the end of the First World War turned into a rebellion in 1924 and violently suppressed by the army of the newly founded (1923) Turkish state for which non-Muslim groups were non-reliable, potential traitors and collaborators of imperialist states.⁵³ It would be absurd to expect from the Turkish-state to welcome Assyrians in 1924 while on other hand it was deporting 1.5 million Greeks in Anatolia to Greece in 1923-24 in return of Muslims living in Greece as part of the convention signed by two states.

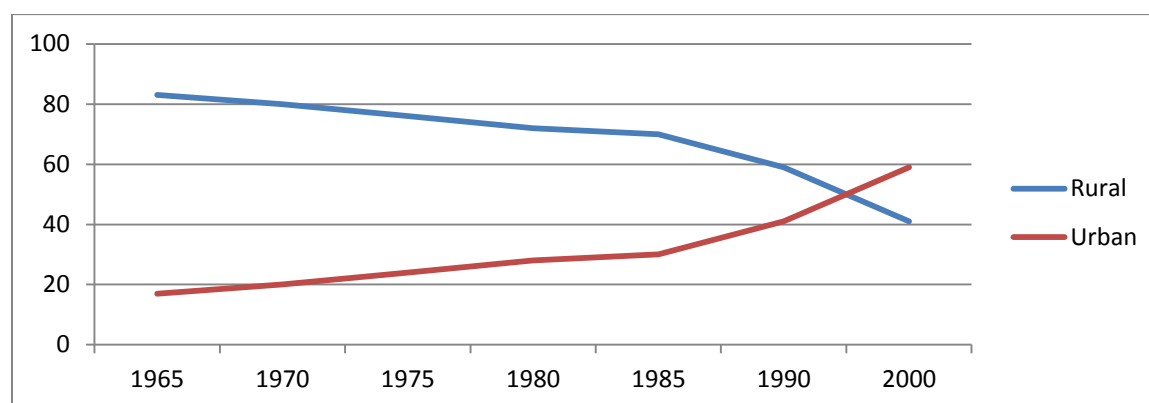
Islamization of the population of Hakkâri is not the single effect of the construction of nation-state in Hakkâri. Turkification of Kurds of Hakkâri has been targeted as well. Yet the extremely scattered settlement pattern of rural settlements of Hakkâri, where the majority of the population dwelt until mid-1990s, seriously undermined the state control over the population of Hakkâri. That the PKK guerillas took advantage of the absence of the state control over dispersed rural settlements was the most visible manifestation of the limits of an assimilation policy that was sought to be carried out on a population which was dispersed among hundreds of villages and hamlets beyond the state's effective reach. The massive village evacuation operations carried out by the army in Hakkâri between 1990 and 1995 as part of a general counter-insurgency strategy employed in Kurdish region was an attempt at organizing political geography to make it compatible with the spatial requirements of the nation-state.

Village evacuations had a decisive impact on the emergence of two characteristics of the current reality of Hakkâri: immediate urbanization of Hakkâri and infrastructural problems it led and dispossession of the villagers and high unemployment.

⁵³Ibid., 3314-15.

To begin with immediate urbanization of Hakkâri and infrastructural problems it led, one needs to have a look at the table below reflecting the change of the rates of urban and rural population in Hakkâri. As can be seen, the urbanization trend until 1985 was very weak. It is understood that the risky environment occurring by the outburst of the armed conflict between the state and the PKK guerillas after 1984 accelerates the move of villagers to the urban areas especially to Yüksekova and also Hakkâri city, the provincial capital. The move of the villagers to the urban areas accelerates further after 1990 and the percentage of rural population declines to 41% in 2000. Today 55% of the population dwells in urban settlements.

Figure 1. Rural and Urban Population in Hakkari



Source: Generated by the author based on DIE, 2000 Population Census

The rapid urbanization entailed big infrastructural problems in urban settlements of Hakkâri. Because water supply network of Hakkâri city, the provincial capital, was designed for almost half of the current population, water has been supplied for 3-4 hours in every 48 hours for years. In bathrooms and toilets of each home in Hakkâri, you will see dozens of big plastic jerry cans full of water filled to use during water cuts. As for the sewerage system of the provincial capital, it covers only 40% of Hakkâri. The rest of the city uses either septic tanks or drain sewage directly to *Katramas* rill which passes through the city. I listened from many

of my informants who are no older than 30 years old that they used to swim in the Katramas rill when they were children. Katramas rill now is more a natural sewerage system than a rill and poses a serious threat to the health of the residents of the city and especially children playing around it. Yüksekova, which is another urban center hosting village evacuees, even does not have any sewerage system despite the fact that more than 60000 people live there.

Air pollution in Hakkâri city also needs to be emphasized as a terrible side-effect of rapid urbanization. As a settlement surrounded by high mountains, the smoke produced by a crowded population in winters does not easily disperse many times and breathing becomes very difficult these times.

In addition to rapid urbanization and infrastructural problems, village evacuations also entailed dispossession of the villagers and thus resulted in a serious unemployment. As can be seen in the table below, the rate of waged employee increased from 31.4% to 44.4% and the rate of unpaid family worker, which refers mainly to those employed in agriculture, decreased from 52% to 41.1% between 1990 and 2000. In parallel to the dispossession of the villagers, the rate of unemployment increased strikingly as well. While the rate of unemployment was 3.8% in 1990, it rose to 12.2% in 2000⁵⁴ and then never decreased below 10%. For instance, it was 13% in 2011.⁵⁵

⁵⁴Devlet İstatistik Enstitüsü, *2000 Genel Nüfus Sayımı: Nüfusun Sosyal Ve Ekonomik Nitelikleri, Hakkari*(Ankara: Devlet İstatistik Enstitüsü, 2002), 52.

⁵⁵Türkiye İstatistik Enstitüsü, *Seçilmiş Göstergelerle Hakkari 2012*(Ankara: TÜİK, 2013), 47.

Table 3.Population of Hakkari by Employment Status in 1990 and 2000

Census Year	Total Employed	Waged Employee	Employer	Self-Employed	Unpaid Family Worker	Unknown
1990	100	31.4	0.2	16.4	52	0
2000	100	44.4	0.6	14	41.1	0

Source: DIE, 2000 Population Census

In addition to village evacuations, the construction of national borders separating Hakkâri from its immediate environment has also produced effects still shaping the material reality of Hakkâri in-depth. Hakkârians' all cross-border activities, from transhumance practice to kinship connections and economic relations, have been criminalized by the drawing of national borders by the foundation of the Turkish nation-state, for there is a big incongruity between the borders and the material reality on the ground. The national border divided tribes; some families of a tribe have remained on Turkish side and some other families of the same tribe have remained on Iraqi or Iranian side. Although they continued to maintain their connections via marriages, legal-illegal visits, cooperation in illegal border trade, and other ways,⁵⁶ these borders nevertheless inflicted a blow on the societal organization of the people of Hakkâri around tribes. The national border also led to the emergence of illegal border trade or, by its official name, smuggling. Illegal border trade has functioned both as a cheap way of reaching consumption items whose local versions are sold expensive due to high transportation cost and also an occupation thanks to which people especially those living in border districts of Hakkâri, Yüksekova, Şemdinli and Çukurca, have earned their livelihood,

⁵⁶To give one example to the on-going cross-border relations of tribes despite the national border, Cihangir Agha, who was living in Iran as the leader of Diri tribe, which has members living in both Turkish and Iranian side, used to direct the members of the Diri tribe living in Turkey during the election times and tell them to which party they should vote for. He died in 2010 in Yüksekova.

using price differences between two sides of the border. Sheep has been always the most favorite item of illegal border trade, yet the list of items subject to smuggling ranges from guns, tobacco, and diesel fuel to tea, cigarette, sugar, cell-phone, etc. If you go to a grocery in any district of Hakkâri, you will see goods of Arabic or Persian blends, which you have not heard before, lay together on shelves. Apart from groceries, in each district there is a separate bazaar where only illegally imported consumption goods are sold.

Tribes, the PKK and New Social Ground

One another characteristics of the current material reality of Hakkâri is that tribes as the main form of social organization until 20-30 years ago have considerably weakened, though they have not completely disappeared.

To understand what the dissolution of tribes in Hakkâri means, one needs to have a look at the usual material reality of tribes. Traditionally, tribes in Hakkâri have been organized under the umbrella of two tribe confederations: Ertuşi, which is known as *baska cep* (left-wing), and Pinyanişi, which is known as *baska rast* (right-wing).⁵⁷ Tribes under these confederations are not exclusively dwelt in Hakkâri. They have members living in neighbor provinces like Şırnak and Van, and also in Iraq and Iran. There are also some tribes in Hakkâri which are not members of either confederation.

Tribes in Hakkâri used to be preoccupied with transhumance practice and all had uplands of their own. They would pass summer period in their upland and then go back to their villages to pass the rest of the year. The main source of conflict between tribes was conflicting claims of tribes to the same uplands, as can seen in numerous news in local newspapers of 1970s reporting armed conflicts between tribes.

⁵⁷This has nothing to with the political position of the confederations.

Until the rise of the Kurdish movement, deputies and mayors chosen in Hakkâri were determined by the dynamics of the competition between tribes and confederations. Political parties or ideologies did not have any role neither for the electorates directed largely by leaders of tribes nor for the leaders of tribes for whom the main issue has been to be chosen as mayor or deputy from the list of the government party to have an easy access to the sources of the state. That's why the leaders of the tribes could be candidate from ideologically opposite parties in different periods and once chosen as deputy or mayor would not hesitate to change their parties. For instance, Ahmet Zeydan, one of leaders of Pinyanişi tribe, was chosen deputy from the list of the secular/Kemalist CHP (*Cumhuriyet Halk Partisi*, Republican People's Party) in 1961 when the CHP was promoted by the military junta which took over the power in 1960. He was chosen deputy again in 1969 from the GP (*Güven Partisi*, Reliance Party) which was formed by cutting loose from the CHP, accusing it of by making ideological concessions to Marxism. He resigned from the GP in 1970 and passed to the conservative-liberal AP (*Adalet Partisi*, Justice Party), which was the ruling party and the main opponent of the CHP. He achieved to be chosen deputy again in 1977 from the list of the AP. Yet upon the collapse of the coalition government led by the AP and its replacement by a government ruled by the CHP in 1978, he resigned from the AP and passed to the CHP.

The changes occurred in the last 30 years however seriously undermined the power enjoyed by the tribes in Hakkâri. In other words, tribes can no longer have a control on the material reality surrounding them. There are other actors than tribes and different discourses and values in conflict with the hierarchical and communal values promoted by tribes.

First of all, village evacuations carried out in the first half of 1990s and the ban put on transhumance practice in late 1980s have undermined the economic basis of tribes. For, tribes were economic units as much they were social and cultural units. Urbanization deprived tribes of the capacity of controlling and shaping daily lives of their members because they no longer

have control on economic processes shaping the lives of their dispossessed members, most of who are living in urban settlements.

Secondly, ideological basis of tribes as well has seriously eroded in the last 20 years. In parallel to the increase of schooling rates, the new generation has been indoctrinated into the worthiness of modern values like freedom, individual, equality, rationality, etc. This indoctrination occurred not only in schools. In addition, the new generation has been much influenced from the Marxist anti-feudal discourse of the PKK against the tribes. Therefore, the large segments of the youth of Hakkâri, especially educated sections of the youth, it can be said, have largely emancipated from the hierarchical and sectarian values of tribes and speak of tribes as if they are outdated and irrational organizations which are condemned to disappear.⁵⁸

Thirdly, to say with Poulantzas' terms, "the spatio-temporal matrix"⁵⁹ on which tribal organization was based on has largely disappeared due to the effects of urbanization and the PKK. In other words, tribes can longer maintain and reproduce their autonomous way of being. Urbanization is one factor that needs to be mentioned. While tribes used to have their villages and uplands and a temporality of their own determined by seasonal cycles or important events in the history of the tribe, the necessity to live in co-existence with members of other tribes in urban context makes the usual autonomous way of being of the tribes unsustainable. One of my informants from a village of Çukurca said me that "We all have become relatives after we came to the city." He was referring to the fact that inter-tribal

⁵⁸When the issue comes to the tribes, the stories you will listen from the educated youth of Hakkâri are versions of the following one which was told by one of my friends, who is a research assistant and Hakkârian. He told me that one day while his uncle and his uncle's friend were touring the city, they saw that their brothers were fighting. They then instead of breaking up the fight and without learning the reason of the fight attacked each other just because their brothers were fighting. To my friend, sectarian and parochial principles of tribes were no more than funny, and sometimes irrationally dangerous, things.

⁵⁹Poulantzas, "The Nation," 79.

marriages, which were not so widespread in the past, have inevitably started to occur in urban context where members of different tribes have to co-exist.

The guerilla war led by the PKK has also inflicted a big blow on the autonomous way of being of the tribes. As a centralist organization acting simultaneously over the Kurdish geography to challenge the Turkish sovereignty in the name of the Kurdish nation, the PKK from the beginning has acted as if there is a Kurdish nation simultaneously existing in the homogenous and empty time and which must be sovereign within the borders of Kurdish geography. During the process, it has achieved to make its assumption reality itself and led a considerable part of the Kurdish people to imagine and practice the social reality as offered by the PKK. First of all, the PKK has achieved to mobilize people from different tribes for the cause of the emancipation of Kurdistan and thus largely rendered tribes into simultaneously co-existing parts of a larger tribe, the Kurdish nation. During the 30 years-lasting guerilla war, the PKK has achieved to recruit guerillas from each tribe of Hakkâri, sometimes by force especially in the early periods of the guerilla war and usually by voluntary participation. Today there is no any tribe in Hakkâri, even *Jirki* tribe which fought against the PKK for years as a paramilitary tribe, which does not have members who participated to the PKK and died in the war. Even Yücel Zeydan, the son of Mustafa Zeydan who was one of leaders of Pinyanişi tribe and has been the deputy of Hakkâri for years from the mainstream parties like his father Ahmet Zeydan, participated to the PKK in 1992 and died in 2000. In addition to those died in the war, there are almost no families in Hakkâri, one of whose members have not been tortured, jailed, or degraded, being accused of affiliated with the PKK.

The role the PKK has played in the emergence among Kurdish people and Hakkârians of the sense of simultaneously co-existing parts of a larger entity can be seen clearly in the case recounted by a village evacuee from Çukurca who was expelled from his village in 1995 by the army accusing him and other peasants of collaborating with the PKK. To him, they did not

know that they were Kurdish before the PKK. For instance, they would not celebrate the *Newroz* fest, now massively celebrated in all corners of the Kurdish geography as national fest of Kurds, before the PKK. He told the following case to exemplify the learning process they underwent:

One day Doctor Baran⁶⁰ came to our village. While we were chattering, Baran said that “my father was one of those injured and became a war veteran in Tunceli.” Then, a man, who is dead now, asked him: “In which war did your father be a war veteran in Tunceli? He answered: “In Sheikh Said rebellion.”⁶¹ Then the man said him that “Did your father as well eat the same shit we ate (*Senin baban da mı bizimle aynı boku yedi*)?”

It is understood that the man in dialogue with Doctor Baran did not know the Dersim (Tunceli) Rebellion in 1938 when the Kurds of Tunceli were massacred. Doctor Baran let him know that they were not only Hakkârians rebelling against the repressions they faced due to their Kurdishness, that Kurds rebelled and were massacred in other parts of the Kurdish geography as well. He thus enabled him the knowledge thanks to which he started to imagine himself as member of the same community “eating the same shit”, although he never met with any of those “eating the same shit” in Tunceli hundreds kilometers away from Hakkâri.

Due to all these factors, tribes and leading figures of these tribes are no more decisive actors in the present-day Hakkâri. For instance, while all mayors in Hakkâri city used to be aghas and leading figures of the tribes and elected from mainstream Turkish parties until 1999, since then all mayors chosen in Hakkâri city, Yüksekova, Şemdinli and Çukurca have been members of the legal parties of the Kurdish movement with a few exceptions. The same fact applies for the general elections as well. All three deputies chosen in Hakkâri in the last general elections are members of the pro-Kurdish party.⁶²

⁶⁰He was one of famous commanders of the PKK.

⁶¹My informant mistook Dersim (Tunceli) rebellion of 1937-1938 for Sheikh Said rebellion of 1925.

⁶²It should also be mentioned that the weakening of the tribes does not mean by any means that they completely left the scene. The Kurdish movement still takes into account the responses of tribes while giving its decisions.

Hakkâri as Victim of Sovereign Violence and Indirect State Racism

A scandal occurred in the last day of the biweekly “get together summer school” organized in 2011 for research assistants of the University of *Hakkâri*, most of who then used to write master theses in other Turkish universities. Organizing summer school for research assistants was the idea of the rector. His goal was to make research assistants, who were obliged to return the University of *Hakkâri* and fulfill compulsory service at the end of their graduate study, familiar with *Hakkâri* and the University of *Hakkâri*. The rector hoped that the more familiar the research assistants become with *Hakkâri*, the more possible they would return *Hakkâri*. His concern was not groundless, for the most popular topic of conversations between the research assistants during the summer school was the legal ways of getting rid of the obligation of returning *Hakkâri* and fulfilling compulsory service in the University of *Hakkâri* without having to pay any compensation.

On the evening of 24 June 2011, which was the last day of the summer school, a dinner was organized as the last activity of the summer school. The dinner was in the garden of, with its current name, *Çölemerik* Vocational School of the University of *Hakkâri*. Vice chancellor of the University of *Hakkâri* was there as well. He was expected to deliver a short speech, yet nobody could predict to find a speech full of insults instead of good wishes, etc. When he took the microphone to his head, his anger was already noticeable. He was red-faced: “You always complain. You even avoid filling the questionnaire.” It was understood that he was angry with

For instance, Fadıl Bedirhanoglu, the mayor of the Hakkâri city between 2009 and 2014, was shown as candidate in 2009 by the Kurdish party despite the fact he is not from Hakkâri, because the party thought that a candidate from Hakkâri may lead those not from the tribe of the candidate to have impression that they are excluded. Examples can be multiplied. For instance, one of three candidates elected from the list of the Kurdish party, Esat Canan, is a leading figure of Dostki tribe which has members living in both Yüksekova and Iraqi Kurdistan. Esat Canan was shown as candidate from the list of the Kurdish party not because of his ideological loyalty or brightness of his contributions to the Kurdish movement. The single reason was that if the Kurdish movement did not show him as candidate, the Kurdish Party most probably would have won two of three deputies reserved for Hakkâri instead of winning all. Taking the number of votes that would be given to Esat Canan in all cases regardless of his party; the Kurdish party acted realistically, reconciled with the facts of the ground and showed Canan as candidate.

the avoidance of research assistants of filling the questionnaire designed to measure the satisfaction of the participants with the summer school. He continued: “If we had not recruited you, *hepiniz kötü yola düşerdiniz*.” Everybody was shocked. I hesitated for a moment and asked my friends around whether he really said “*kötü yola düşmek*.” They nodded their heads in agreement by shock. It was shocking because the referents of “*kötü yola düşmek*” are very clear in Turkish: when used for women, it refers to situation of a poor, helpless woman condemned to prostitution to make her living. When used for men, it refers to situation of a poor man condemned to criminal acts to make his living. I am not sure whether he was drunk at that moment, but I am sure that these words could not be expended anywhere in Turkey but Hakkâri. What led him to expend this scandalous phrase was his reasonable conviction that only the worst, most untalented and those graduates who cannot find any job in anywhere of Turkey accept to work in Hakkâri.⁶³ Maybe because of the affiliation of his conviction with the reality of the research assistants, despite his outrageous insult, 10 minutes later everybody could recover and began to dance famous Kurdish folk dance *şemame*. His was no more than “an issue of style.”

A joke made by the vice Prime Minister Bülent Arınç was not a less striking expression of the stigmatization of Hakkâri as the place of the worst. On 30 May 2010, vice Prime Minister Bülent Arınç was in Alanya district of Antalya. While touring in the streets he paid a short visit to a booth where some health staff was measuring the tension of the people around. As a professional politician he did not miss the opportunity to make a small PR show and sat down to get his tension measured. While a nurse was setting up the apparatus, Arınç cracked the joke: “If you measure my tension as high, you should begin to think Hakkâri Public Hospital.” This not so funny joke was an evidence of how normalized the marginalization of Hakkâri

⁶³A research assistant in the summer school told me that he had had more than 30 failed applications to other Universities before his application to the University of *Hakkâri*. Except the Kurdish research assistants from *Hakkâri* and other neighboring provinces, the story ending up in Hakkâri after dozens of failed applications applies for more or less other research assistants as well.

was that even a vice Prime Minister could make such a politically incorrect joke in front of the dozens of cameras.

What I would like to bring into focus by these two cases is the manufacture of Hakkâri almost as the emblem of inferiority at the end of geographical, political and economic marginalization of the province throughout the Republican history. Beyond these two cases there are several daily phrases we can find as well that express, naturalize and reproduce the manufactured inferiority of Hakkâri. For instance, while making comparisons between the best and the worst, it is most times the data of Hakkâri that is chosen by the Turkish experts, policy-makers and politicians to stand for the worst: “While patient per doctor is... in Ankara, it is.... in Hakkâri.” Sentences beginning with “even in Hakkâri” are used by government politicians trying to prove how hardworking they are that they made so and so investment “even in Hakkâri.” As for the famous “This is Hakkâri, there is no further beyond,” it has two uses. It is an expression of the overlapping of Hakkâri’s being a border province at the geographical margins at Iraq and Iran border and its economic, social marginalization. It is also used by those civil servants exiled to Hakkâri to mean that it is the last point they can be exiled. The further is Iraq and Iran. Most popular among these phrases is “to exile someone to Hakkâri.” The exile at stake here is not legal exile as we know it.⁶⁴ The phrase rather refers to the much resorted Turkish state tradition of punishing and forcing radical, especially leftist, or negligent and corrupt civil servants to resign by appointing them to Hakkâri.⁶⁵

The becoming of Hakkâri as the emblem of inferiority is the outcome of a two-layered degradation story. To go deeper into this degradation story, I would like to proceed with a passage from the interview I conducted with the head of a branch of provincial directorate of

⁶⁴Banishment was legally cancelled in 1965.

⁶⁵There is even a movie, *Vizontele Tuuba*, which tells the real story of Güner Şernikli, a leftist librarian, who was “exiled” to Hakkâri, after the military coup’d’etat in 1980. It tells the tragic-comic story of librarian Şernikli in Hakkâri which did not have any library that time.

health in his room in the directorate. The interviewee is born and bred in Hakkâri, and he is the provincial head of *Sağlık-Sen* (*Sağlık ve Sosyal Hizmet Çalışanları Sendikası*, Health and Social Services Employees Union), which is a member of the government-affiliated confederation *Memur-Sen* (*Memur Sendikaları Konfederasyonu*, Confederation of Public Servants Trade Unions). That's the passage:

Answer: My wife was pregnant, and she was about to give a premature birth. The doctor examined her and said that she had to go to Van as soon as possible.

Question: When did it occur?

A: It was 1996. The doctor transferred her to Van. Yet we waited for the ambulance for hours. It was 9 am when the [doctor] transferred her. My wife was pregnant with twins, and it was the seventh month of her pregnancy. It was a case of a premature birth. She was in labor for hours. Yet there was no available ambulance. At the end she gave birth here. Immediately after the birth one of the twins died. The other was still alive and must have been transferred to Van. We needed to transfer her with an ambulance and in an incubator. We waited for the incubator for hours. At the end the incubator became available, but the ambulance lacked the facilities to activate the incubator. We had to cover the baby with cotton, put her into the incubator which did not work and transfer her to Van at midnight under winter conditions.

Q: Was the ambulance available at midnight?

A: Yes. We departed for Van at midnight under winter conditions. It was minus 15-20 degrees. Until the ambulance arrived to Van, the door of the ambulance had been opened at least 6 times [by the soldiers] and it was controlled whether there was really a patient in the ambulance or not. We witnessed that each time the door was opened the baby was exposed to cold air. At 1 am we could arrive to *Van Yüzüncü Yıl* Research Hospital.

My naive question follows:

Q: Could not you say the soldiers “do not open the door?”

A: Was it possible then? We used to live in the emergency region. Frankly, it was a period when specialist sergeants were like a general. We used to live in a region where even specialist sergeants did mind anybody. In each time the door was opened the baby was exposed to cold air. In addition, the incubator did not work. At the end, due to these omissions I lost my other

baby as well in the [Research hospital]. This is what I experienced. Thousands of people experienced similar things. Then I was a civil servant in the provincial directorate of health.

This tragic story is very illustrative of the degradation story because it reveals the very mechanism which has produced the degradation of the inhabitants of Hakkâri throughout the history of the Republic: co-existence of sovereign violence and indirect state racism, a concept which I derive from Michel Foucault's "state racism" and elaborate on in chapter 2. More concretely put, these babies most probably could have been saved if the Hakkâri Public Hospital had been adequately equipped to make the transfer unnecessary; an ambulance, especially a fully equipped one capable of activating the incubator, had been available on time; the road connecting Hakkâri to Van had been better, etc. Because the "omissions" and "shortages" resulting in the death of the babies so many and systematic that it would be depoliticizing to talk with these terms, I regard the "omissions" and "shortages" cited above as indirect state racism by which I mean "the fact of exposing someone to death, increasing the risk of death for some people"⁶⁶ by avoidance, for this or that reason, of expending sufficient effort and resources to eliminate or undermine the source of risk threatening lives.

Indirect state racism is not however the single dynamic that must be identified as responsible from the death of the babies. Even if the "omissions" and "shortages" at stake would have prevailed, the baby who died in *Van Yüzüncü Yıl* Research Hospital, to speculate, could have been still saved if the soldiers did not stop the ambulance at each security check point, open its door times and times and expose the already suffering baby to the cold air. The violence the soldiers at security check points employed upon the body of the baby materializes the sovereign violence for which everybody is, in terms of Agamben's "bare life", as naked and defenseless as the baby in incubator.

⁶⁶Michel Foucault, *Society Must Be Defended : Lectures at the Collège De France, 1975-76*, ed. Mauro Bertani and Alessandro Fontana, trans. David Macey (New York: Picador, 2003), 256.

My argument is simply that the Kurdish experiences with the Turkish state in 20th century in Hakkâri, and in whole of Kurdish region as well, were versions of this tragic story. The inhabitants of Hakkâri underwent a two-layered degradation. One pertained to degradation of their biological lives by indirect state racism which did not regard their lives so worthy of care and the other to degradation of their qualified lives by sovereign violence for which culture, identity, economic connections, societal organization of these people posed threat, degeneration, and crime to be terminated, let alone being taken under protection.

Fieldwork and Methodology

The history of the ethnographic research I carried out in Hakkâri dates back to 2007 when I already decided to study on Kurdish question through the lens of healthcare provision and chose Hakkâri as the field area of this research. In a short visit to Yüksekova, the biggest district of Hakkâri which is even bigger than Hakkâri city, the provincial capital, in 2007, thanks to the contacts provided by my friend from Yüksekova, I entered the field, made first observations, listened people and witnessed their responses, and established some contacts.

To put this one week length visit aside, my real entry to the field occurred in 2009 when I started my fieldwork. The main body of the ethnographical material used in the dissertation was collected between September 2009 and September 2011. Yet, I must add, the research process of this dissertation did not end in September 2011, for I started to work as research assistant in the Department of Management of the University of Hakkâri in October 2009 and worked until April 2014 when I had to resign after months-lasting mobbing. Therefore, even after I completed collecting the main body of the ethnographical material used in the dissertation, I had the opportunity to conduct new interviews, make new observations and take new field notes.

To be employed by the University of Hakkâri as research assistant, I thought, would insert me into the large network of students, most of who are Hakkârians from lower class backgrounds, their families, and employees of the University. But more than having connections and contacts being affiliated with the University of Hakkâri might provide to me, my initial concern while getting into contact with the University was to have a legitimate position in the eyes of the public authorities and also Hakkârians who, after long years of war, tend to suspect from a researcher asking questions. My concern was not groundless, for I could not manage to take the permission necessary for conducting interviews with the doctors for a long time.⁶⁷

The material I collected during my research had five main sources: Interviews conducted with doctors and also with other health staff, interviews conducted with Hakkârians, my field notes and participatory observations, survey research and archival work. I had two main groups of informants in my research: health staff especially doctors doing compulsory service in Hakkâri and the residents of Hakkâri city, that is, the users of the public hospital, health posts and family health centers in the city. Doctors in Hakkâri, who are there to do compulsory service, are central to this research which is in search of shedding light on the limits of new assimilation strategy, for doctors in Hakkâri embody the current emphasis placed on the benevolent elements in the new assimilation strategy. Up to now, thousands of doctors have done their compulsory services in the Kurdish region (all the doctors I met in Hakkâri except two were there to fulfill their compulsory service). The experiences and discourses of these doctors have much to tell us about the shortcomings of and subjectivities generated by the new strategy.

⁶⁷Doctors did not always ask me whether I had permission taken from the provincial directorate of health, yet the fact that I had an official document allowing me to conduct interviews with doctors made it easy to get their consent for recording the interviews. With a few exceptions, I managed to record all interviews I conducted with doctors and health staff.

Because doctors in Hakkâri do not form a big universe, I decided to reach all doctors in all districts of Hakkâri as much as I can do instead of choosing a sample and limiting the research with doctors in a particular district of Hakkâri. Except Çukurca, which did not have any hospital but a health post where no more than one or two GPs were employed, I met with doctors working in hospitals and health posts in Hakkâri city, Yüksekova and Şemdinli as well.

Most of the interviews conducted with doctors were conducted in the examination rooms of doctors, where doctors accept patients, and mostly immediately after the end of the work when done in hospitals and during the work-day when done in health posts which did not have many visitors. Before they did not ask whether I had any permission, I used to show the one page length permission document taken from the provincial directorate of health. While some doctors were saying “no, no, it is not necessary; we can freely talk”, some others were reading the document carefully to the end and even might ask me the ID card given by the University of Hakkâri whether he was me who took the permission. After the first interviews, it was heard among doctors that “a student graduated from Boğaziçi University and doing PhD abroad is doing a research on doctors” and then it became much easier for me to conduct interviews and also the quality of interviews remarkably improved.

Interviews with doctors were semi-structured interviews, for, first of all, I already had some estimations and knowledge about CPSD, healthcare provision and Hakkâri and what I wanted to learn was a particular issue: how doctors relate to patients and Hakkâri both in their daily lives and in everyday doctor-patient encounters. Secondly, time-constraint of doctors, especially specialists and also the practitioners employed in ER, was also a factor that many times deprived me of the comfort of unstructured interviews. While doing my fieldwork, specialists in Hakkâri were many times working as the single specialist in their branches. Therefore they used to see too many patients during working hours and also be called to the

hospital at weekends and on nights at any moment for emergent patients as the single specialist in their branches.

The questions which I asked invariably in all interviews with the doctors were as follows: Was Hakkâri in your preference list or were you appointed to Hakkâri by general lot? What did you feel when you learnt your appointment to Hakkâri and how did your family respond to the appointment? Where do you stay, how did you arrange accommodation issue? What is your an ordinary day in Hakkâri like? What do you do in weekends and in your leisure time? Do you spend time only with your colleagues or have some friends from Hakkâri as well? How many patients do you see on the average in a day? Have you ever been complained to the patient rights unit by any of patients you examined; if yes, why? Does the social tension prevailing in the city have any impact on your relation with the patients? What do you think about the level of patient satisfaction with the medical establishment? Is it difficult to meet the expectations of the patients? How do you communicate with the patients who do not know Turkish? How do you evaluate your Hakkâri experience with respect to its impacts on your professional talents, way of looking at the “region” and Hakkâri, future projects, etc.? What do you think about compulsory service?

In addition to doctors, I conducted interviews with also leading figures of local health bureaucracy and with allied health personnel like nurses, midwives, ambulance drivers, medical secretaries, etc. Between 2009 and April 2014 when I resigned from the University of Hakkâri, provincial directors of health changed four times, and I managed to conduct interviews with four directors, two of who accepted to get the interviews recorded. I also conducted interviews with the head of local directorate of health of Yüksekova and Şemdinli. Most of the interviews conducted with the leading figures of local health bureaucracy were unstructured ones; my motive in these interviews was to make my interviewees speak as much as possible, for, due to the fact that they are at the top of the local health bureaucracy,

each word they expended was invaluable as manifestation of somewhat official perspective and also it was impossible to learn some knowledge concerning the everydayness of the medical establishment from anyone but them.

Apart from semi-structured and unstructured interviews, participatory observation was another way of my getting into the life-world of doctors in Hakkâri. Just as the presence of doctors in Hakkâri was a temporary presence that would come to an end with the end of compulsory service, so too was my presence in Hakkâri that would finish at the end of my ethnographic research. Just as they experienced the difficulties of living and working in Hakkâri like constant water and power cuts, dust-laden air due to roads almost always under construction, routinized street clashes between police and children, living alone in a culturally different environment away from their spouses, children and friends, the necessity to manage the difficulties of working together with unskilled local staff, the lack of middle-class spaces for leisure, accommodation problems, etc., so too did I during my fieldwork. I could not have ever theorized the way the doctors relate to the Hakkâri city as “production of Hakkâri as endurance”, which I theoretically elaborate on in chapter 5, unless my way of experiencing Hakkâri had some essential commonalities with doctors’ way of experiencing Hakkâri.

If one leg of the ethnography of this research is doctors, the other one is citizens, Hakkârians. Rather than extending ethnographic research on citizens to the whole area of Hakkâri and thus risking its quality, I preferred limiting the ethnographic research on citizens by those living in an urban settlement of Hakkâri, taking the similarity between urban settlements of Hakkâri with respect to economic development, cultural patterns, demographic composition, ideological preferences, and socio-cultural organization into account.

For a variety of reasons, I chose Hakkâri city, the provincial capital of Hakkâri, among others as the field area of my ethnographic research on citizens. Actually I had to choose between

Hakkâri city and Yüksekova, two biggest urban settlements in Hakkâri, because these were two places in Hakkâri where the improvement of the medical establishment and healthcare provision was at a noticeable degree. I can name a list of pull factors pulling me to Hakkâri city and push factors pushing me from Yüksekova. First of all, it must be mentioned that Hakkâri city is more hospitable and comfortable than Yüksekova to a Turkish researcher. Doing an ethnographic research in Yüksekova as a Turkish researcher has some objective limits due to the effects caused by the following two factors: The everyday reality of Yüksekova as a border settlement living by border trade, including heroin trade as important part of this trade, is much more illegal and relies on fewer contacts with civilian Turks when compared to everyday reality of Hakkâri city which has been, as provincial capital hosting central buildings of local state institutions, dependent on state institutions and more familiar with civilian Turks, most of who work in these state institutions. Add to this the difference between Yüksekova and Hakkâri with respect to the level of political radicalism; in comparison to Hakkâri, the political climate in Yüksekova is harsher. The result is that you encounter in Yüksekova a stance more suspiciously approaching your presence in the town, which sometimes may take threatening forms.⁶⁸ That means the time, labor and risk required by a quality ethnographic research that will be carried out in Yüksekova by a Turkish researcher is considerably higher than required by a similar research that will be carried out in

⁶⁸Once I went to Iran Bazaar in Yüksekova where oriental items like carpets, samovars, blankets, etc. are sold. I went into a shop selling mostly blankets. There was no shop-keeper but a kid around 13-14-year-old who was dealing with the customers. *Özgür Gündem*, the newspaper of the Kurdish movement, was there on the table just as it was on almost all tables in almost each shop in Yüksekova. I had a look at some blankets and asked their prices. While I was about to leave the shop, the kid said me that “when our time comes, we will settle a score with you.” I could only say “What...” For it was completely meaningless to be threatened as a customer. He repeated: “when our time comes, we will settle a score with you.” The shopkeeper of the next shop, who witnessed the dialogue, intervened and asked me to forgive his disrespect while saying the kid what he was dribbling about. Most probably, because I spoke Turkish with him, the kid thought that I was a police or a specialist sergeant. This incident was not a case that can be easily skipped as insolent and foolish talks of a kid which are not symptomatic. This case occurred in the summer of 2009. Two years later, on 27 September 2011, Engin Yildirim, a chemical engineer working in Kocaeli, who came to Yüksekova with her wife who was appointed to a primary school as teacher, was shot dead in Yüksekova being supposed as police.

Hakkâri city. It is certain that for a Turkish researcher working on Hakkâri, Yüksekova is not a good start point.⁶⁹

In addition to not-so-welcoming environment of Yüksekova for a Turkish researcher, the fact that Turkish is known and used by more people in Hakkâri city than in Yüksekova as a result of varying intensity of contacts with Turks was another factor behind my preference of Hakkâri city over Yüksekova as field area given that in the early stages of my fieldwork the level of my command of Kurdish was still a problem that I had to take into account while making choices about my fieldwork.

Independent of these two factors, being employed by the University of Hakkâri, which is located in Hakkâri city, also led me to choose Hakkâri city as my field area. Actually I was not expected anything but to be proctor to oversee students during final exams at the end of each term for a few days, yet research assistants were still expected to be around in Hakkâri city. I could have carried out my fieldwork without being affiliated with the University or resigned from the University at a certain stage of my fieldwork; yet, the opportunity cost of this choice in all cases would have been bigger than the benefits of carrying out my fieldwork without such a local official contact.

My fieldwork on Hakkârians proceeded mainly through contacts I could have thanks to my position in the University as research assistant. I can classify these contacts into three groups. The first group refers to my contacts with actors of the immediate environment of the University, like students and staff. As a newly founded University whose staff and students are largely from Hakkâri, the University of Hakkâri was a good point to have an access to different segments of the population of Hakkâri, and my prestigious status in the eyes of the

⁶⁹The experiences of the experts of the Ministry of Family and Social Policies also confirm my point. Once they told me that when they wanted to make a research in Yüksekova and tried to ensure the participation of the children, they were scolded angrily by the children who said them “we only collaborate with the Party, with the PKK.”

students and non-academic staff as a research assistant made it easier for them to trust and cooperate with me when I asked their help. Those students and employees, who accepted to be involved in my research either personally or by the participation of their friends and families, became my informants. Thanks to their references, I met with new people and had new contacts. I need to add that because I did not have any administrative position and also did not work as an instructor or teaching assistant grading students, there was not an explicit and immediate hierarchical relationship between us that might harm the quality of our conversations ethically and ethnographically.

The second group refers to contacts enabled me by my key informants I met in the University of Hakkâri. Some of my colleagues, who are from Hakkâri and ideologically close to the Kurdish movement, realized the importance of my research from its very early days, introduced me, on the one hand, to their personal contacts while, on the other hand, directing their personal contacts to cooperate with me. Especially their contacts with important figures of the local Kurdish movement helped me to reach further contacts in the Kurdish movement and NGOs led by the movement.

My affiliation with the University of Hakkâri facilitated my access to Hakkârians also in the sense that it provided me a strong and legitimate identity in the eyes of Hakkârians who have traditionally a great respect for teachers. Relying on this respect of Hakkârians for teachers, for instance, I had the courage to go inside any shop and attempt at talking with shop-keepers and employees on their experiences with and ideas on healthcare provision in Hakkâri after I introduced myself as teacher in the University of Hakkâri making a research on health services in Hakkâri.” Not surprisingly, I was declined only by a few among dozens of shop-keepers I attempted to talk with in this way. In addition, my University ID as research assistant played really a key role for opening doors of upper strata of Hakkâri society as well.

I never suffered from losing too much time and energy to convince NGO administrators, former mayors, journalists, businessmen in Hakkâri to talk to a tape-recorder.

Methodologically, illness and treatment narratives are central to the part of my ethnographic research devoted to understanding of patient subjectivities generated by the on-going improvement of healthcare provision in Hakkâri. The way patients adopted while telling their observations and ideas about the medical establishment in the Hakkâri city was most times to start telling illness and treatment narratives, starting in Hakkâri and mostly ending up in Van, the nearest province, Ankara or İstanbul. Nearly all of my informants had stories and some also had bodily traces of suffering from the shortages of the medical establishment in the past. In fact, patients' sticking to illness and treatment narratives is not a phenomenon peculiar to the residents of Hakkâri city. It is a mode of narrative by which patients all over the world and from all cultures and races try to fix the symbolic world destabilized and disrupted by traumatic effects of diseases they had. As Jurate A. Sakalys puts:

...if illness is a fragmentation of one's self and one's world, then narratives provide a medium through which to name events, to arrange illness events into temporal order, and to relate the events to one's life. The overall purpose of illness narratives is coping with, and even mastering or transcending, a traumatic experience and thereby reestablishing a sense of connectedness with self, others, and objective reality.⁷⁰

The way I made use of illness and treatment narratives in my research is based on the role these narratives play in "reestablishing a sense of connectedness with self, others and objective reality." As narratives "reestablishing a sense of connectedness with self, others and objective reality", it is evident that illness and treatment narratives necessarily entail an implicit imagination of social totality. That's why "[t]he story of a sickness may even function as a political commentary, pointing a finger of condemnation at perceived injustice

⁷⁰Jurate A Sakalys, "Restoring the Patient's Voice the Therapeutics of Illness Narratives," *Journal of Holistic Nursing* 21, no. 3 (2003): 231.

and the personal experience of oppression.”⁷¹ This is how I approach and read illness and treatment narratives of Hakkârian patients.

I also achieved to organize some focus group studies during my fieldwork. One of these focus groups was formed by 10 Hakkârian women, including the current co-mayor,⁷² from women's branch of the BDP. The group met in the provincial organization of the BDP in a room assigned to the women's branch. The other focus group study took place by the participation of the six physically disabled people, all from the Association of the Physically Disabled. This time it was my informants led by the head of the association who already knew my research agenda, not me, who organized the meeting. This focus group study took place in the locker room of the gym after they, as a wheelchair basketball team, finished basketball match. The other two focus group studies took place in the provincial organization of the leftist and pro-Kurdish *KESK (Kamu Emekçileri Sendikaları Konfederasyonu*, Confederation of Public Employees' Trade Unions). One of these focus groups was formed by 7 Hakkârian teachers employed in primary and high schools of Hakkâri and the other was formed by 14 Kurdish health staff, including nurses, ambulance drivers, GPs, health officers, etc. I could record all focus group studies except the one taking place by the participation of the health staff.

Because sixty thousand people live in the Hakkâri city and I was naturally able to reach no more than hundreds of these people, I wanted to check and confirm the truth of my ethnographic findings, which I collected by using aforementioned qualitative ethnographic methods, via also a survey research. I prepared a questionnaire consisting of 15 questions designed to measure the level of patient satisfaction and some other questions concerning

⁷¹Arthur Kleinman, *The Illness Narratives : Suffering, Healing, and the Human Condition*(New York: Basic Books, 1988), 50.

⁷²The BDP adopts the system of co-presidency, one man and one woman, at all levels of the party administration and also at municipalities governed by the Kurdish movement.

details of personal identity of the respondents. Instead of including questions concerning all aspects of healthcare provision in Hakkâri, which might have led to too many questions to answer, I limited questions of the questionnaire with those concerning Hakkâri Public Hospital by assuming that the level of patient satisfaction with the Hakkâri Public Hospital, which is the main provider of healthcare provision in Hakkâri, can be largely taken as indicator of the level of patient satisfaction with the overall medical establishment in Hakkâri. Yet, considering that the responses of patients to the questions may be biased by their immediate experiences if I do survey research in Hakkâri Public Hospital, I did not do survey research in Hakkâri Public Hospital. To overcome the problem of finding a sample representing the population of Hakkâri city, I carried out survey research by patients going to family health centers which, as institutions providing healthcare free of charge, accept patients from all segments, professions, ages, sexes. Taking the socio-economic and also political differences between neighborhoods into account, I avoided limiting the survey research by the patients of a single family health center. Survey research was therefore done in 5 different family health centers in five different neighborhoods of the Hakkâri city. I spent two days in each family health center. All visitors were asked to participate to the research. Ultimately I had 427 respondents who filled the questionnaires while waiting in the queue or after they were seen by the doctor or the nurse. Most of these 427 respondents, who are literate, preferred filling the questionnaires by themselves. A minority of respondents, most of who were illiterate elder women who did not know Turkish, was not able to fill the questionnaire by themselves. I filled their questionnaires by interviewing with them.

In addition to those told by my informants and my personal observations and field notes, written sources also provided invaluable input to my attempt at grasping the subjectivities of Hakkârian patients. As archival work, I studied in Prime Ministry State Archives and also National Library in Ankara. In Prime Ministry State Archives, I scanned official documents

mentioning issues regarding Hakkâri and also neighboring cities, especially Van, the entry gate of Hakkâri to Turkey and the first address visited in health issues. Although these documents do not provide any data for the period after 1970, they still include useful data shedding light especially on the everyday reality of Hakkâri and Kurdish region of early Republican period.

As for my study in the National Library, the biggest library of Turkey, I found there local newspapers like *Hakkâri*, *Hakkâri'nin Sesi*, *Hakkâri Eksen* which issued between early 1960s and late 1990s. I scanned these newspapers and learnt much on state-society relations in this period of Hakkâri on which there is almost nothing in Prime Ministry Archives. In addition, in the Library I also scanned some issues of famous Turkish national newspapers like *Cumhuriyet*, *Milliyet* and *Tercüman* to see which issues about Hakkâri and in what ways were represented in the mainstream national media in the last 40 years.

Last but not least, I also used the official documents of the medical establishment in Hakkâri like working reports, statistical tables and presentations of the provincial directorate of health and also some other official documents which I could obtain thanks to the legal opportunity enabled by the freedom of information act. These documents helped me to have a better grasp of the actual situation of the medical establishment in Hakkâri.

Methodological Limits of the Research

Militant Anthropology versus Non-Militant Anthropology

My particular sympathies are transparent; I do not try to disguise them behind the role of an invisible and omniscient third-person narrator. Rather, I enter freely into dialogues and sometimes into conflicts and disagreements with the people of the Alto, challenging them just as they challenge me on my definitions of the reality in which I live. To use a metaphor from Mikhail Bakhtin (1981), the ethnographic interview here becomes more dialogic than monologic, and anthropological knowledge may

*be seen as something produced in human interaction, not merely “extracted” from naive informants who are unaware of the hidden agendas coming from the outsider.*⁷³

My personal field experience in Hakkâri led me to critically rethink over this methodological suggestion of Nancy Scheper Hughes, which she calls as “militant anthropology” in one of her articles⁷⁴ and once I embraced without much questioning. I faced in the course of getting permission and later of conducting interviews with doctors with the fact that it was impossible for me to perform a politically and morally engaged ethnographer who might “enter freely into dialogues and sometimes into conflicts and disagreements with” them, “challenging them just as they challenge me on my definitions of the reality.” In other words, I could not have completed the part of my fieldwork, which was on doctors, if I did not keep the image in the eyes of the local health bureaucracy and doctors of a naive Turkish social-scientist who was committing a neutral (that’s to say, more or less in accordance with the main lines of Turkish nationalism of the state) scientific research. No doubt, this is not an image I actively invested for but a one that I carefully avoided undermining.

I experienced this fact at an early stage of my research when I applied to the Ministry of Health in Ankara to allow me to conduct interviews with doctors and other health staff in Hakkâri. Upon my demand, I got the following response of the head of the department of public hospitals in the Ministry of Health: “But, you politicize the issue.” It was the title of the project which annoyed him: “State, Citizenship and Health Services: Compulsory Public Services of Doctors in the AK Party Period.” In fact, I had predicted the concerns of the Ministry of Health and thus revised the original title of my project by removing the word “Kurd” and adding some “citizenship” and “state.” Yet, ultimately it was not regarded neutral enough to convince health bureaucracy because of the reference to the “AK Party Period.”

⁷³Nancy Scheper-Hughes, *Death without Weeping : The Violence of Everyday Life in Brazil*(Berkeley: University of California Press, 1992), 25.

⁷⁴“The Primacy of the Ethical: Propositions for a Militant Anthropology,” *Current Anthropology* 36, no. 3 (1995).

Then, I decided to use personal contacts which might facilitate my entry into the field site. The governor of Hakkâri then was my father's co-local, and I asked my father's help in getting contact with and support of the former governor. It worked and I achieved to get permission from local health bureaucracy authorizing me to conduct interviews with doctors and other health staff. Meanwhile, I had to change the title of my project again: "Compulsory Public Service, Doctors and Health Services."

I had to continue self-censorship during my interviews with the doctors as well, since working in a city like Hakkâri led majority of doctors to adopt a cautious and distant stance towards all beyond their immediate milieu which was almost exclusively composed of their colleagues. Because I am a PhD student abroad, a middle-class Turk and had an official permission, it was relatively easier for me to have a sincere dialogue with the doctors. Yet I was nevertheless tested almost at the beginning of each interview I conducted with doctors: "Where are you from? Are you from Hakkâri?" (One can read as "Are you Turkish or Kurdish?"), "Why did you choose Hakkâri and this topic?" (One can read as "Do you have a hidden agenda?"), "Where did you graduate from? Where do you study now?" (One can read as "Are you reliable?"), etc. Even once a doctor, who worked in Hakkâri between 1992 and 2003 in both health posts and also provincial directorate of health and was working in Ankara when I met him in 2012, asked my father's and mother's professions after a series of similar questions before we started to interview and wrote down the answers I gave.

While the dialogue and trust between us was fragile, it was most times not possible for me to "enter freely into dialogues and sometimes into conflicts and disagreements with" them by "challenging them just as they challenge me on my definitions of the reality." More concretely, I did not insist on questioning the terminology with which they spoke of the Kurdish issue, like "terrorism", "terror region", "underdevelopment", "ignorance", etc. That

did not lead me to pragmatically adopt and use the terminology which I did not consent, yet, on the other hand, I inclined to use a more neutral, “value-free” language. For instance, inspired by medical terminology, many times I used the term “the highness of social tension in the city” to refer to the extra-ordinariness of everyday life in Hakkâri. In addition, while making transcription of the records of interviews conducted with doctors, I noticed that I had usually avoided using terms “Kurd”, “Kurdish” as much as possible just as the doctors had done. The way I asked to doctors whether the fact that they did not know Kurdish affected the quality of healthcare they provided was many times like a version of this: “How does the “language issue” affect your job?” I also noticed that I had inclined to use the term “the region” instead of “Kurdish region” and “the people of the region” instead of “Kurds” or “Kurdish people.”

The ethnographic cost of adopting such a shy, non-militant stance is clear: The ethnographic knowledge I could extract from my “naive informants” was no more than that I could extract as a middle-class “Turkish” researcher who was supposed to more or less share arguments of the Turkish nationalism of the state on the Kurdish issue. The ethnographic knowledge that I could have extracted from doctors would certainly have been different and maybe more illustrative than that was extracted from a position of a middle-class “Turkish” researcher if I had attempted at appearing as a critic of Turkish nationalism in the conversations than an “invisible and omniscient third-person narrator.” To refer to the paragraph I quoted from Scheper Hughes above, then it would have been “dialogic than monologic.”

Was this ethnographic cost unavoidable to incur or just a preference? I cannot still give a clear-cut answer. My answer is rather to reformulate this question in the following way and not as an excuse: Is militant anthropology a stance that all anthropologists can take regardless of their academic status, nationality, location, etc.? Is the gesture of carrying out an

ethnographic study without having to “disguise” “particular sympathies” “behind the role of an invisible and omniscient third-person narrator” a choice, an option equally available for all anthropologists?

Abstractions and Stigmatizations

To uncover another constraint of this ethnographic study, one also needs to have a look at Hüseyin's, one of my informants', own sort of resistance to be my ethnographic object and his leading me to make some sort of participatory observation in streets of his neighborhood under his guidance.

Hüseyin, the protagonist of the case I am telling below, is a village evacuee from a village of Çukurca. Although he had fought for years against the PKK as a paramilitary village guardian and even participated to cross-border military operations organized against the PKK during early 1990s, his village was nevertheless evacuated in 1995 and he was disarmed by the army forces labeling him, along with some other village guardians, as unreliable. When I met with him in 2009, he was one of leading figures of *Yukse*⁷⁵ Neighborhood and had a small shop where he was selling smuggled cell phones.

On that day I took Hüseyin's mobile number from vice chair of mayor with whom I conducted an interview before. I called Hüseyin. Having introduced myself and my research agenda, I asked for his help for reaching the inhabitants of his neighborhood. Upon his approval, I met him in front of a shanty where he uses as its shop. Before going to homes and talking with people on health services, we decided to pay a visit to the health post of the neighborhood. “It is a neglected and useless health post” said Hüseyin while we were going to there. The health post was a building whose windows had been broken by children and its roof was full of small stones as well. Hüseyin was repeating his words, fingering cracks on

⁷⁵Pseudonym

the wall which occurred in the earthquake in 2005 and have remained as such. Then we left for talking with inhabitants of the neighborhood.

*Yukse*k neighborhood is situated at the foot of Hakkâri Castle which was occupied by special police forces at the beginning of 1990s on the pretext of ensuring security and is still under their control. Although it is an old settlement, those peasants coming from Çukurca, the border district of Hakkâri, at the mid of 1990s by waves of migration having deprived of their livelihoods due to the village evacuation operations of the army, has changed the composition of the neighborhood fundamentally. Therefore, it is not surprising that the neighborhood, like other neighborhoods settled by the victims of village evacuations, turns into a battle field on special days, children and youngsters on the one side and special police forces on the other side. The neighborhood towards which we were proceeding is a one where home raids, arrests, molotov cocktails, gas bombs, armored police vehicles patrolling along the streets, demonstrators throwing stones and chanting illegal slogans are ordinary, mundane things of everyday life.

I was asking questions to Hüseyin about the neighborhood while we were stepping along the streets of *Yukse*k neighborhood. When we arrived to the neighborhood, Hüseyin showed me a man sitting outside his shanty-like house. We proceeded towards the man. He welcomed us and offered tea with usual hospitality of people of Hakkâri and we started talking on health issues including doctors, the hospital and his problem in his eyes. While I was trying to note his words and only a few minutes passed, a sudden bang of an explosion divided our talk. What I saw when I anxiously turned back was a thing proceeding in the air by emitting fumes. And others followed it. Police forces were throwing tear gas bombs from the special police force station. The target was two hundred meters away, but I could not see whether a protest or something else was going on there due to the buildings closing my view. “Come on, we are

going” said Hüseyin and stood up, in a tone leaving me no alternative but to follow him. We began to proceed toward the target. We turned the corner and entered a street. There were tens of children playing in the street, none of whom were older than ten years old. As we approached the target, our eyes started tearing up, but we kept approaching the target anyway. Meanwhile Hüseyin was restlessly repeating: “Do you see anybody there? Do you see anybody there? There is nobody at all, you see.” Actually there was not. The rain of gas bombs did not stop for a moment during our walk and fumes spread over whole neighborhood. After a while it became impossible to proceed anymore. “Let’s stop Hüseyin” I said. “I cannot go anymore. I cannot breathe. Let’s turn back.” What is surprising was the absence of any sign of panic in the faces and moves of the people. They were acting as if gas bombs were ordinary part of their everyday lives: Women were washing clothes while wiping the tears from their eyes and children were running around as if a clear terrorizing operation did not take place. I asked the children playing around whether I could take their photo, yet I was declined. An 8-9-year-old girl said me that “*Size güven olmaz* (You are not reliable).” Who was this “you”? It was evident and also natural that as a Turk stepping in the streets of the neighborhood, I was suspect in her eyes as a member of “you”. Then I said her in Kurdish that I was not a police, I was a teacher in the University of Hakkâri. Yet she did not accept to be taken her photo and I did not insist anymore. While leaving the street to go to Hüseyin’s house to continue talking, Hüseyin said that “You saw it, right? Nobody is around. Did you see anybody there? No, you saw it” and added in a tone including some distrust: “You did not take any photo of the gas bombs. Why?” “How could I take any photo?” I said. “Fumes choked me.” “Then take my photo” he said and posed for me by rubbing his eyes as if he was crying due to tear gas. I took his photo. The following one is this photo.

Figure 2.Effects of Tear Gas (*Yukse*k Neighborhood of Hakkari City)



There were Hüseyin's daughters and an old man in the house when we arrived. Later three men, all from the villages of Çukurca, joined us. Hüseyin got straight to the point: "[The Turkish] People do not believe me if I tell them those occurred a few minutes ago. But now you have witnessed everything. You, as a Turkish, would not have believed in my words if you had not witnessed what happened a little while ago."

To be sure, the knowledge that led Hüseyin to help me witness the truth by my own rather than wasting time by telling unworthy "empty" stories was conditioned by the history of the relationship between Hakkârians, Kurds, and the Turkish state. My personal individuality was lost under the burden of this history which, in his eyes, abstracted me as a Turk identified with Turkish state which always imprisoned the voices and narratives of the natives into narrative

of its own, narrative of terrorism. Our encounter was taking place within a reality full of abstractions, stereotypes and stigmatizations. That's why once a taxi-driver in Hakkâri unconsciously could approve my first impressions about the city as "yes, commander." The equation in his mind while saying so was similar to that was in mind of the small girl declining my offer to take her and friends' photo: If you speak fluent Turkish, have a middle-class Turkish habitus and also short hair, then you are presumably a military officer, an outsider. The equation was not true in my case, however, true enough, on the other hand, to make my doctor informants perceive me, even after a series of questions I named above, as "one of them" and share their even racist and exclusionary ideas without hesitation while the recorder was on.

This reality, that my Turkishness might shadow my concrete individuality, had a certain ethnographic cost. It led some of my informants to speak from abstract political space of Kurdishness and with an official language instead of speaking from within their own particular experiences and with their own words. In some other cases, for a sincere conversation to occur between me and my informants, especially those who seriously suffered from state violence in the past, some issues had to remain unspoken and unaddressed, just as it occurred in my interview with the head of an association close to the Kurdish movement.

Q-I understand that you have lived many tragic events?

A- I did not tell. I did not tell. I do not want to tell either, because otherwise we cannot talk such freeheartedly. All done to me was done in the name of Turkishness, and those doing these things did all these things not as civil servants but as Turks.

A Province without History

My ethnographic research had another limit as well: Hakkâri is a province without history. What do I mean by this suggestion and how did it form a limit to my research? Simply put, I mean by this suggestion that nothing accumulates in Hakkâri; there is no linear accumulation

of knowledge, experiences, documents, staff, etc. More specifically, I am speaking of two problems, one of which pertains to the staff employed in public institutions and the other to the institutional memory of the state, that is, archives.

To begin with the problem concerning the staff of public institutions, there is a constant circulation of staff employed in public institutions. It is very difficult to find a civil servant who has been working in Hakkâri for more than ten years. The probability that the civil servant found to have been working in Hakkâri for more than ten years is a Turkish is almost zero. In other words, Hakkâri has never been more than a place civil servants necessarily endure for a temporary period of time especially in the first few years of their official career as a requirement of being hired as civil servant. This especially applies for Turkish civil servants coming from outside.

To exemplify the high rate of turnover of civil servants in Hakkâri in a striking manner, I would like to refer to my failed attempt at taking an answer to one of my petitions I submitted to the provincial directorate of health thanks to the legal opportunity enabled by the freedom of information act. After I submitted my petition to the directorate, I could not take any answer although several months passed after the submission of the petition. During these several months, I visited the directorate time and again to learn the reasons of the delay and quicken the response process. Ultimately I failed to get a response to my petition. The explanation brought by the provincial director of health, who did not refrain from contributing to my research, was that although he really wanted to help me they “were not able to give an answer to the petition.” He said that they needed to gather data from different health units in Hakkâri to answer my questions, yet, he said, due to the constant circulation of the staff, they were not able to gather data from different health units. He was asking me to tolerate the situation.

Yet, it was not this kind of practical shortcomings that I want to mean by the limits the constant circulation of the staff put ahead of this research. The problem that I would like to identify is rather the difficulty of finding experienced civil servants employed in healthcare organization and capable of comparing and contrasting the past and present of healthcare provision in Hakkâri. For given that some of these experienced civil servants were not so willing to cooperate, I had a real problem of gathering first-hand observations on healthcare provision in Hakkâri made from a comparative perspective in the light of the knowledge of the evolution of the local medical establishment.

In addition to problems concerning personal memories, I also suffered from problems concerning institutional memory of the local state apparatus. Simply, the medical establishment in Hakkâri has no archives, no institutional memory that one researcher of healthcare provision in Hakkâri can resort to enrich his research. Let me quote from the interview I conducted with one of the provincial directors of health to illustrate the state of the archives of the provincial directorate of health:

Q-To what extent the records, statistics submitted to you are reliable?

A-They are good in recent times. Yet we have a problem with the records of pre-2008 period. You cannot find all records you are looking for because some never existed.

Q-Is there an archive here?

A-Sure!

Q-Do you mean then that the records kept in 1960s, 1970s, and 1980s are there in the archive?

A-It is difficult [to find] the records kept before 2002, 2000.

Q-Then there are no records of 1990s, let alone 1970s or 1980s?

A-They are completely missing, completely missing.

We thus learn that in the provincial directorate of health records were not properly kept and classified until early 2000s. The records kept before 2000 were either completely missing or not reliable. The lack of archives applies for Hakkâri, Yüksekova and Şemdinli Public Hospitals as well. One cannot talk about any archive of the Hakkâri Public Hospital carefully preserved but some documents and files which survived purges, floods and fires. After the fire occurred in December 2010 in the old building of Maternal and Infant Health, where the archival documents of the Hakkâri Public Hospital were kept, in sacks not in shelves non-surprisingly, the list of documents which were salvaged from the fire was as such:

2 Polyclinic Registers of Dental Clinic from 2004 and 2005

5 Polyclinic Registers of Pediatrics from 2001, 2003, 2004, 2005

1 Polyclinic Register of Cardiology from 2004

5 Polyclinic Registers of Otorhinolaryngology from 2004 and 2005

10 Polyclinic Registers of Internal Medicine from 1996, 1999, 2001, 2004, 2005

2 Polyclinic Registers of Ophthalmology from 2004, 2005

1 Register of X-Ray from 2005

1 Polyclinic Register of Neurosurgery Department from 2005

1 Polyclinic Register of Neurology Department from 1991

5 Polyclinic Register of Urology from 1989, 2001, 2002, 2004

22 Registers of Laboratory from 1999, 2002, 2004, 2005

22 Polyclinic Registers of ER from 1987, 1997, 1998, 1999, 2001, 2002, 2003, 2004, 2005⁷⁶

One should not bring to one's mind even for a moment the probability that the archive of the hospital was good in fact until an unfortunate fire accidentally occurred and seriously damaged it. Neither the archive was good and available for use before the fire nor was the fire

⁷⁶Provincial Directorate of Health of Hakkari

so accidental. As can also be seen in the list above and as parallel to the words of the director, the documents in the archive before the fire mainly belonged to post-2000s. They were also not available for use; they were not classified in the shelves but rather were filled into sacks when burnt. The fire should not be seen as accidental, also. The fire was symptomatic of the point of view that either devalues archives by leaving them to the “gnawing criticism of the mice”⁷⁷ or tries to destroy them by regarding them as dangerous like mines silently waiting to explode.⁷⁸ If the reverse had been true, the archive would not have been filled into sacks and left to the room in a basement floor of an unused building waiting to be demolished.

In all cases, I lacked the opportunity of working in archives of the health institutions in Hakkâri. That was a constraint that needs to be addressed along with other problems I identified above.

⁷⁷Karl Marx, *A Contribution to the Critique of Political Economy*(London, Lawrence and Wishart, 1971), 22.

⁷⁸This point of view is not peculiar to Hakkâri, though Hakkâri is its extreme instance. As Meltem Ahiska discusses in her study on the Turkish radio, the poverty of archives in Turkey is a phenomenon inherent to Turkish modernity: The Turkish modernity which is performed for the imaginary gaze of West produces official texts and documents whose status towards the objective reality is not taken serious even by those producing these documents. Yet they still continue to have an uncanny status as records rendering state practices, with all their cracks and deficits which went unnoticed, into official facts. See Meltem Ahiska, *Occidentalism in Turkey Questions of Modernity and National Identity in Turkish Radio Broadcasting*, (London: Tauris Academic Studies,, 2010). 29-40.

CHAPTER 1: Kurdish Question, Sovereign Violence and Hakkâri

The tradition of the oppressed teaches us that the “state of emergency” in which we live is not the exception but the rule. We must attain to a conception of history that is in keeping with this insight.

Walter Benjamin⁷⁹

Kurdish Question

The last hundred year of the Ottoman Empire was the history of a disintegration of a multi-ethnic and multi-religious empire. Starting with the independence of Greece in 1829, the Empire had to leave most of its former lands, first in the Balkans throughout the 19th century, and following the defeat of First World War, in the Middle East. At the end of the FWW, the lands of the empire declined to the Anatolia.

The disintegration process resulted in two parallel processes, one demographic and the other ideological-political: Islamization of the population,⁸⁰ and the adoption of Islamism in the Hamidian Era and of Turkish nationalism during and after the Balkan Wars (1911-1912) as ruling strategy.⁸¹ Establishment by Christian subjects of the empire of their own nation-states in Balkans throughout the 19th century, the migration of Muslim subjects in Balkans to Anatolia after Russo-Ottoman War in 1877-78 and Balkan Wars and of non-Muslim subjects in Anatolia to Europe and America throughout the 19th century, and the mass massacre of Armenian population in 1915 by the ruling CUP (*İttihat ve Terakki Fırkası*, Community of Union and Progress) were main moments of the Islamization process. With the single exception of Greeks,⁸² Anatolian population was almost wholly Muslim and composed of

⁷⁹Walter Benjamin, *Illuminations*(New York,: Harcourt, 1968), 257.

⁸⁰See Kemal H. Karpat, *Ottoman Population, 1830-1914 : Demographic and Social Characteristics*, Turkish and Ottoman Studies (Madison, Wis.: University of Wisconsin Press, 1985).

⁸¹See Erik Jan Zürcher, *Turkey : A Modern History*(London ; New York: I.B. Tauris & Co. Ltd, 1993), 76-133.

⁸²Greeks settled outside İstanbul and Turks settled outside Western Thrace were exchanged in 1923 by the agreement of Turkish and Greek governments. See Renee Hirschon, ed. *Crossing the Aegean : An Appraisal of the 1923 Compulsory Population Exchange between Greece and Turkey*(New York: Berghahn Books, 2003).

mainly Turks and Kurds on the eve of national struggle (1919). As for the ideological transformation, modernist Islamism adopted by Hamid, following the short-lived Ottomanism as the embracing and umbrella ideology of 1908 Constitutional Revolution, was gradually left by the CUP moving towards Turkish nationalism and secularism.

The Muslim composition of the population and the cementing power of Islam determined the ideo-political orientation of the national struggle carried out by Turks and Kurds.⁸³ National struggle led by Mustafa Kemal Atatürk, a former Ottoman commander, took place between 1919 and 1922 largely against Greece which occupied Aegean region to have its share in the lands of the defeated Ottoman Empire. The goal of the struggle as formulated by the leadership was “to preserve the national independence and to protect the sultanate and caliphate.”⁸⁴ The nation whose independence was sought was not declared as Turkish nation. As put by Mustafa Kemal in a speech in the assembly on 1 May 1920, “[W]hat is intended here is not only Turks, not only Circassians, not only Kurds, not only Lazes, but the Islamic ethnic elements comprising all these peoples...[that together constitute] a sincere community.”⁸⁵ During the national struggle, warm messages concerning the ethnic rights of Kurds were often given by the Kemalist leadership. As the logical result of this “Islamic” understanding of nation, the majority and minorities were defined in The Peace Treaty of Lausanne of 1923 with respect to their religious belonging.⁸⁶ Jews, Greeks and Armenians were given as minority status and hence the right to open their own community schools under strict control of the Ministry of Education.

⁸³Here I am using the terms “Turks” and “Kurds” in a very loose manner, keeping in mind that national identity did not matter for Turks and Kurds as much as Islam, local and tribal identities mattered in these years. For instance, *Yaban*, one of canonical novels of the Kemalist Republic penned by *Yakup Kadri Karaosmanoğlu*, a famous Kemalist author, is on the anger of a nationalist doctor towards the indifference of the Anatolian peasantry to the Turkish national struggle. Yakup Kadri Karaosmanoglu, *Yaban*(Istanbul: Iletisim Yayinlari, 1991).

⁸⁴Quoted in Zürcher, *Turkey : A Modern History*, 150.

⁸⁵Quoted in Feroz Ahmad, "Turkey : The Quest for Identity,"(Oxford: Oneworld, 2003), 81.

⁸⁶See Baskin Oran, "The Minority Concept and Rights in Turkey: The Lausanne Peace Treaty and Current Issues," in *Human Rights in Turkey*, ed. Zehra F. Kabasakal Arat(Philadelphia: University of Pennsylvania Press, 2007), 35-56.

The turning point of the Turkish-Kurdish relation was the Sheikh Said rebellion in 1925. The abolishment of caliphate and the visible Turkish nationalist orientation of Kemalist leadership in 1924 following the consolidation of Kemalist leadership in the elections held after the victory in the independence war triggered a big discontent especially among the Kurdish intelligentsia. Organized by Kurdish nationalist *Azadi* (Freedom) society and led by Sheikh Said, a prominent member of the Naqshbandi order, a big rebellion occurred in Kurdish region. It continued for two months during which the rebels could seize Elazığ and surrender Diyarbakır. The rebel was harshly suppressed. The leaders of the rebellion were executed and thousands of Kurds were deported to the west of the country.⁸⁷ Ağrı mountain rebellion between 1927 and 1930 and Dersim rebellion-massacre between 1937 and 1938 followed the Sheikh Said rebellion.

The lesson drawn by the nationalist elites from the rebellion was not the necessity of the destruction of Kurdish population.⁸⁸ Rather, to the nationalist elites, the rebellion proved the urgency of a systematic assimilation (*temsil*) program. The nationalists believed, Kurds, along with other non-Turkish Muslim ethnicities and unlike Christian minorities, could be assimilated into Turkishness, since, despite the secular silence of Kemalists about the issue, the unvoiced but also the constitutive assumption of Turkishness of the Republic has been its Islamic character. To be eligible for Turkishness, being Muslim has been the required condition. In his study on Kemalist Turkish nationalism, Soner Çagaptay clearly shows through an analysis of cases of naturalization and denaturalization that while non-Turkish Muslims such as Bosnians or Albanians were granted Turkish citizenship despite their non-

⁸⁷Zürcher, *Turkey : A Modern History*, 169-72.

⁸⁸We learn from the minutes of the meeting of General Inspectorates held in 1936 that the annihilation of Kurds was one of options pronounced, discussed and left aside for the moment. See Bülent Tanık, ed. *Umumi Müfettişler Toplantı Tutanakları-1936*(Ankara: Dipnot Yayınları, 2010).

Turkishness, Orthodox Gagauzian Turks were not granted Turkish citizenship.⁸⁹ Moreover, to add, in the population exchange of Greeks outside İstanbul and Turks outside Western Thrace, “Turkish speaking Greek-Orthodox Karamanlis were sent over to Greece, while the Greek-speaking Muslim populations of Crete and Yannina came to Turkey.”⁹⁰

“How happy is the one who calls himself a Turk” was the motto of this semi-embracing understanding of the nation. This understanding set the policy to be followed by the Turkish state in the next almost seventy years. In the period at stake, the separate existence of Kurds as an ethnicity was denied while the Turkishness of the Kurds was asserted simultaneously.

Sovereign Violence and Incapacity of the State

For the assimilation to be realized, numerous reports, all classified, were written and submitted to the top ruling cadres. Among others, Eastern Reform Plan (*Şark Islahat Planı*), which was prepared immediately after the Sheikh Said Rebellion, is particularly important in the sense that the measures suggested here necessary to be taken formed the framework of Turkish assimilation strategy and also later texts devoted to this task.⁹¹ One of the measures offered in the Plan was the necessity of ruling the Kurdish region by emergency rule and denying citizens’ basic civil rights. Demographic engineering was another measure suggested. The deportation of unreliable Kurdish families to the West of the country and Turks to the Kurdish region was suggested by the Plan as well. Cultural assimilation via boarding schools, banning Kurdish while encouraging the use of Turkish were also central to the Plan as well as the integration of the region to the rest of the country via effective border policing, which would de-link it from Iraqi and Iranian Kurdistan, and construction of roads and railroads,

⁸⁹Soner Çağaptay, *Islam, Secularism, and Nationalism in Modern Turkey : Who Is a Turk?*(London ; New York: Routledge, 2006), 83.

⁹⁰Ibid.

⁹¹Mesut Yeğen, introduction to *Kürtler'e Vurulan Kelepçe: Şark Islahat Planı* by Mehmet Bayrak (Beysukent, Ankara: Öz-Ge, 2009), 11-18.

which would strengthen its ties with Turkey. The necessity to store the knowledge of the people and the region was also mentioned in the Plan. Last but not least, empowerment of the state capacity and ensuring its autonomy from local dynamics and actors via staffing the region with competent and well-paid Turks and establishing direct contact with the citizens by by-passing intermediaries was suggested in the Plan as well.⁹²

As can be seen from the articles of the Plan, manufacture of national identity, institution of national sovereignty, and the construction of an autonomous state apparatus necessary for the accomplishment of these tasks were at the center of the plan. Developmental issues, except the construction of roads and railroads, like health investments, opening public enterprises, incentives and initiatives concerning agriculture, animal husbandry and economy as a whole were not central to the plan, for the overwhelming majority of the population in Kurdish region and also whole country used to live in rural settlements which lacked any road connection to the nearest town or the city. Let alone village roads, even Van-Hakkâri road, the single connection of Hakkâri to Turkey, was started to be constructed in 1940.⁹³

The Plan and the succeeding derivative plans could not be accomplished adequately, however. Neither manufacture of national identity could be carried out effectively nor could the region be developed and the sovereignty of the state has been institutionalized. Autonomous and effective state apparatus, a constant item of the assimilation programs of the Republic, could not be constructed either.

To begin with the manufacture of national identity, the disciplinary aspect of nationalism, even in 1985 in Hakkâri the proportion of illiterate was still more than half of the population while it was no less than forty percent in other Kurdish province, as can be seen in the table below.

⁹²Mehmet Bayrak, *Kürtlere Vurulan Kelepçe: Şark Islahat Planı*(Ankara: Öz-Ge Yayınları, 2009), 125-32.

⁹³*Cumhuriyet*, 19 May 1940.

Table 4.Proportion of Illiterate in Hakkari and Southeastern Anatolia Region, %

Provinces	1950	1955	1960	1965	1970	1975	1980	1985	1990
Hakkari	91.59	88.39	88.57	82.39	77.14	73.94	68.38	54.15	47.71
Southeastern Anatolia Region *	85.92	81.55	81.28	74.40	67.96	58.91	56.67	43.84	39.55

Source: Seap Provincial Statistics, 1950-1996 and DIE, 2000 Census of Population

*Southeastern Anatolia Region: Adıyaman, Siirt, Diyarbakır, Batman, Şırnak, Mardin, Gaziantep, Şanlıurfa

The transformation of demographic landscape for the Turkification of the region, an important policy tool suggested in the assimilation plans for the manufacture of national identity, could not be attained as well, as can be seen in the table below. Despite some attempts, being the evacuation of villages during counter-insurgency strategy of 1990s as the last one, like the enactment of The Law regarding the Transportation of Certain People from the Eastern Region to the Western Provinces No. 1097 in 1927, The Settlement Act No. 2510 in 1934 and The Law No. 105 Supplementary to the Settlement Act No. 2510 in 1960 during the military rule, the proportion of Kurdish population in Kurdish provinces remained unchanged.⁹⁴

⁹⁴The report prepared by Avni Doğan, the inspector of the First General Inspectorate, in 1943, almost twenty years after the Eastern Reform Plan, on the results of the assimilation plans prepared since the Eastern Reform Plan illustrates the incapacity of the state very well. To Avni Doğan, despite the whole Turkish nationalist rhetoric of the assimilation plans on the settlement of Turks to the Kurdish region, the number of those that could be settled in Diyarbakır, the biggest Kurdish province, was no more than 8020. In addition, in the following five years after their settlement, one fourth of the settlers died and many others left Diyarbakır selling all those given to them by the state, and the population of settlers decreased to 3560. To Doğan, the state left these settlers alone in their struggle against drought, hunger, diseases, etc. See Bayrak, *Kürtlere Vurulan Kelepçe: Şark Islahat Planı*, 203-22.

Table 5.Proportion of Kurdish Population in Kurdish Provinces

Kurdish Provinces	1935	1965	1990
Ağrı	72.1	70.45	70.45
Diyarbakır	72.8	72.78	72.78
Mardin	63.8	74.90	74.84
Muş	69.1	67.65	67.75
Siirt	79.5	78.78	78.78
Van	72.4	70.7	70.7
Bingöl	-	76.52	76.63
Bitlis	-	64.03	64.03
Hakkari	-	89.47	89.47
Tunceli	-	55.81	55.9

Source: DIE, 1935 Population Census and Servet Mutlu, *Ethnic Kurds in Turkey*⁹⁵

As for the level of development, bio-political aspect of nationalism, the proportion of villages with electricity, telephone and road in Kurdish region by 1984 is a striking indicator of the poverty of developmental performance of the Republic in Kurdish region. At the beginning of 1984, the year when the PKK launched guerilla war against the state, 61.7 % of the population of Kurdish provinces was living in rural settlements, villages and hamlets, which were poorly connected to the urban settlements. The proportion of rural settlements with electricity, telephone, and asphalt, stabilized or graded road were 24.6, 16.8 and 64.8 percent, respectively. As for Hakkâri, the situation was worse than other Kurdish provinces. 70% of the population was living in rural settlements. Of these settlements, only 10.5% had electricity⁹⁶, 22.9% had telephone, and 64.3 had asphalt, stabilized or graded roads which were closed for weeks and months during long-lasting winters.

⁹⁵Servet Mutlu, "Ethnic Kurds in Turkey: A Demographic Study," *International Journal of Middle East Studies* 28, no. 04 (1996).

⁹⁶In 1980 none of villages of Hakkâri had electricity.

Table 6.Proportion of Villages with Electricity, Telephone and Road (At the end of 1983)

Kurdish Provinces	Villages with Electricity	Villages with Telephone	Rural Settlements with Asphalt, Stabilized or Graded Road ⁹⁷	Proportion of the Population of Rural Settlements (1985)
Ağrı	20.4	33	81.9	66
Bingöl	38	16.1	52.7	75
Bitlis	27.5	29.2	63.8	60
Diyarbakır	20.1	5.9	69.5	49
Hakkari	10.5	22.9	64.3	70
Mardin	24.7	10.4	79.6	63
Muş	26.1	12.2	93.6	77
Siirt	22.8	7.4	39.8	55
Tunceli	25.2	10.4	42.6	72
Van	31.1	31.1	79.5	65
Total	24.6	16.8	64.8	61.7

Source: Constructed by the author based on Priority Development Regions Reports of concerning years prepared by DPT

In addition to poor developmental performance and failure in manufacturing national identity in the region, the institution of state sovereignty could not be accomplished either. The mountainous landscape of border zone made an effective border policing impossible and illegal pass of people, commodities, and animals could not be prevented. Monopoly of violence, a basic indicator of modern, national sovereignty, could not be ensured in the region as well. Given that until late 80s the majority of the people used to live in thousands of scattered hamlets, villages and uplands which were most times beyond the state's effective reach, it was not the courts of the state but having deterring power, which means having guns and being backed by a big family or tribe, that was decisive in the settlement of the disputes.⁹⁸

⁹⁷It is tricky that the statistics do not classify asphalt, stabilized and graded roads separately. If it had done so, it would have been easily seen that almost none of rural settlements in Kurdish provinces had asphalt roads in these years. In fact, even in the Western Turkey most of the villages lacked asphalt roads in the first half of 1980s. Therefore, the title "rural settlements with asphalt, stabilized or graded road" should be rather read as "rural settlements with graded road."

⁹⁸Armed conflicts of tribes having conflicting claims on uplands were one of frequent news one can see in the local newspapers issued in 1970s and 1980s.

Sometimes big military operations were organized in the region to collect the arms of the people, as done in “commando operations” of early 1970s,⁹⁹ yet they had a very limited success in disarming of the people. For instance, until late 1960s, hundreds of outlaw bandits escaping from gendarmerie took shelter in mountains of the region and used to live on banditry and illegal border trade.¹⁰⁰ The guerilla war launched in 1984 by the PKK and the paramilitary forces, *korucular*, armed and organized by the state in 1985 against the PKK almost wholly cancelled the monopoly of violence by the state. Some paramilitary tribes, like *Jirki* in *Hakkâri* and *Şırnak*, *Bucak* in *Siverek* of *Urfa*, *Tatar* in *Şırnak*, begun to act as local state apparatus, relying on the partial devolution of the state sovereignty to them.

It is also impossible to speak of a success in the construction of an autonomous and efficient state apparatus. First of all, posts in the region and especially in *Hakkâri* could not be rendered attractive, for neither social conditions, ranging from accommodation to leisure time, nor working conditions, for example harsh winter conditions and insufficient facilities, could have been improved. Incentives offered were also not enough to compensate the sufferings of the civil servants. The inevitable outcome of this negligent policy, which I call in the next chapter under the title of indirect state racism, has been days-counting civil servants who have no motivation, work-discipline, engagement to the city and any respect to citizens.¹⁰¹ The local newspapers of *Hakkâri*, for instance, have always been full of calls made to civil servants, inviting them to work more efficiently and approach citizens in a more understanding manner.

The impact of tribes on local politics and state apparatus in Kurdish region especially after transition to multi-party period in 1946 also considerably diminished the autonomy of the

⁹⁹For a serial penned by İsmail Cem, who later became foreign minister in late 1990s, and published in *Milliyet* on commando operations carried out in 1970, see *Milliyet*, 9 June 1970, *Milliyet*, 11 June 1970, *Milliyet*, 12 June 1970, *Milliyet*, 14 June 1970.

¹⁰⁰Most famous bandits were Koçero in Siirt mountains and Halit Duman in *Hakkâri* mountains.

¹⁰¹Selahattin Şimşek, *Hakkâri Dedikleri*(Martı Yayınları, 1990), 74-77.

state apparatus.¹⁰² Until the rise of pro-Kurdish parties in the second half of the 1990s, deputies of Kurdish provinces invariably were chosen among the heads of tribes. In Hakkâri, it was *Zeydanlar*, one of leading families of *Pinyanişi* tribe, who mostly won the general elections. Those hired to the public institutions as civil servants or workers, directors of provincial directorates of the ministries, winners of public tenders used to be determined by these feudal politicians. One of most dramatic and striking evidences of the power of tribes and the limits of the autonomy of the state takes us to the armed conflict between *Jirki* tribe and gendarmerie in 1975 in a village of Beytüşşebap district of Hakkâri, which resulted in the death of Ahmet Agha, the head of Jirki tribe, 8 soldiers, and a prosecutor. To my informant, the nephew of Ahmet Agha, Ahmet Agha was deserter as many people in Hakkâri in those years, and the captain in Beytüşşebap would ignore the case, taking the fragile balances in the province. Yet, the newly appointed prosecutor did not tolerate the case and ordered the captain to arrest Ahmet Agha. To the nephew of Ahmet Agha, the captain informed the prosecutor about the special conditions of the region and even somehow managed the case for some time. Yet, at the end the prosecutor ordered the captain to accompany himself with some soldiers and went together to *Tuzluca*, to the village of Ahmet Agha. They came across Ahmet Agha around the village. To the nephew, Ahmet Agha extended his hand to shake the prosecutor's hand, but the prosecutor declined and even slapped in Ahmet Agha's face. When Ahmet Agha tried to attack the prosecutor, the prosecutor ordered the soldiers to shot him. Upon the order, soldiers shot him dead. Villagers witnessing the murder of their Agha answered the attack with automatic rifles and killed 8 soldiers. The captain and the prosecutor

¹⁰²İsmet İnönü, the head of the CHP and the president, offered Celal Bayar, the leader of the newly founded DP (*Demokrat Parti*, Democratic Party) not to form party organizations in Kurdish region. If Bayar had accepted the offer of İnönü, İnönü would have liquidated the already formed party organizations of the CHP in these provinces. To İnönü, political competition in these provinces could risk the national unity. See Metin Toker, *Demokrasimizin İsmet Paşalı Yılları, 1944-1950*(Yenişehir, Ankara: Bilgi Yayınevi, 1990), 103.

managed to run away,¹⁰³ and the state transferred commando brigades to the town. Guessing the results of the action, males of the tribe escaped to mountains, leaving women and children back, and remained there until 1985 when the state and Tahir Adıyaman, brother of Ahmet Agha and the new leader of Jirki tribe, made an agreement. During this process, to the nephew of Ahmet Agha, Jirki villages were under constant surveillance of the state. By the agreement, the state promised not to arrest Tahir Adıyaman and other Jirki members involved in the murder of soldiers until the trial becomes barred while Tahir Adıyaman promised to cooperate with the state against the PKK and Jirki tribe accepted to be *korucu*. In 2004, the incident was time barred and the case was closed.

The incident and its victims, I argue, should be seen as the cost of blindness to the gap between the real-politic compromise at the ground and autonomous logic of normative-legal requirements of the state. We do not know what led the prosecutor to close his eyes to the gap, whether Kemalist ideology with its clear anti-feudal grudge that may also explain the not necessary slap or the prosecutor's dispute with local commanders or something else, yet one thing is evident: the rule of the region especially Hakkâri could take place via certain compromises, not via strict, impersonal and unilateral impositions, as can also be seen in the delay of the arrest of Jirki leaders for the sake of ensuring their cooperation against the PKK.

In short, we should not be trapped by the vocabulary of the nationalist elites and their numerous plans and reports and rather conclude that the state-Kurds relation between 1923 and 1990s was too static to be a case of assimilation or a story of becoming.¹⁰⁴ Beyond facts and statistics, the incapacity of the Turkish state to insert the people into a narrative of becoming through the ideals of modern, nation-state can be best followed in examples from

¹⁰³The prosecutor was killed two months later in Gemerek district of Sivas where he was appointed after the incidence.

¹⁰⁴Metin Heper regards this incapacity as the evidence of that the Turkish state did not attempt at assimilating Kurds into Turkishness. See Metin Heper, *The State and Kurds in Turkey : The Question of Assimilation*(Basingstoke England ; New York: Palgrave Macmillan, 2007).

everyday responses and knowledge of the people. For example, one of the leading cadres of the Şemdinli branch of pro-Kurdish DTP and of Human Rights Organization told me that villagers of Hakkâri were so unfamiliar with modern technology and life that they would bring grass and put in front of the graders used to open village roads to feed them. To him, until the emergence of the PKK in 1984, the people of Hakkâri had undergone a few changes. Also, Enver Özkahraman, who worked for fifteen years in YSE (*Yol, Su, Elektrik*, General Directorate of Roads, Water and Electricity) in Hakkâri in 1970s and 1980s, told me that he met people in Hakkâri who had not seen any vehicles or money before. A specialist who worked in Hakkâri Public Hospital between 1984 and 1988 likewise told me that one of his friends, a soldier, told him that there were villagers who still did not know the name and flag of the country and think that the country was governed by a sultan. In the interviews Muzaffer Erdost¹⁰⁵ conducted with the villagers of Şemdinli in the early 1960s, we find similar things. The following exchange between Erdost and a 25-year-old young woman living in a border village of Şemdinli, took place in 1963 or 1964 with the help of a translator, most probably the husband of the woman. It shows that after 40 years of its foundation the Republic could change nothing practically in everyday life of a Kurdish woman living in border zone. The woman did not have even any sense of calendrical time, let alone a sense of becoming or transition.

Q-Have you ever seen a car or truck or jeep?

A-No I have not ever seen.

Q-Have you ever heard refrigerator?

A-No I have not.

Q-Have you ever seen money?

A-No, I have not.

¹⁰⁵He is a Marxist intellectual and publisher.

Q-Never!

A-I have never seen [money].

Q-Do you know which day of the month is today?

A-I do not know.

Q-Which year are we in?

A-Really I do not know.¹⁰⁶

The other interviews in the book confirm that the woman was not exceptional. The answers Erdost received from primary school pupils were similar to those of the woman. Some of them did not ever hear the name of *Mustafa Kemal Atatürk*, the founder of the Republic. Some gave the name of *Zive*, a district of Iran, when the biggest province of Turkey asked. Some did not know even the name of the country. Almost none of them saw money and car before.¹⁰⁷

It would be, therefore, more realistic to portray the state-Kurds relation until mid-1990s, when village evacuations took place, as repetitive encounter of Kurds, most of who then used to live in rural areas, enjoyed *de facto* autonomy, and collectively violated essentials of the state sovereignty via illegal border trade and bearing arms, with a military rule acting with poor capacity on an alien and mountainous landscape. In short, we should not be trapped by the vocabulary of the nationalist elites and their numerous plans and reports and rather conclude that the state-Kurds relation between 1923 and 1990s was too static to be a case of assimilation or a story of becoming.

The argument that I would like to derive from this realistic portrayal of the states-Kurds relation is not one concerning the failure, lack or inadequacy of the assimilation. Rather than attempting at such a nationalistic self-critique argument putting emphasis on lacks and

¹⁰⁶Muzaffer İlhan Erdost, *Şemdinli Röportajı*(Ankara: Onur Yayınları, 1993), 164-65.

¹⁰⁷*Ibid.*, 242-45.

absences, the single way of maintaining assimilation narrative under the aforementioned conditions, I am concerned with the positivity of this encounter: the rationality, tactics, strategies and practices enabled by this sort of encounter. My argument is that the tactics, strategies and practices paved way by the encounter of Kurds with the military rule with weak infrastructural power were categorically not different from the instruments and rationality employed by so-called “traditional”, “despotic”, “pre-modern” states in their encounter with their subjects. With this argument I am not inclined to produce historicist analyses of or orientalize state-Kurds relation in the period at stake. Rather I would like to underline a modality of power which is common to infrastructurally weak states, the states which lack “the capacity... to actually penetrate civil society, and to implement logistically political decisions throughout the realm.”¹⁰⁸ sovereign power or, with Michael Mann’s conceptualization, despotic power, “power by the state... *over* civil society”¹⁰⁹ as an external actor. I identify the features of this genre of power and their particular reflections in Hakkâri context as follows:

1-To begin with, the end of sovereignty is nothing but to defend and maintain sovereignty against the threats posed by other sovereigns. In other words, a “self-referring circularity”¹¹⁰ is at work in sovereignty. Neither it is in search of the transformation or assimilation of its outside nor is infrastructurally able to do it. To put with Anthony Giddens’ words, in the eyes of a sovereign power, which he calls as “traditional state” or “class-divided societies”, “it is not really relevant what the rest of the population do in their day-to-day lives, so long as they do not rebel and are compliant in respect of the payment of taxes.”¹¹¹

¹⁰⁸Michael Mann, "The Autonomous Power of the State: Its Origins, Mechanisms and Results," *European Journal of Sociology / Archives Européennes de Sociologie* 25, no. 02 (1984): 189.

¹⁰⁹*Ibid.*, 190.

¹¹⁰Michel Foucault et al., *The Foucault Effect : Studies in Governmentality : With Two Lectures by and an Interview with Michel Foucault*(Chicago: University of Chicago Press, 1991), 34.

¹¹¹Anthony Giddens, *A Contemporary Critique of Historical Materialism. Vol.2, the Nation-State and Violence*(Cambridge: Polity Press, 1985), 59.

To transpose the argument to the case under focus, by claiming that the Turkish state acted in Hakkâri and Kurdish region within the ideo-political matrix of sovereignty I intend to say that the military rule acquired a distinct, self-referring logic and was not a means of anything outside itself. Put otherwise, unlike the role attached to itself by the Eastern Reform Plan and the succeeding plans, the military rule in Hakkâri and Kurdish region was not a moment of assimilation. Here I would like to refer to a brief and very striking expression which I heard several times from my informants in Hakkâri who, by fingering out the patrolling military vehicles or military buildings around, summarized this “self-referring circularity” character of the Turkish state: “Here it is itself the state protects, nobody else.”

2-Sovereign enjoys a great deal of discretionary power: “*L'État c'est moi.*” The answer given by a public defender to anthropologist Victoria Sanford’s complain about the humiliating behaviors of professional soldiers of Colombian army at a security checkpoint sheds light on the logic behind this discretionary power very well: “The problem is, they believe they can do whatever they want, because they can.”¹¹² That’s to say, it is the fact of not being delimited by anything that defines sovereign. That’s why Foucault defines sovereign as the one who enjoys “the right to *take* life or *let* live.”¹¹³ Even the law of the sovereign does not form a limit to the sovereign, let alone the lives of its subjects, for the sovereign is above the law and can “decide on the state of exception”¹¹⁴ as it wishes.

The very practices of the gendarmerie and later the army and special police teams after 1984 in Hakkâri and Kurdish region in general exemplify however large the range of arbitrariness the “security forces” enjoyed as sovereigns. In these practices the lines between the criminals

¹¹²Victoria Sanford, “Contesting Displacement in Colombia: Citizenship and State Sovereignty at the Margins,” in *Anthropology in the Margins of the State*, ed. Veena Das and Deborah Poole (Santa Fe, N.M. Oxford: School of American Research Press ; James Currey, 2004), 253.

¹¹³Michel Foucault, *The History of Sexuality* (New York: Vintage Books, 1988), 136.

¹¹⁴Carl Schmitt, *Political Theology : Four Chapters on the Concept of Sovereignty* (Chicago: University of Chicago Press, 2005), 5. See also Giorgio Agamben, *State of Exception* (Chicago: University of Chicago Press, 2005).

and the security forces have frequently become blurred. Killing, torturing, beating, degradation of citizens, confiscation of their properties and animals by armed forces of the state have been the rule, not exceptions, in Hakkâri.

3-Indirect rule is inherent to infrastructurally weak sovereign entities. As these entities are concerned only with taxation, conscription and a loosely defined order, their reliance on infrastructures of local power holders is both non-problematic and a necessity in the maintenance of their sovereignty. Except city states and some other small polities, as Charles Tilly put,

The Larger states... invariably opted for some form of indirect rule, co-opting local power holders and confirming their privileges without incorporating them directly into the state apparatus...Before the seventeenth century, every large European state ruled its subjects through powerful intermediaries who enjoyed significant autonomy.¹¹⁵

Intermediaries' use of the delegated exercise of state power for their own causes and the uncanny relations between intermediaries and states are invariables of indirect rule.

Indirect rule in Hakkâri and in Kurdish region meant the organization of the paramilitary groups, officially named as village guardians (*köy korucuları*), by the state in 1985; one year after the PKK started guerilla war. Many villages and tribes were largely by force and sometimes by negotiations and in return of privileges, as can be seen in *Jirki* case, armed against the PKK because the state was infrastructurally incapable of controlling rural areas and settlements. Emerging as sovereigns embodying the state in remote rural areas, these paramilitaries suspended the basic rights of those who they claimed to be affiliated with the PKK and had thus illegal benefits. Especially during the heyday of the clashes between the army forces and the PKK guerillas during 1990s, these paramilitaries committed numerous crimes.

¹¹⁵Charles Tilly and Arthur L. Stinchcombe, *Roads from Past to Future*(Lanham, MD: Rowman & Littlefield, 1997), 142.

4-Collective punishment must also be identified as an invariable part of the relation between infrastructurally weak sovereign entities and their subjects. In *Encyclopedia of War Crimes and Genocide*, collective punishment is defined as “a form of reprisal that seeks to inflict pain on a particular group or population for crimes supposedly carried out by one or more of its members.”¹¹⁶ The issue at stake in collective punishment is, including its sectarian form of use like the embargo on Gaza by Israel, primarily not an essentialist view associating some societies and communities with “crime.” Rather two things take place through collective punishment. It is a totalizing way the sovereign adopts in managing and eliminating a threat given that the infrastructural power of the state does not allow the sovereign to individualize and break it into its elements. Collective punishment is also an act oriented to “conduct of conduct”¹¹⁷ of the subjects, thereby ensuring self-discipline at community level given that the infrastructural power of the state is not enough to ensure self-discipline at individual level.

Village evacuations during the first half of the 1990s were the most obvious example of collective punishment in Hakkâri and in Kurdish region as well. Thousands of rural settlements, villages and hamlets, were brutally depopulated throughout the Kurdish region to hit a strike to the logistics of the guerilla war. Establishing border areas as forbidden zones beginning by 1956 as a measure against smuggling was one other case of collective punishment. Forbidden zones meant for the people living in settlements within and around border areas the restriction of the goods they can take into the settlement, the necessity to take permission each time while entering the settlements, ban on grazing in forbidden zones, facing constant gendarmerie pressure as suspects, etc. In Hakkâri especially the inhabitants of Çukurca and Uludere districts experienced these hardships for years.

¹¹⁶Leslie Alan Horvitz and Christopher Catherwood, *Encyclopedia of War Crimes and Genocide*, Facts on File Library of World History (New York: Facts on File, 2006), 89.

¹¹⁷Mitchell Dean, *Governmentality : Power and Rule in Modern Society*(London ; Thousand Oaks, Calif.: Sage, 1999), 20.

Another example of collective punishment in the province and the region was the embargo put on the inhabitants of rural settlements during 1990s in the heydays of the clashes between the army and the PKK. Setting quotas for each consumption item, the state prevented the peasants from buying more than they can consume from the shops in towns, thereby tried to hit a strike to the guerilla logistic.

Ban on uplands was another instance of collective punishment. Beginning from late 1980s, the Turkish state started not to allow villagers in Hakkâri to go and use uplands. The goal was to deprive the PKK guerillas of the opportunity of easy access to food and shelter.

Security check points should also be named as instances of collective punishment. During 1990s there were more than ten security checkpoints in Hakkâri-Van road and even in 2009, when the emergency rule was already lifted, all cars and buses used to be stopped in 3-4 security check points where, especially during 1990s, passengers used to be interrogated, arrested, insulted and degraded.

To sum up, collective violence-punishment was not the totalizing outcome of a hatred and exclusionary stance towards Kurds. It was rather a method of eliminating threat and forcing people to self-discipline given that individualizing capacity of the state was extremely poor.

Sovereign Violence and Official Discourse on Kurds

Kurd is not a noun, it is an adjective.

Abidin Özmen, Inspector of the First General Inspectorate ¹¹⁸

We should proceed further and address the question how the Turkish state reconciled its claim to be a modern state obeying the rule of law with “pre-modern” sovereign violence-collective

¹¹⁸4. Umumi Müfettişler Konferansının 9/12/1936 Carşamba Günü Toplantısına Mahsus Zabıtname," in *Atatürk Ve Kürtler: Resmi Kanun, Kararname, Rapor Ve Tutanaklarla*, ed. Serap Yeşiltuna (İstanbul: İleri Yayınları, 2012), 248.

punishment, punishment of innocents along with “criminals”, systematic violation of basic human rights. The answer of the question would help us to have a better understanding of the sovereign violence-collective violence of the state and hence the nature of state-Kurds relation between 1923 and early 1990s. In this regard, Chakrabarty provides a good point of departure to start with:

The person who is not an immediate sufferer but who has the capacity to become a secondary sufferer through sympathy for a generalized picture of suffering...-such a person occupies the position of the modern subject. In other words, the moment of the modern observation of suffering is a certain moment of self-recognition on the part of an abstract, general human being. It is as though a person who is able to see in himself or herself the general human also recognizes the same figure in the particular sufferer, so that the moment of recognition is a moment when the general human splits into the two mutually recognizing and mutually constitutive figures of the sufferer and the observer of suffering.¹¹⁹

Building up Chakrabarty’s argument, it can be said that dehumanization is inherent to modern cruelty.¹²⁰ For a modern subject to lead suffering of anyone intentionally without feeling any twinge of guilt, he must already have cancelled the commonality between himself and his victim: the fact of being human being. Dehumanization of victim is the name of this cancellation.

If one face of collective violence was insufficient disciplinary capacity to individualize, its other face was the official nationalist discourse between 1925 and early 1990s which dehumanized or, to put more precisely, did not regard and behave Kurds as full human beings. To the official discourse in the named period, Kurds were Turks in origin, yet due to their geographical isolation from the rest of the country by mountains, interaction with Persians and Arabs, the hegemony of sheiks and aghas, political competitions, it was claimed, Kurds

¹¹⁹Chakrabarty, *Provincializing Europe : Postcolonial Thought and Historical Difference*, 119.

¹²⁰This is the argument elaborated by Zygmunt Baumann in *Holocaust and Modernity*. Zygmunt Bauman, *Modernity and the Holocaust*(Ithaca, N.Y.: Cornell University Press, 1989), 102-04.

somehow have fallen apart from the Turkish nation.¹²¹ That means Kurds as Kurds embodied no more than a case of degeneration in Turkish official discourse between 1925 and early 1990s. Kurdishness of Kurds was recognized not as a positive entity, as a separate ethnicity, a difference to be recognized and respected, but a worthless amalgam of Turkishness with those designated by Turkish nationalism as its “Other”: Arabic, Islamic, Persian, feudal cultures, etc. Kurdishness was thus deprived of any national status. That simultaneously meant deprivation of Kurdish individuals of full human status, since, as Agamben discussed with reference to Hannah Arendt’s remarks on the scandal the “refugee” posed to nation-states,¹²² membership to a national community is put forwarded as pre-condition of being recognized as human being by nationalist ideologies. Look at the lines below written by a Kemalist, Naşit Hakkı, after the Dersim massacre in 1938. In these lines, Kurdishness is so identified with lack of will and consciousness, distinct features of human beings, that Kurd is even likened to grass and hence reduced to mere biological existence or, to use Agamben’s vocabulary, to bare life.

A man who is rooted to the land as grass is called as “Kurd”. Kurd is bought and sold with the land and he is the commodity of who owns the land...Turk is honorable. He never accepts to be a slave. It is necessary to “Kurdify” a Turkish village in order to dominate it. The Ottoman state collaborated with the feudal landlords in this negative assimilation task...While tribes have names originated from Middle Asia and many families of the tribes which migrated to the western cities keep their national identity honorably, these same people who gave their centuries-old villages authentic Turkish names and live in accordance with Turkish mores were tagged by sheikh and feudal landlords together as “Kurd.”¹²³

The Turkish nationalist conviction that Kurds is a degenerated community below human society was not the single conviction of Turkish nationalism concerning Kurds. To Turkish

¹²¹For a typical example of this official discourse, see M. Şerif Firat, *Doğu Illeri Ve Varto Tarihi*(Ankara: Türk Kültürünü Araştırma Enstitüsü, 1981). This book was written in 1948 and republished by the Ministry of Education after the military coup in 1960 upon the demand of the military. The introduction of the second edition was written by Cemal Gürsel, the leader of the military junta who later became president.

¹²²Agamben, *Homo Sacer. Sovereign Power and Bare Life*, 126-35.

¹²³Naşit Hakkı, *Derebeyi Ve Dersim*(Ankara: Hakimiyet-i Milliye Bankası, 1939), 17.

nationalism, the degeneration did not go so far to terminate the potential and originary Turkishness of Kurds. The duty of Turkish nationalism was not only to emancipate Kurds from the traces of Middle Eastern culture but also to remind them their somehow forgotten Turkishness. The title of the memoirs of Sıdıka Avar, a teacher who worked like a Turkish missionary after Dersim massacre to gather Kurdish girls for boarding schools, is a good example of optimistic aspect of official approach to Kurds as “future Turks.”¹²⁴ The name of the memoirs is “My Mountain Flowers.”¹²⁵ The Kurdish children of Dersim gathered by Avar to be assimilated in boarding schools were conceived of as mountain flowers, as uncultivated beauty waiting to be refined in the hands of teachers committed to the cause of Turkish nationalism.

Nevertheless, in all cases, the place reserved for Kurd by official Turkish nationalism did not go beyond bare life, being grass to be cut and being mountain flowers to be cultivated and refined.¹²⁶ Kurd as Kurd was a degeneration to be eliminated and Kurd as future Turks was a potential to be educated and disciplined. In none options, Kurd in his actuality was considered worthy of recognition. It is this unworthiness of Kurds that normalized sovereign violence-collective punishment, made it ideologically tolerable and even desirable in the eyes of the state agents.¹²⁷

¹²⁴Mesut Yeğen, *Müstakbel Türk'ten Sözde Vatandaşa: Cumhuriyet Ve Kürtler*(Cağaloğlu, İstanbul: İletişim, 2006).

¹²⁵Sıdıka Avar, *Dağ Çiçeklerim, Anılar*(Ankara: Öğretmen Yayınları, 1986).

¹²⁶It is not accidental therefore the most popular everyday nationalist image of Kurds was “Kurd with tail.”

¹²⁷The restoration of the honor of General Mustafa Muğlalı is a striking example of this argument. General Mustafa Muğlalı, one of commanders of the War of Independence, got 33 Kurdish smugglers in Özalp district of Van executed by shooting without any legal process and authorization in 1943. With transition to electoral democracy in 1946 and upon the insistence of the deputies of the Kurdish region of the *DP*, Muğlalı was judged, found guilty and sentenced to capital punishment in 1949. He died in 1951 when he was given treatment in the military hospital. However, his honor was gradually restored after 1988. In 1988, he was taken out of his grave and was buried in Turkish state cemetery where only presidents, prime ministers and commanders of the War of Independence are buried. In 1997 his statue was erected in the garden of the War Academy. Further, his name was given in 2004 to the border barracks at Özalp where the massacre occurred. Despite the insistent demands of the pro-Kurdish BDP, the name of the barracks remained unchanged until November 2011.

To sum up, the years passing under military rule were too repetitive to pave way the construction of a linear becoming narrative of assimilation. Rather than being a signifier of a story transcendent to itself, the military rule embodied a self-referring circularity of constant search of establishment, maintenance and defense of itself. I argue that the sovereign violence released by this self-referring circularity can be classified into two forms. One group of violent practices pertained to the collective punishment employed by the army and the other to the criminal practices of the armed forces of the state, including those of paramilitaries, by which the employers of violence had illegal benefits relying on their sovereign power. Below I flesh out the history of sovereign violence in Hakkâri in Republican period.

Sovereign Violence in Hakkâri

Collective Punishment in Hakkâri or Rendering All Citizens into Suspects

It must be acknowledged that the region under my administration does not resemble to any part of the country in any respects and that its government by laws employed in other parts of the country would not establish the desired peace, silence and assimilation in the region...If a man planning to go at banditry knows that his children and wife he would leave behind in the village and those who would protect and help him would be immediately annihilated, it is certain that the number of those who would go at such awful things would decrease.

Abidin Özmen, Inspector of the First General Inspectorate¹²⁸

My observations in Erzincan convinced me to the necessity of disciplining and banishment of Aşkirik, Gürk, Dağbey, Haryi villages which considerably damage the economy and threaten the public order of the province. To have a [detering] effect on all Kurdish villages in the province which have already been very spoilt and also to institute the sovereignty of the state, it would be appropriate to damage these villages by an air fleet that would be sent to Erzincan.

Marshall Fevzi Çakmak, Chief of General Staff¹²⁹

¹²⁸"4. Umumi Müfettişler Konferansının 9/12/1936 Carşamba Günü Toplantısına Mahsus Zabıtname," 211.

¹²⁹Reşat Hallı, *Türkiye Cumhuriyeti'nde Ayaklanmalar 1924-1938*(Ankara: Genelkurmay Harp Tarihi Bşk. Yay., 1972), 35.

“Illegal and unreasonable gendarmerie oppression must be abolished.”¹³⁰ This was one of the demands in the list of demands of Hakkâri sent to the Prime Minister's Office in 1966. In the answer of the Prime Minister's Office to the petition, the petitioners were informed that “all authorities were warned to correct the wrong impression that [gendarmerie] stations are places of torture and beating.”¹³¹

To be sure, gendarmerie oppression in Hakkâri was far beyond being a wrong impression that could be corrected easily. The systematic use of violence has been the norm of rule in Hakkâri throughout the whole Republican period. Extraordinary forms of rule in Hakkâri took start in 1925 when the government promulgated Law for the Restoration of Order (1925-1927) against the Kurdish nationalist Sheikh Said Revolt in the Kurdish region, which granted extraordinary authority to the government to suppress the revolt. Establishment of the First General Inspectorate in 1927 followed the Law. Its task was to integrate Kurdish region to the nation-state in terms of economy, culture, security, transportation, language, etc. The First General Inspectorate was *de facto* abolished by the CHP in 1947 when the Turkish politics had already acquired a competitive character with the foundation of DP in 1946. There was no special legislation issued for the period between 1947 and 1979, but it was by no means a return to a normal form of rule in Hakkâri. Being accused of violating forbidden zones declared after 1956 as a measure against smuggling, peasants living along the Iraq border were ordinarily exposed to the gendarmerie oppression. Commando operations carried out in 1970 in the name of seizing guns of the people and of fighting against banditry were another instance of extraordinary way of rule in which basic rights of the people were systematically suspended through torture, beatings, curse, killings and degrading behaviors. In 1979 Hakkâri was added to the list of those 13 provinces ruled under martial law.

¹³⁰ *BCA BMGMK*, [Catalog Number: 030 01/120 765 1].

¹³¹ *Ibid.*

Authoritarian doses of martial law increased when military came to power in 1980 and extended martial law to the whole country. Military council banned in 1983 the use of different languages in everyday life other than Turkish and languages of countries officially recognized by Turkey, which practically meant the ban on use of Kurdish in everyday life. Rule under martial law lasted until 1987, the year when emergency rule replaced martial law.

“Come and witness and if you still frankly be able to confirm that this province being ruled by the Republican regime for 45 years is one ordinary province within Turkish borders, I will apologize to you.”¹³² Ali Karahan, the deputy of Hakkâri, was complaining to the deputies about the extent of oppression of people by gendarmerie with these words in 1966 when Hakkâri was, at least in terms of law, ruled by formal democratic mechanisms. His call “come and witness” was referring to unimaginable otherness of the people's experience with the state, which deepened in the course of the emergency rule. Emergency rule had a distinct role in the production of this otherness since no period in the history of the Kurdish region and of Hakkâri during the Republican period can be compared to the emergency rule with respect to degradation of lives, that is, in reduction of people to disposable bare life: village evacuations, 30 days lasting detention period in which suspects were systematically tortured and sometimes killed, disappearances of suspects, detention of all males in a neighborhood supposed to be source of a PKK attack, murders of political opponents by the Gendarmerie Intelligence (*JITEM*) and special police forces, degrading behaviors and arbitrary detentions in military checkpoints, threatening people and especially peasants not to vote for pro-Kurdish party or candidates, complete suspension of the right of assembly and free speech, etc. Emergency rule was lifted in Hakkâri in 2002 by the AK Party, yet this time the KCK operations took start and thousands of Kurdish activists were arrested.

¹³²Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 2, session 103, volume. 7, 29 June 1966.

Sovereign violence in Hakkâri took, before anything else, the shape of collective punishment. To repeat, collective punishment has two functions: given that infrastructural power of the state lacks the capacity to individualize, collective punishment functions both as a method of eliminating the threat even roughly and in a totalizing manner and also a disciplinary technology forcing self-discipline and self-policing at community level. These two functions of collective punishment can be figured out in the history of the relation between the Turkish state and Kurdish inhabitants of Hakkâri and Kurdish region as well. Below I analyze two forms of collective punishment of Hakkârians. First, I focus on the use of collective violence as a measure against the illegal border trade. Then I pass to the analysis of technologies of collective violence employed against the Kurdish insurgency led by the *PKK*.

Illegal Border Trade and Collective Punishment of Border People

Thirty-Three Bullets

They applied the decree of death
 They stained
 The half-awakened wind of dawn
 And the blue mist of the Nimrod
 In blood
 They stacked their guns there
 Searched us
 Feeling our corpses
 They took away
 My red sash of Kermanshah weave
 My prayer beads and tobacco pouch
 And left
 Those were all gifts to me from friends
 All from the Persian lands
 We are guardians, relatives, tied by blood
 We exchange with families
 Across the river
 Our daughters, these many centuries
 we are neighbours
 Shoulder to shoulder
 Our chickens mingle together
 Not out of ignorance
 But poverty
 We never got used to passports
 This is the guilt that kills us
 We end up
 Being called
 Bandits
 Killers
 Traitors...
 Kinsman, write my story as it is
 Or they might think it a fable
 These are not rosy nipples
 But a dum dum bullet
 Shattered in my mouth
 Ahmet Arif, in *Hasretinden Prangalar Eskittim*, translated by
 Murat-Nemet Nejat¹³³

¹³³“Thirty-Three Bullets,” http://www.siiir.gen.tr/siir/a/ahmed_arif/thirty_three_bullets.htm This poem was written by famous poet Ahmet Arif on the murder of 33 Kurdish smugglers in Özalp district of Van by the order of General Mustafa Muğlalı in 1943.

Illegal Border Trade

In the history of the Republic collective punishment was employed by the armed forces of the state against two threats. The first threat to be identified was illegal border trade. Illegal border trade in Kurdish region is coeval with the share of historic Kurdish lands by Turkey, Iran, Iraq and Syria following the disintegration of the Ottoman Empire. Given that the Turkish state could not integrate the region to the national market, lacked the capacity to police the border, and the people have not had any difficulty in establishing connections on the other side of the border due to their kinship networks, illegal-cross border trade was many times both the single economic way of accessing to basic convenience goods and also a somewhat profitable enterprise.

For the nationalist elites illegal-cross border trade was not a one ordinary crime. It has been rather a huge problem concerning assimilation of Kurds to Turkishness. That's why the minister of Interior Şükrü Kaya asked İbrahim Tali Bey, first head of the First General Inspectorate, during his tour in the region in 1931 that the efforts to prevent smuggling, which deals a big blow to national economy, must be intensified,... smuggler must be regarded as a traitor and the struggle against smuggling must be regarded as a National Struggle and prioritized.¹³⁴ It was not accidental that struggle against illegal border trade was also addressed in the Eastern Reform Plan, the guiding text of the Turkish assimilation strategy.

The danger posed by illegal border trade to the assimilation policy has had two legs. First and foremost it has been a strike to the assimilation via integration to national economy. Illegal border trade has been a threat to the nationalist plan aiming at integrating the region to the Turkish economy, cutting cross-border links of the region and uniting the personal destiny of the Kurdish people with that of the Turkish nation-state. Put otherwise, the fight against

¹³⁴Koca, *Doğu-Güneydoğu Anadolu Politikaları*, 1, 323.

illegal border trade of the Republic was a fight over the gain of the loyalty of the people. In a classified report submitted to the Prime Minister İsmet İnönü in 1931, the minister of interior Şükrü Kaya said that:

It is our right to demand the deportation from border zone of the people who are preoccupied with both political banditry and smuggling, like Dashnak leaders and smugglers in Qamishli: Pharmacist Samoel, Hasip Sehirdiyan, Ekber Ekbercan, and Ohannes Tasciyan. They both threaten the security of our borders and also use smuggling for their political attacks. Habituating aghas, tribal leaders and transporters, who could not be deceived so far by political propagandas, to smuggling, they gain their loyalty. There is a danger that the Dashnaks on the south border can regard smugglers, who by nature have conflict with the armed forces of the state, as agents of propaganda and their extended arms.¹³⁵

In *Şark Seyahati Raporu* written by Prime Minister İnönü in 1935 after his Eastern tour upon the demand of Atatürk, İnönü expends similar sentences. Referring to the French policy in Syria border, he says that “France has acquired supporters by providing advantages to the people of border zone.”¹³⁶ To İnönü, creation of affluent and strong centers composed of Turks and Armenians, who subsist on smuggling, across the border was the political mainstay of France.¹³⁷

One can see similar remarks in local newspaper *Hakkâri* in 1983, just one year after the first *PKK* guerilla groups began to enter Hakkâri and visit hamlets and villages for reconnaissance and propaganda. In a serial on illegal border trade written by gendarmerie it was mentioned that “destructive and divisive ideologies”¹³⁸ were imported by smugglers who inevitably had

¹³⁵ *BCA BMGMK*, [Catalog Number: 030 10/ 180 244 6].

¹³⁶ İsmet İnönü, “Şark Seyahati Raporu,” in *Atatürk Ve Kürtler: Resmi Kanun, Kararname, Rapor Ve Tutanaklarla*, ed. Serap Yeşiltuna (İstanbul: İleri Yayıncılık), 444.

¹³⁷ *Ibid.*

¹³⁸ In the vocabulary of mainstream Turkish politics, by “destructive ideologies” are intended all sorts of Marxist-Leninist ideology and by “divisive ideologies” all sorts of Kurdist currents.

contact with “armed anarchists”, and the people of border areas thus became familiar with these ideologies.¹³⁹

The second danger posed by illegal border trade to the Turkish nation-state has been the fact that the PKK has “taxed” illegal border trade and thus raised considerable income to finance its war against the Turkish state. Sarı Baran, a *PKK* guerilla who was active in mountains of Hakkâri during 1990, told Aliza Marcus that they used to seize 3% of each herd as tax to let smugglers pass through with their herds. Sometimes they used to eat the animals they seized and mostly they used to sell them.¹⁴⁰ The tax rate imposed on electronic items, for instance in 1994, was 10%.¹⁴¹ To a report submitted to Van Gendarmerie Command of Public Security in 1999, annually five hundred thousand animals used to be illegally brought to Turkey through Şemdinli, Başkale and Yüksekova. The worth of animals illegally brought in a year was 15 trillion TL, and it was estimated in the report that the PKK used to raise 1.5 trillion TL annually from animal smuggling.¹⁴²

In the PKK terminology the name given to smuggling was border trade. In a book prepared by some commanders of *ARGK* (*Artêşa Rizgariya Gelê Kurdistan*, People`s Liberation Army of Kurdistan) in 1996, *Savaş ve Ordu Kılavuzu* (Guide to War and Army), it was stated that:

To develop the sources of war economy and meet some needs it is important to take the trade under control and develop it. It would not be wrong to provide convenience to those preoccupied with trade on border zone to meet the needs of the war and the people.¹⁴³

This statement was already on practice for years. The attack in 1985 in Hakkâri to the gendarmerie station¹⁴⁴ constructed between *Kasura* and *Haftanin* to prevent “border trade”

¹³⁹ *Hakkâri*, 27 January 1983.

¹⁴⁰ Aliza Marcus, *Kan Ve İnanc: Pkk Ve Kürt Hareketi*, trans. Ayten Alkan (İstanbul: İletişim Yayınları, 2009), 246-47.

¹⁴¹ Osman Pamukoğlu, *Unutulanlar Dışında Yeni Bir Şey Yok: Hakkari Ve Kuzey Irak Dağlarındaki Askerler* (İstanbul: Harmoni, 2004).

¹⁴² Erdal Sarızeybek, *Şemdinli'de Sınırı Aşmak* (İstanbul: Pozitif, 2011), 95.

¹⁴³ *Savaş Ve Ordu Klavuzu*, 1. baskı. ed., WeşanêN SerxwebûN (S.l.: WeşanêN Serxwebûn, 1996), 108.

can be seen as an instance of this practice. To a guerilla, the station was raided because the people used to face ill-treatment on the pretext of preventing smuggling and also headquarter led to a decrease in economic revenue [of the PKK].¹⁴⁵ The role of illegal border trade in the war economy of PKK is also confirmed by Erdal Sarızeybek, the former commander of Şemdinli Gendarmerie Border Battalion during 1990s. To him, there was a strong correlation between the target acquisition and counter-smuggling activities. The stations and troops more sensitive to smuggling were more likely to be targets of the guerilla attacks.¹⁴⁶

As for Hakkâri, as a province with districts all at border zones, illegal border trade has always been one of three major economic activities in Hakkâri; the others have been civil service, especially for Hakkâri city, the provincial capital, and animal husbandry. Due to the large share of animal husbandry in the economy of Hakkâri, cattle and small cattle has been the favorite item of illegal border trade in Hakkâri. In 1940, for instance, it was decided by the ministry of finance to reward the governor of Hakkâri, Sadullah Koloğlu, with a letter of appreciation due to his successful struggle in cooperation with his colleagues in Mosul and Erbil against illegal border trade of cattle and small cattle.¹⁴⁷ In local newspapers of Hakkâri of 1960-70s, one can see countless cases of armed conflict between gendarmeries and smugglers smuggling, along with other items, mainly cattle and small cattle. The following case reported by *Hakkâri* in November 1962 was part of everyday lives of the people of Hakkâri in these years:

The gendarmerie was reported that Ömer and his friends from *Hetris* village of *Beytüşşebap* and Mustafa from *Uruzi* village of Iraq, who have collected 2500 purple sheep from *Beytüşşebap* area for 3 to 4 months, take sheep to Iraq border. Upon the denunciation, gendarmeries

¹⁴⁴It was most probably *Serin* gendarmerie border station which was raided in October 1985. 9 soldiers were killed in this raid.

¹⁴⁵*Serxwebun*, August 2013.

¹⁴⁶Sarızeybek, *Şemdinli'de Sınırı Aşmak*, 34. It must be emphasized that Sarızeybek tells these to present the PKK as a non-sociological phenomenon, a criminal, mafia-type organization. What I am trying to emphasize with reference to him is instead the sociological dynamics of the PKK violence.

¹⁴⁷*BCA BMGMK*, [Catalog Number: 030 10/ 230 548 10].

ambushed these two people and while bandit Ömer was killed, his friend Mustafa surrendered to the gendarmeries at the end of the conflict.¹⁴⁸

In the leader of *Hakkâri Sesi* issued on 3 August 1970, the huge volume of cattle and small cattle smuggled in the region was once more emphasized and the state was called to open a meat processing plant to prevent smuggling.¹⁴⁹ During the conflict-ridden 1980s and 1990s illegal border trade of cattle and small cattle continued without slowing down. To Sarızeybek, the volume of illegal border trade of cattle and small cattle during 1990s was high, so that illegally imported cattle and small cattle used to be carried by trucks.¹⁵⁰

Illegal border trade in Hakkâri has never been limited by cattle and small cattle trade, albeit its considerable and invariable share in total volume of illegal border trade in Hakkâri. In Şemdinli, for instance, illegal border trade of tobacco always had an important place in the economy of households.¹⁵¹ Heroin trade has been so widespread in Yüksekova that it would not be an exaggeration to argue that there is almost nobody in Yüksekova who does not have a kin affiliated with heroin trade.¹⁵² Illegal border trade of fuel in Hakkâri, especially in its former district Başkale, is at such extent that thousands of people directly and indirectly subsist on illegal border trade of fuel. The volume of illegal border trade of daily consumption items like sugar, tea and cigarette in Hakkâri has been massive as well. Illegally imported cigarette boxes are sold every corner of Hakkâri streets without any police intervention. “Turkish tea,” the name given by the people of Hakkâri to tea cultivated in Rize, a coastal

¹⁴⁸ *Hakkâri*, 26 November 1962.

¹⁴⁹ *Hakkâri Sesi*, 3 August 1970.

¹⁵⁰ Sarızeybek, *Şemdinli'de Sınırı Aşmak*, 94-97.

¹⁵¹ Erdost, *Şemdinli Röportajı*, 185-86.

¹⁵² One of the best restaurants of Hakkâri provincial center is run by a person from Yüksekova. On the wall behind cash point of the restaurant stands a small photo of Savaş Buldan, a businessman from Yüksekova killed along with Hacı Karay and Adnan Yıldırım, two other Kurdish businessmen, in 1994 soon after the Prime Minister Çiller said that “the list of those businessmen funding the PKK is in our hands.” Once while I was paying the bill, I asked the owner by signing the photo his behind: “Is not he Savaş Buldan, the businessman killed by the state?” “Yes” he said, “he is my relative.” “Was he really a drug lord as claimed?” I continued, relying on the ground paved way by our preceding conversations. His answer was full of proud: “Yes, but he never did small jobs. He would use helicopters, panzers, etc.”

black sea province of Turkey, is cooked most times only in tea houses of public institutions for civil servants in Turkish origin who are not yet familiar with the taste of “smuggled tea.” Illegally imported cell phones especially produced by *Samsung* are sold in every cell phone shop and almost 200 dollar cheaper than taxed ones.

Figure 3.A Shanty Full of Smuggled Fuel (Şemdinli)



Examples can be multiplied. The role of illegal border trade in the economy of Hakkâri can be clearly followed in the statistics provided by annual reports prepared by Department of Anti-Smuggling and Organized Crime. To the report of 2011, Hakkâri is the third with 4.163.652 cigarette boxes, first with 1.110.336 kilos tea, second with 13900 kilos meat and third with

430 kilos heroin in the rank of provinces with respect to amount of illegally imported items seized by the police.¹⁵³

Collective Punishment of Border People: Security Zones

As an infrastructurally weak sovereign entity incapable of individualizing, the way the Turkish state responded illegal border trade was to render all border people into suspects. During the rule by General Inspectorate between 1927 and 1946, the violent character of the totalizing view of border people was apparent. The massacre of 33 peasants, accused of being preoccupied with illegal border trade of cattle and small cattle, in Özalp district of Van by the order of General Muğlalı in 1943 was the most brutal instance of the totalizing stance taken towards illegal border trade during the single party period.¹⁵⁴ The massacre was an exemplary punishment and message to the larger Kurdish community preoccupied with illegal border trade concerning the end they may face if they insist on smuggling.

With transition to multi-party period and the *DP*'s taking over of power from the *CHP* in 1950, border people relaxed some extent, yet they continued to be targets of a totalizing gaze rendering them suspects. The measure taken by the *DP* against illegal border trade was to declare security zones on border areas and restrict in-out flows of people, animals and commodities in security zones. In August 1956 the *DP* issued the Law on the Modification of Some Articles of the Law on the Prevention and Prosecution of Smuggling No. 1918 and the Supplementation of New Articles to the Law. By the law while sanctions against illegal border trade were severed, the council of ministry was authorized to declare security zones on border areas. By virtue of the law the government was able to nationalize lands in security

¹⁵³“Turkish Report of Anti-Smuggling and Organized Crime 2011,” Ministry of Interior Turkish National Police Department of Anti-Smuggling and Organized Crime, accessed July 25, 2012, <http://www.kom.pol.tr/Documents/Raporlar/2011ing.pdf>.

¹⁵⁴See İsmail Beşikçi, *Orgeneral Mustafa Muğlalı Olayı: Otuz Üç Kurşun*(Cağaloğlu, İstanbul: Belge-Uluslararası Yayıncılık, 1991).

zones and also deport and settle those settled in security zones to other regions. Moreover, those who take or try to take the items banned by the council of ministry into security zone without the permission of the units authorized by the Ministry of Interior and Ministry for Customs and Monopolies would be jailed from 6 months to 12 months.¹⁵⁵

In its meeting on November 1956 the council of ministry prescribed the border areas of Hatay, Gaziantep, Urfa, Mardin, Hakkâri, which range from borderline to 25 kilometers inside, as security zones. In another meeting of the council of ministry held three weeks later the items subject to permission were specified. Taking of the following items into security zone could not be done without the permission of the units authorized by the ministry of interior and ministry for customs and monopolies: Sheep, goats, cows; all sort of animal and vegetable oil; cotton seed, sesame; leather, wool, goat hair, intestine, egg; wheat, barley, rye, rice, pistachio, cotton; oak gall, wood coal.¹⁵⁶ With a notice issued by the Ministries of Interior and of Customs and Monopolies a month later to detail the implementation of the council of ministers decision, the citizens living in security zones were held obliged to declare the amount of items subject to permission. They were not allowed to stockpile these items more than an amount exceeding their half yearly needs and also had to declare within 48 hours any change occurring in their previous declaration.¹⁵⁷

Taking the practice of the decision into account, a new and more realistic notice was issued on November 1957. With the new notice, security zone and list of items subject to permission were divided into two. In the area, which range from borderline to 10 kilometers inside, the strict policy of the previous notice was maintained and even more severed. While in the previous notice the citizens in security zone were allowed to stockpile the items at stake until

¹⁵⁵Republic of Turkey, *T.C Resmi Gazete*, no. 9401, 7 September 1956.

¹⁵⁶Republic of Turkey, *T.C Resmi Gazete*, no. 9495, 28 December 1956.

¹⁵⁷Republic of Turkey, *T.C Resmi Gazete*, no. 9529, 7 February 1957.

their half yearly needs, the new notice did not allow them to have more than their personal, familial or professional needs which would be set by the governor responsible from the security zone. Moreover it was added that nomadic tribes also were not allowed to put their animals out to grass in this area. As for the area which ranges from 10 kilometers inside to 25 kilometers inside, a more moderate policy was adopted. The items subject to permission of the governor and to declaration was restricted for this area only by sheep, goats and cows. Other items could be consumed and stockpiled without any restriction and declaration.¹⁵⁸

On December 1962 the council of ministry took a new decision concerning security zones. In the new decision, security zone was redefined and narrowed. The area ranging from borderline to 5 kilometers inside was called as security zone. The next 5 kilometers was called as zone of precautions. In security zone the bans prescribed in the previous regulations were maintained. The citizens in security zone were not allowed to stockpile the items subject to permission. As for zone of precautions, a smuggling commission to be formed would be authorized to impose the same sanctions imposed in security zone in zone of precautions if necessary.¹⁵⁹

The last regulation concerning the security zone was done in March 1981 during military rule. By the decision of the council of ministry, security zone was broadened to 10 kilometers, and the term “zone of precaution” was annulled. Those living in security zone were still not allowed to have items, those addressed in the previous regulations and the ones to be fixed by the Provincial Commission of Smuggling, more than an amount to be fixed by the Provincial Commission of Smuggling based on the social and economic situation of the people.¹⁶⁰

¹⁵⁸Republic of Turkey, *T.C Resmi Gazete*, no. 9763, 22 November 1957.

¹⁵⁹Republic of Turkey, *T.C Resmi Gazete*, no. 11330, 9 February 1963.

¹⁶⁰Republic of Turkey, *T.C Resmi Gazete*, no. 17303, 7 April 1981.

To *Serxwebun*, the official publication of the *PKK*, quotas and security zones were announced to depopulate border areas to take these margin places, which have contacts and relations with “other pieces of Kurdistan” and are not under full command of the state, under control. By setting quotas, it was argued, the border people were compelled to leave their villages.¹⁶¹

It is difficult to conclude that the real goal of the decision was to depopulate border areas, at least in a period when the *PKK* did not start guerilla war, yet it would be legitimate to argue that the policy of declaring security zones was an instance of pre-emptive collective punishment. All border people were thus criminalized and rendered into suspects. That meant constant tension between border people and gendarmeries.

One of major manifestations of the tension between border people and border gendarmerie troops was about grazing of cattle and small cattle in security zone. It is understood from the complaints in the local newspapers and the parliamentary questions leveled to the Ministry of Interior that relying on a broad and arbitrary interpretation of the bans in the regulations gendarmerie troops used to prevent or seize cattle and small cattle grazing in security zone. It was stated, for instance, in *Hakkâri Sesi* on June 1977 that “there are at least 15-20 villages which are fifty meters close to the border and subsist wholly on animal husbandry...Gendarmerie troops do not let cattle of the citizens graze in forbidden zone 5 kilometers across. What should then the peasants who live on border do?”¹⁶² In other news published in *Hakkâri Sesi* on July 1975, we are informed that peasants living in villages of Esendere town, which is around Turkey-Iran border, worry while grazing their animals because gendarmeries seized their animals last year, claiming that the animals were grazing around 500 meters of the border.¹⁶³ To *Hakkâri Sesi*, most of the uplands and pastures of the

¹⁶¹*Serxwebun*, April 1973

¹⁶²*Hakkâri Sesi*, 27 June 1977.

¹⁶³*Hakkâri Sesi*, 8 July 1975.

citizens were in the security zone and the peasants had no alternative but to graze their animals in security zone because of the difficulty of finding available pastures. *Hakkâri Sesi* offered the authorities to revise the regulations and let cattle to graze until 1 kilometer close to the border.¹⁶⁴ One can find in the parliamentary question leveled by Mikail İlçin to the Minister of Interior some other instances of the tension between border people of Hakkâri and gendarmerie troops on duty along Iraq-Turkey border. We learn from the question that the people living in the villages of *Çığlı* town of *Çukurca* district, *Çukurca* county seat, *Işıklı*, *Çimenli*, *Çınarlı*, *Uzundere* villages and in their neighborhoods, which are within 5 kilometers to the Iraq border, were not allowed by gendarmeries to use their pastures and fields within 5 kilometers to the border. We learn also that gendarmeries did not let the people of *Uludere*, all of who used to graze their animals in pastures known as *Elcan* during spring and autumn, to use these pastures despite the fact that *Elcan* is within neither 5 nor 10 kilometers to the border.¹⁶⁵

Apart from the issue of grazing, border people of Hakkâri, especially people of *Çukurca*, suffered from the bureaucratic procedures concerning the declaration of the items they bought from Hakkâri provincial center. Ali Karahan, the deputy of Hakkâri, pronounced the complaints of the people of *Çukurca* with following words:

People of a district, which has 7 months-lasting winter, have to stockpile 7 monthly wheat and flour. Yet a man from *Çukurca* cannot take even two pouches of flour to his home. It is forbidden to buy more than one pouch of flour, which he can buy only with an authorization.¹⁶⁶

In issues of *Hakkâri Sesi* one can read numerous complaints concerning the necessity to take permission for the items fixed by the law and Hakkâri Provincial Commission of Smuggling. For instance, it was stated in *Hakkâri Sesi* on February 1975 that “it is shameful that Turkish

¹⁶⁴*Hakkâri Sesi*, 10 January 1975.

¹⁶⁵Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 4, session 132, volume. 20, 14 September 1976.

¹⁶⁶Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 2, session 92, volume. 36, 13 May 1969.

citizens have to take permission from the authorized units to take a pouch of flour and sugar into Çukurca.”¹⁶⁷ It was also complained in November 1974 that “the local people [of Çukurca] cannot take even the 3 monthly, half yearly or yearly needs of their children into [Çukurca] without any permission from the governorship or district governorship.”¹⁶⁸

One another manifestation of the conflicts between the border people of Hakkâri and gendarmeries was that the border people of Hakkâri used to be exposed to gendarmerie violence in security zone. To Mikail İlçin,

It is a fact that by the decision no. 10 issued in 1956 smuggling could not be prevented. In the practice of the decision no. 10 big misconducts have occurred. From the very beginning of the implementation of the aforementioned decision, our poor citizens who live in security zone and zone of precautions have been exposed to all sorts of illegal and arbitrary treatments, have been beaten, insulted and killed. Peasants living in the villages, where the decision has been implemented, have been thus deprived of their freedoms.¹⁶⁹

The murder of Hacı Kerem Yılmaz, who was a 65-70-year-old man, in Kayalar village of Şemdinli on June 1976 by gendarmeries of the temporary mobile gendarmerie station, which was constructed to prevent smuggling around, was a brutal instance of the gendarmerie violence at stake. To İlçin, gendarmeries of the station blazed away at the houses in the village arbitrarily on 2-3 am and Hacı Kerem Yılmaz fell victim to the bullets. Referring to the murder, İlçin asked the minister of interior: “What are measures taken or to be taken to prevent gendarmeries on duty along border to implement the law of the jungle anymore?”¹⁷⁰

¹⁶⁷ *Hakkâri Sesi*, 1 February 1975.

¹⁶⁸ *Hakkâri Sesi*, 23 November 1974.

¹⁶⁹ Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 4, session 132, volume. 20, 14 September 1976.

¹⁷⁰ *Ibid.*

Collective Punishment as Emergency Rule

To leave military forbidden zones, security zone, and usual patterns of gendarmerie violence aside, officially there was not an extra-ordinary form of rule in Hakkâri between 1950 and 1979.¹⁷¹ However, following the Alevi pogrom in Kahramanmaraş by ultra-nationalist militants of MHP (*Milliyetçi Hareket Partisi*, Nationalist Action Party) in December 1978, one of top points of polarizations during 1970s, martial law was proclaimed first in 13 provinces, where Alevi-Sunni and leftist-nationalist tensions were intense, and later in Kurdish provinces including Hakkâri upon the pressure of the army, despite the fact that there was neither an Alevi population nor a considerable political polarization in Hakkâri.¹⁷² Martial law was extended to whole country after coup'd etat in September 1980, yet while it was gradually annulled in Western provinces of the country in parallel to the pacification of the socialist movement; it was replaced by rule of Emergency Governorship in Kurdish provinces as of July 1987 due to the breaking out of the biggest Kurdish rebellion under the leadership of the PKK in 1984 by two simultaneous attacks to gendarmerie stations in Şemdinli district of Hakkâri and Eruh district of Siirt. Hakkâri was ruled by Emergency Governorship until July 2002.

Between 1979 and 2002, especially after 1984, the people of Hakkâri were target of collective punishment methods employed by the state against the threat posed by PKK guerillas following Maoist People's War strategies. As an infrastructurally weak entity which neither was able to individualize, to distinguish "terrorist" from "normal citizens," nor could police and control hundreds of scattered rural settlements, the batteries of guerilla war, the Turkish

¹⁷¹Although martial law was proclaimed in Hakkâri, Mardin, Diyarbakir and Siirt on 27.3.1975 by the council of ministry upon the "immediate danger posed to the border security" by migration of Iraqi Kurds escaping from the Iraqi army, the assembly refused the proclamation of martial law a day later. The proclamation thus could not be practiced.

¹⁷²Zafer Üskül, *Siyaset Ve Asker: Cumhuriyet Döneminde Sıkıyönetim Uygulamaları* (Ankara: İmge Kitapevi, 1997), 276.

state refashioned sovereign technologies of power which had been already in use. That meant, unlike productive power exercised over individuals and population, a repressive and deductive power exercised over territory. More concretely, the people of Hakkâri were collectively punished as a way of elimination of guerilla threat and of imposing self-discipline at community level. Collective punishment of the people of Hakkâri and Kurdish provinces occurred in following forms: Closing uplands to the peasants, imposing food embargos on villages, village evacuations, several terrorizing security check-points on Hakkâri-Van, Hakkâri-Çukurca, Hakkâri-Yüksekova, Yüksekova-Şemdinli, and village roads, behaving all people as if they are PKK supporters, members or sympathizers, murder of political opponents as exemplary punishment.

The most comprehensive, destructive and also the last instance of collective punishment methods employed in Hakkâri and Kurdish region was the village evacuations which started in late 1980s and intensified in the first half of 1990s. To begin with, it must be put that “the evacuation of thousands of small rural settlements in the countryside was not collateral damage or reprisal, but a constituent part of the field domination counter-insurgency strategy.”¹⁷³ Until 1993 the Turkish army lacked any well-defined counter-insurgency strategy that can be followed against guerilla force relying on the facilities and logistics enabled by thousands of dispersed and weakly controlled rural settlements on a largely mountainous landscape. In this period, to put with Joost Jongerden’s sentences,

The Turkish military took up defensive and static positions, especially at night, when soldiers were thought to be safe in their enclosures. Garrisons were built and fortified, and army units confined themselves to these garrisons. Operations were carried out, but units returned to their barracks before dawn. The Turkish armed forces had decided to concentrate on the defense of

¹⁷³Joost Jongerden, *The Settlement Issue in Turkey and the Kurds : An Analysis of Spatial Policies, Modernity and War*(Leiden, The Netherlands ; Boston: Brill, 2007), 91.

larger settlements and to refrain from nocturnal operations, which gave the PKK considerable freedom to establish control in the smaller settlements and to move by night.¹⁷⁴

The success of the PKK between 1987 and 1991 was such that the PKK completed the stage of strategic defense and moved towards the stage of strategic balance, which meant establishing liberated zones.¹⁷⁵ For instance, above a picture of marching PKK guerillas was read “Botan-Behdinan: We are Walking towards the War Government” as headline of *Serxwebun* on September 1991.¹⁷⁶

The announcement of the ‘field domination doctrine’ in 1991 and its implementation by 1993 by the General Staff however changed the flow of things fundamentally. To Jongerden,

The objective of the new doctrine was the destruction of the PKK environment, both by contraction (resettlement of the population) and penetration (deployment of special forces, applying the principles of a war of movement, and penetrating the spaces of the PKK, as well as drafting the civilian populations in PKK areas into the village guard system).¹⁷⁷

Village Evacuations

Village evacuations were one of the most decisive policies of the ‘field domination doctrine.’ In his speech delivered to the military officers, Osman Pamukoğlu, the commander of the Hakkâri Mountain and Commando Brigade between 1993 and 1995 and the executor of the ‘field domination doctrine’ in Hakkâri said that “where there is sea there are pirates. In this province [Hakkâri] are 674 villages and hamlets. These settlements form the spider’s web in which the PKK feeds itself. (...) [W]hy do not we concentrate all [villagers] in two or three

¹⁷⁴ *Hakkâri*, 5 October 1962.

¹⁷⁵ Ümit Özdağ, *Türk Ordusu Pkk’yı Nasıl Yendi?: Türkiye Pkk’ya Nasıl Teslim Oluyor, 1984-2010: Askeri Galibiyetten Siyasi Mağlubiyete* (Ankara: Kripto, 2010), 81.

¹⁷⁶ *Serxwebun*, September 1991.

¹⁷⁷ Jongerden, *The Settlement Issue in Turkey and the Kurds : An Analysis of Spatial Policies, Modernity and War*, 91.

main settlements.”¹⁷⁸ As is apparent in the words of Pamukoğlu, village evacuations were attack to guerilla logistics. To say with Jongerden’s words:

The evacuation of villages was supposed to destroy the social environment of the PKK. The countryside, once the livelihood of the insurgents, was to be altered in a kill-zone and the insurgents forced to retreat high into the mountains or cross the border to Iraq, where they were relatively safe, but suffered from hardship and isolation from the rural population, their source of supplies.¹⁷⁹

The new doctrine resulted in the intensification of the pressure on the villages. Peasants were forced to make an ultimate choice between fighting against the PKK as paramilitary village guardians and leaving their villages.¹⁸⁰ At the end of 1995, the peak year of village evacuations in Hakkâri, most of the villages of Hakkâri provincial center and of Çukurca and some villages of Yüksekova and Şemdinli were evacuated. The following is the list prepared by an activist of Hakkâri Provincial Branch of Human Rights Association. It exhibits the status of the villages of Hakkâri city by 1995.

¹⁷⁸Pamukoğlu, *Unutulanlar Dışında Yeni Bir Şey Yok: Hakkari Ve Kuzey Irak Dağlarındaki Askerler*, 59-60. Quoted and translated by Jongerden, *The Settlement Issue in Turkey and the Kurds : An Analysis of Spatial Policies, Modernity and War*, 43.

¹⁷⁹*The Settlement Issue in Turkey and the Kurds : An Analysis of Spatial Policies, Modernity and War*, 79.

¹⁸⁰In fact, threatening of the peasants of Hakkâri to lead them to take part in the war against the PKK as paramilitaries started with the establishment of the system of village guardianship in 1985. To Cumhuriyet Keskin, Hakkâri deputy of Social Democratic People’s Party who was killed in a feud, in ‘Silence Meeting’ held in Çukurca in September 1989 by the governor, the commander of Hakkâri Mountain and Commando Brigade, the provincial police chief, and the regiment commander, mukhtars (administrative heads) of the villages of Çukurca and leaders of the tribes were threatened. Keskin claimed that one of the officials said the people that “this is my last warning. Take arms. You have one week to arrive a decision. If you do not take arms and be village guardians we will regard you as PKK supporters. Keep this in mind while giving your decision.” To Keskin, the same official warned the people that they “may face the similar things taking place in Iraq” if they do not take arms. See Republic of Turkey, T.B.M.M *Tutanak Dergisi*, term 18, session 19, volume. 33, 19 October 1989. Via comparison to Iraq, the people of Çukurca were explicitly threatened by genocide like a one occurred in Halabja in March 1988. To *Serxwebun*, most probably in the same meeting, Mustafa Zeydan, the leader of North Pinyanişi tribe, said the people of Çukurca that “you either will take arms or go to the mountains. You do not have any alternative.” To *Serxwebun*, Ormanlı, Çimenli and Kelatan villages were completely evacuated because the inhabitants of these villages refused to sign the document concerning taking arms. See *Serxwebun*, January 1990.

Table 7.The Status of Villages of Hakkari City by 1995

Official Name of the Village	Kurdish Name of the Village	Not Evacuated	Evacuated	Transferred
Agacdibi	Kehê			X
Akbulut	Goranis		X	
Akcali	Gezne	X		
Akkus	Dêr		X	
Aksu	Billeh		X	
Baykoy	Bayê	X		
Bagisli	Şivelan (Xezekiyan)	X		
Bicenek	Dirêse		X	
Boybeyi	Asingiran	X		
Cevizdibi	Bêtkar		X	
Ceylanli	Welto		X	
Caltikoru	Sêvîn		X	
Caylica	Berî			X
Yeni Canakli	Cemêezu			X
Cimenli	Cemêbedel			X
Demirtas	Ewranis		X	
Doganyurt	Pîran		X	
Durankaya	Bêlan			
Elmacik	Nîspas		X	
Gecimli	Rumtik		X	
Gecitli	Peyanis	X		
Isik	Nîsê	X		
Isiklar	Pirkanis		X	
Konak	Kocanis		X	
Kavakli	Marînus		X	
Kaval	Qewal		X	
Kaymakli	Simûrînis		X	
Kirikdag	Dêz			X
Ogul	Tal		X	
Otluca	Xenanis		X	
Ordekli	Kotranis		X	
Pinarca	Balekan		X	
Tasbasi	Kelêtan			X
Umutlu	Mendan			
Uzumcu	Dizê	X		
Yoncali	Anîtos		X	
	SUM	7	21	6

Source: Provincial Branch of Human Rights Association

Among the districts mostly affected by village evacuations was, along with Hakkâri city, Çukurca. The dramatic demographic extent of village evacuations in Çukurca can be followed from the statistics provided by the State Statistical Institute. While rural population of Çukurca in 1990 was 14.271, it declined to 3609 in 2000.¹⁸¹ As for the villages of Yüksekova and Şemdinli districts, half of all villages of these districts were evacuated in the first half of 1990s as well.

Terrorizing Masses

Another instance of collective violence-punishment in Hakkâri and Kurdish region was behaving all citizens as potential terrorists to be killed. That policy led in following years to a standard critique that the armed forces failed in “distinguishing terrorists from normal citizens” during the rule by Emergency Governorship. This “failure” had four reasons. First and foremost, the state lacked the infrastructural capacity of individualizing and to distinguish “terrorists” from “normal citizens”. Secondly, emergency rule itself, as a territorial policy, regarded all those in emergency region as suspects and deprived them of their civil and political rights. Thirdly, the PKK reached to such an organizational power that there were objective limits to isolate PKK affiliates from the non-PKK affiliates. Fourthly, the members of special police teams working in the region and in Hakkâri were most times militants of ultra-nationalist parties like MHP and BBP (*Büyük Birlik Partisi*, Big Union Party).¹⁸² They were ideologically biased to Kurds and tolerated by the governments with the expectation to make use of their militancy against the PKK. All four factors resulted in rendering all people of Hakkâri into potential PKK affiliates to be legitimately killed, tortured, beaten or insulted. In short, terrorization of the masses was adopted as counter-terror strategy by the state. The

¹⁸¹Enstitüsü, 2000 *Genel Nüfus Sayımı: Nüfusun Sosyal Ve Ekonomik Nitelikleri, Hakkari*.

¹⁸²Once in a breakfast saloon I had to share the same table with a former member of special police teams. As a police proud of his and his fellows’ struggle against the PKK in emergency years, which he defines by “writing a legend”, he answered my question concerning the ultra- nationalist composition of special police teams that “Okey, but nobody else was willing to come here in those years.”

parliamentary question leveled by Cumhur Keskin to the minister of interior concerning the murder of a child, Ramazan Dağ, in a village of Çukurca in June 1988 by the armed forces shows that the murder of Ramazan Dağ was more than an accident and rather an ordinary symptom of the terrorizing totalizing gaze of the armed forces towards the people:

At 22.30 on the night of 30.06.1988 Ramazan Dag, who was a 13 years old child, was shot dead by the gendarmerie in Uzundere village of Çukurca district of Hakkâri while he was returning from the house of his neighbor Mustafa to his house where he stayed with his father... Is it true that curfew is imposed in the provinces ruled by state of emergency, that it has become almost a rule that the citizens who do not obey the curfew are arbitrarily fired upon, that consequently many citizens were shot dead and unreal official reports about those killed were made, claiming that “he answered the stop warning with firing and was captured dead at the end of the collision” or “the member of the secret organization, who answered the stop warning with firing, was captured dead.” While it is obvious that Ramazan Dag was a 14 years old child, that he used to live in Uzundere village and was shot dead without any stop warning while he was returning from his neighbor’s house to his father’s house, what interrogations have been made so far about those who prepared official reports showing him as a “PKK militant captured dead at the end of the collision” and attempted at throwing his corpse to the brook?...When will arbitrary searches, detentions and the practices that humiliate human dignity come to an end in the region?¹⁸³

The massacre of three peasants from *Yoncali* village in July 1989 by the army was another tragic result of the totalizing gaze of the state. To Keskin, who was informed by the peasants of Yoncali, on the day of massacre a group of peasants were mowing grass. Due to a feud, they had arms with them. When they noticed a group of soldiers in search of a PKK group approaching to the place they were mowing grass, they tried to hide the arms in panic. Yet the soldiers, upon the order of senior major Ahmet Korkmaz, blazed away at the peasants with rockets, automatic guns and howitzer without any summons. At the end, three peasants were

¹⁸³Republic of Turkey, *T.B.M.M Tutanak Dergisi*, term 18, session 6, volume. 14, 29 September 1988. To the report of the Human Rights Association, Ramazan Dağ was the first child killed in the war between the PKK and the state. See “1988-2011 Yılları Arası Güvenlik Güçleri Tarafından Öldürülen Çocuklar,” İHD Diyarbakır, accessed March 5, 2012, http://www.ihddiyarbakir.org/UserFiles/442597oldurulen_cocuklar_listesi.pdf.

killed and their corpses were burnt. Later it was announced that three PKK militants were captured dead.¹⁸⁴

Terrorization of Hakkâri city by special police teams in September 1993 was another striking example of collective punishment frequently occurring in 1990s. Upon a PKK attack to a police car around the hospital, which resulted in the death of a police and injury of four other policemen, special police teams randomly blazed away at the buildings and vehicles for hours. At the end, 59 shops and 7 cars were damaged, and two houses were completely burnt. The building of the municipality was among those shot as well.¹⁸⁵

Murder by Unidentified Assailants:

I was playing backgammon with one of my friends in the coffee house next to the municipality. Then I noticed that some people are wandering around us. I said Yaşar that “Yaşar, they have come either for you or me.” “No,” he said, “they are trying to find a seat to play backgammon as well.” I repeated: “Yaşar, they have come either for you or me. I will go to one side; you go to the other side. Let’s see for whom they have come.” We left playing backgammon, climbed up the stairs and I walked towards the *Kıran* neighborhood, towards the prison while Yaşar walked towards the Rectorate.” Later I heard that he had been taken custody, put into a panzer and taken to *Şine*. Then they had shot him dead by 25 bullets to his head.

Question: Was he politically engaged?

Yes, but not so much...

The victim of this brutal murder recounted by my informant was Yusuf Yaşar. He was murdered in 2005, three years after the annulment of emergency rule.¹⁸⁶ His was one of numerous political murders known in Turkey as “murder by unidentified assailants.” That

¹⁸⁴Republic of Turkey, *T.B.M.M Tutanak Dergisi*, term 18, session 27, volume. 33, 7 November 1989.

¹⁸⁵Republic of Turkey, *T.B.M.M Tutanak Dergisi*, term 19, session 15, volume. 41, 13 October 1993.

¹⁸⁶Despite the fact that the emergency rule in Hakkâri was abolished in 2002 by the AK Party, the methods of the emergency rule was left aside only after Şemdinli incidents in 2006 when two members of the Gendarmerie Intelligence were caught in the act in Şemdinli while they were attacking to the shop of a leading Kurdish activist with hand grenades.

meant in Hakkâri and in Kurdish region, as also confessed by Muammer Türker,¹⁸⁷ the former governor of Hakkâri, murder of Kurdish activists by the state. As a place where the armed forces could already easily kill without much hesitation by accusing victims as PKK militants, Hakkâri did not witness the use of the method of “murder by unidentified assailants” by the armed forces as much it was used in other Kurdish provinces. Put otherwise, the lives of the people of Hakkâri were already so worthless in the eyes of the state that the effort to keep legality even in appearance by murdering opponents in secrecy or by completely denying the responsibility of deaths, as occurred in cases of political disappearances, was not so inevitable.

Although “murder by unidentified assailants” seems at the first glance as an individualizing form of state terror, it is indeed another form of collective punishment, another form of sovereign technology of power. As discussed in the extensive literature on culture of fear and dirty war methods of military regimes in Latin America,¹⁸⁸ it is not the immediate victim of the murder or disappearance, but rather the fear diffused to the larger community from the disappeared or mutilated dead body of the victim which is really targeted by employers of that violence. What is targeted is the collectivization of fear by creating the sense that everybody can fall victim at any moment without any judgment, evidences and record. What takes place in the “murder by unidentified assailants” is “the instrumentalization of fear” as “a mechanism of social discipline.”¹⁸⁹ Put otherwise, in addition to the elimination of a particular threat, and even more important than that, the policy of “murder by unidentified assailants” served the cause of ensuring self-discipline at community level.

¹⁸⁷Star, 30 August 2011.

¹⁸⁸See among others, Kees Koonings and Dirk Kruijt, *Societies of Fear: The Legacy of Civil War, Violence and Terror in Latin America*(Zed Books, 1999); Linda Buckley Green, *Fear as a Way of Life : Mayan Widows in Rural Guatemala*(New York: Columbia University Press, 1999).

¹⁸⁹Norbert Lechner, "Some People Die of Fear: Fear as a Political Problem," in *Fear at the Edge : State Terror and Resistance in Latin America*, ed. Juan E. Corradi, Patricia Weiss Fagen, and Manuel A. Garret  n Merino(Berkeley: University of California Press, 1992), 32.

There are eight forced disappearance cases that could be identified in Hakkâri so far. In these cases, totally 26 people were killed, some found and some others are still lost. The biggest of these cases occurred in Şemdinli in July 1994. On the day of disappearance, gendarmeries forcibly collected all men of *Ormançık* village, who were village guardians then, at the helicopter landing pad in the village, shoot one resisting peasant dead and led to miscarriages of two women by beating them. The men gathered were stripped naked and beaten harshly. After beating the people, gendarmeries took 12 village guardians under custody by accusing them as PKK affiliates and interrogated them in the *Derecik* military base. No further information could be taken from them anymore. Military officials claimed that the gendarmeries released the detainees after the interrogation.¹⁹⁰ However, to a soldier who completed his military duty in the *Derecik* military base in the years at stake, these village guardians were excruciatingly interrogated by members of the JITEM (Gendarmerie Intelligence), who tried to extract information on PKK guerillas around, for 5 days and then were shot dead. To the soldier, the corpses were buried in the garden of the military base.¹⁹¹

Food Embargo on Villages and Ban on Uplands

Another form of collective punishment, which was widespread both in Kurdish region in general and in Hakkâri also during the heydays of the armed conflict between the PKK and the army, was food embargo employed on villages. The official name given to the food embargo was “controlled food transfer.” The rationality guiding the policy of the food embargo was simple. The state was unable to control and police the villages which were central to the logistics of the guerilla war. Taking advantage of the weakness of the state control on the villages, PKK guerillas were using these villages to access food, have shelter,

¹⁹⁰“Case of Meryem Celik and Others,” European Human Rights Court, accessed June 11, 2013, <http://hudoc.echr.coe.int/sites/eng/Pages/search.aspx#>

¹⁹¹Republic of Turkey, *T.B.M.M Tutanak Dergisi*, term 23, session 50, volume. 59, 20 January 2010.

obtain information, etc. Given that the state was incapable of identifying and capturing which villagers gives support to the PKK and which others do not, it was not surprising, though not justified by any means, that the state approached all villagers as suspects, as potential PKK affiliates. The food embargo employed on villages was a measure guided by such a perspective approaching all peasants as suspects ready or not unwilling to share his food with the PKK guerillas. To show how this “controlled food transfer” was implemented in Hakkâri; I would like to quote from those told by a grocer in Hakkâri city who was a child during early 1990s when food embargo was strictly implemented by the armed forces. This is what he says:

During 1990s, 1993-1994-1995, flour sacks coming to the shop used to be counted [by special police teams]. Special police teams would count flour sacks while they were carried from the truck to the shop as if they were the owners of the shop. After I sold these flour sacks, I would take their invoices to the police. They would count the invoices as well and say “you had 250 flour sacks, but here are 240 invoices only. Where are the invoices of the 10 flour sacks?”

Those told by a taxi-driver who was listening to my conversation with the grocer confirms however strict the policy of food embargo was implemented in Hakkâri in these years:

There was a security check point in *Katramas*. It was removed in 1998. I was taxi-driver then. The special police teams waiting there would take note who is taking how much foodstuff to his house: “...has one flour and one pasta sack.” The person who was noted to having taken one flour sack to his house would not be allowed before a month passed to take another flour sack to his house.

The observations of Fethullah Erbaş, then the Van deputy of Islamist Welfare Party, in a village of Hakkâri also repeat those said by my informants:

Once I paid a visit to a grocer while I was going from *Durankaya* to *Geçitli* village. I saw that there were two soldiers in the grocery and were taking notes who bought what. “What are you doing?” I asked. They answered that “if they buy more, they would take it to the PKK.” I did not say anything. There was a man in the shop. He wanted to buy two kilos pasta, yet he was not allowed to buy... Why do not you let citizens to take flour more than 10 kilos and oil more than

5 kilos to their houses? What does it mean? As long as emergency rule persists in the region in the name of fight against terror you will not have the support of the people.¹⁹²

Ban on uplands was another instance of pre-emptive collective punishment. Just as villages in Kurdish region were largely outside the control of the armed forces, so too were uplands of Kurdish region. In uplands PKK guerillas used to freely make propagandas and also could easily take sheep, goats and animal products from the villagers. To deal a blow to the logistics of the guerilla war, people were banned from uplands throughout the Kurdish region since late 1980s. Ban on uplands persisted even after the abolishment of the emergency rule. Until 2012, villagers of Hakkâri were not allowed to use most of the uplands of the province. According to the data I obtained from the Hakkâri Provincial Directorate of Food, Agriculture and Livestock thanks to the Freedom of Information Act, number of banned uplands and meadows in Hakkâri between 2008 and 2011¹⁹³ were as follows:

Table 8.Number of Banned Uplands and Meadows in Hakkari

	Hakkâri City	Yüksekova	Çukurca	Şemdinli	Sum
2008	19	15	20	64	118
2009	25	16	31	67	139
2010	11	20	28	44	103
2011	5	8	11	25	49

Source: Hakkâri Provincial Directorate of Food, Agriculture and Livestock

As I discuss in chapter 2, which is on indirect state racism and Hakkâri, this form of collective punishment of Hakkârians has had real dramatic consequences on the economy of Hakkâri

¹⁹²Republic of Turkey, *T.B.M.M Tutanak Dergisi*, term 20, session 24, volume. 2, 14 March 1996.

¹⁹³As I mentioned in the introduction, the local state apparatus does not have any properly kept archives. This fact applies for the provincial directorate of food, agriculture and livestock as well. The civil servants could not provide me the data of earlier years although they wanted to help me.

where animal husbandry has always been the primary economic activity and transhumance activity has been an invariable part of life.

Privatization of Sovereignty in Hakkâri

Our province is not a colony of the Republic.

Celal Çeliker, Head of the Van Provincial Organization of the CHP ¹⁹⁴

Sovereign violence over Hakkârians did not only take the shape of collective punishment methods which were resorted to realize the political goals of the Turkish nation-state. As sovereigns over Hakkârians, armed forces in Hakkâri almost as a rule rendered their sovereignty over Hakkârians as a means of personal gain. Using the concept elaborated by Achille Mbembe in *On the Postcolony*,¹⁹⁵ I define the use by armed forces of their very being sovereign over Kurdish peasants for their personal benefits as privatization of sovereignty. I argue that privatization of sovereignty was a constant phenomenon in Hakkâri and in Kurdish region throughout the history of the Republic. It first took place by hands of gendarmerie and later continued by the participation of paramilitaries after 1985.

We do not have records, documents and memoirs to shed light on how the privatization of sovereignty took place in Hakkâri during the era of General Inspectorate during the single party period, which may be started from the enactment of the Law for the Restoration of the Order in 1925 and ended practically in 1947 by transition to multi-party system. Yet the reports sent by the heads of the Van provincial organization of the CHP during early 1940s, which provide invaluable observations on privatization of sovereignty by gendarmeries in Van, may legitimately be used to understand the case in Hakkâri in those years. These

¹⁹⁴ *BCA CHP*, [Catalog Number: 490 01/490 1976 1].

¹⁹⁵ J. A. Mbembé, *On the Postcolony* (Berkeley: University of California Press, 2001).

observations, I argue, completely apply Hakkâri as well, for there were very few things apart from the administrative border¹⁹⁶ that distinguish Hakkâri from Van with respect to geography, demographical structure, social structure, etc. In the years at stake both were border provinces populated overwhelmingly with Kurds organized around tribes and largely settled in rural areas.

The reports sent by Muzaffer Koçak, head of the Van provincial organization of the CHP, to the General Secretary of the CHP in January of 1946 on the eve of the foundation of the Republic of Mahabad Kurdistan¹⁹⁷ on the other side of the border provides a description of the privatization of sovereignty by gendarmeries in Van. Referring to the propagandas originated from Iranian Kurdistan, Koçak informs Ankara that the very anger of the peasants to the gendarmerie violence and exploitation enables a ground open to Kurdist propagandas:

The significant increase of cruelty and torture inflicted on peasants by gendarmerie and border troops for years during these war years, murder of people in groups and individually without any judgment, manufacture of various excuses and lies to seize money and property [of peasants], retreat of interrogating those committing these acts even for the sake of appearance demoralized peasants in such a way that their possible inclination to the counter- propagandas should be seen natural, that propagandas are confirmed. To ensure the effectiveness of the measures taken and prevent the emergence of a new problem, it is a very necessary and required measure under such exceptional conditions to abolish the illegal pressure of our armed forces on the peasants or at least lessen it to the unremarkable levels. To take this measure, it is an imperative that our region needs to be staffed by experienced and competent commanders and staff who have authority on their subordinates.¹⁹⁸

¹⁹⁶Even administrative borders did not always separate these two provinces. In 1933, Hakkâri was rendered into a district of Van. In 1936, three years later, the provincial status of Hakkâri was returned.

¹⁹⁷The Republic of Mahabad Kurdistan was a short-lived independence attempt by Kurds. It was founded in Iranian Kurdistan in 1946 thanks to the support of the Soviet Union and was destructed by the Iranian state short after the Soviets retreated from their support for the Kurdish Republic. See Wadie Jwaideh, *The Kurdish National Movement : Its Origins and Development*, 1st ed., Contemporary Issues in the Middle East (Syracuse, N.Y.: Syracuse University Press, 2006), 243-66.

¹⁹⁸*BCA CHP*, [Catalog Number: 490 01/490 1976 1].

In the second report submitted eleven days later on 18th of January, Koçak continues to warn Ankara about the potential danger posed by the gendarmerie violence and exemplifies the criminal acts committed by the gendarmerie:

These propagandas targeting Kurdish peasants, who are about to flare up due to violent pressures and cruelty inflicted on them by soldiers, gendarmeries and some administrators, are enough to provoke them in case of the emergence of even a small opportunity. Many people we have in contact openly confess this fact...The situation resembles quite much the days preceding *Zilan* rebellion¹⁹⁹ when the provocations of the fugitives and the nobles who returned from the exile²⁰⁰ were enough to provoke the people already suffering from the pressure of gendarmerie and tax collector and cost millions of lira and thousands of lives.

While it is evident that there are such contra-activities on-going beyond our borders and they pose serious danger to our province and even our region, evils like banditry, theft, maelstrom, which lead to further demoralization of the people, continue without slowing down. Indeed it seems impossible to prevent such things with the contemporary gendarmerie, which is already a big problem of the eastern provinces, and troops which have lost their discipline under command of poor graded staff and the administrators, who comply with these troops and do not have any concern but appointment to elsewhere... We witness that armed forces burn vineyards and gardens of the people, burgle one or two houses a night, and these things are not prevented by the commanders of the armed forces.... On September a peasant in *Binceva* village of *Muradiye*, who had been just disbanded from the army, was bayoneted by soldiers just because he asked the soldiers who tried to confiscate his cows to allow him to drop his load before. In *Balçıklı* village of *Özalp*, [gendarmeries] took forty sheep of Hüseyin, who is the brother of mukhtar İbrahim, from his sheep fold because he refused the demand of the commander of the troop around to give him butter free of charge. Upon Hüseyin's follow of his sheep, he was caught by gendarmeries, his hands were tied, and he was beaten seriously and then brought into court with a claim based on an unreal official report accusing him of smuggling sheep to Iran...If we add to this calamity, which includes issues that cannot be reported with a few reports and pertain even to chastity, the calamities in the past especially mass murders, exiles, robberies and imposition of forced labor which is beyond power of the peasants,...carried out

¹⁹⁹*Zilan* rebellion is known also as *Zilan* massacre. During the counter-insurgency operations of the Turkish army against the Kurdish rebels in *Van* and *Ağrı* in 1930, the villages of the rebels in *Zilan* valley in *Erciş* district of *Van* were completely destructed and thousands of people were killed.

²⁰⁰After the *Sheikh Said* rebellion, those claimed to have led the rebellion were deported to the Western parts of Turkey, yet in 1929 the government allowed those deported to return their hometowns. This is what Koçak means by "those returning from exile."

by the former governor Hamit Onat and his friends, one can understand the excessive suffering of our province and its people.²⁰¹

To leave the nationalist concerns of Koçak aside, these reports show us that privatization of sovereignty by gendarmeries in Van was not an exceptional situation. It was not the act of some irresponsible and opportunist gendarmeries. As can be understood from the parallelism Koçak established between the years preceding *Zeylan* rebellion, which broke out in 1930, and 1940s, privatization of sovereignty by gendarmeries in Van was rather a rule throughout the period of the General Inspectorate.

The abolishment of the General Inspectorates by transition to multi-party system in 1946 and the emerging sensitivity to the demands of the people due to competitive ground of electoral democracy comparatively decreased the gendarmerie pressure on the people in the period between 1950, the year when Democrat Party won the elections, and 1979. In these years Hakkâri was not governed by officially declared and organized extra-ordinary forms of rule, yet the people of Hakkâri continued to inhabit in extra-ordinary days, since the difference was too slight to let the people construct linear narratives telling a passage from bare lives of extra-ordinary days of General Inspectorate to be disposed at wish to citizens of a democratic republic who are endowed with inalienable rights. Mikail İlçin, the mayor of Hakkâri between 1963 and 1968, complained in a press conference he held in Ankara in 1966 that “in the East the law of the jungle prevails.” To him the region was used as a place of exile and punishment. He said that:

The administrators and gendarmeries coming to the region under these conditions take out their anger on the citizens and inflict unimaginable cruelty on citizens, thinking that “they cannot be

²⁰¹ *BCA CHP*, [Catalog Number: 490 01/490 1976 1].

exiled further.” The cruelty [on citizens] still prevails despite the obvious orders of the President.²⁰²

The continuity in Hakkâri with respect to suspension of law and the military character of rule can also be followed in a case reported by the correspondent of *Cumhuriyet*²⁰³ from Yüksekova district of Hakkâri in September 1968. The correspondent reports a case of complaint he witnessed while he was talking with the district governor and the former mayor Mikail İlçin in the room of the district governor on the problems of the province and the region. The mukhtar (administrative head) of *Ginyanis* village complains of gendarmerie misconduct:

“Dear Caimacam²⁰⁴ Pasha. We all peasants have died. Gendarmeries come to the village and take our money and belongings. If we do not give them anything they beat us, they kill us. We ask your help Caimacam Pasha.”

The mukhtar of the Ginyanis village of Yüksekova district of Hakkâri was telling what all peasants suffer from the gendarmerie. They were no more able to tolerate [the gendarmeries]. All peasants [of Ginyanis village] have decided to leave their village... To the mukhtar, if the gendarmeries hear or have already heard that he came to Caimacam to complain them it would mean the end of him and also of other peasants. He therefore said that “We will not return to the village. Otherwise the gendarmeries kill us Caimacam Pasha.”

The former mayor of Hakkâri municipality Mikail İlçin said that “those told by the mukhtar is the destiny of all peasants of Hakkâri. Here the peasants have been wholly left to the mercy of the gendarmerie. They face illogical things due to even a minor resistance or complaint: they are labeled as Kurdist, rebel or smuggler. The peasants of Hakkâri have to comply with the gendarmerie. To the peasants, the biggest authority, after the God, is the gendarmerie, sergeant major in the [gendarmerie] station. Sometimes they cannot stand the pressures anymore and complain of the gendarmeries. Yet, as the procedure takes some time, those gendarmeries complained by the peasants put them through the winger. Because the mukhtar knows that

²⁰² *Hakkâri*, 19 December 1966.

²⁰³ A prestigious Kemalist newspaper started to be issued in May 1924.

²⁰⁴ The name given to officially and centrally appointed district governors.

reality, he cannot return to his village anymore. That's to say; here the people do not have any right to petition.”²⁰⁵

In Hakkâri of 1968 peasants were still devoid of the right to legal remedies against the gendarmerie in practice. The state they knew was a military apparatus, so that the single authority left to resort, the head of the administration of a district, could be imagined only in the form of military commander: “Caimacam Pasha.”²⁰⁶

As for individual instances of privatization of sovereignty by gendarmeries in the period, one can find numerous cases reported in local newspapers, memoirs and parliamentary questions asked by the deputies of Hakkâri, especially by Mikail İlçin. We can divide these cases in two sub-groups: one group of cases pertain to the use of sovereign violence to have material benefits and the other group of cases pertain to the use of sovereign violence just to take pleasure in performing sovereign power over Hakkârians.

To flesh out the former group, below I quote four cases of privatization of sovereignty by gendarmeries. The first two cases were recounted in *Şemdinli Röportajları*, which includes ethnographical observations of Muzaffer Erdost during his military duty in Şemdinli in 1963-1964 as reserve officer and veterinary surgeon.

Case 1:

Upon the call of the doctor I went to his room. There was a buck naked man in front of him. “Look at him” he said. His body was full of tumescence, bruises and scrapes. He was doubled up. [The doctor said that] he cannot hold his pee. “What happened to him?” I asked. “Yours beat him” he said. The “yours” was the sub-lieutenant in the first case. The story of the man is short: While the sub-lieutenant was hunting in the forest, he saw a tree which was cut. Then he called the shepherd, this man, who was grazing his sheep around. “Give me the honey you took from this tree” he said to the shepherd. The shepherd swore that he did not see any honey in the tree. The sub-lieutenant insisted on taking honey, knowing that bumblebees make honey inside trees.

²⁰⁵ *Cumhuriyet*, 4 September 1968.

²⁰⁶ Pasha is the name given to high rank military officers.

When the shepherd repeated that he did not see any honey, the sub-lieutenant began to cudgel him.²⁰⁷

Case 2:

The peasant named F.A tells the commander his problem: “Do not reappoint the squad of the captain to our neighborhood this year. We did not complaint anybody last year, but the God knows how much we suffered from them. Our children could not eat even a single cucumber. The gendarmeries were always in our fields. Nobody could dare to go outside after sunset. He [the captain] used to have anybody working in his field or threshing field arrested by the gendarmeries to beat them.”²⁰⁸

We see in another case which took place in August 1981 that gendarmeries seized 1140 small cattle of peasants in Uludere, claiming that they were grazed in zone of security. Instead of delivering these small cattle to the customs officers, they then took these animals to the gendarmerie troop and used the meat of these small cattle for needs of the troop.²⁰⁹ In a similar case which took place in Başkale, a district of Van at the border of Hakkâri province, in September 1976, 30 gendarmeries tried to lead a sheep herd of villagers of *Güvenlik* village, which was just outside the security zone, to the security zone to seize the sheep herd. Yet, upon the resistance of the villagers, the gendarmeries blazed away at the peasants for hours, broke the doors and windows of the houses of the villagers, arrested two villagers and beat them for hours.²¹⁰

These four cases of privatization of sovereignty by gendarmeries in 1960s and 1970s exhibit that gendarmeries continued to enjoy a great discretionary power on Kurdish peasants of Hakkâri even after the abolishment of the General Inspectorates and the transition to the electoral democracy. Neither bodies nor belongings of these peasants were inviolable. These

²⁰⁷Erdost, *Şemdinli Röportajı*, 239.

²⁰⁸Ibid., 239-40.

²⁰⁹Republic of Turkey, *T.C Resmi Gazete*, no. 20231, 24 June 1989.

²¹⁰Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 4, session 1, volume. 21, 1 November 1976.

peasants were still almost prior to law. Muzaffer Erdost does not mention any administrative or legal interrogation these gendarmeries faced due to thefts and tortures they committed.

Apart from privatization of sovereignty for material benefits, gendarmeries also used their sovereign power just to take pleasure in performing power and reproduce their sovereignty over Hakkâri ans. In the following case recounted by Erdost, this aspect of gendarmerie violence can be clearly followed. The sergeant beat peasants especially in front of their wives and daughters to enjoy the humiliation these peasants would undertake. That's the case as told by Muzaffer Erdost:

There are six gendarmerie buried in Beruh, in almost Iraq border. Reportedly there was a sergeant in Girana gendarmerie station who used to beat and swear the peasants. Despite their complaints, the peasants could not somehow achieve to ensure his appointment to elsewhere. Indeed they did not have an objection to be beaten. Yet here it is a manner that the men never tolerate to be humiliated in front of their women. Because the sergeant knew this manner, he purposely beat them in their houses in front of their women. The peasants then came to the town and sent a telegram to Ankara to complaint. It was the summer of 1960. Yet they were not given an answer. They returned back to their villages, ambushed six gendarmeries and migrated to Barzan region of Iraq.²¹¹

A beating case reported by local newspaper *Hakkâri* in October 1962 also exemplifies the use of sovereign violence to perform power over people. Given that local newspapers usually hesitated to report instances of gendarmerie violence, it may be speculated on a legitimate ground that sergeant major Macit Uzun repeated similar acts several times before. That's the case as reported by *Hakkâri*:

While the civil servants and the people were enjoying in the picnic they organize, the commander of the district gendarmerie station sergeant major Macit Uzun attempted in company with a gendarmerie battalion at dispelling the people and the civil servants by beating them... In addition, the commander sergeant major Macit Uzun arbitrarily had some citizens

²¹¹Erdost, *Şemdinli Rôportajı*, 240.

brought to the station to beat them and said them while beating that “hereafter you will not call me as sergeant major. You will call me as captain or commander. Otherwise I will have you brought to the station again and beat you to death.”²¹²

We also learn from the parliamentary question asked by Mikail İlçin that in 1976 the commander of Şemdinli Central Gendarmerie Station sergeant Yusuf Ziya Altan beat 11 citizens, including a village mukhtar, in the town center without any reason. To İlçin, the beaten mukhtar and the other sufferers who could dare to complaint were afraid of falling victim to the bullets of gendarmeries at the end of a possible conspiracy that may be organized by the commander.²¹³

The extent of suffering of peasants from privatization of sovereignty by gendarmeries for personal prestige and power in 1960-1970s can be better made sense if the extent of sovereign power of gendarmeries is shown to have extended over civil servants even over public prosecutors. In the period at stake even civil servants were not exempted from gendarmerie violence in cases they quested power and authority of the gendarmerie. The cases recounted below by İlçin in his parliamentary question directed to the minister of interior verify the sovereign power enjoyed by gendarmeries:

Unfortunately, gendarmerie troops of the Republic in our region, which is in charge of ensuring the interior silence and security and protecting the life, property and honor of the citizens, especially those settled at the border zone, somehow could not abandon since the declaration of the Republic the methods they have been using for 50 years like insult, beating and bastinado, ignoring all laws, internal regulations and orders given to them.

-The commander of the *Ördekli* gendarmerie station sergeant major had teacher of the school of the village, Süleyman Güllü, brought to the station by gendarmeries on the evening of 9.3.1976 and said him that “there is a habeas corpus about you. You will go to Hakkâri tonight. Get prepared.” Following his answer, “one cannot go in snowy weather in night. It is life-threatening. I can go tomorrow morning”, Güllü was thrown to the jail and bastinadoed to the

²¹² *Hakkâri*, 5 October 1962.

²¹³ Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 4, session 82, volume. 18, 30 March 1976.

morning... What is done to the citizens was done to the teacher of the Republic as well. The next day the teacher was brought to Hakkâri with the help of the peasants and then was transferred to the Van Public Hospital.

-By the order of the commander of Çukurca Mobilized Gendarmerie Unit, his troop arbitrarily fired without any target until morning in the streets of the district upon the interrogation opened by the district public prosecutor who did not approve his firing his gun up in the air in the town center and garden of his troop 2-3 months ago. Are there any administrative, military and legal interrogations carried out about this person?

-What do you think about the commander of Uludere District station who is so famous with beating citizens and civil servants that even he has been reported in the news?²¹⁴

The period beginning with transition to emergency rule by 1979 and especially with the foundation of the Emergency Governorship in 1987 against the rising guerilla warfare witnessed the intensification of acts of privatization of sovereignty by armed forces of the state including paramilitary village guardians after 1985. That was non-surprising, for the extent of sovereign power enjoyed by armed forces during the rule of Emergency Governorship can only be compared to that enjoyed during the rule of General Inspectorate when Kurds were, in full sense of the word, no more than bare lives to be disposed at wish.

The criminal records of paramilitary village guardians can be shown as a striking indicator of privatization of sovereignty during the rule of Emergency Governorship. As can be seen in the answer given by the minister of interior to a parliamentary question asked in 1997, village guardians have used to render sovereign power transferred to them into a criminal asset. The criminal records of village guardians as presented by the minister of interior by 1997 were as follows:

²¹⁴ Ibid.

Table 9.Crimes Committed by Village Guardians between 1985 and 1996

	Type of Crimes	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	Sum
Terror Crimes	Robbery and Burglary					2		1	2		7		1	13
	Murder	2			2					1	2		1	8
	Injury		2	1	2						4		1	10
	Armed Conflict with Security Forces	1								3				4
	Collective Attack to Security Forces									1				1
	Armed Housebreaking and Attacking to Vehicles								1	3				4
	Abduction												4	4
	Using Explosive Material							1						1
	Arson		3	3			1							7
	Aiding and Abetting	13	3	4	26	66	37	70	139	343	939	292	60	1992
Crimes Concerning Public Order	Robbery and Burglary	5	4	1		1	1	1	1	1	37	7	2	61
	Murder	8	10	9	6	10	7	15	11	17	51	44	29	217
	Abduction of Girls and Women						2	3	2	3	1	2	4	17
	Rape							1	3	3		5	1	13
	Armed Housebreaking	1		1	2							1	1	6
	Armed Conflict Between Villages and Tribes						2	3	1		3	8		17
	Armed Conflict with Security Forces							2			6			8
	Collective Attack to Security Forces										1	1	1	3
	Arson								2			3	1	6
Other Crimes	Violation of Law No 6136	5	12	11	3	9	5	21	10	62	86	61	51	336
	Violation of Dwelling Immunity				2		4	7	6	5	5	10	1	40
	Fraud	1	1		2	2		11	5	25	71	20	4	142
	Injury		2		4	3	12	9	21	15	42	30	30	168
	Battery		1		1		2	4	2	10	55	26	41	142
	Abigeatus	1	2	1	4	5	2	3		1		4	2	25
	Auto Theft		1		2	1	1			1	2			8
	Abduction of Girls and Women	3	2		2	2	2	3	4	8	8	6	7	47
Smuggling Cases	Illegal Trafficking of Narcotics				2	6	1	3		12	14	13	14	65
	Weapon and Ammunition Smuggling		1		1	1	1	6	8	2	3	21	14	58
	Smuggling		2				9	6	9	5	9	5		45
	Animal Smuggling	1					1	1	2	4	6	11	1	27
	Illegal Trafficking of Historical Works											1	2	3
	Sum	41	46	31	61	108	90	171	229	525	1352	571	273	3498

Source: Republic of Turkey, *Millet Meclisi Tutanak Dergisi*

Compared to Mardin, Urfa and Şırnak,²¹⁵ Hakkâri has never come to the fore by cases of privatization of sovereignty by village guardians despite the fact that at the top of the list prepared by *Göç-Der* in 2003 concerning the number of village guardians was Hakkâri with 7643 village guardians.²¹⁶ Yet, needless to say, village guardians in Hakkâri have also taken part in rendering their power into material benefit in cooperation with other units of armed forces of the state.

The most concrete example of privatization of sovereignty in Hakkâri was the criminal network known as “Yüksekova gang.”²¹⁷ Including actors from all sectors of armed forces, village guardians as well, Yüksekova gang committed numerous crimes ranging from illegal trafficking of narcotics, arms smuggling, kidnapping the leading and affluent figures of society to murder. The murder of Abdullah Canan, the elder brother of current Hakkâri deputy Esat Canan, in 1996 was the most known criminal act of the gang. Because Canan did not withdraw the lawsuit he filed against the squadron leader Mehmet Emin Yurdakul, head of the gang, due to damages occurred in his village and home during the operation organized by Yurdakul’s order, he was taken under custody and was tortured to death.

Conclusion:

In this chapter, a thorough examination of sovereign violence in Hakkâri was provided. It was argued that despite the whole rhetoric of the assimilation plans and programs of the Turkish state, what the infrastructurally weak state apparatus produced in Kurdish region

²¹⁵İhsan Çölemerikli, a local intellectual, explained this situation with reference to two factors. To him, unevenness between tribes, which one can see in Şırnak, Mardin and Urfa, was not so decisive in Hakkâri, since even the smallest tribes in Hakkâri belong or are close to either Ertuşi or Pinyanişi confederations. The second factor he named was that because the number of those not belonging to any tribe and thus deprived of any tribal protection is fewer in Hakkâri than in other Kurdish provinces, it was hard for the tribes armed by the state in Hakkâri to terrorize other tribes and individuals not cooperating with the state.

²¹⁶To use the data of 1997, of these 7643 village guardians 588 were from Jirki tribe, 1841 were from Pinyanişi tribe, 703 were from Herki tribe, 1160 were from Gerdi tribe, and 847 were from Dostki tribe. Jirki, Gerdi and Herki tribes almost completely took side with the state against the PKK. See Republic of Turkey, *Türkiye Büyük Millet Meclisi Tutanak Dergisi*, term 20, session 42, volume 18, 7 January 1997.

²¹⁷See Enis Berberoğlu, *Kod Adı YüKsekova : Susurluk, Ankara, Bodrum, YüKsekova Fay Hattı*(Bağcılar, İstanbul: Milliyet Yayınları, 1998).

and Hakkâri was no more than constant use of sovereign violence and extraordinary forms of rule. Reinforced by official nationalist discourses which dehumanized Kurds, this sovereign violence took two forms in Hakkâri. Collective punishment of the citizens was the main form of sovereign violence employed against Hakkârians. All Hakkârians were treated as suspects and potential criminals. The state resorted collective punishment of the citizens both as a way of punishing criminal whom it cannot individualize and also a way of forcing communities to self-discipline. Apart from collective punishment of Hakkârians, members of armed forces, as privileged actors of a ruling style working through ban and violence, always rendered this privilege into a means of personal interest to the cost of citizens. In Hakkâri, right to property was no more than a fiction just as was right to life since the foundation of the Republic.

CHAPTER 2: Indirect State Racism, the State and Hakkâri

3 Problems of the Peasantry

Today peasants of Hakkâri have three main problems: lack of roads, problems concerning health and education, and economic hardship, respectively.²¹⁸

The Concept “Indirect State Racism”:

The main argument defended in this chapter is twofold: combined and aggregate effects of dynamics of capitalism and foundation of the Turkish national borders have structurally resulted in further deterioration of already harsh living conditions of Hakkâri, and the Turkish nation-state could/did not reverse this structural trend. Examining the performance of the Turkish state in Hakkâri in pre-AK Party period with respect to economy, health labor force and medical infrastructure, and public health, it is shown that the Turkish state neither made sufficient investments in Hakkâri nor could ensure the in-flow of educated labor force into Hakkâri.

Inspired by Foucault’s “state racism” concept, I call the lack of public policies that could have reversed the worsening of the living conditions of the people of Hakkâri, which is constantly produced by the macro-structural processes of capitalism and nation-state formation, as “indirect state racism.” As is known, Foucault formulated the concept “state racism” first time in his “Society Must Be Defended.” “State racism” is the answer he gave to his following question:

[H]ow will the power to kill and the function of murder operate in this technology of power, which takes life as both its object and its objective? How can a power such as this kill, if it is true that its basic function is to improve life, to prolong its duration, to improve its chances, to

²¹⁸Hakkâri Sesi, 8 June 1973.

avoid accidents, and to compensate for failings? ... How can the power of death, the function of death, be exercised in a political system centered upon bio-power?²¹⁹

His answer, which introduced the concept, was as follows:

Racism makes it possible to establish a possible relationship between my life and the death of the other that is not a military or warlike relationship of confrontation, but a biological-type relationship: “The more inferior species die out, the more abnormal individuals are eliminated, the fewer degenerates there will be in the species as a whole, and the more I-as species rather than individual- can live, the stronger I will be, the more vigorous I will be. I will be able to proliferate.” The fact that the other dies does not mean simply that I live in the sense that his death guarantees my safety; the death of the other, the death of the bad race, of the inferior race (or the degenerate, or the abnormal) is something that will make life in general healthier: healthier and purer.²²⁰

To Foucault, National Socialism and Soviet Socialism were two perfect examples of state racism, albeit their totally opposite discourses. Both regimes met in defining their enemies with respect to economic and biological terms. Enemies of two regimes were conceived of burden on the sources of the country, degenerates, and threats to the biological well-being of the nation.²²¹

It may justifiably be argued that state racism as such is not much suggestive in Turkish case, Kurds and Hakkâri. First of all, Kurds were never seen as the “Other” of the mainstream Turkish nationalism. Secondly, even when Kurds posed threat to the Turkish state via numerous rebellions, these rebellions were not primarily conceived of threats to the welfare and well-being of the nation, at least until mid-1990s when economic burden of the war in Kurdish region on the treasury and economy started to be spoken about. These rebellions were rather approached as threats to the sovereignty of the state. It means that state racism as defined by Foucault, approaching the “Other” as biological-economical threat to be

²¹⁹Foucault, *Society Must Be Defended : Lectures at the Collège De France, 1975-76*, 22.

²²⁰Ibid., 255.

²²¹Detler J. K. Peukert shows that Nazi Racism was first and foremost a social policy. D. J. K. Peukert, *Inside Nazi Germany : Conformity Opposition and Racism in Everyday Life*(Batsford, 1987), 208-36.

eliminated for the sake and welfare of the nation, does not fit the Turkish stance towards the Kurds and hence the people of Hakkâri.

Yet the term “state racism” can still be suggestive. If state racism means the elimination of some groups supposed to be economically harmful to the nation for the strength of the nation itself, the retreat of the state of reserving sources necessary for survival and development of a population group can also be seen as a type of state racism. In fact, Foucault himself acknowledged this possibility:

When I say “killing,” I obviously do not mean simply murder as such, but also every form of indirect murder: the fact of exposing someone to death, increasing the risk of death for some people, or, quite simply, political death, expulsion, rejection, and so on.²²²

Based on these words, which he does not attempt a further elaboration, we can argue that the retreat of the state of taking necessary measures to balance the degrading effects of capitalism and nation-state on a group of population can also be evaluated as an instance of state racism. To distinguish this covert form of state racism, which assumes passive indifference or expends insufficient efforts towards deprivations and poverty threatening lives regarded not economically productive and promising, from overt form of state racism, which means the active and direct involvement of the state in the elimination of lives thought to be economically detrimental, I call the former as “indirect state racism” and the latter as “direct state racism.”

In “indirect state racism”, economic perspective is implicitly present. The “Other” appears in “direct state racism” as exploiters and parasites, which directly harm to the national body. However, in “indirect state racism” the “Other” appears as high opportunity cost, not so

²²²Foucault, *Society Must Be Defended : Lectures at the Collège De France, 1975-76*, 256.

necessary burden on sources that can be used more efficiently.²²³ For instance, the restriction of public sources reserved for unproductive pensioners or disabled population can be taken as paradigmatic example of “indirect state racism.”

Indirect State Racism towards Hakkâri as a Regional Policy

Relying on this conceptualization, I argue that Hakkârians and Kurds fell victim to indirect state racism, but not because of their Kurdishness, especially after transition to electoral democracy, but because investment preferences of Turkish governments were almost as a rule determined by economic concerns like fast growth and development of economy. Geographically balanced development could only exceptionally function as guiding principle of the government choices concerning public investments. To put more concretely, because in Eastern Anatolia²²⁴, where historic Kurdish lands reside, investment cost has been relatively high and efficiency of investments has been relatively low due to the reasons I mentioned below, the Turkish governments have never been so willing to reserve public sources to the Eastern Anatolia, let alone adopt positive discrimination. That resulted in further peripheralization of Eastern Anatolia which had been already peripheralized by global dynamics of uneven capitalism and by being isolated from its immediate economic milieu by the foundation of the nation-state.

The statistics below, which I constructed by using the official data about public investments, indicate the share Hakkâri received from public investments²²⁵ between 1946 and 2002, the

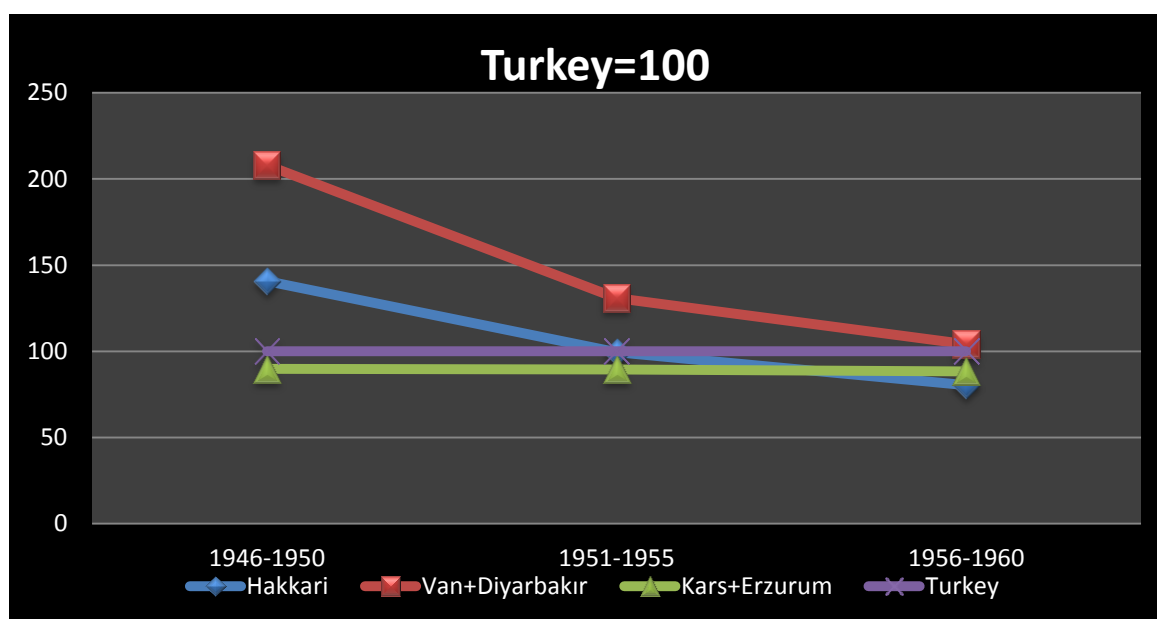
²²³This distinction can also be followed through the difference between *Medz Yeğern* of 1915 and Holocaust. The difference does not reside in the extent of brutality, but rather in processes rendering full-fledged citizens to victims. Jews were targeted by direct state racism of Nazis who declared Jews as exploiters and parasites. As for Armenians, they were never addressed as direct aggressors to the economy and sources of the nation. They rather were targeted by indirect state racism of Unionists who led them to a forced deportation through which they were deprived of any proper security, protection, food, accommodation, health service, etc. Armenian lives were not worthy of being taken care of in the eyes of the Unionists. For an article elaborating on the term state racism and the insights the term may give rise to in Turkish case, see Zeynep Gambetti, "Yönetimsellikten Irkçılığa," *Dipnot*, no. 6 (2011).

²²⁴I use the term Eastern Turkey to mean an area which is larger than historic Kurdish lands in Turkey.

²²⁵Because the data of public investments are not available for the period between 1946 and 1960, I used the data of public expenditures of these years calculated by Sait Aşgın.

year when the AK Party came to the power. In addition to Hakkâri, I also analyzed the relevant data of four big provinces of the Eastern Anatolia, Van, Diyarbakır, Kars and Erzurum, and also Turkey to shed light on to the nature of indirect state racism which Hakkâri suffered from. Taking Van and Diyarbakır, two big Kurdish provinces of the Eastern Anatolia, as a single unit and Kars and Erzurum, two big non-Kurdish provinces of the Eastern Anatolia,²²⁶ as another single unit, I tried to figure out from a comparative perspective the extent of indirect state racism which Hakkâri suffered from and also wanted to check whether that indirect state racism had ethnical aspect or not.

Figure 4.Public Expenditures per Capita (Education, Public Works, Health, Agriculture) between 1946 and 1960

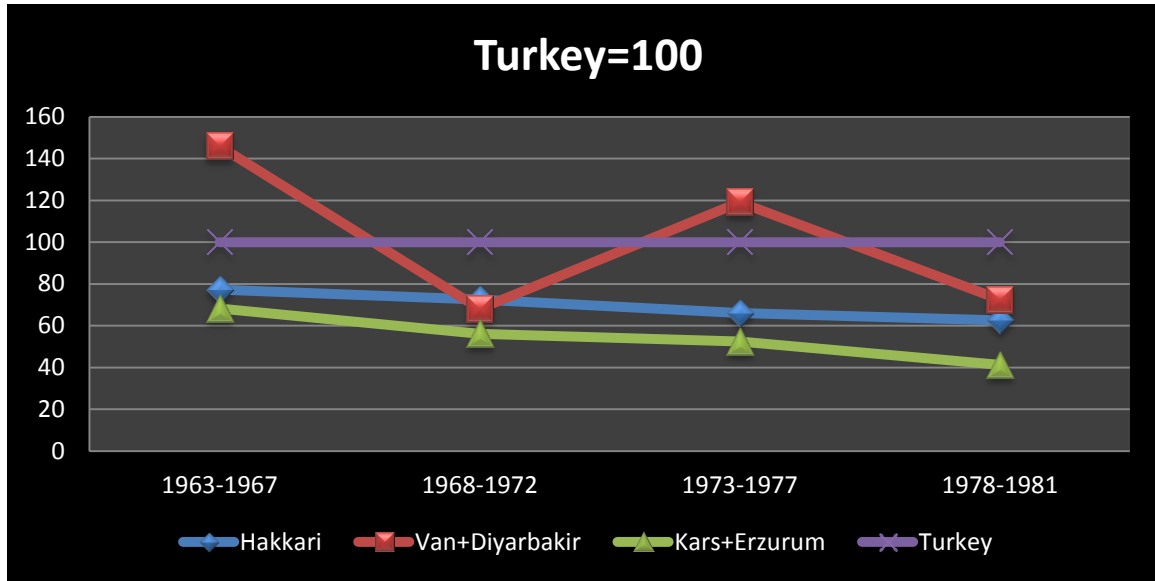


Source: Constructed by the author based on the data provided in *Cumhuriyet Döneminde Doğu Anadolu'ya Yapılan Kamu Harcamaları*²²⁷

²²⁶There are Kurdish districts in both Erzurum and Kars, yet Kurds do not form the majority of the population in these provinces.

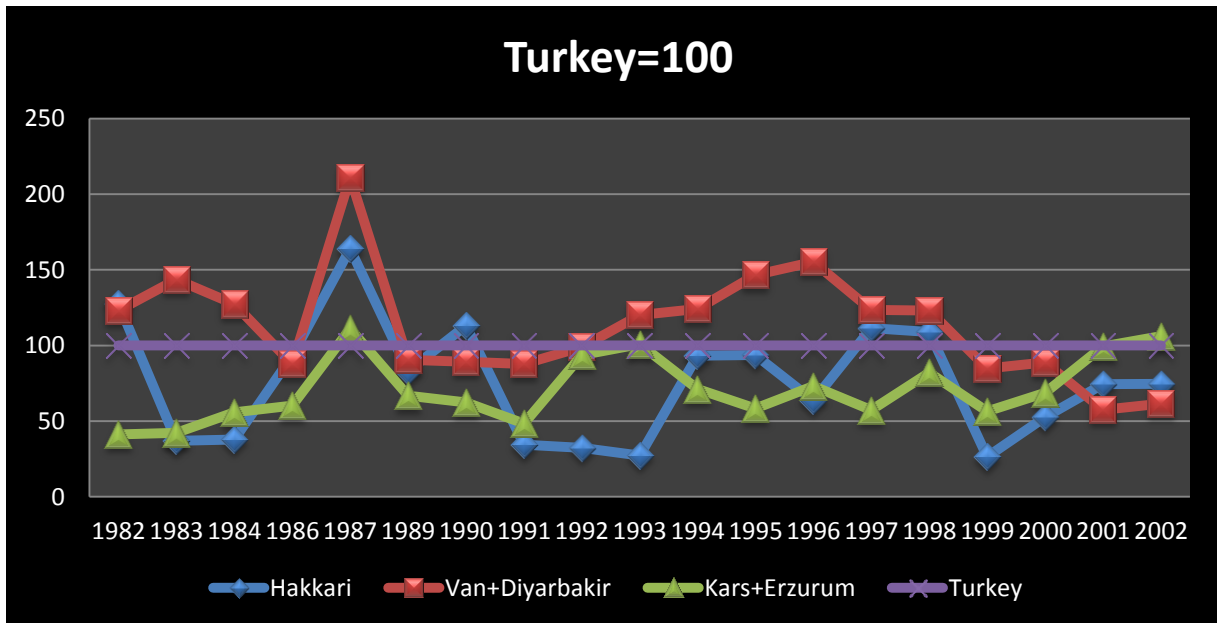
²²⁷Sait Aşgın, *Cumhuriyet Döneminde Doğu Anadolu'ya Yapılan Kamu Harcamaları, 1946-1960*(Ankara: Atatürk Kültür, Dil ve Tarih Yüksek Kurumu, Atatürk Araştırma Merkezi, 2000).

Figure 5.Public Investment per Capita between 1963 and 1981



Source: Constructed by the author based on the data provided in *Kamu Yatırımlarının Kalkınmada Öncelikli İller ve Yörelere ve Diğer İller İtibariyle Dağılımı (1963-1981)*²²⁸

Figure 6.Public Investment per Capita between 1982 and 2002



Source: Constructed by the author based on his calculations of the data provided in Public Investments Reports between 1982 and 2002.

*Calculated based on allocations in the budget program.

*Public investments which by nature cannot be classified into provinces are not included.

²²⁸Cemil Kutbay, *Kamu Yatırımlarının Kalkınmada Öncelikli Yörelere Ve Diğer İller İtibariyle Dağılımı: 1963-1981*(Ankara: Devlet Planlama Teşkilatı, 1982).

As can be seen in the figures, public investment per capita in Hakkâri was almost always considerably below the average of Turkey. Yet the graphs also prevent us from deriving a hurry conclusion from this fact that the systematic neglect of Hakkâri by the state proves the discriminatory stance taken against the Kurds. For, public investment per capita in non-Kurdish Kars+Erzurum was lower than investment per capita in Hakkâri between 1946 and 1981, with the single exception of 1956-1960, and certainly no better between 1982 and 2002 as well. In addition, public investment per capita in Kurdish Van+Diyarbakır was very slightly higher than the average of Turkey, though it was by no means higher enough to allow us to speak of a positive discrimination towards Van-Diyarbakır. This leads us to the conclusion that indirect state racism of the state towards Hakkâri should be taken as a part of a larger indirect state racism posed towards the Eastern Anatolia as a whole regardless of ethnic composition of the provinces in the region.

Indirect State Racism and Hakkâri

Economy

As I try to exhibit below, the indifference of the state throughout the twentieth century towards the whole Eastern Turkey, which suffered from both global dynamics of capitalism and local dynamics of nation-state formation, can be met by the concept “indirect state racism.”

One of dynamics that has to do with the economic marginalization of Hakkâri can be traced back to a 16th century development. With the emergence of European world economy and geographical explorations, the significance of historic Silk Road connecting India and China to Europe underwent a serious deterioration. That meant the flourishing of Atlantic economy and ports to the cost of Mediterranean economy and ports. Although port cities of the Ottoman Empire, like Istanbul, Salonika, Izmir, could incorporate the new international

division of labor throughout the 19th century as locations of export of raw materials and import of manufactured goods,²²⁹ Eastern and Interior Anatolia could not compensate the decline resulting from the essential shift in main trade routes. Connecting these areas to port cities could have partly balanced the decline of once benefiterers of Silk Road, yet the transportation system was wholly structured by the necessities of the new international division of labor. That meant the emergence of a railroad system what İlhan Tekeli called as colonial tree scheme, that is, a railroad system linking the hinterlands to port cities for the sake of import and export processes.²³⁰

The worse is that the collapse of the Ottoman Empire, formation of the nation-state and national borders reinforced the peripheralization of the region and especially border provinces like Hakkâri. Put otherwise, attempts at producing space as national one substantially deepened the peripheralization of the region. National borders meant in Eastern Anatolia de-linking the region from its immediate economic milieu. The economy of the region was largely de-linked from Aleppo-centered economic network in the south of the region and the economic network of Caucasias and Russia in the east,²³¹ albeit the on-going illegal cross-border trade criminalized by the state as smuggling. The deportation and massacre of non-Muslim population, another moment of the production of national space, especially in the process beginning with the First World War, led to big decline in the productive capacity of the region since those massacred or forced to deportation, mostly Armenians in Kurdish region and heretic Assyrians in Hakkâri specifically, resulted in a considerable loss with respect to skillful population. The depopulation of rural areas of Kurdish region during counter-insurgency operations against the PKK, another moment of the production of national

²²⁹See Edhem Eldem, Daniel Goffman, and Bruce Alan Masters, *The Ottoman City between East and West : Aleppo, Izmir, and Istanbul*(New York: Cambridge University Press, 1999). Sibel Zandi-Sayek, *Ottoman Izmir : The Rise of a Cosmopolitan Port, 1840-1880*(Minneapolis ; London: University of Minnesota Press, 2012). Şevket Pamuk, *The Ottoman Empire and European Capitalism, 1820-1913 : Trade, Investment, and Production*, Cambridge Middle East Library (Cambridge Cambridgeshire ; New York: Cambridge University Press, 1987).

²³⁰İlhan Tekeli, *Türkiye'de Bölgesel Eşitsizlik Ve Bölge Planlama Yazıları*(İstanbul: Tarih Vakfı, 2008), 46-52.

²³¹Ibid., 66.

space as shown by Jongerden, took also part in the deepening of the peripheralization of the region. That was especially so in Hakkâri where, as I showed, village evacuations were massive at extent.

In the context of Hakkâri the peripheralization produced by aggregate and combined effects of capitalism and nation-state can be best followed in numbers concerning animal husbandry which has always been the main economic activity of the province and its neighboring provinces. To İhsan Çölemerikli, a local intellectual known by his studies about the history of the province, in the Ottoman period the main source of meat consumed in Mosul and Iraqi Kurdistan was cattle and sheep grazing in uplands of Hakkâri. Yet animal husbandry in Hakkâri underwent a serious decline in the Republican period. Here the negative role of national borders drawn following the collapse of the Empire must be particularly addressed. Transhumance practice of many nomadic tribes, which subsisted on animal husbandry and were thus going back and forth between “Iraq”, “Iran” and uplands of Hakkâri, was hit hard by the establishment of national borders.²³² Their cross-border mode of existence was criminalized. Cross-border animal trade was banned and criminalized as smuggling. Along with the invention of national borders, forced migration of more than thirty thousand Assyrians to Iraq during the turmoil of the collapse of the Empire and foundation of the nation-state in 1923 had a considerable negative effect on animal husbandry in Hakkâri. As an analysis of the table indicating number of sheep, hair goats, angora goats, cattle and buffalos in Hakkâri may suggest, there was a huge decline occurred from 1909 to 1930.²³³ For instance, number of sheep and cattle decreased from 273824 and 34048 to 54488 and 5303, respectively. The table shows that despite the steady increase of the numbers, the recovery of animal husbandry in Hakkâri could not occur until 1960s.

²³²Sırrı Erinç, *Doğu Anadolu Coğrafyası* (İstanbul: Sucuoğlu Matbaası, 1953), 58.

²³³Keeping in mind that the accuracy of these statistics is justifiably open to objections, I still argue that they may be taken to read general trends.

Table 10.Number of Livestock in Hakkâri by Years

Years	Sheep	Hair Goat	Angora Goat	Cattle	Buffalo
1909	273824	92228	19446	34048	3904
1927	34604	30200	431	5089	142
1930	54488	53261	35	5303	54
1940	93799	36389	1759	8478	194
1945	96280	56577	987	7957	281
1950	121637	80805	-	11352	527
1955	173557	90900	1698	17295	829
1960	268186	137266	2128	20585	1275
1965	462410	224130	14980	44860	1090
1970	790780	360150	16860	48295	2530
1975	901190	409710	17570	42961	1415
1980	1030880	347390	15660	43310	1024
1984	753651	253130	-	43542	534
1990	698170	162330	-	54816	1039
1995	307240	123480	-	48090	450
2000	412890	58760	-	50030	510

Source: Constructed by the author based on DIE, Agricultural Statistics of Turkey During the Ottoman Period 1909, 1913, 1914; DIE, Livestock and Livestock Product Statistics 1929-1944; DIE, Livestock and Livestock Product Statistics 1940; DIE, Livestock and Livestock Product Statistics 1945-1950; DIE, Agricultural Structure and Production 1946-1954; DIE, Agricultural Structure and Production 1954-1958; DIE, Agricultural Structure and Production 1959-1961; DIE, Agricultural Structure and Production 1965; DIE, Agricultural Structure and Production 1975-77; DIE, General Census of Livestock 1984; DIE, Agricultural Structure 1990; DIE, Agricultural Structure 1995; DIE, Agricultural Structure 2000.

The table takes our attention to one more thing. As is seen from the table, the steady increase of the number of animals leaves its place to a gradual decrease as of 1980. The decrease had to do with the gradual decrease of rural population since 1980 was the peak year of rural

population in Hakkâri. Yet the extent of the decrease occurring between 1990 and 1995 was too big to be explained by the gradual and spontaneous decrease of the rural population or the administrative restructuring.²³⁴ It rather had to do with the village evacuations intensified between 1993 and 1995 and bans on uplands.

To proceed with bio-political metaphors, the broken vessels of Hakkâri could have been repaired or new vessels could have been linked to nourish the weakened body of Hakkâri. In defining bio-politics, “it was a matter of organizing circulation, eliminating its dangerous elements, making a division between good and bad circulation, and maximizing the good circulation by diminishing the bad” says Foucault.²³⁵ As I showed above, the state attempted at diminishing “bad” circulation, that is, circulations of people and goods which were supposed to be harmful to the national body. However, on the other hand, it failed in maximizing the “good” circulation; it could not compensate the loss of the province and the region. In the context of Hakkâri one can address the absence of three vessels of good circulation: Roads connecting the province to the national market and the villages to the provincial center and towns, public investments sufficient to trigger private investments, create an opportunity of employment and improve the basic living conditions of the people, and encouragement of legal cross-border trade via customs stations.

Roads

The shortage of roads and bridges is the biggest problem. Places which lack roads and bridges lack also civilization, peace and welfare.”²³⁶

“Van is the remotest province of Turkey whereas Hakkâri is a buffer zone.” These words, expended by an active trade-unionist born and bred in Hakkâri, reflect the deep sense of

²³⁴In 1990 Uludere and Beytüşşebap districts of Hakkâri were de-linked from Hakkâri and were linked to newly founded Şırnak province.

²³⁵Foucault, *Security, Territory, Population : Lectures at the Collège De France, 1977-78*, 18.

²³⁶*Hakkâri Sesi*, 4 September 1974.

isolation from the rest of the country. While expending these words he wanted to underline the employment of different standards and criteria in Hakkâri than those have been employed in overall Turkey as if Hakkâri is a separate place, a different world which is too remote to be called even as “the remotest province of Turkey.” Indeed his choosing a spatial metaphor to denote the alterity of Hakkâri was not contingent, for Hakkâri’s status as geographical periphery and social-political periphery overlaps. Isolation has never been only a mode of feeling in Hakkâri. It has been a spatial reality. The transportation between Hakkâri provincial center and its districts and even Van has always been a serious problem especially in winters, let alone the villages isolated for weeks and months by snowy roads. Even today it takes four torturous hours to travel over 200 kilometers between Hakkâri city and Van city. Daily newspapers that can arrive to the Hakkâri city and its towns only in evening or the day after are not funny anecdotes from 1970s, but a boring reality in Hakkâri. Much more seriously, patients and pregnant women carried over primitive stretchers in closed village roads to the nearest ambulance in winter has not been a part of history in Hakkâri yet.

Until 1940s Hakkâri had no any road connection with any province. The road between Hakkâri and Van, which can be used by motor vehicles, was opened in 1945. Since its route passed through high mountains, the road used to be closed during winters. For instance, Hüseyin Atmaca, who was appointed to provincial directorate of education in Hakkâri in March 1949, could arrive from Van to Hakkâri provincial center in 7 days on mule back. In inns where the caravan stopped at nights he was told the stories about those buried under avalanches taking place in Van-Hakkâri road.²³⁷ After 1950 a new route, that is still used today, was opened. Yet the new route was dangerous and not so useless as well, for the valley plain through which the road passes is narrow and is also the stream bed of *Zap* River. That means the new Hakkâri road was narrow and constantly threatened by landslides and

²³⁷Hüseyin Atmaca, *Bir Köy Çocuğunun Serüveni: Köy Enstitüsünden Parlamenteoya*(Ankara: Abis, 2009), 180-82.

overflow of Zap River.²³⁸ Even today more than 60 years after the opening of the road and after numerous improvements the road is still far from the national standards.

As for roads connecting Hakkâri provincial center to districts and districts to each other, most of these roads were opened after 1950 during the governments led by the *DP*. Hakkâri-Beytüşşebap road, for instance, was opened in 1955. Its route was changed later in 1960 because it was always closed in winters. Yet, even after the change of the route, the road used to be closed in winters. Hakkâri-Uludere road, which was opened in 1960, and Yüksekova-Şemdinli road also used to be closed in winters.²³⁹ For instance, we learn from *Hakkâri* of June 1961 that a committee composed of the governor, the provincial gendarmerie commander, the provincial director of health and the provincial director of public works could go to Uludere only via Van, Bitlis and Siirt provinces. The worse was that because Siirt-Şırnak road was not adequate, the committee had to pass through Şırnak-Cizre-İdil-Midyat-Diyarbakır-Bitlis-Van while returning Hakkâri. That means the committee had to pass through five provinces, spend 9 days and 1651 kilometers totally, 1016 kilometers in return and 635 kilometers in going for a district of the province.²⁴⁰ As for Hakkâri-Çukurca road, the road was made available for motor vehicles only in 1965, yet landslides and overflow of Zap River completely damaged the road until it was reopened in 1972.

Immediate Effects

Transportation investments of the state insufficient to construct high-grade roads and ensure their operability even under heavy winter conditions has had two main results in Hakkâri, one has to do with immediate and the other has to do with structural effects. By immediate effects, I mean the problems concerning the flow of food, patients, doctors, medicines, etc. Hundreds

²³⁸Fahamettin Altun, *Hakkari İl Yıllığı, 1967*(Ankara: Gürsoy Matbaacılık Sanayi, 1972), 182.

²³⁹*Ibid.*, 183.

²⁴⁰*Hakkâri*, 23 June 1961.

or maybe thousands of people especially in villages of Hakkâri, which is impossible to know exact numbers, suffered from and died throughout the Republican history due to famine, undernutrition, and the impossibility to reach doctors and medicine on time. Put otherwise, I argue that neither famine nor peasants and pregnant women who died while being carried to hospitals should be seen as inevitable tragedies resulted from hard natural conditions to be endured; they are rather socially produced manifestations of indirect state racism.

As for famine, for instance it is read in a national newspaper of June 1969 that,

Airlift has been established with districts of Hakkâri: Transport of food and medicines by helicopters to the people of Beytüşşebap and Çukurca, who suffer from hunger for 8 months due to closed roads, continues. The people welcome all landing helicopters and those inside them as savior.²⁴¹

We learn that at least three people died during this famine reported in the news. In the telegram sent by a mukhtar from Çukurca to the ministries and the governorship it was said that “three people who ate grass due to hunger died. Because there are no doctors and health staff in the district we concluded that they died because they ate grass. Help us urgently by airlift.”²⁴² The head of Çukurca district also said that “roads are closed. We do not have any food storage. There are some people died by eating grass...There are no food in almost any house.”²⁴³

²⁴¹*Tercüman*, 1 June 1969.

²⁴²*Cumhuriyet*, 10 Mayıs 1969.

²⁴³*Ibid.*

Figure 7.A Caricature on the Role of Unfulfilled Promises of Politicians in the Famine in Hakkâri



Politician says: “We are going to....We are going to.....”

Citizens say: “Fine words butter no parsnips.”

Caricaturist says: “Hungry citizens marched to the governorship.”

Source: Tercüman, 27 May 1969.

In addition to the famines, patients suffering from the state’s failure to ensure the operability of the roads in long winters need to be addressed as well. For given that the medical infrastructure was inadequate and doctors were insufficient especially in rural Hakkâri, roads connecting patients in villages and towns to the Hakkâri city or Van city acquired extra-importance. Therefore the lack of high-grade roads which could operate under heavy winter conditions deepened persisting indirect state racism. Peasants in isolated villages and even those in districts and provincial center of Hakkâri used to suffer from the lack of medicine and the impossibility to reach doctors and the hospitals.

As for the problem of finding medicine, Selahattin Şimşek, an idealist primary school supervisor who fell into and lost in *Oramar* River in Hakkâri in 1960 while crossing the river on a mule back while going to a village, wrote in his memoir that the first question he heard in villages he could arrive by his personal effort was “*derman hene?*”²⁴⁴ Peasants going his aside by supposing him as doctor were then slowly leaving when they realized he was not a doctor and did not have any *derman*. Given that there was no any pharmacy in the province until 1968, the extent of the problem can be easily estimated.

As for patients suffering in closed and poor-grade roads, due to closed roads in winters, villagers living in border zone used to cross the border illegally and get their patients treated in hospitals in Iraq and Iran. In case these countries increased the level of control at their borders, villagers had no alternative.²⁴⁵ Those villagers far from border zone were already helpless. Numerous people in Hakkâri either died or became permanently disabled simply because they could not reach hospital on time. The story of İbrahim who lost one of his eyes when he was two years-old is one among many you can listen in Hakkâri. İbrahim is one of tens of thousands of victims of village evacuations carried out during 1990s. To contribute to the survival of his family under harsh conditions following the evacuation, he worked as construction worker for years in Hakkâri and later in Istanbul despite the serious problem in his eyes. When I met him, he was working in a tea house. His story which he shared with me upon learning my research agenda was as follows: He suffered a seizure when he was at one of uplands of Çukurca at mid-1980s. Following the seizure, his eyes were closed. His parents took him back to their villages, yet they could not take him immediately to health post in Çukurca district. Upon my question why his parents could not take him immediately to Çukurca, he said “they wanted to take me to Çukurca, but it was far away. Even today it is

²⁴⁴Kurdish version of “do you have medicine?”

²⁴⁵Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 4, session 77, volume. 18, 17 march 1976.

still far away. Between our village and Çukurca is 40 kilometers.” One can guess the transportation conditions then which lead him to regard 40 kilometers as long-distance. When taken to Çukurca a week later, the doctor in the health post could not do anything but to transfer him to Hakkâri provincial center. Because he could not be given any treatment in Hakkâri provincial center as well, he was transferred to Van. The term “transfer” may be misleading here, because they were not provided an ambulance. He was rather taken to Van by an intercity minibus in his parents’ arms. He continued: “Then the roads were not like those of today. We departed from here on morning and arrived to Van on evening. My parents said that at the rest stop my eyes opened and black drops began to fall. They said that they realized that at that moment my eyes exploded. Anyway, I stayed in hospital in Van for a week and then they released me, saying there was nothing to do.” His story goes on with his bootless tries in *Imam Khomeini* hospital in Orumieh of Iran and hospitals in Ankara and Istanbul to reopen his blind eye.

The lack of medical infrastructure of the health post in Çukurca, the lack of medical infrastructure and an ophthalmologist in Hakkâri Public Hospital and the lack of ambulance to be used for the transfer of İbrahim; that is, the political attitude that does not reserve sufficient sources to Hakkâri, resulted in the loss of one eye of İbrahim. Yet, to speculate, his eye could still have been saved if roads had been better and he had arrived to Van a few hours earlier. It is evident that the lack of high-grade roads deepened indirect state racism in Hakkâri by making an escape from it almost impossible.

One can read in local and national newspapers numerous tragic “escape” stories of suffering patients carried by their relatives to the nearest health center. For instance, in May 1969 Cemile Ataman was carried by her relatives from Beytüşşebap, where she could not be given any treatment, to Hakkâri Public Hospital in Hakkâri city for 96 hours. Her relatives spent 80

kilometers on foot by carrying her with a stretcher. The words of İbrahim Durmuş, one of 20 people carrying the patient, were striking: “We pay the bill of our sins in this world. The people and our animals will die out of hunger. If the road remains closed for some time, the death will knock our doors.”²⁴⁶ In another case in December 1971, Necla Efe died while being transported, due to the lack of doctor in the provincial center, to Van, because the military vehicle transporting her stuck in the snow.²⁴⁷ We do not need to go to 60s or 70s to find such cases. It is read in *Hakkâri Sesi* of February 1992 that one of patients from Durankaya town died while being carried to the hospital by sled.²⁴⁸ Examples can be multiplied.

Structural Effects

The state’s failure to construct high-grade roads and ensure their operability even under heavy winter conditions has had, along with immediate ones, structural effects as well. By structural effects, I refer to the negative role the lack of high-grade roads played in the peripheralization of Hakkâri. The peripheralization of Hakkâri from a unit of Middle Eastern with multiple connections from Orumieh to Mosul to the margins of the Turkish nation-state which is far away to main ports and industrial centers located in Western Turkey could not have been prevented even if high-grade roads would have been constructed, yet then Hakkâri could certainly have taken a bigger share from local and national savings. The transfer of local savings to other provinces and the retreat of national investors of making investments to Hakkâri most probably would not have occurred at such a great extent.

The earliest data available concerning private enterprises in Hakkâri can be found in Statistical Yearbooks of 1950s prepared by DIE. To the data provided by the yearbook of

²⁴⁶ *Milliyet*, 16 May 1969.

²⁴⁷ *Milliyet*, 29 December 1971.

²⁴⁸ *Hakkâri Sesi*, 25 February 1992.

1959, between 1955 and 1959 numbers of private enterprises employed more than ten workers and thus subject to the Labor Law were, 15, 10, 17, 13 and 8, respectively.²⁴⁹

In 1980, numbers of workplaces in Hakkâri classified under manufacturing sector were 67 and none of these workplaces employed more than 9 workers. 64 of these 67 workplaces employed no more than 4 workers. Numbers of workplaces classified under trade sector were 427, and 361 of these 427 workplaces were worth less than 5000 dollars. 1383 employees of total 1504 employees in trade sector of Hakkâri were employed in these 361 workplaces. As for service sector, there were 32 workplaces and 56 employees employed in these workplaces. Put otherwise, there were no any manufacturing, trade or service sectors as we know them in Hakkâri of early 1980s. There were rather small shops and artisans guided largely by principles of subsistence economy and using traditional methods and tools.²⁵⁰

As for 1990s, nothing substantially changed. In 1994 there were no any private enterprises operating in manufacturing industry which employed more than 10 workers.²⁵¹ In 2002, the year when the AK Party came to power, numbers of economic units in Hakkâri were 2236. 2193 of these units were small-scale shops employing no more than 9 workers. Of 4938 people employed in economic units of Hakkâri, 3758 were employed in these small-scale shops.²⁵² Although it was more integrated and sensitive to capitalist dynamics, the economy of Hakkâri in the early 2000s was still based on small-scale economic enterprises alien to the logic of extended reproduction of capital.

²⁴⁹İstatistik Genel Müdürlüğü, *İstatistik Yıllığı, 1959*(Ankara: İstatistik Genel Müdürlüğü, 1959), 347.

²⁵⁰Devlet İstatistik Enstitüsü, *1980 Genel Sanayi Ve İşyerleri Sayımı*(Ankara: DİE, 1983), 1-21.

²⁵¹Devlet İstatistik Enstitüsü, *Ekonomik Ve Sosyal Göstergeler*(Ankara: DİE, 1998), 242.

²⁵²Türkiye İstatistik Kurumu, *Genel Sanayi Ve İşyerleri Sayımı, 2002*(Ankara: TÜİK, 2006), 69.

Public Enterprises

The policy of opening public enterprises and factories, known as etatism which is one of six arrows of Kemalism, dates back to early 1930s when the nationalist elites of the Turkish state ultimately realized, following the Great Depression and the failure of industrialization program of 1920s built on the encouragement of national and international capital, that the state must play a vanguard role and be directly involved in capital accumulation processes.²⁵³

Between 1930 and 1980s, dozens of public enterprises and factories, known as *KIT* (*Kamu İktisadi Teşebbüsleri*, Public Economic Enterprises), were opened and operated by the state.

Although the primary role assigned to *KITs* was to be instruments of capital accumulation via import substitute industrialization, the role *KITs* might play against regional imbalances of development was addressed as well by the governments.²⁵⁴ In Hakkâri, where neither distances to main ports and markets nor conditions of transportation have been attractive for private investment, *KITs* could have channeled public sources via wages to be paid to locally hired workers and also triggered the development of the side industry. Yet *KITs* could not play that balance role in Hakkâri. *KIT* policy pursued by the state in Hakkâri can be summarized as “too little, too late.” In sum, 3 small public enterprises were opened in Hakkâri throughout the Republican history, the first in 1977 and the last in 1986. Yet all three were closed or privatized during 1990s due to the neo-liberal consensus on the retreat of the state from economy as enterpriser. The first public enterprise opened by the state in Hakkâri was a branch of Turkish Milk Industry Association. It was opened in 1977 in Yüksekova and employed 25 workers. Its capacity use rate was 17% and was privatized in 1996. The other public enterprise in Hakkâri was *Erziki* Chicken Association, which was opened in 1984. Its

²⁵³See Korkut Boratav, "Kemalist Economic Policies and Etatism," in *Atatürk: Founder of a Modern State*, ed. Ali Kazancıgil and Ergun Özbudun (London: C. Hurst, 1981), 165-90.

²⁵⁴Afet İnan, *Devletçilik İlkesi Ve Türkiye Cumhuriyetinin Birinci Sanayi Planı 1933* (Ankara: Türk Tarih Kurumu Basımevi, 1972), 20.

capacity use rate was 83% and employed 2 permanent and 3 temporary workers. It was attacked by the PKK twice during 1990s, first in 1994 and the other in 1998, and then was never reopened again.²⁵⁵ The third and the biggest public enterprise in Hakkâri was a meat processing plant of Meat and Fish Institution in Yüksekova. It was opened in 1986. Its capacity use rate was 43% and employed 20 permanent and 41 temporary workers. While plants of Meat and Fish Institution were either privatized or closed during 90s, the plant in Yüksekova was transferred to the Gendarmerie free of any charge in 1997.²⁵⁶ Those said in an unpublished report prepared by Hakkâri Chamber of Commerce and Industry in 2006 can be taken as objective description of the reality: “The contribution of the state to the economy of Hakkâri (if it is possible to regard it as contribution) has never been more than personnel salaries and construction of public buildings.”²⁵⁷

Legal Border Trade:

The conflict between the logic of the nation-state and interests of the people of Hakkâri can be best followed in the evolution of legal border trade between Hakkâri and Iran. The history of legal border trade, which means the commercial transactions between border people on two sides of the border carried out under specific conditions agreed by the states, dates back to 1978-9 for Turkey and to 1988 for Hakkâri.²⁵⁸ Indeed, until 1964, the year when Esendere border gate was opened, legal international trade in Hakkâri was impossible. In other words, as a border province which has borders with Iraq and Iran, Hakkâri lacked any legally

²⁵⁵To the PKK, Kurdistan is a colony of the Turkish state, and the Turkish state not only occupies Kurdish lands but also exploits its economic sources. Attacks to the public enterprises in Kurdish region have been guided by the logic of inflicting blow to the “Turkish colonialism.” See Partiya Karkerên Kurdistanê, *Kürdistan Devriminin Yolu : Manifesto*(Turkey?: s.n., 1999).

²⁵⁶Cemil Kutbay, *Kalkınmada Öncelikli İllerde Sanayii Tesisleri*(Ankara: Başbakanlık Devlet Planlama Teşkilatı, Kalkınmada Öncelikli Yörelere Dairesi, 1993), 15.

²⁵⁷See Hakkari Ticaret ve Sanayi Odası, “Hakkari İli Sorunları Ve Çözüm Önerileri.” Social assistances provided by the government after 2003 must be added to the list. In fact, it is meaningful that construction of public buildings is in the list of the Chamber of Commerce and Industry, but social assistances are not. For the most affluent people of Hakkâri province owe their wealth to public tenders for public buildings and roads.

²⁵⁸Osman Z Orhan, *Sınır Ticaretinin Türkiye Ekonomisine Etkileri*(İstanbul: İstanbul Ticaret Odası, 2000), 22.

recognized and supported international connection until 1964. Yet the people of border provinces were authorized during the second half of 1980s and early 1990s to be involved in border trade. In 1988 Esendere border gate was included to the list of those border gates available to the border trade.

The logic of border trade was to encourage economic development in border provinces, prevent smuggling and ensure cheap reach of border people to some consumption items. When looked at the big picture, the ultimate goal targeted by these minor goals was to close the gap between the Kurdish people and the state and isolate Kurdish masses from the PKK by increasing the wealth of the people.

This attempt at establishing a vessel for “good circulation” however could not be maintained precisely because of the conflict of the interests of big actors of national economy and interests of the people of Hakkâri and border provinces. Border trade, which was formulated to stimulate a local relieving, exceeded the line drawn to itself, and items imported with special exemptions were, instead of being consumed within border provinces, began to be marketed in national market. The import of fuel oil, which was the most important item of border trade, in tanks of vehicles, for instance, was allowed in 1990.²⁵⁹ Upon the amount of those imported fuel oil in tanks of vehicles without any taxation reached 1.2 million ton and this fuel oil began to be sold in gas stations outside border provinces, the government banned the import of fuel oil in tanks of vehicles in 1993.²⁶⁰ Yet in December 1996, the year when the military clashes were very intense, the government lifted the ban and authorized the owners of vehicles with trailer and without trailer to import 8 ton and 4 ton fuel oil, respectively.²⁶¹ This imported fuel oil was to be sold only in border province. Yet in practice imported fuel oil began to be marketed outside border provinces. Between 1997 and 1999 were golden years of

²⁵⁹Ibid., 96.

²⁶⁰Ibid.

²⁶¹Ibid.

border trade.²⁶² Owner of a hotel in Yüksekova, which is 30 kilometers to Esendere border gate, told me that then hotel was so busy due to border trade that drivers of trucks carrying fuel oil were sleeping in corridors of the hotel because all rooms of the hotel were full. Yet the pressure of national and international companies in fuel oil sector ultimately prevailed over the interests of the people of border provinces. In December 1998 the government both decreased the quota reserved for fuel oil import and also increased the tax rate imposed on fuel oil.²⁶³ Also, following the decision, the inter-provincial transfer of imported fuel oil began to be strictly controlled and prevented. The same strict policy concerning the inter-provincial transfer was imposed on other imported items like vegetables and fruits as well.²⁶⁴ The result was the stop of border trade. In 2002, the year when the AK Party came to the power, both export and import made within the scope of border trade decreased to zero as can be seen in the table below.

Table 11.Export and Import in Hakkari within the Scope of Border Trade

Year	Export	Import
1998	1610000000TL*	3300000000TL
2000	2200000\$	3600000 \$
2001	14000\$	84000\$
2002	0	0

Source: Constructed by the author based on Republic of Turkey, *Türkiye Büyük Millet Meclisi Tutanak Dergisi*, term 22, session 24, volume. 3, 21 January 2003 and Orhan, *Sınır Ticaretinin Türkiye Ekonomisine Etkileri*

*Numbers are rounded.

²⁶²To Kürşat Tüzmen, the minister responsible from foreign trade, the tax loss of the Ministry of Finance between 1997 and 1999 due to fuel oil trade was 3.5 billion US dollars. See Republic of Turkey, *Türkiye Büyük Millet Meclisi Tutanak Dergisi*, term 22, session 24, volume. 3, 21 January 2003.

²⁶³Orhan, *Sınır Ticaretinin Türkiye Ekonomisine Etkileri*, 123.

²⁶⁴Ibid.

Health Labor Force and Medical Infrastructure

Distinct from economy, indirect state racism towards the people of Hakkâri can also be followed in the share Hakkâri received from overall health labor force and sources reserved for medical infrastructure. Despite the noticeable improvement in the AK Party period, the people of Hakkâri have extremely suffered throughout the Republican history from the lack of sufficient medical personnel and poor medical infrastructure. Until the period of the AK Party, hospitals and health posts in Hakkâri have never been places rendering more than first aid, giving simple treatment and transferring patients to Van, Ankara, Erzurum, Diyarbakır, İstanbul due to lack of personnel and medical infrastructure. Most times people have had to go to cheap hospitals in Orumieh of Iran and sometimes Iraqi Kurdistan to get treatment they could not take in their hometown. Contagious diseases were also so widespread and threatening until 1980s that it may be legitimately guessed²⁶⁵ that hundreds of people died in each year from contagious diseases in Hakkâri.

When looked at the issue of health labor force in Hakkâri, it is seen that it has been shaped by two facts throughout the Republican history. The more important one is the insufficiency of medical personnel especially GPs and specialists. The other and related one is that health labor force in Hakkâri has always been in constant rotation. Especially specialists, but also GPs, could be employed in Hakkâri only temporarily either in the form of temporary assignment for a few months or by compulsory service for a longer but still for a temporary period.

As for medical infrastructure, it would not be an exaggeration to talk about an absolute deprivation. Until the construction of two modern hospitals, one in Hakkâri provincial center and the other in Yüksekova, in 2008, and the endowment of these hospitals with modern

²⁶⁵We have no way but to guess, because records concerning contagious diseases in Hakkâri for these years are totally unreliable.

devices and machinery, hospitals in Hakkâri were no more than big health posts with regard to number of beds, tools and devices, comfort, etc.

Below these two legs of healthcare provision are examined respectively to uncover the indirect state racism prevailed in healthcare provision in Hakkâri throughout the history of the Republic.

Health Labor Force in Hakkâri: Between Lack and Rotation

Throughout the Republican history, the Eastern part of Turkey, where national borders and dynamics of capitalism resulted in economic backwardness, suffered from the shortage of medical personnel especially specialists and GPs. The table indicating below the quantitative state of health labor force in Hakkâri between 1953 and 2005 should be read therefore as an extreme but not an exceptional manifestation of a regional fact.

Table 12. The State of Health Labor Force in Hakkari between 1953 and 2005

Year	Specialists	GPs	Dentists	Nurses	Midwife	Health Clerks	Pharmacists	Other
1953	5 ²⁶⁶	5	0	0	1	4	0	5
1954	0	6	0	0	1	3	0	4
1955	0	5	0	0	0	4	0	4
1956	0	5	0	1	0	6	0	7
1957	0	4	0	0	0	7	0	7
1958	0	5	0	0	1	6	0	7
1959	0	7	0	0	1	5	0	6
1960	0	5	0	0	1	8	0	9
1961	0	5	0	0	1	7	0	8
1962	0	5	0	2	17	9	0	28
1963	0	11	0	0	13	12	0	25
1964	0	13	1	6	12	18	0	36
1965	1	11	1	9	12	13	0	34
1966	1	13	1	7	18	27	0	52
1967	1	15	0	10	20	29	0	59
1968	0	10	1	11	15	27	1	53
1969	1	7	2	10	22	30	1	62
1970	1	7	2	12	26	30	0	68
1971	1	10	2	6	23	31	1	60
1972	1	9	2	11	20	26	1	57
1973	1	12	3	12	21	25	8	58
1974	2	16	3	19	37	16	8	72
1975	1	13	4	18	40	11	3	69

²⁶⁶Specialists in army.

1976	2	9	2	18	49	11	1	78
1977	4	9	2	31	55	12	2	98
1978	5	11	3	43	48	16	4	107
1979	4	17	4	41	42	21	4	104
1980	7	22	3	45	41	15	4	101
1981	8	23	3	62	28	25	3	115
1982	9	22	1	60	34	20	2	114
1983	3	15	2	69	45	23	3	137
1984	5	13	5	71	34	29	8	134
1985	8	28	5	77	65	38	14	180
1986	8	32	5	51	61	24	9	136
1987	10	31	2	52	102	14	7	168
1988	16	44	5	73	96	30	10	199
1989	12	45	4	71	82	43	8	196
1990	11	53	4	61	91	84	10	239
1991	11	55	4	58	99	91		248
1992	19	71	5	51	75	87	12	213
1993	14	41	3	70	99	115	13	284
1994	20	101	14	73	59	116	14	248
1995	19	68	3	105	77	102	13	284
1996	9	50	5	108	52	116	16	276
1997	11	57	3	141	57	102	16	300
1998	5	55	3	141	74	88	14	303
1999	10	74	3	127	81	80	13	288
2000	16	68	5	121	63	108	12	292
2001	9	50	3	130	56	86	15	272
2002	18	72	11	131	46	91	14	268
2003	24	86	12	137	51	106	20	294
2004	34	51	9	201	97	192	22	490
2005	37	68	10	222	80	194	22	496

Source: Constructed by the author based on the yearly statistical yearbooks of DIE

From the Foundation to the Early 1960s: The Era of Absolute Deprivation

Healthcare provision in small provinces and towns of Anatolia and Kurdish region was more or less same until 1960s. In each district there was a government doctor, at least in theory, who was responsible primarily from the prevention of the spread of contagious diseases and constructing statistical tables concerning deaths and births in his area of responsibility. Curative services were of secondary importance and provided only in some days and some hours of the week in small Treatment and Examination Houses. Given that it used to take days and weeks to arrive from villages, where then the majority of the population dwelt, to towns due to lack of roads, villagers were in practice out of the scope of healthcare service provided by the government doctors. Only when a contagious disease occurred or health clerks going

from villages to villages on mule back could visit a few times in a year, villagers were able to see government doctor or health clerks in their villages. Hospitals, which were operated by provincial special administrations until 1950 and then transferred to Ministry of Health and Social Assistance, were only in provincial centers and not in all. In addition, curative services were not free of charge; unless a patient did not submit an official paper to the hospital documenting that he was poor, he would be charged. To sum up, until early 1960s villagers isolated from urban centers had no ways but to rely on the knowledge and skills of traditional midwives.²⁶⁷

With regard to medical personnel, when compared to the general situation, healthcare provision in Hakkâri until 1960s was not exceptional but rather extreme. As can be seen in the table above, until the socialization of health system in Hakkâri in 1963, that is, until the opening of health posts in each district and some big villages of Hakkâri, healthcare was provided with a few GPs and health clerks, that is, with a cadre never more than 15 people. Until 1965, according to the records of the state, no any civil specialists worked in Hakkâri, for there was no any hospital providing curative service until 1968. This is to say that, when equally divided into five districts of Hakkâri, including provincial center itself, healthcare needs of each district of Hakkâri used to be met with no more than 3 personnel until early 1960s. Given that the numbers stated in the table above refer to the official numbers of doctors working in Hakkâri, not of those working in actuality, it can be justifiably argued that the average number of personnel per district was always less than 3 until early 1960s.

Along with the absolute shortage of medical personnel, there were no any pharmacists in Hakkâri as well until 1968. That means the single way patients could reach medicine until 1960s was, along with the reliance on folk medicine, to buy medicine from medicine cabinet

²⁶⁷For healthcare provision in Turkey between 1920 and 1960, see Asena Gunal, "Health and Citizenship in Republican Turkey: An Analysis of the Socialization of Health Services in Republican Historical Context" (Ph.D.diss, Bogazici University, 2008), 143-98.

of government doctors provided that there was a government doctor in their district.²⁶⁸ The extent of the difficulty of reaching medicine (*derman*) was so big that that a second medicine cabinet became available was worthy of reporting in local newspapers. For instance, it was said in *Hakkâri* in April 1961 that the government doctor Orhan Günolman started the procedure to open a new medical cabinet.²⁶⁹

The absolute shortage of medical personnel in Hakkâri until early 1960s, from nurses to specialists, resulted in tragedies. Because I elaborate on the issue in the part where I discuss contagious diseases and public health, I am content with at that moment with sharing the case Adil Türkoğlu, senator of Hakkâri, witnessed in 1962. The case recounted below was one of numerous dramatic manifestations of the lack of medical personnel in Hakkâri in those years:

While we were returning from Hakkâri to Van, the cashier of Agricultural Bank was in bus as well. Because there was no doctor in Hakkâri, he was taking his child in his arms to Van. The child's groans with pain made all of us [in the bus] upset. Why cannot we send any doctor to a border province like Hakkâri? Both hospital building and houses for doctors have been already completed; however doctors are still missing.²⁷⁰

From Mid-1960s to 1981: The Era of Socialization and Rotations of Specialists

One needs to address the period ranging from mid-1960s to 1981 as a separate period of the history of health labor force in Hakkâri. For in this period the socialization of health services took start and resulted in a considerable increase of health staff in Hakkâri. The socialization of health services was a policy reflecting petty bourgeois radicalism of lower rank military officers who took power in 27 May 1960 by a coup d'état. In search of establishing access to healthcare provision as a citizenship right, the essence of the policy was to overcome the

²⁶⁸For instance we learn from a petition written by local party organization of the *DP* to the Prime Minister's Office in 15 December 1955 that although Çukurca was given the administrative status of district in 1953, there were no any government doctors appointed to the district. To the writers of the petition, health clerks sent to district were incapable of meeting the needs of the people. See *BCA BMGMK*, [Catalog Number: 030 01/117 740 6].

²⁶⁹*Hakkâri*, 21 April 1961.

²⁷⁰Republic of Turkey, *Cumhuriyet Senatosu Tutanak Dergisi*, term 1, session 33, volume. 2, 7 February 1962.

massive unevenness between urban and rural, West and East, rich and poor with respect to access to healthcare provision.²⁷¹ To achieve this goal, health posts and health stations were decided to be opened throughout the country beginning from the Eastern Anatolia. Health stations staffed with a midwife would be responsible from basic medical affairs like maternal and child health of small rural settlements with a population no more than 2500-3000, and health posts staffed with a general GP, a midwife, a nurse, a health clerk, a medical secretary, a driver would be responsible from providing mainly preventive but also curative services to a population group composed of 5000-10000. In addition to this, health staff employed in underdeveloped areas would be paid wages higher enough to lead health labor force flow from developed to underdeveloped areas.²⁷²

Between mid-60s and 1981, in parallel to both the socialization of health system and the opening of the hospital, number of medical personnel in Hakkâri increased. According to the table above which reflects the number of medical cadres assigned to Hakkâri on paper, there were 0 specialists, 11 GPs, 0 dentists, 0 nurses, 13 midwives, 12 health clerks and 0 pharmacists in Hakkâri in 1963. These numbers changed to 7 specialists, 22 GPs, 3 dentists, 45 nurses, 41 midwives, 15 health clerks and 4 pharmacists in 1980. The more realistic numbers given by the Minister of Health and Social Assistance in 1971 confirm the improvement in the period as well. While there were no specialists, 5 GPs, no dentists, 3 health clerks, 1 nurse, 1 nurse assistant and 17 midwives in 1963, there were one specialist, 8 GPs, 2 dentists, 18 health clerks, 4 nurses, 7 nurse assistants and 25 midwives in 1970.²⁷³

The appointment of medical personnel to health stations and health posts in Hakkâri however did not mean in any way that the health staff needs of Hakkâri could be met adequately in

²⁷¹Gunal, "Health and Citizenship in Republican Turkey: An Analysis of the Socialization of Health Services in Republican Historical Context," 258.

²⁷²Ibid., 262.

²⁷³Republic of Turkey, *Cumhuriyet Senatosu Tutanak Dergisi*, term 1, session 33, volume. 63, 31 January 1971.

those years. Due to the failure of the socialization policy and the fact that nothing changed fundamentally in Hakkâri to make it attractive for health personnel, the big health staff deficit of Hakkâri persisted in those years as well. As was said in an article in *Hakkâri Sesi* in February 1973,

We have constructed many health posts in socialization regions, yet in many of them there are no midwives, let alone doctors. If you do not believe in that, please ask the situation of health posts in Hakkâri to the governor of Hakkâri and learn the truth.²⁷⁴

The local newspapers of the period were full of complaints concerning the absence of doctors in health posts in different parts of Hakkâri. By the following quotations from the local newspapers of 1970s, below I document the fact that the shortage of doctors in health posts persisted to be a big problem in the period at stake.

-There is no doctor in the health post in the center.²⁷⁵

-Unfortunately there is no any doctor in Uludere where 15000 people live. The people there are left to the mercy of the God.²⁷⁶

-There is no doctor in Beytüşşebap for 6 months. Our province is within socialized region, at least on paper. Therefore we thought that we would not suffer from the lack of doctors. Yet we have been frustrated. There are no doctors in Beytüşşebap and Çukurca for six months. The people cannot find even an aspirin in the health post and have to go to the provincial center, Uludere or Van even for a minor illness... Aren't the people living or working here human beings as well? The authorities are urgently expected to pay attention to the problem and appoint doctors to Beytüşşebap and Çukurca as soon as possible. The number of doctors in our province does not exceed 4. That means number of patients per doctor is over 35000 in Hakkâri while it is 2000 in Ankara, Istanbul and Izmir.²⁷⁷

-The roads to Çukurca, *which suffers from the absence of any doctors for a year* [emphasis mine], are about to be closed by the snow. I ask the government to let the people freely go to Mosul and Baghdad in Iraq, as it did in the past, to get treatment in case of emergency.²⁷⁸

²⁷⁴ *Hakkâri Sesi*, 6 February 1973.

²⁷⁵ *Hakkâri Sesi*, 13 October 1972.

²⁷⁶ *Hakkâri Sesi*, 26 June 1973.

²⁷⁷ *Hakkâri Sesi*, 19 August 1975.

²⁷⁸ *Hakkâri Sesi*, 17 December 1975.

-The population of our province has exceeded 120.000. Yet there are only six GPs in six districts of Hakkâri, including provincial center as well. That means there are 20000 patients per doctor. In addition, there are no specialists in provincial center and in districts... There is no any civil dentist as well. Yesterday a patient came from Yüksekova to the provincial center, from 79 kilometers away under heavy winter conditions, to have his tooth pulled. Who will take pity on these citizens...?²⁷⁹

The table below indicates the striking extent of the insufficiency of medical personnel, from doctors to health clerks and nurses and midwives. There were no personnel in seven of 14 health stations and no GPs in three of eight health posts in 1973.

Table 13.Health Staff of the Public Health Organization in Hakkari in 1973

	Doctors	Dentists	Health Clerk	Nurses	Midwife
Provincial Directorate	1		2		
Public Hospital	1	1	1	4	
Central Health Post	2		2		2
Üzümcü Health Station					1
Durankaya Health station					1
Bağışlı Health Post			1		1
Ördekli Health station					
Işıklar Health station					1
Geçitli Health Post			1		1
Kaval Health station					
Beytüşşebap Health Post	1		2		1
Bölücek Health station					
Çukurca Health Post			2		1
Güdeşa Health station					1
Uzundere Health station					
Şemdinli Health Post	1		2		1
Günyazı Health station					

²⁷⁹ *Hakkâri Sesi*, 8 February 1974.

Çatalca Health station					
Uludere Health Post	1		2	1	1
Ortabağ Health station					
Şenoba Health station					1
Yüksekova Health Post	1		2		1
Uzunsırt Health station					1
Gündere Health station					1
Directorate of Maternal and Infant Health				2	
Directorate of Tuberculosis Control			1		
Directorate of Leprosy Control					
Directorate of Trachoma Control					
Directorate of Malaria Control					
Sum	8	1	2	1	1

Source: Hakkari 1973 İl Yıllığı

As for specialists, it is only with the opening of the public hospital in provincial center in 1968 that the specialists began to come and work in Hakkâri. According to the table above which indicates number of cadres assigned to Hakkâri on paper, until 1981, the year when law on compulsory service was issued, number of specialists gradually increased. While there was only 1 specialist in Hakkâri in 1968, in 1980 there were 7 specialists, at least on paper.

Despite the gradual increase of number of specialists, insufficiency of specialists in Hakkâri remained to be a serious problem in the period at stake. In addition, these few specialists coming to Hakkâri used to work only for one or two months and then leave their places to their newly arriving colleagues. It was almost impossible to see a specialist working for a five or six months, let alone a few years, in the public hospital of Hakkâri in these years. In other words, specialists' way of working in Hakkâri between 1960s and 1980 was characterized by rotation. The shortage of specialists and surgeons, just as of GPs as well, was the invariable

item in the long complaint and demand lists published in the local newspapers of the period. In one of many open letters written to the Minister of Health and Social Assistance, which was written in February 1973, it was argued that:

At the present time, specialists and surgeons have been almost entirely concentrated in hospitals of big urban areas. The people in small and border provinces can survive totally by chance. Because specialists and surgeons are absent there, the fittest survives and the weak dies [in these places].²⁸⁰

To the writer of these lines, the solution to the problem was to impose compulsory service on specialists and surgeons for one year in undeveloped border provinces and small provinces.²⁸¹

A law on compulsory service was not issued between 1960s and 1980, but instead rotation system, a short-term version of compulsory service, was adopted and one surgeon and one or two, but not more, specialists used to be appointed to Hakkâri city for a few months in the period.²⁸² Until February 1974, the appointments were made only in summer months and for a single month. After that date, for a short time specialists and surgeons were sent to Hakkâri both in summer and winter, but still on a monthly basis.²⁸³ Yet even the rotation system did not work well and the Ministry of Health and Social Assistance sometimes could not send any specialists and surgeons to Hakkâri city for several months between 1975 and 1980. For instance, there were no specialists and surgeons in Hakkâri city for six months, as reported by *Hakkâri Sesi* in March 1977.²⁸⁴ Likewise in April 1975, the people of Hakkâri city were suffering for three months from absence of any specialist.²⁸⁵ In these periods when rotation system failed, patients used to be taken to other provinces even for simple medical operations if their families could afford to do it:

²⁸⁰ *Hakkâri Sesi*, 6 February 1973.

²⁸¹ Ibid.

²⁸² Altun, *Hakkari İl Yılığ*, 1967, 95.

²⁸³ *Hakkâri Sesi*, 20 March 1974.

²⁸⁴ *Hakkâri Sesi*, 29 March 1977.

²⁸⁵ *Hakkâri Sesi*, 7 April 1975.

Our province is, on the paper, within the scope of socialization. The governments were to send a surgeon and two or three specialists. Unfortunately, no surgeon or specialist has arrived to our province for three months. We have to take our patients to Van or Diyarbakır even for birth, hernia operation and appendectomy. There is no any specialist in the public hospital which is donated with 50 beds. Where is socialization and where is social justice?²⁸⁶

The rotation system was a palliative solution to the shortage of specialists under given conditions of Hakkâri, but also, on the other hand, reproduced indirect state racism as well. This is to say that, because specialists appointed to Hakkâri within the context of rotation for a few months lacked any engagement with and attachment to the Hakkâri city and the hospital, they did not spend any effort, by logic, to deal with the chronic problems and shortages of the hospital, like lack of medical equipment, education of personnel, ensuring hygiene, establishing a system and order, etc. The passages I quoted below from *Hakkâri Sesi* exemplify the discontent with rotation system and its incapacity to bring more than palliative solutions to the systematic problems of the public hospital and healthcare provision in Hakkâri:

-Now the biggest problem ahead is to find for our well-constructed hospital a surgeon and internist who are ready to work for one to two years. By the appointment of experienced people to our public hospital, the hospital can operate in an order and systematically and thus patients would be paid more attention. Today the public hospital lacks even a well-kept plant ledger. The tools and equipment sent for medical operations either have been lost or cannot be found due to other reasons. If specialists are appointed to here for two years, such kind of things will not occur. The jobs concerning hygiene of the hospital, refurbishment of the building and administrative issues are now carried out in an arbitrary way...²⁸⁷

-Because they come to [Hakkâri] temporarily, surgeons and specialists appointed [to Hakkâri] just for one month do not attempt at bringing solutions to the problems of the hospital and rather just treat the patients with given facilities and thus fulfill their days in Hakkâri. If these surgeons and specialists are paid satisfactorily and convinced to work for one year in the hospital, they

²⁸⁶ *Hakkâri Sesi*, 4 March 1977.

²⁸⁷ *Hakkâri Sesi*, 1 August 1974.

will establish a system in the hospital, be more productive and not pass their days only by seeing patients.²⁸⁸

-For three years, beginning from May a specialist and a surgeon has been appointed to our province for a month. Unfortunately, these monthly specialists and surgeons cannot meet the expectations. They [fulfill their days] and leave Hakkâri even before the staff of the hospital has become familiar with them. In order for specialists and surgeons to be beneficial to our province, they must obligatorily stay here for one year.²⁸⁹

In addition to the superficiality, rotation system resulted in negligent treatment of patients as well. We do not know the role the sense of cultural superiority of rotationally appointed specialists might play in poor treatment of patients, yet it is certain that the unwillingness of them to work in Hakkâri played a significant role. The following complain about the doctors was not an exception:

The citizens complain of the public hospital of the province. There are some people coming to our office to complain that neither the chief doctor of the hospital... nor the newly arrived, monthly surgeon pay attention to the patients and treat them well.²⁹⁰

In another article in *Hakkâri Sesi*, doctors were called to have compassion and mercy more than anyone else and thus indirectly criticized of their negligent attitude towards the patients.²⁹¹

To summarize, there was a relative increase in the number of health staff in Hakkâri in mid 1960s-1980, when compared to the earlier period. Socialization of health system, opening of health posts, opening of public hospital in Hakkâri city had a role in this increase. It was in this period the first time civil specialists and surgeons came and worked in Hakkâri. Yet both the persisting insufficiency of health staff and the problems resulting from palliative character

²⁸⁸ *Hakkâri Sesi*, 20 March 1974.

²⁸⁹ *Hakkâri Sesi*, 22 August 1972.

²⁹⁰ *Hakkâri Sesi*, 21 October 1972.

²⁹¹ *Hakkâri Sesi*, 2 August 1975.

of rotation system, the single way of appointing specialists and surgeons to Hakkâri in these years, persisted.

1981-1995: Compulsory Service of Doctors and the “Golden Age” of Health Labor Force in Hakkâri

The photo of health labor force in Kurdish region and Hakkâri taken by a committee of the DPT (*Devlet Planlama Teşkilatı*, State Planning Organization) in 1981 was as such:

The major problem concerning healthcare provision encountered in the provinces visited by us is, along with the insufficiency of medical personnel especially doctors, lack of fully equipped hospitals. In some provinces are [equipped] hospitals but not sufficient doctors, and in some others, are neither satisfactory hospitals nor sufficient doctors. It seems that two-monthly rotation system employed to send doctors to provincial centers are far from bringing solution to the problem.

It was tried via health stations and health posts to provide healthcare to rural areas, yet it failed. In many of these [health stations and health posts] even allied health personnel is missing.²⁹²

The suggestion made by the committee in the face of the shortage of doctors and the uselessness of the rotation system was, without naming doctors, to impose compulsory service for doctors.

The number of technical and administrative personnel employed in Eastern and Southeastern Anatolia must be increased and also their problems concerning wage and accommodation must be solved essentially. The appointment of some groups of qualified personnel to these regions rotationally or seasonally and some others within the scope of compulsory service should be taken into consideration.²⁹³

The suggestion reflected the point of view of the military regime as well. Compulsory service law, which was much pronounced in 1960s and 70s but could not be enacted due to the political climate of the era, was enacted in 1981 by the military regime with special reference

²⁹²Devlet Planlama Teşkilatı, *Kalkınmada Öncelikli İller İnceleme Raporu*(Ankara: DPT Kalkınmada Öncelikli Yörelere Dairesi, 1981), 9.

²⁹³Ibid., 48.

to shortage of doctors in Kurdish region.²⁹⁴ New graduates entitled to be GPs and assistants entitled to be specialists were obliged by the law to do compulsory service.

In the period ranging from the enactment of compulsory service law in 1981 to its annulment in practice, even not at legal level, in 1995, the people of Hakkâri, especially those located in Hakkâri city, could find specialists whom they most needed like gynecologist, internist, general surgeon, pediatricist, etc. For instance, to the table reflecting official records, number of specialists increased from 7 in 1980 to 11 in 1990 and 19 in 1995. To the numbers given by the *DPT* specialists, the gap between Hakkâri and Turkey in terms of patients per doctor considerably declined in these years. The ratio of patients per doctor in Hakkâri to patients per doctor in Turkey was approximately 1: 2 in 1991²⁹⁵ while it was 1: 6 in 1985.²⁹⁶ Somewhat tragically, one of the administrators of the Hakkâri Public Hospital during late 1980s told me with a remarkable sense of proud that he remembers quite well that there were 11 specialists in Hakkâri Public Hospital in 1989.

The optimistic atmosphere arising from relative abundance of doctors in Hakkâri by compulsory service law can be followed in the news and articles reported by local newspapers of the period. For instance, it was said in *Hakkâri Halkın Sesi* in January 1984 that “the specialists appointed to our province in 1983 rendered the public hospital to a house of healing, became a source of hope to the patients and emancipated them from the necessity to go to neighboring provinces.”²⁹⁷ It was in this period first time the relative abundance of doctors led people to question the lack of an otolaryngologist and orthopedist.²⁹⁸ In earlier

²⁹⁴ *Milliyet*, 22 October 1981.

²⁹⁵ Devlet Planlama Teskilati, *Kalkınmada Öncelikli Yoreler Ve Türkiye İçin Seçilmiş Göstergeler 1991* (Ankara: Devlet Planlama Teskilati, 1991), 61-62.

²⁹⁶ *Kalkınmada Öncelikli Yoreler Raporu 1985* (Ankara: Devlet Planlama Teskilati, 1985), 3.

²⁹⁷ *Hakkâri Halkın Sesi*, 2 January 1984.

²⁹⁸ *Hakkâri Halkın Sesi*, 9 January 1986.

years they were only surgeons, internists or gynecologists whose appointments were demanded from the Minister of Health and Social Assistance.

It should be born in mind; however, as can be seen in the news below reported by *Hakkâri Halkın Sesi* in June 1985, even in this “golden age” of health labor force doctors were still too insufficient to meet the actual need. The number of specialists in the public hospital that led *Hakkâri Halkın Sesi* in 1985 to conclude that it was the golden age of the hospital was only five, while the population of Hakkâri city in 1985 was approximately 44.000, 23.000 in villages and 21.000 in the city, and, in addition, there were no hospitals in Çukurca, Yüksekova, Beytüşşebap, Uludere and Şemdinli in 1985:

It is the *golden year* [emphasis mine] of our public hospital... While even a hernioplasty could not be performed in the public hospital in the past, all kind of operations are now possible to be performed thanks to the arrival of doctors who serve successfully in our hospital. The doctors successfully serving in our hospital and their branches are as such:

Gynecologist: Bülent Çetin

General Surgeon and chief of hospital and director of health: Ruhsar Önenç

Pediatricist: Jak Özşarfati

Surgeon: Zeki Güzel

Neurologist: Mahmut E. Özkurt.²⁹⁹

In addition, the relative abundance of specialists was limited by the Hakkâri city. The mayor of Yüksekova complained in April 1987 that there were no specialists in the newly constructed hospital and defined the state of patients, “who have to go to Van even for headache,” by the term “misery.”³⁰⁰

²⁹⁹ *Hakkâri Halkın Sesi*, 11 July 1985.

³⁰⁰ *Hakkâri Halkın Sesi*, 16 April 1987.

The fact that these few specialists used the opportunity of being single civil specialist in their branches³⁰¹ in the province and were involved in private practice seriously decreased the potential contribution they could put into healthcare provision and thus reproduced indirect state racism. One drawback, which was the immediate one, of doctors' being involved in private practice was that they treated fewer patients they could treat and rather reserved some of their working time to see patients in their private clinics. As one of administrators of the hospital in late 1980s told me, number of patients examined and in-patients given treatment in the hospital in these years never exceeded 50000 and 3500, respectively.

Another drawback of doctors' involvement in private practice was that doctors were more concerned with affairs of their private clinics than of the hospital or health posts. That resulted in a negligent stance towards patients and the hospital:

Shouting patients and keeping patients waiting for hours have become normal things here. Yet these doctors, who are grim-faced, change in their private clinics and turn into good-humored [people]. Doctors are legally granted the right to open private clinics, but are not granted the right to neglect the hospital and outpatient clinics to direct people to their private clinics. They are also not granted the right to start working at 10 or 11 am while they are obliged to start working early on morning...As it is impossible to find a specialist who is on call throughout the day which he is on call, it is likewise impossible in our province to take emergent patients to the hospital by vehicles of the hospital. Emergent patients have been taken to hospital by vehicles of the police for two years...We ask the doctors and specialists of the public hospital to own the hospital and serve more efficiently. It is a justified demand to remind the specialists the necessity to pay attention to the hospital at least as much they pay to their private clinics. It is the right of every citizen to demand interest, mercy and good care for their patients... Who will bring solutions to the problems of the patients waiting for hours in the corridors [of the hospital]?³⁰²

³⁰¹We learn from an interview conducted by Şükrü Çallı, the mayor of Hakkâri city between 1984 and 1994, that military doctors also opened private clinics in this period and thus led to a discount of the examination fee in the city from 5000 TL, 14 \$, to 3000 TL, 8 \$. See *Milliyet*, 19 January 1986.

³⁰²*Hakkâri Halkın Sesi*, 13 May 1986.

To summarize, the period 1981-1995 was golden period of health labor force in the history of Hakkâri when compared with earlier periods. Thanks to the law on compulsory service issued in 1981 by the military regime, specialists of different branches and also GPs had to come to Hakkâri and work more than a year. Yet the improvement was only a relative one which was still far from meeting the needs of the province.

Back to Rotation System: 1995-2001

In the room called as intensive care unit, there is no more than a bed covered with a dirty, creased and rumpled sheet, that's all. There is no intensive care unit equipment in the hospital. There are no pediatricians and internists as well. Number of patients per doctors is 65.000, and 44 more specialists are needed. If you are seriously injured and want to go to other province to get treatment, you cannot do it either since Hakkâri is like a semi-open prison after 3 pm. All roads are closed by the reason of security.

Duygu Asena³⁰³

When the insistent demands and struggles of doctors ultimately resulted in the suspension of compulsory service law in 1995, the necessity that pushed doctors towards Hakkâri disappeared. Given the war conditions and emergency rule prevailing in the province and Kurdish region in general during 1990s, the suspension meant also the disappearance of the single factor behind the presence of doctors in the province. Expectedly, a serious fall occurred in number of doctors serving in the province, as can be followed in the table above. According to the table, between 1995 and 2001 number of specialists decreased from 19 to 9, and number of GPs from 68 to 50.³⁰⁴

The solution brought to the crisis was to adopt old, palliative rotation system and appoint doctors rotationally for a few months. Yet health labor force needs of Hakkâri were too big to be met by a sort of palliative solution which could not be practiced properly. The photo taken

³⁰³ *Milliyet*, 23 June 1998.

³⁰⁴ The suffering of the people from the lack of doctors arrived at such a big extent in this period that 25000 people joined the signature campaign, "we want our doctors", led by Consumer Association of Hakkâri in 2000. See *Milliyet*, 26 April 2000.

by the head of the branch of non-infectious disease, who worked for years in Hakkâri as health clerk, of the state of health labor force during the period was therefore terrible:

Health posts used to work with 20-30% occupancy rate. Most times we could not find any doctors [there]. Sometimes there were two doctors serving in the health post in the Hakkâri city, yet health posts and health stations in villages seriously suffered from lack of health staff....There we could find only a midwife, but doctors never.

[Hakkâri Public Hospital] had three floors. Clinics were on the ground floor and the services on the upper floors. Most times we could not find specialists of even the most important branches. Doctors used to come to Hakkâri Public Hospital by rotation. They used to come by rotation from other provinces and hospitals for 45, 50 or 60 days. However, most times those doctors appointed by rotation would get sick report immediately after their arrival, pass 45 days in sick leave and then return back to their home town. When an internist arrived, everybody would hear it immediately and the people would almost raid to the hospital. 80-90 % of patients used to be transferred to the neighboring provinces, mostly to Van.

Q-Which specialists used to come by rotation system?

A-Only of major branches: gynecologist, internist, general surgeon.

Q-How many doctors could we find in [Hakkâri] public hospital in late 1990s at the best?

A-We could find 5 doctors at the best.

Q-At the worst?

A-No more than 1-2. One could always find a gynecologist. They used to come [to Hakkâri] to earn money. They used to spend most of their time in their private clinics.

Q-But rotation doctors cannot open private clinics?

The hospital would employ a few regular doctors as well, like gynecologist, general surgeon and internist.

Due to the lack of specialists and GPs, hospitals in Orumieh in Iran turned most times the first places Hakkârians resorted in this period. Cross-border character of Hakkârians' access to healthcare provision was not new. Indeed, Hakkârians used to cross the border, either legally or illegally, to get treatment in Iraq or Iran throughout the history of the Republic. Yet the

political turmoil in Iraqi Kurdistan during 1980s and 90s and the relative improvement of welfare benefits in Iran after the Islamic revolution in 1979, made Orumieh, which is thirty kilometers away from Esendere border gate, the single available cross-border option in this period. Nedim Şener, now a famous Turkish journalist, reported the misery of health labor force in Hakkâri in 2000 and Orumieh traffic of Hakkârians as such:

There are four specialists in Hakkâri Public Hospital, including those recently appointed, and three specialists in Yüksekova Public Hospital. As for Şemdinli Public Hospital, there have been no any specialists for a long time and is only a newly graduated GP. There is even not a public hospital in Çukurca, another district of Hakkâri, let alone doctors. Only 11 of 30 health posts are open, and 13 GP working in these [11] health posts try to ease specialists' burden. The state cannot send doctors to here. Because compulsory service was annulled, a doctor who draws for a position in Hakkâri may not come to Hakkâri and wait for the next draw. Today number of patients per doctor [in Hakkâri] is 35.000.

Daily 300 people from Hakkâri, who suffer from insufficient medical equipment and insufficient doctors, pass through Esendere border gate to go to Orumieh in Iran to get treatment. The first choices of those people going to Orumieh are state owned Imam Khomeini hospital and private Azerbaijan hospital. Fees of all sorts of examinations are 1 million, which is one tenth of fees in Turkey, and also medicines are sold almost free of charge.

Although there are 22 specialist cadres assigned to Hakkâri public hospital, which has 100 beds and accepts 500 patients daily, only 4 actually working doctors try to create medical miracles. Those patients who cannot be treated by general surgeon, gynecologist, internist and pediatricist are transferred either officially to Van or unofficially to Iran. Hakkârians opt for Orumieh, which is 158 kilometers away from [Hakkâri city], over Van, which is 210 kilometers away from [Hakkâri city], and can get treatment at a cheaper price.

Imam Khomeini hospital, which is the first choice of Turks, serves people in all braches but those of brain and heart.

Examination fee in Iran is same for all sort of illnesses, 1200 toman or 1 million lira. The price of pulling a tooth is likewise 1 million lira. Having a CT scan is 300-400 million liras in Turkey while it is 26 million liras in Iran.³⁰⁵

³⁰⁵*Milliyet*, 17 September 2000.

Likewise in a *DPT* report prepared by a committee after inspections in some Kurdish provinces, Batman, Bingöl, Bitlis, Diyarbakır, Elazığ, Hakkâri, Mardin, Muş, Siirt, Şırnak, Tunceli, Van, having emphasized that there are only 3 specialists in the province in spite of the 25 cadres assigned, granting an extra-payment to doctors employed in the region was suggested to attract doctors to Hakkâri and thus remove the necessity forcing Hakkârians to go Iran and also other provinces to get treatment.³⁰⁶

Another striking evidence of shortage of doctors in Hakkâri in this period, no less than the necessity forcing Hakkârians to go to Orumieh, was Gökhan İslamoğlu. Gökhan İslamoğlu is an internist and worked in Hakkâri Public Hospital between 2000 and 2008. When I started my fieldwork, he had already left Hakkâri, so I could not conduct an interview with him. I heard his name numerous times from the patients telling their past experiences with the hospital. It was understood from these stories that an internist, Gökhan İslamoğlu, turned, due to shortage of doctors, into sometimes a gynecologist, a pediatricist, an orthopedist, a chest disease specialist, etc. In these stories the diseases patients told me varied from heart attack to pregnancy problems, yet the specialist trying to give treatment did not: Internist Gökhan İslamoğlu. It is his name that was cited by those who compare past and present of healthcare provision in Hakkâri: “Ten years ago an internist would examine all patients, even pregnant women as well, but now...”

In addition to the shortage of doctors, which many times left Hakkârians no option but Iran, Hakkârians also faced the problem of finding doctors who have full-time attachment to their institutions. To a local nurse who has started to work in the hospital in late 1990s, that situation resulted in some ethical problems. As told by her, all regular specialists in the

³⁰⁶Devlet Planlama Teskilati, *İl İncelemeleri (Batman, Bingöl, Bitlis, Diyarbakır, Elazığ, Hakkâri, Mardin, Muş, Siirt, Şırnak, Tunceli, Van) Ön Raporu* (Ankara: Devlet Planlama Teskilati, 2000), 36.

Hakkâri Public Hospital had private clinics and directed patients to their clinics by seriously limiting the daily treatment quota in the hospital:

Q- Ethical issues?

Sometimes yes... They [specialists] used to say that “we will not examine more than 20 patients.” Yet the demand was too much. Those coming to the ER of course used to be given a treatment in all cases. When I compare [those days] with present, I think that there was an injustice made to the people indeed. Then [specialists] would examine people until noon and check test results of patients examined in the morning in the afternoon.

2002-2004: Compulsory Service-Contract Doctors-Compulsory Service

In this period, 2002-2004, of health labor force in Hakkâri, one cannot talk about an essential difference from the past in terms of numbers, engagement, etc. Yet two health labor force policies of the governments, the annulment in 2002 of the suspension of compulsory service law since 1995 and the adoption of contract system in 2003, which is still in force, to employ medical personnel in Kurdish region or in, to say with the name referred in the law, “the regions of whose staffing is difficult,” resulted in a remarkable increase of medical personnel in Hakkâri. That’s why I identify 2002-2004 as a distinct period of health labor force history of Hakkâri.

By June 2002, to the report prepared by a committee of the Public Health Branch of Turkish Medical Association, there were 30 GPs in Hakkâri despite the assigned 170 GP cadres. It means that health posts were working with 17.6 % occupancy rate. In addition, 9 of 23 health posts were closed and only two health stations were active. As for specialists, the sum of specialists employed in Hakkâri city, Yüksekova and Şemdinli was 11.³⁰⁷

³⁰⁷Turkish Medical Chamber, *Doğuda ve Kırdı Sağlık*, http://www.ttb.org.tr/halk_sagligi/ges/GES2002.pdf [10 August 2013]

In 2002, by the personal initiative of the Minister of Health, a member of ultra-nationalist *MHP*, of the coalition government, compulsory service law enacted by the military regime, which had not been in practice since 1995, was reactivated, despite the opposition of occupational organizations of doctors. As can be followed in the table above, this resulted in an increase in number of specialists and GPs in Hakkâri.

Compulsory service law, which was reactivated by the nationalist Minister of Health in 2002, was completely annulled in 2003 by the *AK* Party government. The *AK* Party government rather replaced compulsory service law with contract system and offered relatively higher wages to specialists, GPs and other health staff who accept to work in areas designated by the law as “areas of whose staffing is difficult” (*eleman temininde güçlük çekilen yerler*). Contract system prevented a fall that might occur by the annulment of compulsory service law and even partially encouraged specialists to work in Hakkâri. To the table above, number of specialists in Hakkâri increased from 24 in 2003 to 37 in 2005. The contract system did not produce the same positive effect concerning GPs, but limited the extent of the fall. To the table, number of GPs decreased from 86 to 68 between 2003 and 2005. The major effect of contract system on health labor force in Hakkâri had to do with other groups of health staff. Via contract system, hundreds of nurses, midwives and health clerks were appointed to Hakkâri. To the table above, while there were 137 nurses, 51 midwives and 106 health clerks in 2003, these numbers changed to 222, 80 and 194, respectively. My field experience confirms the increase as well. Except the wives of army members and policemen, almost all non-local nurses, midwives and health clerks I encountered in the field during my fieldwork were contract personnel³⁰⁸ and most of them were working in Hakkâri since 2003.

³⁰⁸They are known as fixed personnel because the contract they signed does not allow them to be appointed to elsewhere.

The overall increase of medical personnel in Hakkâri was however still insufficient to provide a proper healthcare to Hakkârians. The state had to spend 1 trillion lira in 2004 for the transfer of patients from Hakkâri to Van due the shortage of doctors in Hakkâri. While Hakkâri needed 99 specialists in 2004, the number of available specialists actually working was only 16.³⁰⁹ The most tragic manifestation of the shortage of GPs and specialists was the successive death of six dialysis patients, the youngest 13-age-old and the oldest 60-age-old, in the first four months of 2004 due to the lack of nephrologist.³¹⁰

Doctors' involvement in private practice and negligence of official/public duty with commercial concerns persisted in this period as well and deepened the problems concerning shortage of doctors. For instance, it was told in the report of Public Health Branch of Turkish Medical Organization about a chief doctor of central health post in Hakkâri city that,

The chief doctor of the health post owns his private clinic not the health post and answered the question concerning patient profile of health post by supposing that it is the patient profile of his private clinic, not of health post, which is asked.³¹¹

The worse than this negligent attitude, which was the side effect of being involved in private practice, was the active exploitation of patients. For instance, according to those told by a former administrator of the hospital, the current head of the SES (*Sağlık ve Sosyal Hizmet Emekçileri Sendikası*, Health Laborers' Union) and many other informants, the same doctor used to prescribe the heaviest third line antibiotics even for simple flues. The reason behind this prescription policy, to them, was to make a name for himself among the people, who were unaware of the side effects of antibiotics, as good doctor healing patients as soon as possible. To the head of SES, patients' continuing insistent demands from doctors during examinations to prescribe antibiotics can be traced back to such prescription policy of the chief doctor.

³⁰⁹*Milliyet*, 13 June 2004.

³¹⁰*Ibid.*

³¹¹Turkish Medical Chamber, *Doğuda ve Kırdı Sağlık*, http://www.ttb.org.tr/halk_sagligi/ges/GES2002.pdf [10 August 2013]

Medical Equipment and Infrastructure

Apart from health labor force, medical equipment and infrastructure, which is another major aspect of healthcare provision, needs to be addressed as well while making sense of indirect state racism that Hakkâri experienced in the field of healthcare provision. The first hospital in Hakkâri was opened in 1968, and it was so devoid of necessary medical equipment that it could not provide any services but some simple surgical operations. Below I tell the poverty of medical establishment of Hakkâri with respect to medical equipment and infrastructure by focusing on the history of the development of curative institutions in Hakkâri.

Curative Institutions in Hakkâri and the Poverty of Medical Equipment and Infrastructure:

The first curative institution built in Hakkâri was Çölemerik Examination and Treatment House (*ETH*) in Hakkâri city which served with 5 beds.³¹² This is the single thing we know about the *ETH*. Considering that the opening of *ETHs* was decided in 1924 and *ETHS* did not require much investment, one can speculate that it was opened in the second half of 1920s.

ETHS were opened in districts and given under responsibility of government doctors in the early Republican period. Government doctors used to reserve some hours of their working time, which was essentially devoted to jobs concerning public health issues and contagious diseases, to examine patients in *ETHS* and give some treatment if necessary free of charge. In small settlements which lacked any hospital, *ETHS* were the single institutions providing curative service with their most times very poor facilities.

Neither in Hakkâri city nor in any of its districts were any hospitals constructed in the Imperial period and taken over by the new Republic, named as *Gureba* Hospitals in the Imperial period and *Memleket* Hospitals in the Republican period. In case that a Hakkârian

³¹²Birinci Genel Müfettişlik, *Güney Doğu / Birinci Genel Müfettişlik Bölgesi*(İstanbul: Cumhuriyet Matbaası, 1939), 361.

patient had a serious and urgent health problem that could not be treated in the ETH, he had no alternative but to go to Van Maternity and Children Hospital and Van *Memleket* Hospital provided that roads were not closed by snow and healthy of patient allowed him to endure days taking travel under terrible conditions. Crossing the border therefore was many times the first choice of the patients. İbrahim Arvas, who was in the assembly in the single party period, between 1925-1946, as deputy of Van and Hakkâri, took attention in one of his speeches to this helpless situation of the people of Hakkâri. The speech reflects the huge pressure on him and the big misery of the people because, first of all, it was very occasional that Arvas voiced the problems of Hakkâri and Van in the assembly and, secondly, it is surprising that as a loyal Kemalist Kurd³¹³ he “reminded” the “specificity” of Hakkâri in a somewhat threatening tone, albeit implicitly:

Hakkâri has four districts. Along with Başkale district [of Van], these districts do not have any contact with Van during winter. There are no hospitals in these five districts. I ask the minister to reserve some sources from the Allocation of the Development of Eastern Provinces for the construction of even a small hospital [in Hakkâri], not a big one. When one gets sick, he goes to Iraq because he is not given a treatment [in Hakkâri] and cannot go to Van as well.

Hakkâri has an additional specificity. I would like to clarify it in the presence of you. One side of Hakkâri is Syria; the other side is Iran and another Iraq. Thank god that civilization has risen in our Turkey. It would not be true that there [Hakkâri] remains deserted without doctors and hospital while civilization prevails [on the other side].³¹⁴

The second institution built to provide curative service in Hakkâri was the health center.³¹⁵ The construction of the building completed in 1955. The building was officially opened in 1962 with delay due to lack of equipment and doctors. To Aydın Bilgiç, who was in Hakkâri

³¹³See his biography, İbrahim Arvas, *Tarihi Hakikatler; İbrahim Arvas'ın Hatıratı*(Ankara,: Yargıçoğlu Matbaası, 1964).

³¹⁴ Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 8, session 54, volume. 24, 23 February 1950.

³¹⁵ Health centers were first opened in 1940s during the single party period, yet their extension to whole country took place during 1950s by the Democratic Party governments. A typical health center had 10-20 beds and was staffed with one or two doctors and other health staff. Its primary duty was to provide preventive services, though it was also obliged to provide curative services as well. For the foundation and development of health centers, see Erdem Aydın, *Türkiye'de Sağlık Teşkilatlanması Tarihi*(Cebeci, Ankara: Naturel, 2002), 46-66.

as military doctor between 1955 and 1957, the health center was closed in these years and did not host any patients.³¹⁶ Therefore, he remembers, he could not direct a serious typhoid, who was carried on the shoulders of his mother from his village, to the health center and rather had to treat him in a shakedown rolled down in the entry of a small hotel. To describe the misery of the health center, it would be enough to say that the single doctor of the health center between summer of 1960 and summer of 1961, Orhan Gülerman, assumed this responsibility along with and in the time left from three additional responsibilities as the single doctor of the Hakkâri city. He was also provincial director of health, director of tuberculosis dispensary and government doctor while he also was preoccupied with patients coming to the health center.³¹⁷ Nothing changed during the period of the next provincial director Osman Zeki Kaya as well.³¹⁸ The statistics concerning the performance of the early years of the health center verify the misery of the health center. Between 1956 and 1963, there were no any laboratory and x-ray examinations made and surgery operations performed in the Hakkâri Health Center. The health center was so non-operating that, as we learn from *Hakkâri* of January 1962, the building was used for accommodation by reserve officers. Referring to the medicines in the storehouses of the health center which were rotting for years and the personnel which were paid for nothing, *Hakkâri* demanded the full-fledged activation of the health center as soon as possible.³¹⁹

³¹⁶ When the monthly appointment and transfer lists of doctors published in the official monthly publication of the Ministry of Health and Social Assistance, *Sağlık Dergisi*, is followed, it is seen that the first doctor appointed to the health center was Adil Cansever, from Malaria Fight Organization of Diyarbakır Region. He was appointed to Hakkâri in December 1956. Yet we understand from Bilgin's memoir that he did not obey the appointment and did not start working at the health center. The second appointment to the health center, to the list of appointment and transfer list in *Sağlık Dergisi*, was done five years later in October 1961 and the general surgeon of Bingöl Public Hospital was appointed to Hakkâri. Yet most probably he did not obey the appointment as well, for, to the official statistics, the first civilian specialist arrived to Hakkâri in 1965.

³¹⁷ *Hakkâri*, 14 August 1961.

³¹⁸ As can be understood from a speech delivered by the minister of Health and Social Assistance in the assembly in 1962, there was only one doctor working in Hakkâri province in 1962. Suat Seren, "Sağlık Ve Sosyal Yardım Bakanı Suat Seren'in 1962 Bütçe Müzakereleri Münasebetiyle Umumi Heyette Yaptığı Konuşma," *Sağlık Dergisi* 36, no. 3-4 (1962): 10.

³¹⁹ *Hakkâri*, 19 January 1962.

The health center was opened in 1962 and served with 20 beds until 1968 when it was transformed into Hakkâri Public Hospital by the addition of 20 beds more.³²⁰ When 14 years of the health center analyzed, it is impossible to say that it worked like a real health center as defined by the Ministry of Health and Social Assistance. Health centers were intended to provide both curative and preventive service in an integrative manner. They were designed as small, town hospitals where some simple surgical operations were expected to be done as well in the case that they could be staffed by a specialist or a surgeon. As for Hakkâri health center, even in 1963, 8 years after its opening, and while the second option was Van, which was hours and sometimes days away, no any even small-type surgical operation could be performed in the health center because of lack of equipment and any surgeon, and patients in need of surgical operation used to be transferred to Van.³²¹ That was not surprising since the health center lacked some fundamental equipment like an ambulance, x-ray machine, generator still in 1962.³²² Sabri Öztürk, who worked in Hakkâri for two years during 1960s as GP and then became deputy from *CHP*, described the misery of the health center in the assembly very strikingly as such:

Sabri Öztürk: While trying to extend the scope of healthcare provision within the scope of socialization, we also must provide facilities to the remotest corners of the country, to Hakkâri, to Van and to all corners of the country.

I stayed two years in Hakkâri. None of acute appendicitis cases, none of transverse arrest cases could be saved. None of ileus cases could be saved. All died.

AP deputies: What did you do there then?

³²⁰The transformation of health centers into hospitals was not peculiar to Hakkâri. With the start of socialization of health system in early 1960s, the distinction between curative institutions and public health institutions was boldly underlined and health centers in Anatolian and Kurdish towns were gradually rendered into hospitals with small renovations, and public health jobs of health centers were taken over by health posts.

³²¹Hakkâri, 22 August 1963.

³²²Hakkâri, 13 August 1962.

Sabri Öztürk: As a GP I used the facilities enabled by the AP, yet I could not save their lives.³²³

To *Milliyet*, the first surgery operation in Hakkâri was performed in 1968, let alone 1963.³²⁴

The work capacity and performance of the health center between 1956, the year it was constructed, and 1968, the year it was transformed into a hospital, can better followed in the table below, which I constructed using the statistics released by the Ministry of Health and Social Assistance.

Table 14. Work Performance of the Hakkari Health Center

Years	Number of Beds	Out-Patients	In-Patients	Number of Patients Examined	Deaths in Health Center	Bed Occupation Rate %
1956	20	586	0	586	0	0
1957	20	370	0	370	0	0
1958	20	416	0	416	0	0
1959	20	56	0	56	0	0
1960	20	263	0	263	0	0
1961	20	949	26	975	0	3
1962	30	884	143	1027	2	15
1963	30	866	150	1014	7	11
1964	30	2311	173	2484	10	13
1965	30	1872	226	2098	3	16
1966	30	2788	445	3233	7	27
1967	30	2151	412	2563	10	33

Source: Constructed by the author based on health statistical yearbooks of concerning years prepared by the Ministry of Health and Social Assistance

To sum up based on the table; Hakkâri health center could not provide quantitatively and qualitatively proper healthcare service not only in the early five years until its official opening in 1962 but later as well. The service provided by the health center was quantitatively inadequate in that as the single medical institution of a province with 80000 people, on yearly basis it could not give treatment more than 3200 people at best between 1956 and 1967. The service was qualitatively inadequate, too, since, as can be seen in the number of deaths occurred in the health center, the patient profile of the center was not composed of those demanding serious treatment. This is also evident in the very low bed occupation rates. That the bed occupation rates were so low in a context where total bed capacity was, in both

³²³Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 5, session 115, volume. 4, 24 February 1978.

³²⁴*Milliyet*, 14 July 1968.

relative and absolute terms, far from meeting the need is nothing but indicator of the poor quality of healthcare services provided by the Hakkâri health center.

With the transformation of the health center into Hakkâri Public Hospital in 1968 and the start of the appointment of specialists and surgeons to the hospital even rotationally and for just one month after that date, a slight improvement occurred throughout the 70s in the healthcare service provided by the hospital. Thanks to the medical equipment purchased and surgeons and specialists appointed, some simple surgery operations like hernia operation and appendectomy could be performed in 70s.

The improvement occurred too slightly and slowly, however. Apart from insufficiency of medical personnel, insufficiency of medical equipment persisted to be a fundamental drawback of the healthcare provision of the hospital throughout the 70s. From an open letter written to the Ministry of Health and Social Assistance by *Hakkâri Sesi* in July 1974, we learn that by the date the letter was written the hospital lacked, along with regular surgeons, any x-ray machine and personnel able to use it, dental unit, some medicines and some surgery equipment.³²⁵ The missing x-ray machine was sent to the hospital within the same year, 1974, yet it could be installed only in April 1975 with a considerable delay, a case which tragically sheds light to the delays and interruptions paved way by the lack of educated personnel in the hospital.³²⁶ To cite another example concerning problems resulted from the lack of equipment, we read from *Hakkâri Sesi* of July 1972 that because the autoclave machine was out of order, many people died during the surgery operations.³²⁷ The examples can be multiplied.

³²⁵ *Hakkâri Sesi*, 9 July 1974.

³²⁶ *Hakkâri Sesi*, 12 April 1975.

³²⁷ *Hakkâri Sesi*, 12 July 1972.

The work performance of the Hakkâri Public Hospital during 70s can be followed from the table below. Although the working performance of Yüksekova health center is included to the statistics as of 1974, the capacity of Yüksekova health center was too low, as can be understood from the table, to prevent us from reading the whole table as indicator of working performance of the Hakkâri Public Hospital.

Table 15. Work Performance of the Hakkari Public Hospital

Years	Number of Beds	Out-Patients	In-Patients	Number of Persons Examined	Deaths in the Hospital	Bed Occupation Rate
1968	50	5873	625	6498	17	28
1969	50	3633	754	4387	12	33
1970	50	3010	725	3735	14	30
1971	50	3859	708	4567	18	27
1972	50	7327	690	8017	26	25
1973	50	13760	845	14605	25	34
1974	50	12626	930	13556	53	37
1975	60	N/a	1047	N/a	22	31
1976	60	N/a	834	N/a	20	32
1977	60	N/a	793	N/a	20	21
1978	60	N/a	773	N/a	28	20
1979	60	N/a	853	N/a	32	24
1980	60	N/a	981	N/a	41	23

Source: Constructed by the author based on health statistical yearbooks of concerning years prepared by the Ministry of Health and Social Assistance

The table shows that in parallel to the appointment of rotation doctors a considerable increase occurred in out-patients during 70s, from 1000-2000 to over 10000. There was also an increase in in-patients, albeit at a negligible level. When thought together with number of deaths occurred in the hospital and persisting low bed occupation rates, the very limited increase of in-patients shows that patient profile of the hospital persisted to be composed of those not suffering from serious diseases that require comprehensive treatment and big surgery operations.

As for the health center in Yüksekova, it was built at the mid of 1950s like Hakkâri health center. Yet it could not provide inpatient treatment until 1974 and rather worked as health post. My research through the monthly appointment and transfer lists published in the official journal of the Ministry of Health and Social Assistance, *Sağlık Dergisi*, between 1950 and 1966 showed that not even a single doctor was appointed to the health center in these years. It served until 1986 when upon the rise of demand it was transformed into Yüksekova Public Hospital with 25 beds.

In Şemdinli there was no any curative institution giving inpatient treatment until when Şemdinli Public Hospital became active and started to accept patients in 1999. Until 1999, there was only a very primitively built health post located right across the current place of the hospital, which was serving since early 1960s. Although the statistical yearbooks prepared by the State Statistical Institution refer to Şemdinli Health Center which serves with 15 beds beginning from 1990, in practice there was no such an institution separate from health post and giving inpatient treatment. The history of the single and first curative institution of Şemdinli, Şemdinli Public Hospital, therefore dates back to 1992 when the construction of the building started. Although the construction of the building finished in 1997, due to the lack of personnel and medical equipment it remained inactive for some time.³²⁸ It temporarily worked as the health post throughout 1997 while health post was renovated and then started to give treatment in 1998 but merely in Emergency Service.³²⁹ In 1999 the hospital started to work, albeit very poorly due to chronic lack of specialists and medical equipment, but still could not give inpatient treatment until 2005, as can be seen in the table below. Bed occupation rate in Şemdinli Public Hospital in 2003 was still 2.1%, and the first surgery operation in the

³²⁸Enver Ozkahraman and Nasrullah Müezzinoğlu, *Hakkari'94*(Ankara: Erk Yayıncılık, 1996), 151.

³²⁹Hakkâri İli Kamu Hastaneleri Birliği Genel Sekreterliği, *Şemdinli Devlet Hastanesi*, <http://www.Hakkari.khb.gov.tr/Sayfa.aspx?ID=63> [25 October 2012]

hospital, even it was a small-type one, could be made in 2006. As described by the director of health of Şemdinli district, the state of the hospital in 2003 was as such:

Patients in Şemdinli Public Hospital are given treatment under candle light during power cuts...Due to the lack of personnel and equipment; patients cannot be provided a proper service in Şemdinli Public Hospital. The problems intensify in winters due to snow which reaches one-meter height in town and also frequent power cuts. The local director of health, Dr Cengiz Alış, says that they try to provide healthcare under very difficult conditions in that the hospital lacks fully equipped ambulance, medical equipment, emergency generator, nurses, midwives and specialists... “The generator of the hospital has gone out of order, and there are frequent power cuts due to snow. Because we do not have an emergency generator, we treat even pregnant women under candle light. That is not a healthy way of treatment, of course.”³³⁰

The words of a nurse employed in Şemdinli health post since 2003 as contract nurse about the state of Şemdinli Public Hospital in 2003 confirms the words of local director as well:

Q-What was the hospital like in 6-7 years ago?

A-There were neither doctors nor departments and any operating room. That is to say, there was nothing. Only ER was available. Internists and general surgeons used to come, but rotationally and only for one month.

Q-The hospital was not so busy then?

A-No, it was not. It could not provide a proper service. It was rather like an ER. Services were not active. In services, nurses, my colleagues, used to stay. They would use services as their houses. Before us [contract nurses], the hospital used to operate like a health post. At those times, there were no nurses but wives of soldiers.

No doubt, it is Çukurca, the smallest district of Hakkâri province, that has most suffered in the past and the present from the lack of any curative services. Even today there is no hospital, but an ongoing construction of a hospital with 20 beds, while the transfer of a patient from Çukurca to Hakkâri Public Hospital, the nearest curative institution, takes at least one and half hour under current conditions of roads, security, etc. In the absence of a hospital, the health needs of the district were rather tried to be met by health post since early 1960s. Yet Çukurca

³³⁰ *Hakkâri Ekspres*, 1 February 2002.

health post was far from meeting the demand, for as all health posts, it was equipped primarily for the purpose of providing preventive health. Therefore in 1990 its statue was changed into a health center to equip it to give some partial inpatient treatment. Yet the purchase of some basic equipment like x-ray machine, ECG, autoclave, centrifugal machine, spectrophotometer, dental unit, obstetric table, microscope, vacuum extractor, etc. could not be done until 1995.³³¹ Also although it was reported in the statistical yearbooks of the *SSI* that the health center was serving with 15 beds since 1990, actually Çukurca Health Center never gave inpatient treatment.

In 2006, the building was renovated and attempts at building a small hospital started. As I mentioned, the hospital is still under construction and patients have to go to Hakkâri Public Hospital even for small surgery operations.

Public Health

It is argued in this section that public health services in Hakkâri, from health labor force issues and immunization to nutrition and infrastructure, were characterized by a deep indirect state racism throughout the history of the Republic. As a term I suggest to define the lack of compensatory policies countervailing the degrading effects of capitalism and nation-state, indirect state racism has many insights to offer concerning deficiencies of public health services provided in Hakkâri throughout the history of the Republic. For, as I try to prove, the very reasons and ground paving way communicable and infectious diseases, baby and mother deaths more than elsewhere of the country were not naturally given and politically neutral facts. Put more concretely, the poverty of environmental health and the low immunization performance pertained to political factors which, albeit different from each other, met in manifesting a common political stance that does not value Hakkârians' lives sufficiently to

³³¹Republic of Turkey, *T.C Resmi Gazete*, no. 22132, 5 December 1994.

make Hakkârians more able-bodied and their living conditions less infectious and more hygienic.

In saying so, I am based on broader conception of public health as developed by “new public health” approach whose single, albeit major, difference from “old public health” is its holistic understanding of public health. As Theodore H. Tulchinsky and Elena A. Varavikova says,

Everything in the New Public Health is about preventing disease, injuries, disabilities, and death while promoting a healthy environment and conditions for current and future generations. But in addition, the New Public Health addresses overall health policy, resource allocation, as well as the organization, management, and provision of medical care and of health systems.³³²

As opposed to “old public health” limiting its focus largely by the immediate ground paving way communicable and infectious diseases and hence sanitation and vaccination tasks, the broader understanding of public health adopts a holistic approach and includes societal, political and economic aspects to its practice and theoretical perspective.³³³ It is this broader and politicized understanding of public health which is relied on in this chapter while making sense of indirect state racism in public health area experienced by Hakkârians throughout the history of the Republic.

Poverty of Public Health in Hakkâri: Results

Infantile immunization campaign was on its way. I was very tired. I went to İstanbul to see my family. Having taking a rest, I was to return Anatolia. However, I got a call from the Ministry. When I went there, I noticed that it was the minister who got me called... He was a little bit worried. “Doctor,” he said, “a small pox epidemic occurred in India and World Health Organization informed us that it also spread to Iran. What is expected from us is to stop it at the border of Iran. In case that it spreads to us, they [World Health Organization] put all country in quarantine and cut all our bonds to Europe. This means disaster for us. All governors and teams

³³²Theodore H. Tulchinsky and Elena Varavikova, *The New Public Health : An Introduction for the 21st Century*(San Diego: Academic Press, 2000), 43.

³³³For a liberal critique of the new public health, see Richard A Epstein, "In Defense of the Old Public Health-the Legal Framework for the Regulation of Public Health," *Brook. L. Rev.* 69(2003).

are under your command. Go and do whatever you can do to stop the spread of the epidemic...” The task was very critical. We immediately arrived to the border of Iran. All teams were ready. It was a big vaccination campaign... You know it is big a risk to leave even a single individual unvaccinated. Home by home, one by one... Teams worked in an unbelievable rhythm... I got Kurdish khutba delivered when necessary. We made Kurdish announces. I was authorized to do it. We spoke the language what citizens speak... Especially the women of the region did not know Turkish and we had to reach them. Anyway... We achieved many goals, but when a commander employed along the border region informed me about the Kurdish tribes settled in two sides of the border, I was horrified. These tribes would earn their living by smuggling. They were sometimes in Turkey and sometimes in Iran... All of these people had to be vaccinated... Secretly I met a prestigious tribe leader and asked him to inform the leaders of all these tribes that I want to get them vaccinated by my team in a place which would be determined by consensus. The answer coming from these tribes reflected a big mistrust: “Will doctor gather us in a place with the pretext of vaccination and then hand us over to gendarmerie?” Nothing but that was their only concern. I negotiated this issue with the governor and the military authorities. Then I determined a place close to the region and declared the leaders of these tribes that this place was demilitarized and that I was the guarantor of their security. They checked the region for a period and then they got into touch with me when they realized that the region was really demilitarized. However, they stipulated a condition. I would give them the address of my home in İstanbul and the members of tribe in İstanbul would encircle my home and thus take my wife and children as prisoner until vaccination was over. The cost of a possible arrest would be my family. I immediately accepted their offer and I warned all authorities not to intervene in this issue. They came... Thousands of people... Women, Men, Children, Elders... They came from the lands of Iran to Turkey in such a manner that it could only be in films... We got all of them vaccinated with no exception. The state withdrew from the border during the vaccination... We stopped the epidemic at the border.”³³⁴

This success story tells Neşet Adnan Zentürk’s attempt at Turkish-Iran border of Hakkâri by early 1960s at stopping the spread of a dangerous small pox epidemic. The reason of my beginning with this success story to the section is its unique depiction of the fact that that a success story in public health services in Hakkâri could occur depended on the complete suspension of the ordinary realities of Hakkâri. Put otherwise, following the “exception

³³⁴ Ardan Zentürk, Bir Salgını Önlemek, <http://www.sdplatform.com/KategoriYazilariAciklama.aspx?ID=224> [1 May 2013].

confirms the rule” principle, I argue that the success story sheds light on why public health in Hakkâri has been a failure story throughout the history of the Republic.

Let’s list item by item the conditions that enabled this exceptional success story, so that we can see the usual insufficiencies of Hakkâri resulting in the general failure story: Medical teams, which were normally missing in Hakkâri, were sent sufficiently; a systematic and comprehensive vaccination program, which was normally missing in Hakkâri, was carried out; the official ban on Kurdish language was suspended and Kurdish used systematically and officially to reach the people; the distrust of the cross-border tribes towards the whole state apparatus resulting from the usual mix of sovereign violence and indirect state racism was recognized, negotiated and settled; the national border dividing the ordinary habitus of tribes was annulled and demilitarized temporarily. In short, if the vaccination campaign led by Zentürk had not suspended the ordinary realities of Hakkâri, it could not have stopped the spread of the small pox epidemic to Turkey.

The list surely does not uncover all shortcomings behind the failure of public health services in Hakkâri, like infrastructural problems, undernutrition and malnutrition, etc. but still clearly shows the strong link between the misery of public health in Hakkâri and the everydayness of Hakkâri which has been characterized by sovereign violence and indirect state racism.

To indicate the extent of the misery of public health in Hakkâri, I would like to use two oft-cited criteria used by public health scholarship to test the quality of public health services in a location: infant mortality rate and child mortality rate which refer respectively to the rate of the number of mortalities among children under one year during a given year to the number of live births in the same year and the number of mortalities among children under five year during a given year to the number of live births in the same year. Because the statistics concerning infant mortality and child mortality rates in Hakkâri are not available especially

for pre-2000 period, I had no way but to construct these statistics, using yearly health statistics published by the *SSI*. Yet I encountered a serious problem at this step of my investigation, for the results I attained via calculations by using number of baby deaths and total live births in a year were totally unreliable. For instance, in 1965 the number of live births and baby deaths in Hakkâri was recorded as 701 and 44, respectively.³³⁵ That meant the infant mortality rate in Hakkâri in 1965 was 0.63% which, when compared with reliable data provided by prestigious Hacettepe Population Studies Institute indicating 0.108% infant mortality rate for developed Western provinces in 1978,³³⁶ was far from reflecting the reality on the ground. The unreliability at stake applied for other years as well. For, as also acknowledged by the *SSI* in 1970s, in rural areas of Eastern Region in general, seasonal conditions and transportation problems, which means closed village roads by snow for months, and insufficiency of health staff, made the proper collection of statistical data concerning births and deaths, especially baby deaths, a very difficult task. At the end of the researches made in the villages of “Eastern region”, the experts of Medical Statistics Department of the Ministry of Health and Social Assistance and members of the *SSI* realized that the birth rates in the villages where midwives inhabited were reported around 40-45% while these rates decreased to 25-30% for other villages simply because midwives did not have much control on these villages.³³⁷ The same fact applied for death cases as well. Mortality rates were reported much more higher for villages with a midwife than for villages beyond reach of midwives.³³⁸

Most of the births used to be delivered with the help of traditional midwives who were old women experienced by numerous births. Among 2002 births reported by the midwives in

³³⁵Sağlık ve Sosyal Yardım Bakanlığı, *Sağlık İstatistik Yıllığı 1964-67*(Ankara: Güneş Matbaacılık, 1971), 316.

³³⁶İsmet Koç et al., Türkiye'nin Demografik Dönüşümü Doğurganlık, Aile Planlaması, Anne-Çocuk Sağlığı Ve Beş Yaş Altı Ölümlerdeki Değişimler: 1968–2008, (2010), http://www.hips.hacettepe.edu.tr/TurkiyeninDemografikDonusumu_220410.pdf.

³³⁷Devlet İstatistik Enstitüsü, *Sosyalizasyon Bölgelerinden Derlenen Doğum İstatistikleri 1972*(Ankara: Başbakanlık, Devlet İstatistik Enstitüsü, 1977), 3.

³³⁸"Sosyalizasyon Bölgelerinden Derlenen Ölüm İstatistikleri, 1973-74-75,"(Ankara: Başbakanlık, Devlet İstatistik Enstitüsü, 1978), 3.

1967, 1122 births were delivered without any help and control of any certificated health staff.³³⁹ To Lale Yalçın-Heckmann, who made a field study in a village of Hakkâri between 1980 and 1982, official and educated midwives located in big villages were called to help only in case that a serious complication or an unpredicted problem occurred.³⁴⁰

In addition to the material hardships, the unwillingness of the people to get the birth and deaths of babies and elders registered made the proper gather of birth and death statistics almost impossible. To Yalçın-Heckmann, many new-born babies delivered without help of official midwives, especially female babies, would not get registered by their parents for a long time. Even there were old people in the villages who did not have any ID.³⁴¹

To overcome the impossibility of reaching precise knowledge of infant and child births and mortalities in Hakkâri and hence the impossibility of constructing reliable tables of infant mortality rate and child mortality rate in Hakkâri, I left searching absolute numbers aside. Instead, to construct infant and child mortality rates, but now in a somewhat modified form, I used the mortality statistics of urban settlements in yearly statistical books which are prepared by the *SSI*. Using the age-based classification of officially recorded mortalities³⁴² in Hakkâri, for each year I calculated the share of mortalities occurred in 0-1 and 0-4 age groups among all officially recorded mortalities in Hakkâri. I did the same calculation for Turkey in general by using the overall numbers and compared these two in the statistics below.

For the period analyzed, the number of officially recorded mortalities in a year in urban settlements of Hakkâri never exceeded 200, was mostly around 120-130 and 28 at minimum. That means only a part of all mortalities in urban areas of Hakkâri. Yet assuming that

³³⁹Bakanlığı, *Sağlık İstatistik Yıllığı 1964-67*, 316.

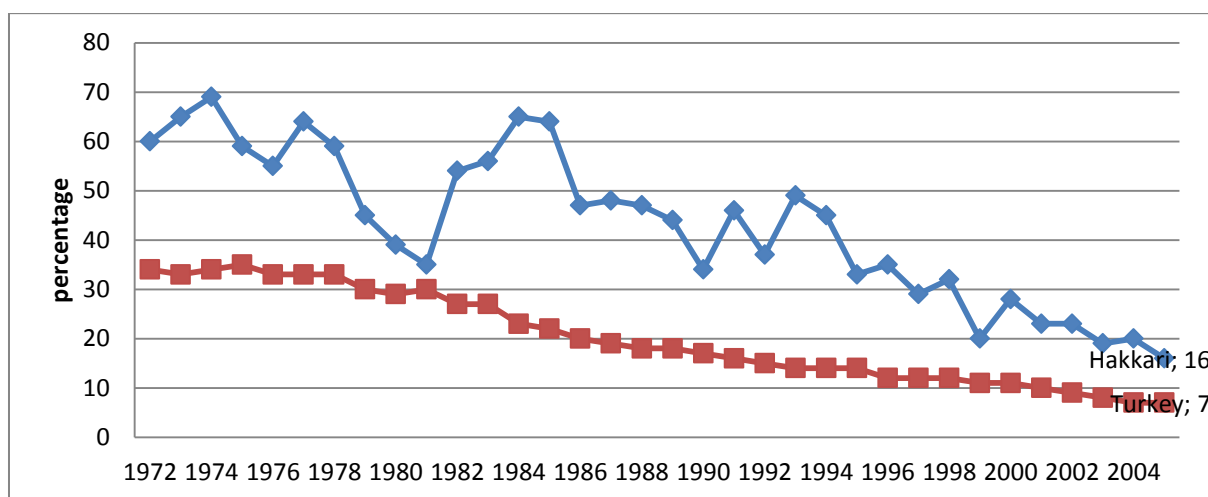
³⁴⁰Lale Yalçın-Heckmann, *Tribe and Kinship among the Kurds*(Frankfurt am Main ; New York: P. Lang, 1991), 86.

³⁴¹*Ibid.*, 82.

³⁴²Mortality statistics are based on death certificates, a legal document issued by doctors to certify the death of a patient and state the cause of death. Death certificate is a legal requirement for the burial of the dead.

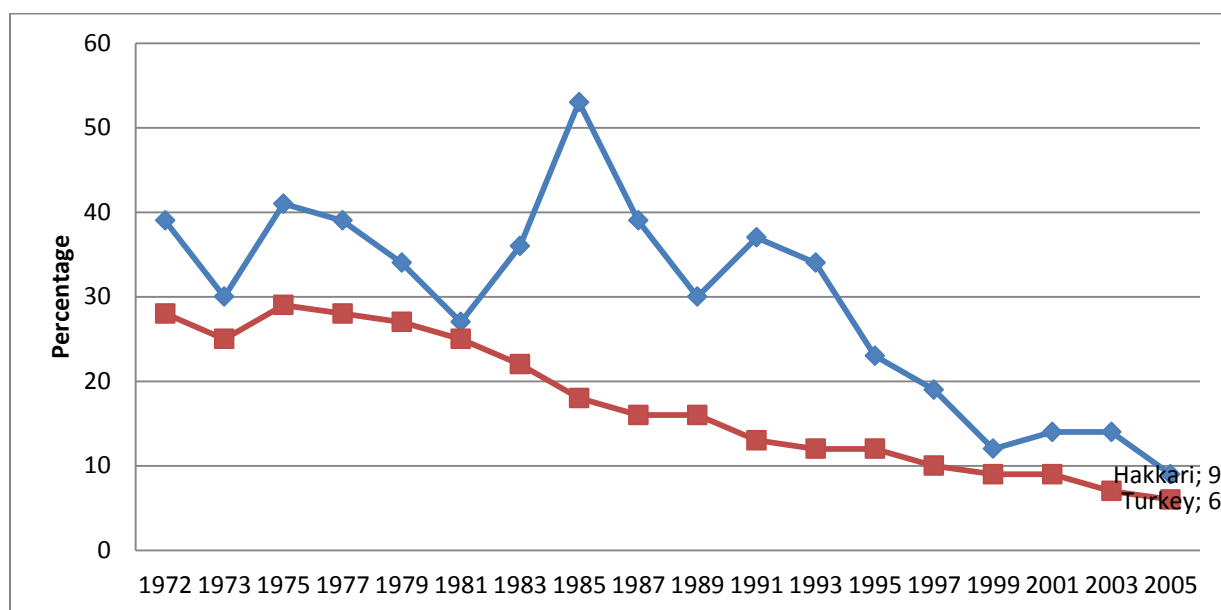
concealing baby and child mortalities from the official authorities is more difficult in urban context than it is in rural context, I argue that the rates provided below largely shed light on the comparative state of infant and child mortality rates in Hakkâri for the last forty years. Nevertheless, it must be still added that most probably the actual gap between the rates of Hakkâri and of Turkey was actually bigger than it is depicted below, for the lack of sufficient personnel in Hakkâri and the unwillingness of Hakkârians to get the birth and death of babies registered might have resulted in a certain fall in numbers of officially recorded infant and child mortalities in Hakkâri.

Figure 8. The Rate of 0-4 Age Group Mortalities to All Mortalities (Urban Settlements)



Source: Constructed by the author based on Mortality Statistics of Urban Settlements prepared by DIE

Figure 9.The Rate of 0-1 Age Group Mortalities to All Mortalities (Urban Settlements)



Source: Constructed by the author based on Mortality Statistics of Urban Settlements prepared by DIE

As can be seen from the two statistics, both infant mortality and child mortality rates of Hakkâri have always been considerably higher than the average of Turkey, though the gap has gradually declined over the last 30 years. The striking aspect of these rates however does not reside in their comparative meaning as much it resides in the tragedy manifested in absolute terms: It is understood that 0-4 age group mortalities formed no less than 60% of all mortalities occurred in Hakkâri until mid-1980s, and 0-1 age group mortalities formed almost half of all mortalities occurred in Hakkâri in the same period and continued to form one fifth of all mortalities until the end of 1990s.

Poverty of Public Health in Hakkâri: Reasons

Given that babies and children have the least strong immune system, the intensity of infant and child mortalities at such extent evidently indicates the poverty of public health services. As is said in “Hakkâri” article of *Yurt Encyclopedia*, which remains to be an invaluable source about Hakkâri, the usual intensity of infant and child mortalities in Hakkâri was result

of undernutrition and malnutrition, insufficient cover of immunization works, unfavorable environmental conditions, insufficiency of healthcare provision, and low cultural and educational level of the people.³⁴³ To proceed with a closer examination of the social, economic and political ground resulting in infant and child mortality rates much more higher than averages of Turkey and Western countries, which therefore I define by the term indirect state racism, I would like to start with an analysis of the causes of the mortalities in Hakkâri as entry point.

Checking the tables in the yearly published mortality statistics of urban settlements which classify mortalities in each province by 50 leading causes, I found out the five major causes of mortalities occurred in Hakkâri between 1977 and 2005. To name in an order of intensity, they were heart diseases, pneumonia, birth related issues, cancer, and enteritis and other diarrheal diseases with ratios 25%, 15%, 11%, 7% and 7%, respectively. Yet a clarification has to follow these numbers, especially those concerning heart diseases and cancer. Because, as I showed above, the number of mortalities occurred in hospitals used to be very few until early 2000s, causes of death stated in the certificates of death, on which mortality statistics are built on, most times were reported as told by the relatives of the dead. That resulted in a non-real intensity of causes like cancer, tuberculosis which the people are most familiar with and afraid of.³⁴⁴ Seeing the task as red tape and slurring over it by reporting the cause of death as heart disease or cancer without any evidence was also widespread in Hakkâri.³⁴⁵ Yet in all cases, among the leading causes of mortalities in Hakkâri especially until late 1990s were easily preventable diseases like pneumonia, enteritis and other diarrheal diseases and birth related and perinatal diseases. As can be seen in the table below, these diseases together made

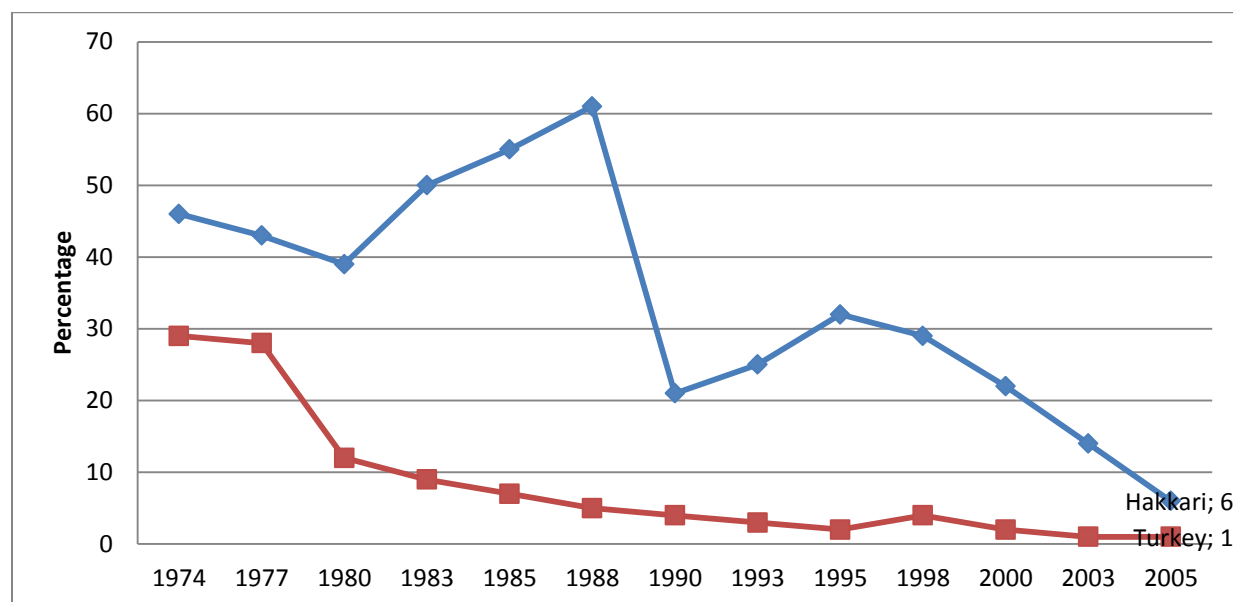
³⁴³"Hakkari," 3242.

³⁴⁴Devlet İstatistik Enstitüsü, *Sosyalizasyon Bölgelerinden Derlenen Ölüm İstatistikleri, 1976* (Ankara: DİE, 1979), 3.

³⁴⁵"Hakkari," 3242.

up no less than around half of all mortalities in Hakkâri until late 1980s and persisted to make up more than one fifth of all mortalities until late 1990s.

Figure 10. The Rate of Mortalities from Pneumonia, Enteritis and Other Diarrheal Diseases and Perinatal Mortalities to All Mortalities (Urban Settlement)



Source: Constructed by the author based on Mortality Statistics of Urban Settlements prepared by DIE

Following the advice of Nancy Scheper-Hughes and Margaret M. Lock that “the individual body should be seen as the most immediate, the proximate terrain where social truths and social contradictions are played out,”³⁴⁶ one can ask what this graph says us about the social reality of Hakkâri.

To begin with pneumonia and perinatal mortalities, these two leading causes of mortalities in Hakkâri take us to the poverty of maternal and infant health services and preventive services. The inadequacy of maternal and infant health services and preventive services had objective and subjective reasons. Leaving objective factors like insufficient health personnel, vehicles and health posts, poor winter service, scattered rural settlement, which I largely discussed above, aside, I would like to address the subjective factor: unwillingness of Hakkârians to

³⁴⁶Nancy Scheper-Hughes and M.M Lock, "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology.," *Medical Anthropology Quarterly* 1, no. 1 (1987): 31.

cooperate with health staff providing maternal and infant health services and preventive services due to their reasonable distrust of the state which, in their eyes, represented hardly more than a repressive apparatus.

The stance taken by Hakkârians against the family planning works carried out in the province after 1965³⁴⁷ is a good example of this distrust. In a thesis entitled, “Designing a Family Planning Program for Hakkâri Province”, submitted to the Institute of Population Studies of the Hacettepe University, which is the best in its field in Turkey, it was argued that,

According to the data of 1972, there are 17190 married women in Hakkâri province. It can be predicted that 15000 of these women are still in reproductive age group. According to the administrators of the General Directorate of Family Planning of the Ministry of Health and Social Assistance, in 1970 mobile teams could insert intrauterine contraceptive device (IUCD) to only 75 of the married women who are still in reproductive age group. In 1971, 1972 and 1973 no any women could be inserted IUCD, and also the delivery of condoms and contraceptives did not work. In fact, to take a look at the goal set for Hakkâri by the General Directorate of Family Planning, each month one needs to insert IUCD to 51 women in reproductive age group.³⁴⁸

The distrust observed by the author of the thesis might have been at such extent that what ought to be done, to him, in the first year of his five-years lasting family planning program design is to do nothing about family planning and rather get the trust of the people by public health works:

The first year is the most critical stage of getting trust of the people. Even a small misconduct or a false word of members of the team may lead people to have prejudice towards the future works of the team, and this may risk all works to be carried out and the efforts to be spent to embrace the people and hence the success of the program.

³⁴⁷Family planning program started in 1965. This program was not peculiar to Kurdish provinces and was rather a manifestation of a transition to anti-natalist policy from pro-natalist policy which had been employed from the beginning of the Republic to compensate the massive population loss occurred during the turmoil of FWW and national struggle.

³⁴⁸Tolga Hakan, "Bir Aile Planlaması Program Denemesi Hakkari İli İçin" (MA thesis, Hacettepe Üniversitesi, 1976), 30.

In the first year, concepts like contraception, family planning, few children would be forgotten and only public health issues would be addressed because, due to their ethnicity, the local people may regard family planning as a conspiracy aiming at lessening their population and thus strength.³⁴⁹

Those said by a GP who worked in a health post in Hakkâri between 1983 and 1988 also confirm those said above. She told me that although she was trained and capable of inserting IUCD, she could insert IUCD only to a very few women while she was in Hakkâri. To her, there was a strong resistance to IUCD and the women had doubts whether the state had an intention of controlling them by inserting these devices to their uterus.

The same distrust persisted in 1990s as well and the women avoided cooperating with health staff providing maternal and infant health services. The best evidence of the reluctance to cooperate can be seen in the low tetanus toxoid (TT) vaccination coverage in Hakkârian women in reproductive age group, that is, women between 15 and 49 year old. In 1994, the Ministry of Health started Maternal and Neonatal Tetanus Elimination program throughout the country and, as part of the program, carried out a campaign in Eastern Anatolia where the risk of MNT was high due to deliveries taking place at homes and in non-hygienic ways. Yet the women, not only in Hakkâri but also in other Kurdish provinces as well, massively refused to be vaccinated TT vaccines, arguing that these vaccines sterilize women.

Table 16. Coverage of TT Vaccination in Hakkari and Turkey

	1996		1997		1998		1999		2000	
	TT1	TT2	TT1	TT2	TT1	TT2	TT1	TT2	TT1	TT2
Hakkari	5%	3%	4%	2%	3%	2%	3%	1%	N/a	3%
Turkey	35%	32%	35%	36%	35%	35%	36%	36%	N/a	36%

Source: <http://www.sb.gov.tr/TR/belge/1-2952/istatistik-yilliklari.html>

³⁴⁹Ibid., 37.

The resistance to health staff visiting villages and neighborhoods to vaccinate infants and ensure their immunization against some basic diseases like measles, polio, etc. was also a manifestation of the distrust towards the state. I was told by a Hakkârian nurse who worked in polio immunization program at the end of 90s that villagers from a village of Yüksekova did not let them step into the village, arguing that they planned to sterilize the children. To have a look at the coverage of Measles vaccination,³⁵⁰ we can see the poor immunization performance of the medical establishment which had to do with, in addition to objective shortcomings of the medical establishment, the distrust towards the state.

Table 17. Coverage of Measles Vaccination in Hakkari and Turkey

Years	Hakkari	Turkey
1997	7%	76%
1998	18%	78%
1999	15%	80%
2000	29%	81%
2001	39%	84%
2002	45%	82%

Source: <http://www.sb.gov.tr/TR/belge/1-2952/istatistik-yilliklari.html>

As for enteritis and other diarrheal diseases, one of leading causes of mortalities in Hakkâri, they shed light on a different aspect of the poverty of public health in Hakkâri. Deaths from typhoid, cholera, infantile diarrhea have not completely been a part of history in Hakkâri yet. The last typhoid fever in Hakkâri was seen in March 2007, most probably because sewage seeped through cracks into city water supply.³⁵¹ This is not surprising given that neither Hakkâri city nor districts of Hakkâri have ever had an adequate sewage system. There was no any sewage system in Hakkâri province until 1986 when the construction of sewage system started in Hakkâri city. The formation of new neighborhoods at mid-1990s following the village evacuations deepened the problem, and in 2009 only 40% of Hakkâri city had a

³⁵⁰It was told me by GPs who worked in Hakkâri in 1980s and 1990s that most of those children and infants who died due to pneumonia in these years indeed had the measles. To them, most pneumonia-related deaths in Hakkâri occurred as complication of measles.

³⁵¹Rahmi Özdemir and Emine Kayataş, "Hakkari İlinde Tifo Salgını-Mart 2007: Etkilenen Pediatrik Olguların Değerlendirilmesi," *Journal of Dr. Behcet Uz Children's Hospital* 2, no. 3 (2012): 139.

sewage system. Yüksekova as a district with 70 thousand people still does not have any sewage system. As for Şemdinli and Çukurca, small districts of Hakkâri, the sewage system in these districts are far from meeting the actual need. To the statistics prepared by SSI in 2010, the rate of the population given service by sewage system to whole population was 55% in Çukurca and 54% in Şemdinli, and the rate of the population given service by sewage system to whole population of Hakkâri province was only 23%.³⁵²

Conclusion

In this chapter, I put forward the concept “indirect state racism” based on the conceptual insights enabled by Foucault’s “state racism” concept. Through this concept, I try to provide a critical account of how lives of Hakkârians were disvalued by the state throughout the history of the Republic. Focusing on the role the state played in economy, healthcare provision and public health and relying on anecdotes, local newspapers, observations, interviews, official reports and statistical tables, I show two things. First of all, I show that the very foundation of the Turkish nation-state and the succeeding policies employed to reproduce the nation-state resulted in the further peripheralization of Hakkâri which had been already peripheralized by global dynamics of capitalism. Secondly, I argue that the state did/could not spend sufficient effort and reserve sufficient sources to reverse the negative effects produced by its very nation-stateness. This is what I call as indirect state racism towards Hakkâri. That’s to say, the peripheralization of Hakkâri has been both the outcome of the dynamics on which the Turkish nation-state was built on and also reproduced by the choices and preferences certainly not giving priority to the elimination of the sufferings of Hakkâri.

³⁵²Enstitüsü, *Seçilmiş Göstergelerle Hakkari 2012*, 136.

CHAPTER 3: Turkish Nationalism of the AK Party, the Kurdish Question and Hakkâri: Discourses and Practices

In this chapter, the strategy pursued by the AK Party towards the Kurdish question and the local manifestation of this strategy in Hakkâri province is analyzed. It is argued that although there have been fluctuations in the Kurdish policy of the AK Party, which has been ruling since 2002, we can nevertheless speak of a strategy which has become more clear after 2006. This strategy is, to my argument, a Turkish nationalist one in spite of some major divergences from the usual Kemalist Turkish nationalist strategy towards Kurds. It is based on the simultaneous embrace of Kurds as living beings/service-beneficiaries and individual Turkish citizens, albeit ethnically different ones, on the one hand, and denial, criminalization and suppression of Kurdishness as ethno-political community, on the other hand. Given the current strength of the Kurdish movement as an ethno-political movement and its mass support, it is argued, the current Turkish nationalist strategy of the AK Party, distinguishing “innocents” from “terrorists” and valuing biological lives of Kurds without giving up employing sovereign violence on the Kurdish movement, has some intrinsic limitations.

The AK Party: From Conservative Democracy to Authoritarian Conservatism

The AK Party, which has been ruling Turkey since 2002, was founded in 2001 by a group split from the Islamist FP (*Fazilet Partisi*, Virtue Party). The group was led by Recep Tayyip Erdoğan, a former mayor of Istanbul Metropolitan Municipality, yet the emergence of group as a separate political party had clear ideological motives going beyond the charm of personal charisma of Erdoğan. Unlike the Islamist FP, the AK Party was not Islamist and not opposed to Western modernity and values; it was “conservative democrat.”³⁵³ One another difference

³⁵³See Ergun Özbudun, "From Political Islam to Conservative Democracy: The Case of the Justice and Development Party in Turkey," *South European Society and Politics* 11, no. 3-4 (2006): 20-35; Yalcin Akdogan, "The Meaning of Conservative Democratic Political Identity," in *The Emergence of a New Turkey: Democracy and the Ak Party*, ed. M Hakan Yavuz (Salt Lake City: University of Utah Press, 2006), 49-65.

of the AK Party from the Islamist FP was its stance towards free market and neo-liberalism. While the Islamist FP adopted a sort of national developmentalism and emphasized the role of the state in the economy, the AK Party has adopted a neo-liberal language, emphasized the importance of integration to global markets and defended the retreat of the state from the economy.³⁵⁴

In general elections held in 2002, the party won the majority of the seats in the assembly owing to the personal charisma of Erdoğan and to the big resentment of the masses to other big parties due to their role in financial crisis in 2001. In unprecedentedly a successful manner in the history of the Turkish electoral democracy, the AK Party achieved to win the all consecutive elections held after 2002 as well: municipal elections in 2004, general elections in 2007, municipal elections in 2009, general elections in 2011, and municipal elections in 2014.³⁵⁵

One can distinguish the AK Party years into two periods. The first period refers to years between 2002 and 2007 when AK Party had its second general elections success. This was a period when the AK Party did not hold power in full sense of the term due to several factors. Due to the financial constraints paved way by the financial crisis of 2001 and the IMF program already put into practice by the preceding coalition government, the AK Party had no much autonomy to implement its own economic policy, which was not indeed in conflict with the neo-liberalism of the IMF program. It rather had to implement IMF program strictly. As for political sphere, until 2006 the AK Party continued the on-going EU membership process enthusiastically both because EU values were in accord with those defended in the party program and also its commitment to the EU process was a source of legitimacy which it much

³⁵⁴Simten Coşar and Aylin Özman, "Centre-Right Politics in Turkey after the November 2002 General Election: Neo-Liberalism with a Muslim Face," *Contemporary Politics* 10, no. 1 (2004): 57-74.

³⁵⁵For a research assessing the AK Party years as passive revolution and absorption of Islamic challenge to capitalism, see Cihan Tuğal, *Passive Revolution : Absorbing the Islamic Challenge to Capitalism*(Stanford, Calif.: Stanford University Press, 2009).

needed in the early years of its power when its alleged real intentions and hidden agenda was questioned by Kemalists who were still in power in juridical mechanism, army and mainstream media.³⁵⁶ Even the president was a Kemalist who avoided cooperating with the AK Party.

The period beginning with 2007 witnessed the gradual elimination of dual power and the establishment of the AK Party as the single ruling authority. The lessening of financial constraint by the strict implementation of IMF program and the government's decision in 2008 not to resume stand-by agreement with the IMF, and also high growth rates achieved between 2002 and 2007 granted the government some autonomy in economic sphere. This resulted in a certain increase in the sources reserved for social assistance and public expenditures, which partially explains the persistence of the AK Party's electoral success.³⁵⁷ The AK Party's capacity to act autonomously increased in political sphere as well owing to its growing self-confidence in parallel to its persisting success in elections and the gradual pacification of Kemalist hegemony in judiciary, army, media and economy.

Given the disappearance of international impetus behind the AK Party reformism due to strong anti-Turkey stance of conservative right in EU especially in France and Germany, the increase in the capacity to act as an autonomous power did not contribute to the AK Party's reformist stance. This was a period when the AK Party reformism lost its momentum and conservative identity of the party prevailed over its "democrat" identity. The assertion that conservative Sunni Muslims form the essence of the nation was adopted in a majoritarian style³⁵⁸ and the political power has been increasingly used to support a group of loyal, conservative capitalists most of who are preoccupied with building trade. The differences and

³⁵⁶Erhan Doğan, "The Historical and Discursive Roots of the Justice and Development Party's Eu Stance," *Turkish Studies* 6, no. 3 (2005): 421-37.

³⁵⁷Ziya Öniş, "The Triumph of Conservative Globalism: The Political Economy of the Akp Era," *ibid.* 13, no. 2 (2012): 141-42.

³⁵⁸Ergun Özbudun, "Akp at the Crossroads: Erdoğan's Majoritarian Drift," *South European Society and Politics* 19, no. 2 (2014).

the objections of the rest of the society to the authoritarian orientation of the AK party have been started to be delegitimized as non-national and marginal and sometimes violently suppressed. Gezi uprising outburst in 2013 against the government's unilateral decision to construct a shopping center on Gezi Park in Taksim square was the peak point of the tension the suppression of the demands of secular middle-classes gave rise to.

The AK Party and the Kurdish Question

On afternoon of 29 December 2011, I have been already studying for hours in the archive of the Çapa Medical Faculty when a message dropped to my cell phone. When I had a look, I saw a mass message from an unregistered number inviting all to the Taksim square to protest the massacre by the armed forces in Uludere district, a former district of Hakkâri , of Şırnak, a Kurdish province neighboring to Hakkâri . I thought that the message was an invitation to the commemoration of dozens of victims of the big terrorizing campaign the state carried out in Şırnak city in 1992 and continued my archival work, regarding the message as one ordinary invitation to one of many similar demonstrations taking place in the Taksim Square. When I turned on the television hours later, I learnt by shock that war crafts had bombed the villagers from Uludere district of Şırnak, who were preoccupied with illegal border trade, while they were crossing the border yesterday night, being “supposed” as a group of PKK guerillas. 35 villagers, most of whom were under 18, were brutally killed.

The reason that led me to begin with this small anecdote to the chapter where I would like to discuss the AK Party's Kurdish policy is not to underline the continuity between the pre-AK Party period and the AK Party period with regard to methods and approach to Kurds. The reverse is true: the AK Party's way of handling with the Kurdish question in the last 10 years led me to think that collective violence was no more the basic ruling instrument in the Kurdish issue and suppose that the massacre mentioned in the message could take place in 20 years ago, not in 2011. Learning the truth did not lead me to think that I was fooled by the AK

Party. It rather led me to rethink critically what led me to misunderstand the message and attribute the current massacre to 20 years ago. This rethinking took me to what I call as the bio-political turn of the Kurdish question.

My argument is that the Uludere massacre is a parenthesis in the AK Party's Kurdish policy. For, first of all, the AK Party does not need collective violence-punishment methods in the management of the Kurdish question given that the disciplinary capacity of the state to individualize increased at a considerable extent. Secondly, human cost of collective violence-punishment is unacceptable from the bio-political point of view of the AK Party that legitimizes its power with reference to concepts and slogans like "politics of service", "growing Turkey", "the increase in GDP per capita", "let man flourish and the state will also flourish", "every family ought to have at least three children", etc.

The decline of collective violence-punishment in the management of the Kurdish question does not however automatically mean less power and more freedom in the Kurdish issue. We rather have witnessed a transition from state of emergency implemented on territory and masses to a sort of camp, as discussed by Giorgio Agamben,³⁵⁹ where sovereign, disciplinary and bio-political technologies of power have been carried out simultaneously on individual bodies in an effective manner.

Turkish Nationalism of the AK Party

Turkish Nationalism of the AK Party as a Productive Power

Kurds as Living-Beings, Kurdish Question as Economic Burden and Kurdish Parties as Trouble Makers

The AK Party's Kurdish policy is derivative of its larger political and ideological orientation, and one of the best expressions of this orientation is the bio-political distinction made

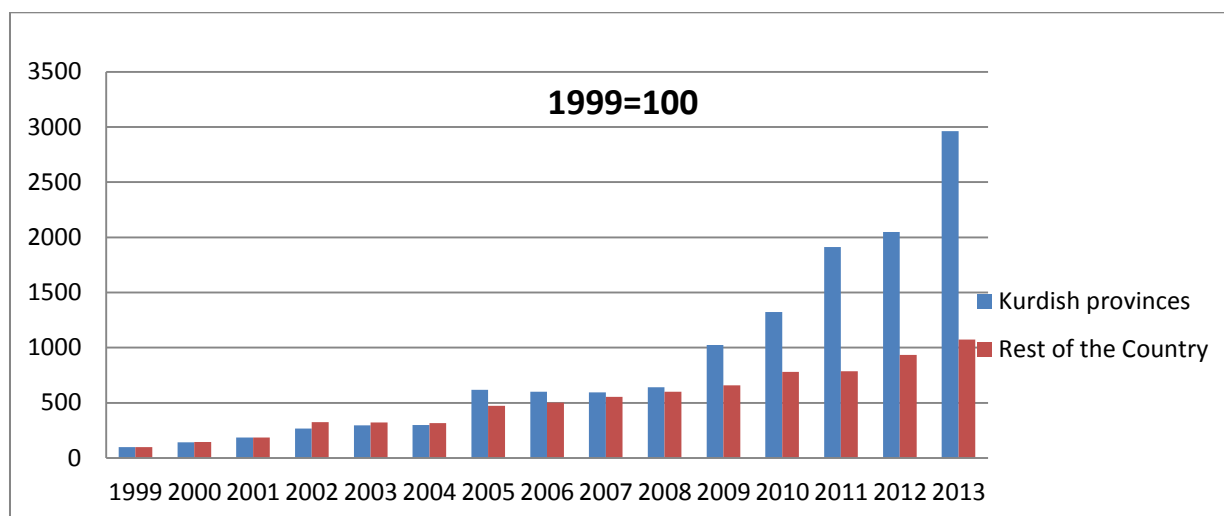
³⁵⁹See Agamben, *Homo Sacer. Sovereign Power and Bare Life*, 62-101.

between “politics of service” and “politics of identity.” To Recep Tayyip Erdoğan, the AK Party has been preoccupied with politics of service by which he means all policies addressing citizens as service-beneficiaries and at the level of their biological existences, like construction of roads, airports, hospitals, improvement of social services, etc. As for the concept “politics of identity”, it refers to all unfruitful discussions and empty talk around identities in Erdoğan’s political vocabulary. Erdoğan sometimes speaks of “politics of ideology” instead of “politics of identity” in a manner reflecting the AK Party’s anti-intellectualist stance it took over center/conservative-right tradition of Turkish politics.³⁶⁰ Politics of identity-ideology is, to Erdoğan, what ultra-nationalist MHP, Western-minded and secular CHP, and Kurdish parties, now HDP, have been doing.

The immediate reflection of this bio-political orientation in Kurdish issue has been the increase of public investments in Kurdish provinces disproportionately higher than those made in the rest of the country. As can be seen in the statistics below, the rate of increase of public investments in Kurdish provinces has always been higher than the rate of increase of public investments in the rest of the country after 2005 and especially after 2008.

³⁶⁰Tanıl Bora, "Türk Sağı: Siyasal Düşünce Tarihi Açısından Bir Çerçeve Denemesi," in *Türk Sağı: Mitler, Fetişler, Düşman İmgeleri*, ed. İnci Özkan Kerestecioğlu and Güven Gürkan Öztan(Cağaloğlu, İstanbul: İletişim, 2012), 14-18.

Figure 11. Public Investments in Kurdish Provinces and in the Rest of the Country between 1999 and 2013



Source: Constructed by the author based on the data available at web site of the Ministry of Development, <http://www2.kalkinma.gov.tr/kamuyat/ilozet.html>

*Calculated based on allocations in the budget program.

*Public investments which by nature cannot be classified into provinces are not included

One can follow the same positive discrimination towards Kurdish population in the social assistances provided by the central government via General Directorate of Social Assistance and Solidarity. Through a regression analysis of social assistances provided during the rule of the AK Party via General Directorate of Social Assistance and Solidarity, Erdem Yörük shows that “social assistance programs in Turkey are disproportionately directed to the Kurdish minority and to the Kurdish region on an ethnic basis.”³⁶¹

From this bio-political point of view, the Kurdish question appears first and foremost as an economic burden. This is most obviously articulated in the brochure entitled “Democratic Opening Process with Questions and Answers: The Project of National Unity and Brotherhood” which was released by the AK Party in January 2010 to convince the nationalist Turkish masses that the on-going reform process in the Kurdish issue, known as “Kurdish

³⁶¹Erdem Yörük, "Welfare Provision as Political Containment the Politics of Social Assistance and the Kurdish Conflict in Turkey," *Politics & Society* 40, no. 4 (2012): 535.

Opening” or “Democratic Opening”, would not result in the disintegration of Turkey. This brochure, which is composed of 30 questions, which an ordinary Turkish individual may ask about the reform process, and their answers, is the single document publicly known where the AK Party delineates its strategy, promises and limits in Kurdish issue in a detailed manner. The first question asked in the brochure is “What is the Democratic Opening Process and What Purpose does It Serve?” In parallel to that implied in the way question posed, we see in the answer that democratization in Kurdish issue is not an end itself, but rather a means of economic development and imperial foreign policy:

In the contemporary world, democracy has become the main ground of advancement and development in all fields especially of the economic development. Turkey has built its strong economy and respectable foreign policy on the steps taken towards democracy in the last 7 years. Today the discourses like “let’s have strong economy to the cost of restriction of liberties”, “let’s be active in the foreign politics to the cost of postponement of contemporary democratic reforms”, and “let’s live in a secure country to the cost of making concessions on democracy” are no promising any more. Economy, interior politics, foreign politics, social life have become so intertwined with democratic rights and liberties that they have become an inseparable unity. The more Turkey becomes democratized and improves its democratic standards, the stronger it would be in international community...The Project of National Unity and Brotherhood aims at the advancement, development, growth of our country and the rise of its national and international prestige, the increase of the welfare and peace of our nation, the settlement of all sort of disputes which prevent the stiffening of our brotherhood.”³⁶²

Those said above about the positive correlation between liberal democracy and economic growth and development may be claimed to express a fact. The argument may be true or not, yet it is evident that these words manifest a mentality that regards the Kurdish question primarily as a barrier ahead of the economic and imperial take off and the democratic reforms as tools of elimination of these barriers. It is also evident that the Kurdish question does not appear in the brochure as primarily an ethical problem pertaining to recognition of an ethnic

³⁶²AK Party, January 2010, *Soruları ve Cevaplarıyla Demokratik Açılım Süreci: Milli Birlik ve Kardeşlik Broşürü*, <http://www.akparti.org.tr> [2 April 2012].

difference so far brutally denied, albeit some emphasis put on the worth of ethnic and cultural diversities in the brochure.

When Kurdish question put as a barrier ahead of economic take off, it is not surprising that the pro-Kurdish parties and the PKK are conceived merely as trouble maker by the AK Party. Referring to public investments made in Kurdish region, Erdoğan compares and contrasts its “politics of service”, “real nationalism” with “politics of identity” of pro-Kurdish parties which, to Erdoğan, lead nothing but to the worsening of living conditions of the Kurdish people. To the AK Party, these parties are used to exploit the identity of the people and are not interested in the quality of living conditions of those they politically exploit. To say with terms of Erdoğan’s bio-politics, “You [BDP] are looking for Kurds. We are looking for human beings.”³⁶³

One can distinguish two discursive strategies used to present Kurdish movement as economically detrimental to the Kurds. One of these strategies, which resemble to what I called as “direct state racism”, dates back to 1990s when calculations concerning the opportunity cost of the military struggle against the PKK, how many schools, hospitals, factories, dams could have been made with those expended to fight against the PKK, began to be made.³⁶⁴ To this discourse, the PKK has led to the waste of sources, which could have been reserved for the Kurdish people, and even has been fed by the poverty of the people.

³⁶³Recep Tayyip Erdoğan, 1 June 2011, *1 Haziran Diyarbakır Mitingi Konuşmasının Tam Metni*, <http://www.akparti.org.tr/site/haberler/1-haziran-diyarbakir-mitingi-konusmasinin-tam-metni/8230#> [5 May 2012]

³⁶⁴See Servet Mutlu, “The Economic Cost of Civil Conflict in Turkey,” *Middle Eastern Studies* 47, no. 1 (January 2011). A last study concerning the opportunity cost of the fight against the PKK was made by economist Numan Kurtulmuş, vice chairman of the AK Party. See Numan Kurtulmuş, 20 November 2013, *Terör, küresel rekabet gücünü zayıflatmıştır*, <http://www.akparti.org.tr/mobil/haberler/teror-kuresel-rekabet-gucunu-zayiflatmistir/55698> [1 March 2014]. It must be added that the opportunity cost of the fight against the PKK has been used not only to condemn the PKK for the burden it put on the economy of the country. The opportunity cost of the fight against the PKK paved also way a leftist-pacifist critique as well questioning whether the sources reserved for the fight against the PKK could have been used for the development of the Kurdish region, improvement of the income distribution, education and health investments. “Budget for education, not for war” has been one of the most favorite slogans of the trade unions and leftist organizations for years.

Therefore, the argument continues, the PKK does not want the enrichment of the people of the region and threaten companies, which are already not so willing to enter the region, not to make investments to the region. Erdoğan's frequent comparisons of the poor developmental performance of Diyarbakır, where the PKK is hegemonic, with the much better developmental performance of Gaziantep, where the Kurdish movement does not have a mass support, is a typical and much pronounced example of this argument.³⁶⁵

The second discursive strategy resorted by the AK Party is to criticize services provided by the municipalities governed by the pro-Kurdish parties. This is not strange given that the AK Party conceives politics as municipal working at a larger extent as did preceding center-right parties.³⁶⁶ To this discourse, the poverty of the municipal services provided by the municipalities governed by the pro-Kurdish parties is illustrative of the political mentality that concerns with, or more precisely, exploits Kurdishness of the people but does not pay any attention to their living conditions and well-beings. The following quotation is a typical example of this discourse:

BDP makes ideological politics and has nothing to with service provision [to the people]. Let's look at Hakkâri. At the midst of the city sewage flows. As for Diyarbakır, I cannot see any municipal service made. It is so, because they make politics of ideology, not politics of service.³⁶⁷

To sum up, the AK Party's Kurdish policy has been strongly informed by a bio-political perspective which approaches Kurds primarily as living-beings/service-beneficiaries. This is visible both in the positive discrimination towards Kurds with respect to public investments and social assistances and also in the political language which devalues identity-centered

³⁶⁵ Recep Tayyip Erdoğan, 19 January 2013, *Terörden kurtulmak ortak amacımız*, <http://www.akparti.org.tr/mobil/haberler/terorden-kurtulmak-ortak-amacimiz/36619>, [28 December 2013].

³⁶⁶ Bahadır Türk, *Türk Sağ Geleneği Ve Recep Tayyip Erdoğan* (İstanbul: İletişim Yayınları, 2004), 436.

³⁶⁷ Recep Tayyip Erdoğan, 10 March 2014, *Başbakan Erdoğan'ın Ağrı Mitingi Konuşmasının Tam Metni*, <http://www.akparti.org.tr/site/haberler/basbakan-erdoganin-agri-miting-konusmasinin-tam-metni/60582#1> [9 May 2014]

politics of the Kurdish movement by associating it with useless, ideological “politics of identity.”

Turkishness as Unvoiced Norm of Nationalism of the AK Party

The AK Party’s distinction between politics of service and politics of identity may seem to entail an embracing attitude in Kurdish issue. For it sounds an identity-blind policy and seems to rely on an understanding of nation not defined by any identity. To put more precisely, the bio-political interest in bodies and indifference to identities, “you [BDP] are looking for Kurds. We are looking for human beings,” may be expected to produce a more welcoming stance towards the Kurdish identity. It was much repeated by Erdoğan that he is opposed to both the Turkish and Kurdish nationalism:

Nobody ought to oppose us... in the name of neither Kurdishness nor Turkishness. We are a sort of government that has trampled on all sorts of nationalisms. We do not accept vain nationalism. Do you know what there are in our understanding of nationalism? There are patriotism, humanism, taking side with poor, waifs and strays, making this beautiful country one of first ten countries of the world.³⁶⁸

This sort of nationalism, which the AK Party sometimes calls as “positive nationalism” or “real nationalism”, may be thought to have cancelled the earlier disciplinary aspect of official-Kemalist Turkish nationalism which imposes Turkishness as norm, as identity. Yet this would be a hasty deduction, for, in addition to the distinction made between politics of identity-ideology and politics of service, is there another slogan much repeated and practiced in the AK Party period: “one nation, one state, one flag, one land.” Erdoğan has repeated this slogan in invariably all his speeches. Let’s look at the definition of “one nation”, the source of other “ones”:

³⁶⁸ *Hürriyet*, 18 February 2013.

We say “one nation”...What is nation? Nation is not only composed of Turks. In nation are Turk, Kurd, Laz, Circassian, Georgian, Arab, Roma, and Bosnian. [The nation] is the sum of all... In the opening of the first assembly Ghazi Mustafa Kemal says that “The people present here are Islamic communities including Turk, Kurd, Laz, Circassian, Georgian, and Abkhazian.”... It is these [groups] that make up the nation.³⁶⁹

The passage at the first sight seems to be in accord with the politics of service’s indifference to and even underestimating attitude towards ethnic identities. In this passage, which is one of hundred similar passages from Erdoğan, Erdoğan takes back the basis of the oneness of the nation, flag, land, state to Islamic brotherhood, not to one common ethnic origin. To generalize, it is not the common ethnic origin, Turkishness, to the AK Party, but rather the common culture, which is largely determined by Islamic belonging and heritage, that forms the nation.

Yet, to be contented with such a superficial reading of the passage will lead us to close our eyes to the inevitable “representation” problem occurring in the reduction of multiplicities to one, in the conflict between the “particular” and “universal” addressed by Ernesto Laclau.³⁷⁰ Once the oneness of the nation posited, that oneness of the nation has to be represented, and this representation can be assumed only by a particular which is an element of this oneness. My argument is that the Turkish nationalism of Kemalism persists in the AK Party’s silent acceptance of Turkishness as the privileged particular embodying this oneness,³⁷¹ in its consent to the policies through which the reduction of the multiplicity of Islamic elements to the oneness of Turkishness takes place,³⁷² in its shy criticisms leveled to Kemalist Turkish

³⁶⁹Recep Tayyip Erdoğan, 1 December 2013, *Biz Türkiye partisiyiz*,

<http://www.akparti.org.tr/mobil/haberler/biz-turkiye-partisiyiz1/56187> [4 April 2014].

³⁷⁰See Ernesto Laclau, *Emancipation(S)*(New York: Verso, 1996), 20-35.

³⁷¹The fact that the Turkishness still functions as the privileged particular embodying the oneness of the nation as imagined by the AK party surfaces at either-or situations. In the last draft submitted by the AK Party to the Constitutional Reconciliation Commission, which was founded in October 2011 by the participation of the parties represented in the assembly to produce a common draft for new constitution, the AK Party did not refrain from defining the nation as “Turkish nation.” See <http://t24.com.tr/haber/iste-tbmm-anayasa-uzlasma-komisyonu-tutanaklarinin-tam-metni,245108>.

³⁷²The AK Party and Erdoğan said many times that they are opposed to education in mother tongue, which is one of basic demands of the Kurdish movement.

nationalism limited by extreme aspects of assimilation, not assimilation per se,³⁷³ in its unwillingness to take its criticisms to the Turkish nationalism of Kemalism to its logical conclusions. In other words, Turkish nationalism of the AK Party embodies mainly not in what it does but rather what it does not, not in its slogans but rather in its silence. In this regard, despite the fact that Kemalists emphasized Turkishness and AKP emphasized Islamic brotherhood as the bond uniting the nation, it is continuity than rupture that better defines the relation between “nation” conceptualization of two periods.

To proceed, I employ a distinction between pragmatist and normative moments of Turkish nationalism. By pragmatist moment of Turkish nationalism, I mean the real-political aspect of Turkish nationalism which takes the ground it is acting upon as given, albeit not as ideal. As for normative moment of Turkish nationalism, I mean the transformative aspect of Turkish nationalism which tries to change the nation through ideals and norms attached to the nation. Relying on the distinction, I argue that the pragmatist basis of the nation in Kemalist understanding of the nation, Islamic brotherhood, is normative basis of the nation in the AK Party’s understanding of the nation, and the normative basis of the nation in Kemalist understanding of the nation, Turkishness, is pragmatist basis of the nation in the AK Party’s understanding of nation. Let me expand on the argument:

³⁷³In all cities of Turkey is there a big Atatürk statue at the biggest square of the city. Visiting these statues, singing national march in front of these statues and leaving garlands to these statues are necessary parts of ceremonies organized in the anniversary of important dates of the national struggle. There is a big Atatürk statue right at the center of Hakkâri as well. Until 2011, it was read on the front face of the statue that “How happy is the one who calls himself a Turk.” In 2011, the statue was refurbished by the governorship. Yet when the refurbishment finished, the slogan “How happy is the one who calls himself a Turk” was not there any longer. It was replaced by another slogan of Atatürk: “Peace at Home, Peace in the World.” The change is a clear message to the people of Hakkâri that the state would no longer impose Turkishness as a norm to be caught and Kurdishness as a burden to be got rid of. Yet the very form this message is transmitted is no less illustrative of the AK Party’s Kurdish policy. The change was made on the pretext of the refurbishment of the statue, not made in a politically courageous way facing up to the mistakes of the past. In other words, the change of the slogan on the statue was not a part of a publicly self-critical act of the state and did not reflect an apology embodying a clear break from the past. When assessed together, the content and form of the change of the slogan can be read in a way that the divergence of the AK Party’s Kurdish policy from the Kurdish policy of the Kemalist Turkish nationalism does not go so far to embody a rupture.

As I mentioned above and as also Erdoğan referred, Islamic brotherhood as the cement of nation was not invented by the AK Party. It was Kemalists first time that defined the nation on Islamic brotherhood, albeit covertly. The minority groups recognized by the Kemalists in the Lausanne treaty were only non-Muslim groups: Armenians, Jews and Greeks. All Muslim ethnicities were acknowledged by the Kemalists as part of the majority, that is, the Turkish nation. Being Muslim was not openly declared but the required and minimum condition of being eligible to the nation of Kemalists.³⁷⁴ Yet, on the other hand, it is impossible to argue that taking religious belonging as the constitutive criteria of the nation was the first choice of the secular and Western-minded Kemalists. It was rather a necessity given that “Anatolia, which had been 80 percent Muslim before the wars, was... approximately 98 percent Muslim”³⁷⁵ in 1923 due to massacres, population exchanges and migrations, and Islam was the single common share of different ethnicities making up the population. Except the speeches delivered during the heydays of the national struggle, 1919-1922, including the one referred by Erdoğan above, Kemalists remained silent on the Islamic borders of the nation, yet Islam continued to be the truth of the nation.

While Islam was the unvoiced and repressed truth of the nation, Turkishness was claimed to be norm of the nation by Kemalists especially after Sheikh Said rebellion in 1925. All ethnic differences in the nation were regarded as remnants of Ottoman Empire-Islam-Feudalism, which were designated as the “Other” of the nation, and completely denied and even condemned as degeneration, foreign conspiracy, and reactionism. Turkification of the nation and elimination of the remnants were sought to be carried out via different instruments like settlement and resettlement policies, Turkification of place names, banning non-Turkish

³⁷⁴That the Turkishness is reserved for Muslims, not for non-Muslim citizens, is, as Mesut Yeğen shows, evident in the Article 88 of the 1924 Constitution: “The people of Turkey regardless of their religion and race would, *in terms of citizenship* [emphasis mine], be called Turkish.” In other words, to the Kemalists, the Turkishness of non-Muslim citizens is a formal and legal issue, not something pertaining to their belonging. See Mesut Yeğen, “Citizenship and Ethnicity in Turkey,” *Middle Eastern Studies* 40, no. 6 (2004).

³⁷⁵Zürcher, *Turkey : A Modern History*, 172.

names for newly born, banning non-Turkish languages from official use and sometimes even from daily use, national education system, etc.

The limit of the transformative capacity of Turkish nationalism of Kemalism was set by the Islamic basis of the nation. Turkish nationalism, for instance, never went so far to leave Islam and defend returning to pre-Islamic and shamanistic Turkish beliefs of Central Asia. Also, Turkish nationalism of Kemalism never acquired an exclusionary stance towards non-Turkish Muslim ethnicities to the extent they did not resist to be Turkification. These ethnicities were regarded as future Turks and welcomed to Turkishness via the famous motto of Mustafa Kemal Atatürk and the Republic: “How happy is the one who says “I am Turkish.”” Non-Muslim ethnicities, recognized as minority groups in the Lausanne Treaty, were however devoid of the protective shield of the Islam against the Turkish nationalism of Kemalism and frequently fell victim to discriminatory policies of the state and racist attacks of the state and state-organized masses many times since the foundation of the Republic.³⁷⁶

To understand the disciplinary aspect of AK Party’s nationalism, the heritage of Kemalist Turkish nationalism must be taken into consideration. For at the end of dozens of years of assimilation policies, the gap between pragmatist and normative bases of Kemalist nationalism closed with the single exception of Kurds. Even a considerable part of Kurds have been assimilated to Turkishness. The Turkish state, it can be said, achieved to institute Turkishness as the supreme identity of the big majority of the people and reduce ethnic belongings, with partial exception of Kurdishness, to the level of folkloric diversity which does not pose any political challenge to the Turkish sovereignty. To put with the striking expression of Kadir Polat, who talked in the name of Chechen People in the Conference on

³⁷⁶One can list among others the Thrace Pogroms taking place in 1934 when thousands of Jews had to leave Turkey, Wealth Tax imposed on non-Muslim bourgeoisie during second world war, which resulted in the transference of the wealth of non-Muslim bourgeoisie to Muslim-Turkish bourgeoisie, and also 6-7 September 1955 incidents when non-Muslims and their shops, churches in İstanbul were attacked by state-led nationalist masses due to the rising political tension in Cyprus.

Peoples and Beliefs organized by the *HDP*, “We did not know Turkish when we came here, but now we do not know our mother tongue.”³⁷⁷ The head of Federation of Turkey Bosnia Herzegovina Cultural Associations, for example, declared that they did not want their children to be given elective Bosnian language courses in the public schools when elective language courses for ethnicities came to agenda upon the insistent Kurdish demands.³⁷⁸ Put otherwise, not only at normative level but also sociologically the nation had already acquired Turkish character when the AK Party came to the power in 2002.

To repeat, my argument is that the AK Party realistically, pragmatically and also silently has preferred building on the Turkishness of nation, just as Kemalists built on Islam 80 years ago, rather than denying or problematizing it. Erdoğan most times does not refer to Turkishness of the nation or does rarely so and even sometimes condemns Turkish nationalism as a fundamentalism, yet Turkishness as unvoiced basis of nation has set the limit to the transformative capacity of the normative aspect of the AK Party nationalism which seeks to shape the nation on Islamic brotherhood, just as Islam did to the transformative capacity of the normative aspect of Turkish nationalism of Kemalists.³⁷⁹ More precisely, the AK Party’s Islamic revision of Kemalist Turkish nationalism does not go too far to destabilize “one nation” narrative and recognize Kurds as a separate national community existing along with the Turkish nation. In other words, the silence of the AK Party on Turkishness of the nation

³⁷⁷ETHA, 3 November 2012, *Kürt halkının mücadelesi ile kazandığımız konfordur*, <http://www.etha.com.tr/Haber/2012/11/03/guncel/kurt-halkinin-mucadelesi-ile-kazandigimiz-konfordu/> [25 April 2013]

³⁷⁸*Radikal*, 14 June 2012.

³⁷⁹It must be added that the AK Party nationalism should not be identified with or shown as a version of the ideology known as Turkish-Islamic synthesis introduced by nationalist-conservative-anti-communist intellectuals and supported by the military regime after coup d'état in 1980. In Turkish-Islamic synthesis, there was no any shy silence on Turkishness that can be compared to the AK Party’s silence. Rather, the harmony of Turkishness and Islam was emphasized and Kemalist Turkish nationalism was fortified with an Islamic discourse as a measure against the communism which was thought to use the spiritual void of the youth. For an article identifying the AK Party with Turkish-Islamic synthesis, see Simten Coşar, “The Akp’s Hold on Power: Neoliberalism Meets the Turkish-Islamic Synthesis,” in *Silent Violence: Neo-Liberalism, Islamist Politics and the Akp Years in Turkey*, ed. Simten Coşar and Gamze Yücesan-Özdemir (Ottawa: Red Quill Books, 2012).

and its rhetoric on Islamic brotherhood should not deceive us that Turkish nationalism is not an integral part of the AK Party nationalism.³⁸⁰

Having a look at the AK Party reforms concerning the Kurdish issue, which took place between 2002 and 2013, may be a good lever to elaborate on and deepen my argument on the limits of AK Party reformism in the Kurdish issue and disciplinary aspect of AK Party's nationalism. As listed in *The Silent Revolution*, a book on reform performance of the AK Party released by the Prime Ministry Undersecretariat of Public Order and Security, reforms made by the AK Party concerning Kurdish issue were as follows:

- limitations on the right of Turkish citizens to broadcast and provide training in different languages and dialects that they use in their daily lives were abolished (Articles 8 and 11 of Law No: 4771), 2002, third EU harmonization package.

- lifting of the state of emergency, 2002.

- bans and limitations on who could found associations and the languages to be used in associations' activities were abolished (Article 5 of Law No: 4748), 2002, second EU harmonization package.

- ‘a criterion for being a focal point’ was enacted in order to make it difficult for political parties to be closed down (Article 4 of Law No: 4748), 2002, second EU harmonization package.

- abolishment of the Death Penalty (Article 1 of Law No: 4771), 2002, third EU harmonization package.

- associations were allowed to use any language in their non-formal correspondence (Art. 20 of Law No: 4778), 2003, fourth EU harmonization package.

- it was made more difficult to close down political parties (Amendments to the Law No: 2820 on Political Parties made with the Law No: 4778), 2003, fourth EU harmonization package.

- legal limitations against broadcasting in different languages and dialects were eliminated for TRT as well as private television channels (Amendment to Art. 4/1-4 of Law No: 3984 made with Article 14 of Law No: 4928), 2003, sixth EU harmonization package.

- article 8 of Counterterrorism Act regarding “Propaganda against indivisibility of state”, which constituted an impediment for freedom of expression and resulted in Turkey's conviction before the ECtHR, was abolished (Law No: 4928, Art. 19/b). In addition, an amendment was made to Article 1 of Counterterrorism Act and a condition of violence and force was stipulated for committing a terror crime (Law No: 4928, Art. 20), 2003, sixth EU harmonization package.

- amendment of the Law on Cinema, Video and Music Works: The scope of bans on these works was reduced and limited to contradiction to main characteristics of Republic and indivisibility of State with its country and nation (Articles 10, 11 and 12 of Law No: 4928), 2003, sixth EU harmonization package.

³⁸⁰In his analysis of the AK Party, Cenk Saraçoğlu defines the AK Party as a nationalist party, yet, based on the absence of the open references to Turkishness of the nation in the AK Party discourse, avoids of defining the AK Party nationalism as a sort of Turkish nationalism. See Cenk Saraçoğlu, "Türkiye Sağı, Akp Ve Kürt Meselesi," in *Türk Sağı: Mitler, Fetişler, Düşman İmgeleri*, ed. İnci Özkan Kerestecioğlu and Güven Gürkan Öztan(Cağaloğlu, İstanbul: İletişim, 2012), 243-79.

-elimination of Barriers against Our Citizens' Naming Their Children with Names of Their Choice (Amendment of Art. 2 of Law No: 1587 made with Art. 5 of Law No: 4928), 2003, sixth EU harmonization package.

-an amendment was made to the Law on "Foreign Language Education and Training and Learning of Different Languages and Dialects by Turkish Citizens" to make it possible to organize private courses for learning different languages and dialects, which were traditionally used in daily life (Amendment made in Article 2 of Law No: 2923 with Article 23 of Law No: 4963), 2003, seventh EU harmonization package.

-the lower limit of the imprisonment for "defamation of state and bodies thereof and threat to the indivisibility of the Turkish Republic" specified in Article 159 of Turkish Penal Code was reduced from one year to six months. Besides, the provision for punishment of the act of "facilitating activities of terrorism organizations for any reason" was abolished and Article 169 of the Turkish Penal Code regulating the crime "supporting and acting as accessory to a terror organizations" was restrained (Amendment made with Art. 1 and 2 of Law No: 4963), 2003, seventh EU harmonization package.

-Turkey ratified the Protocol on abolishment of the death penalty on 12/11/2003 (Additional Protocol 6 to European Convention on Human Rights), 2003, seventh EU harmonization package.

-it was made possible to organize courses in order to teach different languages and dialects (Official Gazette: 5/12/2003, 25307), 2003, seventh EU harmonization package.

-all articles which referred to death penalty, were amended to bring them into harmony with the complete exclusion of death penalty from the constitution with the Law No: 5170 (Law No: 5218, Art.1), 2004, eighth EU harmonization package.

-the "Regulation on Radio and Television Broadcasting in Different Languages and Dialects, which are Traditionally Spoken by Turkish Citizens in Their Daily Lives" was prepared and entered into force. Thus, any and all obstacles were eliminated to radio and television broadcasting in different languages and dialects (Official Gazette: 25/1/2004, 25357), 2004, eighth EU harmonization package.

-the State Security Courts, which were reminiscent of periods of state of emergency and caused discussion and criticism in terms of right to a fair trial, were abolished in 2004. (The Law dated 16/6/2004 with no: 5190 on Amendment of the Criminal Procedure Code and Abolishment of State Security Courts, Official Gazette: 30/6/2004, 25508), 2004, eighth EU harmonization package.

-in order to regulate the legal status of metropolitan municipalities, to ensure that services are provided in a more planned, programmed, effective, efficient and harmonized way and to strengthen local governments at metropolitan municipality level, the Law on Metropolitan Municipalities entered into force (Law No: 5216 dated 10/7/2004, Official Gazette: 23/7/2004, 25531), 2004, eighth EU harmonization package.

-compensation for damages of terror victims: (the Law dated 17/7/2004 no: 5233, Official Gazette: 27/7/2004, 25535), 2004, eighth EU harmonization package.

-a legal guarantee was provided for broadcasting in different languages and dialects, which are traditionally spoken by Turkish citizens in their daily lives, through both public and private radio and television organizations; thus, legal obstacles against broadcasting in this area were eliminated for private television channels and TRT and right of broadcasting was secured (the Law dated 11/6/2008 with no: 5767, Official Gazette: 26/6/2008, 26918), 2008.

-an amendment introduced into Regulation on Advertising by Turkish Radio and Television Corporation made it possible for channels broadcasting in different dialects and languages to advertise in the broadcasting dialect and languages (Official Gazette: 31/1/2009, 27127), 2009.

-obstacles to detainees and convicts in prisons seeing and talking to their visitors in languages other than Turkish were lifted (Regulation Amending the Regulation 2009 on Visits to be Paid to Convicts and Detainees, Official Gazette: 6/11/2009, 27398), 2009.

-private television and radio organizations were allowed to broadcast in different languages and dialects twenty four hours a day (Official Gazette: 13/11/2009, 27405), 2009.

-it was made possible to carry out academic research, establish institutes and offer elective courses related to different languages and dialects spoken in the daily lives of our citizens. As for this issue; in line with the “Decision on establishment of ‘Institute of Living Languages in Turkey’ affiliated under the Rectorship of Mardin Artuklu University” taken by the Council of Ministers dated 12/10/2009; ‘Institute of Living Languages in Turkey’ composed of Departments of Kurdish Language and Culture, Assyrian Language and Culture and Arab Language and Culture was established under Mardin Artuklu University. In this institute; post-graduate training is provided in Kurdish, Arabic and Assyrian languages (Official Gazette: 1/12/2009, 27419), 2009.

-the Movie Support Council of the Ministry of Culture and Tourism provided financial support to a movie with frequent Kurdish dialogue (On the Way to School) for the first time. Besides, General Directorate of State Theatres started to stage Kurdish theatre plays in various provinces. TRT 6, which broadcasts in Kurdish, began to broadcast a Kurdish mawlid (observance of the birthday of the Prophet Muhammad) on religious nights, 2009.

-personnel, who can speak Kurdish and Zaza language, were assigned to the call center established by Diyarbakır Governor’s Office in order to ensure communication with citizens who cannot speak Turkish, 2009.

-in order to facilitate the daily lives of our citizens, the number of road checkpoints and search points was reduced (*Circular of the Ministry of Interior No: 2010/4 on “Road Checkpoints and Search Points”, dated 15/1/2010*), 2010.

-in order to increase the employment and welfare level of our citizens, bans on rangelands and pastures, in particular in Eastern and South-eastern Anatolia Regions were eliminated (*Directive of the Ministry of Interior No: 2010/5 on “Rangelands and Pastures” dated 15/1/2010 with*), 2010.

-it was made possible to restore former names of settlement areas, in the scope of which names of certain settlement areas have already been changed, 2010.

-it was ensured that political parties could make speeches in different languages and dialects spoken by our citizens during their election campaigns (*The Law dated 8/4/2010 No: 5980, Official Gazette: 10/4/2010, 27548*), 2010.

-important works of Kurdish language and literature such as “Mem-u Zin”, which was published by the Ministry of Culture and Tourism on 1 December 2010, were translated, published in the same way and published with new copyrights, 2010.

-a “Kurdish Language and Literature Department”, which was the first of its kind in Turkey, was founded as a four year Bachelor’s degree program within the Science and Literature Faculty of Muş Alparslan University, 2010.

-provision for removing the seats of deputies in the case of closure of a political party was abolished (Art. 84 of the Constitution), 2010.

-a criterion for a two-thirds majority within the Constitutional Court was approved for closing down political parties and other financial sanctions (Art. 149 of the Constitution), 2010.

-the “Institute of Living Languages in Turkey” was set up to carry out academic research on various languages and dialects spoken by our citizens in their daily lives (Official Gazette: 03/07/2011, 27983). Furthermore, “Zazaki Language and Literature”, “Kurmanji Language and Literature” and “Arabic Language and Literature” departments were opened up in December 2011 within Tunceli University upon approval from Higher Education Council, 2011.

-in the guide, which was prepared in order to introduce members of the 24th term of the Turkish Grand National Assembly, ‘Kurdish’ was included for the first time into the part giving information about the languages that the deputy members can speak in addition to other languages, 2011.

-the name of the General Mustafa Muğlalı Barracks in Van was changed, 2011.

-through the “Law Amending Primary Education Law and Some Laws”, a gradual system was initiated in education and our citizens were allowed to have education according to their free choices. In this context, this legal amendment paved the way for choosing Kurdish as an elective course (*Law No: 6287 dated 30/3/2012, Official Gazette: 11/4/2012, 28261*), 2012.

-Higher Education Council opened up “Kurdish Language and Literature Department” within Dicle University in Diyarbakır in June 2012 upon approval.

-TRT started broadcasting a Kurdish news site called ‘TRT XEBER’, which can be accessible through the address ‘www.trtxeber.com’, 2012.

-with the support of the Ministry of Culture and Tourism, the play ‘Hamlet’ was staged in Kurdish by Diyarbakır City Theatre in Ankara, 2012.

-in 2012, a music album composed of Kurdish folk songs was recorded through a joint activity of TRT and Diyarbakır Governor’s Office.

-people, who are known as “*Mele*” (local clergymen) and considered to be “religious leaders” in their regions, are employed as “religious personnel” (*Based on the provision added into Provisional Article 16 of the Law No: 633 dated 22/6/1965 with Article 13 of the Decree Law No: 653*), 2012.

-enabling the possibility for the accused to have defense in the language in which they can better express themselves (*Amendment made to the law dated 24/1/2012, numbered 6411 and to the Turkish Penal Code numbered 5271, article 202, Official Gazette: 31/1/2013,28545*), 2013.

-establishment of the Living Languages Institute under the Rectorship of Siirt University (*The decision of the ministers board dated 6/6/2013, Official Gazette: 25/6/2013, 28688*), 2013.

-ending the Practice of Reciting the Student Oath in Primary Schools (Regulation Amending the Ministry of National Education Regulation on Primary Education Institutions, Official Gazette: 8/10/2013, 28789), 2013.³⁸¹

This long list signifies a real silent revolution. Despite some reforms made by the preceding governments, those made by the AK Party in the Kurdish issue in the last 12 years have been unprecedented with respect to the coverage of the reforms and the radicalism of the discourses accompanying these reforms which openly condemn the assimilation policies carried out so far and promise the end of these policies. Moreover, a negotiation process, known as “democratic opening” took start in 2009, and the first time in the history of the Republic the prisoned leader of the PKK, Abdullah Öcalan, has been implicitly recognized as a political actor. The top cadres of the MİT (*Milli İstihbarat Teşkilatı*, National Intelligence Service) periodically meet with Öcalan in the prison, and also Öcalan is allowed to meet with a committee composed of deputies of pro-Kurdish BDP working as messenger between Öcalan and the leadership of the PKK located in Qandil Mountains of Iraqi Kurdistan.

³⁸¹Republic of Turkey Prime Ministry Undersecretariat of Public Order and Security, *The Silent Revolution: Turkey's Democratic Change and Transformation Inventory 2002-2012*(Ankara: Undersecreteriat of Public Order and Security Publications, 2013), 169-257.

Yet, neither the reform list nor the democratic opening falsify my argument concerning Turkish nationalism of the AK Party, contrary to what may be thought at the first sight. To repeat, in emphasizing the continuity between Kemalists and the AK Party with regard to persistence of the Turkish nationalism, my argument is not to deny the partial emancipatory space opened by the interchange of Islam and Turkishness, Turkishness from norm to pragmatist basis and Islam from pragmatist basis to norm, during transition from Kemalist nationalism to AK Party nationalism. Without Islamic ontological premises of the AK Party nationalism for which, unlike Kemalist Turkish nationalism, ethnic differences as such do not embody a degeneration or a threat to be eliminated,³⁸² this series of reforms lifting many bans on Kurdish identity and Kurdish language and also the “democratic opening” process could not have been possible. Yet, being ideologically more elastic to accommodate ethnic differences is one thing, assuming a political stance actively working and fighting for recognition of ethnic differences is quite another. It must be born in mind that many of these bans lifted by the AK Party had already been invalidated by the Kurdish movement for years in practice like ban on political propaganda in other languages than Turkish. Lifting bans on broadcasting in Kurdish likewise did not have beyond a symbolic value, for Kurdish channels have been broadcasting from Europe since 1995. Moreover, it must be added, it was not the willingness and reformist spirit of the AK Party but rather many times the resistance and the insistent demands of the Kurdish movement that enabled many reforms in the list. To name but a few, the reform in 2012 “enabling the possibility for the accused to have defense in the language in which they can better express themselves” had to be made by the AK Party upon the decided civil disobedience of the arrested Kurdish activists to defend them in Kurdish in

³⁸²Erdoğan frequently repeats the 13th verse of the Al-Hujurat sura of the Holy Quran to argue that for the AK party it is not ethnic belonging but rather religiosity that really matters. In the translation made by M.H.Shakir, in this verse of the Holy Quran is said the following: “O you men! surely We have created you of a male and a female, and made you tribes and families that you may know each other; surely the most honorable of you with Allah is the one among you most careful (of his duty); surely Allah is Knowing. Aware.”

the courts. In addition, that the Kurdish language has become an object of academic research in Turkish universities and been given as elective course in primary schools and universities dates back to the signature campaign in 2001 when activist students from socialist left and Kurdish movement gave start to a signature campaign to the cost of being arrested and fired from their universities.

Yet, even if we leave the motives of the AK Party reforms in Kurdish issue aside for a moment and regard the mass party quality of the AK Party as a justified excuse of its unstable stance towards the Kurdish issue, it is still evident that, as the list of the reforms above confirm, the boundaries of the AK Party reformism in Kurdish issue is drawn by collective rights of Kurds as a national community. All reforms listed above are individual rights granted to Kurds as individuals of nation which is one and Turkish; AK Party reformism is blind to Kurds as a collective-communal entity. This is not only an abstraction we can easily derive from the items of reform list or the political practice of AK Party, it is so deeply a part of the AK Party stance towards Kurds that the AK Party did not refrain from openly mentioning it in the “Democratic Opening Process with Questions and Answers: The Project of National Unity and Brotherhood.” It is said in the brochure that “a discussion around our unitary structure or making concession on the principle of “one state, one nation, one land, one flag” is by no means on agenda.” It is also added that “Turkish is the language of instruction and will remain to be so. In Democratic Opening process, there is no any preparatory work made to render different languages spoken in Turkey as languages of instruction.” The message is clear enough: Oneness of nation, that is, Turkishness of nation, is not an issue of discussion and negotiation from the reformist point of view of the AK Party.

Turkish Nationalism of the AK Party as a Repressive Power

Bio-political turn of the Kurdish question, by which I mean a new approach to Kurds addressing them primarily as biological lives and valuing them as such, has not entailed by any means the abandonment of practices, policies and rhetoric pertaining to sovereignty moment of the Turkish nationalism. The state machine has continued to manufacture certain Kurdish bodies as not worthy of life, as *homo sacer*, as killable. 1902 PKK guerillas were killed in military operations during the rule by the AK Party between 2003 and 2014. The answer of Prime Minister Erdoğan to the demands asking him to stop military operations as long as PKK does not attack to the armed forces seems to replicate Weber's definition of modern sovereignty as monopoly of violence: "As state and government, we do not continue operations if they lay down their arms... "Let's silence the arms". No, as long as they bear arms, we do not silence arms."³⁸³ In addition to 1902 PKK guerillas killed in military operations, hundreds of civilians, including dozens of children as well,³⁸⁴ were killed by security forces during street demonstrations between 2003 and 2014.

Table 18. Killed PKK Guerillas in Military Operations during the AK Party Rule on a Yearly Basis

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	Sum
102	113	149	145	223	177	103	155	232	426	47	30	1902

Source: <http://www.hpg-sehit.com/>

It is difficult however to conclude that military operations or murder of political opponents has been the main, primary form of sovereign violence employed against the cadres of the Kurdish movement by AK Party governments. The dominant form of sovereign violence in

³⁸³ *Milliyet*, 18 September 2012.

³⁸⁴ See Diyarbakır Branch of Human Rights Association, *1988-2014 Yılları Arası Çatışmalı Süreçte Katledilen Çocuklar Raporu*, <http://www.ihddiyarbakir.org/UserFiles/5558811988-2014%20YILLARI%20ARASI%20%C3%87ATI%C5%9EMALI%20S%C3%9CRE%C3%87TE%20KATLED%20%C4%B0LEN%20%C3%87OCUKLAR%20RAPORU.pdf> [25 November 2014].

Kurdish region during the period of the AK Party has rather been arrest and detention of the cadres and sympathizers of the Kurdish movement. *KCK (Koma Civakên Kurdistan-Association of Communities in Kurdistan)* operations carried out between 2009 and 2012 tell us much about the nature and methods of sovereign violence of the AK Party as its prototype.

It is necessary to be familiar with the *KCK* to understand the nature and implications of these operations. *KCK* is the organizational end product of the evolution of PKK goals from “initial plans to establish an independent Marxist state to current ones for the recognition of Kurdish political, cultural and social rights within a decentralized Turkey.”³⁸⁵ Before the capture of Abdullah Öcalan, the leader of the PKK, in 1999, the PKK was fighting for national liberation and adopted Marxist-Leninist ideology. The defense texts of Öcalan were the milestone of the ideological and organizational transformation of the PKK. In these texts, Öcalan presented the state as “the ‘Original Sin’ of humanity” to argue that “liberation cannot be achieved by means of state-building, but rather through the deepening of democracy.”³⁸⁶ Inspired by libertarian-anarchist scholarship, especially by writings of Murray Bookchin, and based on his own authentic reading of the history of Middle Eastern civilizations and religions, Öcalan formulated a project of radical democracy. To Öcalan, “this project builds on the self-government of local communities and is organized in the form of open councils, town councils, local parliaments and larger congresses. The citizens themselves are agents of this kind of self-government, not state-based authorities.”³⁸⁷ *KCK*, as the Association of Communities in Kurdistan, is the name the PKK movement gave to the umbrella organization of self-governing local communities it is trying to build since 2005.

³⁸⁵Michael M. Gunter, "Reopening Turkey's Closed Kurdish Opening?," *Middle East Policy* XX, no. 2 (Summer 2013): 88.

³⁸⁶Ahmet Hamdi Akkaya and Joost Jongerden, "Reassembling the Political: The Pkk and the Project of Radical Democracy," *European Journal of Turkish Studies* 14(2012): 5.

³⁸⁷Abdullah Öcalan, *War and Peace in Kurdistan*(Cologne: International Initiative Freedom for Öcalan-Peace in Kurdistan, 2008), 32.

Although it was said many times by Öcalan and the PKK leaders that the KCK is not based on a program committed to taking over the state power and changing the society by the means of the state,³⁸⁸ the emphasis put on the self-government was conceived as a threat to the sovereignty of the state by the AK Party government, as can be seen in the following words of Faruk Çelik, one of the leading figures of the AK Party and the minister of labor:

There is an organization called *KCK*. It is a state within the state. It cannot be defined in another way. It says that “I live within the Turkish state, yet I am a separate state. I am organized to establish a new state. Is it acceptable to let it tax the people and do other things? Which any state can allow for another state within itself?”³⁸⁹

To Yalçın Akdoğan, who is the chief supervisor of Recep Tayyip Erdoğan and is claimed to be as one of the masterminds of the KCK operations, KCK is a threat to the sovereignty of the state. Calling KCK as a form of “parallel state,” Akdoğan argued that:

The organization tries to undertake the functions which are acknowledged as basic duties of a state, like ‘taxation,’ ‘establishment of courts and practicing judicial function,’ ‘institution of security and defense’, via illegal sub-organizations it organizes. Trying to institute its authority in the region, the organization exacts tribute from the people, waylays and abducts the people, takes statements of the people and judges them, and tries to institute field domination via Self-Defense Units.³⁹⁰

Those said by Akdoğan and Çelik show us that the AK Party read the attempts of the Kurdish movement at reorganizing itself around the principles of self-government as refashioning of separatism, of old idea of establishing a separate sovereign entity under new conditions. In other words, it is seen that one of motives behind the KCK operations was to reinforce and fortify the state sovereignty which was thought to be under attack of the self-governmental attempts of the KCK.

³⁸⁸See PKK, *Partiya Karkerên Kurdistan Pkk Yeniden İnşa Kongre Belgeleri*. (İstanbul: Çetin Yayınları, 2005).

³⁸⁹Ak Party, 18 November 2011, *Muhalefetin KCK rahatsızlığını anlayabilmiş değilim*, <http://www.akparti.org.tr/site/haberler/muhalefetin-kck-rahatsizligini-anlayabilmis-degilim/16081> [12 February 2013].

³⁹⁰*Yeni Şafak*, 7 October 2011.

Although KCK operations embodied a sovereign practice, the way this sovereign practice occurred was completely different than earlier sovereign practices in Kurdish region characterized by collective violence and collective punishment. The bio-political turn of the Kurdish question valuing Kurds, at least as biological lives, and the advancement of the disciplinary capacity to individualize determined the form the KCK operations took. Systematic torture and forced disappearances were not part of the KCK operations as a rule neither was collective violence and punishment. Given that the majority of Kurds after village evacuations live in urban areas, which are constantly monitored through dozens of police cameras known as MOBESE, and also Kurds have started to use modern communication channels like e-mail and cell phones, which are open to police control, it is evident that the use of collective violence entailed by the incapacity to individualize is no more necessary. Therefore the KCK operations were police operations individualizing suspects by relying on the advanced disciplinary capacity to individualize enabled by recording telephone conversations between suspects, identification of IP addresses, checking electronic mails, photographs and videos shot by MOBESE cameras, and other audio-visual techniques.³⁹¹ When looked at the KCK case files, it would be seen that they are full of photos of the suspects taken while they were shouting slogans in a demonstration, talking with other suspects, entering into the building of a pro-Kurdish institution and also of the transcription of the telephone conversations between the suspects.

The *KCK* operations started in April 2009 and resulted in the arrest of thousands of Kurdish activists, including mayors, ordinary members and also administrators of the BDP, academicians, lawyers, journalists, trade unionists affiliated with the Kurdish movement. Accusing *KCK* as a parallel state of trying to establish its sovereignty by taxing and judging

³⁹¹See İHOP, 15 December 2011, *Human Rights, the Rule of Law, and the Protection of Human Rights Defenders: Report on the Diyarbakır KCK Case*, http://www.ihop.org.tr/dosya/diger/20110415_KCK_TR.pdf [17 December 2012]

people by its own mechanisms, anti-terror police teams took thousands of people into custody between April 2009 and 2012. To the numbers given by the *BDP*, between 2009 April and 2011 October, 7748 people were taken into custody and 3895 of those taken into custody were arrested.³⁹² It would not be an exaggeration to conclude that the KCK operations deprived the legal wing of the Kurdish movement of the cadres who could carry out political activity. The name the Kurdish movement gave to these operations was therefore “political genocide.”

Turkish Nationalism of the AK Party and Hakkâri

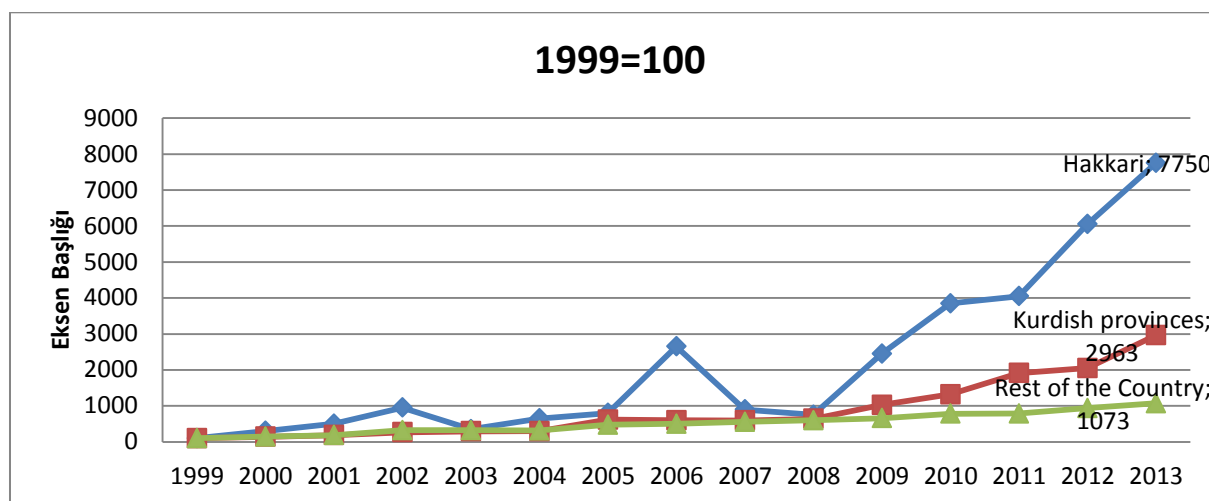
Turkish nationalism of the AK Party towards the Kurdish question can be followed in its 13 years length performance in Hakkâri. As a province where the control, strength and hegemony of the Kurdish movement is beyond any dispute, both productive and repressive elements of Turkish nationalism of the AK Party have been employed effectively in Hakkâri to narrow the domain of the Kurdish movement and deprive it of the mass support it enjoys.

Turkish Nationalism of the AK Party in Hakkâri as a Productive Power: Embracing Kurds as Bodies

When looked at public investments made during the AK Party period, it would be easily seen that the AK Party adopted a more generous stance towards the Kurdish provinces. The rate of the increase of public health investments between 1999 and 2013 in Kurdish provinces was three times higher than the average of Turkey. Hakkâri is one of these Kurdish provinces where the rate of the increase of public investments arrived to 7 times of the average of Turkey.

³⁹²Meral Daniş Bektaş, 6 October 2011, *KCK Bilançosu: 7748 gözaltı, 3895 tutuklama*, <http://www.ntv.com.tr/arsiv/id/25286086> [13 March 2012].

Figure 12.Public Investments in Hakkâri, Kurdish Provinces and the Rest of the Country between 1999 and 2013



Source: Constructed by the author based on the data available at web site of the Ministry of Development, <http://www2.kalkinma.gov.tr/kamuyat/ilozet.html>

*Calculated based on allocations in the budget program.

*Public investments which by nature cannot be classified into provinces are not included

This remarkable difference embodies what I call as the bio-political turn of the Kurdish question. Kurds of Turkey have been started to be addressed as biological lives worthy of care and respect during the AK Party rule, though their political and cultural being continues to suffer from the lack of an equivalent recognition and respect. The progress of the medical establishment in Hakkâri in the last 13 years undeniably witnesses the emergence of new ruling style which addresses and governs Kurds first and foremost as biological lives: Two modern public hospitals, one in Hakkâri city and the other in Yüksekova, were opened in 2008; law on compulsory service was issued in 2005 to appoint specialists and practitioners to primarily the Kurdish provinces; medical equipment and infrastructure of the health institutions in Hakkâri was modernized and improved; regular check-ups of babies, children and pregnant were ensured and vaccination rates increased considerably by conditional cash transfers; etc.

To start with the curative services, the considerable improvement of the medical equipment of the hospitals must be put at the top of the list of the transformation of medical establishment in Hakkâri. To the answer given to my petition which I submitted to the Hakkâri Public Hospital thanks to the freedom of information act, those medical devices listed below, without which many operations cannot be done, did not exist in the Hakkâri Public Hospital before 2007:

Pulmonary function test, Wood's Lamp, Tens Machines, Multifunctional Surgery Table and Equipment, Pneumatic Lithotripter, Handheld Dermatoscope, Hot Deformation Test Apparatus, Tomograph, 3-Motor Hospital Beds, 2-Motor Hospital Beds, C-Arm, Uroflowmetry System, Color Doppler Ultrasound, MRI Scanner, Tissue Embedding System, Mobile X-Ray Equipment, Gastroscopy Set, Colonoscopy Set, Shoulder Wheels, Endoscopic Camera System, Tonometry, Intensive-care Ventilator, Phototherapy Machine, Platelet Incubator, Arthroscopy, Amalgamator Machine, Electrotherapy Equipment, Sterilization Roll Bag, BiPAP, Newborn Hearing Test, Colposcope, Tympanometer, Bipolar Electrosurgical Vessel-Sealing Device, Monopolar Electrosurgical Vessel-Sealing Device, Laboratory Oven, Dermatome, Blood Bag Tube Sealer, Handheld Fetal Doppler, Nucleus Phaco Chopper, EMG, Non-Stress Test, Fetal Monitor, ENT Endovision System, Urodynamic System, Incubators/High-level Intensive-care, Flexible Nasopharyngoscope, Non-Stress Test/Cardiotacography, Endoscope, A-scan Ultrasound Biometry, Audiometer, Rectoscope, Nebulizer, Spirometer, Holter Device, Auto Refractometer, Ophthalmic Cryosurgical System, Mammograph, Otoacoustic Emission Testing Device, Auto Phoropter.

Before these equipment and devices were purchased, many critical surgeries had been impossible to be operated, and patients in need of a serious treatment used to be transferred until mid-2000s to Van, Ankara, İstanbul, etc. By the purchase of these devices, many medical operations, which could not be done in the past, have started to be done. The best indicator of the enlargement of the range of the services enabled by the purchase of the new medical equipment is the table below documenting the number of surgeries performed on a yearly basis according to the type of surgery performed. The following table pertains to the surgery performance of the Hakkâri Public Hospital between 1995 and 2012.

Table 19.Types of Surgeries Performed in the Hakkâri Public Hospital between 1995 and 2013

Years	Big Surgeries	Medium Surgeries	Small Surgeries
1995	163	220	108
1996	256	265	144
1997	208	333	152
1998	140	296	211
1999	174	264	190
2000	63	307	123
2001	18	331	30
2002	92	505	32
2003	152	471	43
2004	277	515	128
2005	219	504	107
2006	93	296	124
2007	299	1763	1427
2008	2152	1680	1208
2009	2517	1623	1490
2010	3731	2087	2047
2011	3320	2478	2538
2012	4133	5570	3119
2013	2472	4337	4567

Source: Constructed by the author based on Health Statistical Yearbooks prepared by Ministry of Health and the data I obtained from the Hakkari Public Hospital via freedom of information act

As can be seen, total number of surgeries performed in the Hakkâri Public Hospital increased drastically especially after the construction of new hospital building in 2008. While 92 big surgeries were performed in 2002, the year when the AK Party came to the power, the number of big surgeries performed in 2012 arrived to 4133, increasing by more than 40 times.

Number of medium and small surgeries increased drastically as well. Both medium and small surgeries increased by 10 times between 2002 and 2012.

In addition to the surgery performance, some other indicators may also be used to prove the undeniable advancement of the curative services in Hakkâri during the rule of the AK Party. Bed occupation rate, for instance, can be taken as a reliable indicator of the improvement of the curative services. In the past although hospital beds were very restricted and no more than a few dozens, bed occupation rates were mostly around 20-30 percent. For seriously ill patients used to be transferred to more equipped and staffed hospitals instead of being given any treatment. During the AK Party rule, in parallel to the start of giving treatment to seriously ill patients, bed occupation rates increased up to 86.5 percent in spite of the elevated bed capacity.

The increase of the number of deaths occurring in the Hakkâri Public Hospital likewise confirms the improvement of the curative service in Hakkâri. Given that there was no any intensive-care unit in the hospitals of Hakkâri and no any treatment could be given to seriously ill patients in the pre-AK Party period, deaths occurring in the hospital amounted to only a very small rate of all deaths occurring in the province. Yet the opening of intensive care units, performance of big surgeries, giving treatment to seriously ill patients inevitably resulted in the number of those died in the Hakkâri Public Hospital. In other words, somewhat paradoxically at the first sight, the increase of the number of patients dying in the Hakkâri Public Hospital confirms the advancement of the hospital, not the reverse.

A much more explicit expression of the improvement of the curative services in Hakkâri than number of deaths occurring in the hospital or changes in bed occupation rates is the change in the number of users of the Hakkâri Public Hospital. The appointment of specialists by the law on compulsory service to Hakkâri and the purchase of medical equipment had a direct impact

on the number of out-patients and in-patients using the hospital. From 2002 to 2012, number of outpatients and inpatients increased by 5.5 times and 4.5 times, respectively, while the population of Hakkâri province changed only slightly from 236581 in 2000 to 279982 in 2012.

Table 20. Working Performance of the Hakkâri Public Hospital between 1995 and 2013

Years	Number of Beds	Out-Patients	In-Patients	Deaths	Bed Occupation Rate %
1995	100	53694	2865	35	29
1996	100	19964	2358	-	23.8
1997	100	61642	3605	20	33.8
1998	100	80103	3596	18	31.9
1999	100	75309	4213	26	36.1
2000	100	63614	5010	26	39.3
2001	107	27606	4502	24	47.8
2002	104	73460	4526	18	50.9
2003	102	78255	3751	16	43.6
2004	100	127332		-	43
2005	118	161188	3717	24	41.3
2006	96	201194	4970	45	58.2
2007	125	268880	8722	11	75.7
2008	173	235021	9871	43	64.4
2009	173	344281	13778	69	96.3
2010	173	374325	14900	85	83.4
2011	173	408327	15483	84	86.5
2012	173	391570	20318	124	74.4
2013	173	338833	28677	135	77.2

Source: Constructed by the author based on Health Statistical Yearbooks prepared by Ministry of Health and the data obtained from the Hakkari Public Hospital via freedom of information act

One may question the argument concerning the improvement of the medical establishment in Hakkâri during the rule of the AK Party with a counter-argument that it is not so surprising that the AK Party, as a neo-liberal party, supports and encourages curative service and that curative services cannot be the single criteria while assessing the quality of overall healthcare provision. This counter-argument is not relevant for the case of Hakkâri, since the basic indicators of preventive medicine also signify a noticeable and striking improvement of preventive services and maternal and child health services thanks to the conditional cash transfers employed since 2003 and transition to family practice in Hakkâri in October 2010.

As is known, conditional cash transfers “are programs that transfer cash, generally to poor households, on the condition that those households make prespecified investments in the

human capital of their children.”³⁹³ It was first time introduced in Turkey in 2001 against the effects of financial crisis by Social Assistance and Solidarity Foundation as part of the Social Risk Mitigation Project and by the credit provided by the World Bank, implemented in 2002 in 6 provinces as pilot scheme, gradually generalized to the whole country after 2003 and has been provided since 2006 by sources of Social Assistance and Solidarity Fund.³⁹⁴ The program targets the poorest 6 percent of the population not covered by any social security scheme. This meant in practice that 43 percent of all households in Hakkâri, 21 percent of all households in Kurdish region and 3 percent of all households in Turkey have been provided conditional cash transfers.³⁹⁵

Conditional cash transfers have led people of Hakkâri to start using preventive health services in an increasing manner. This means high follow-ups per infant, child and pregnant, high vaccination coverage rates, and high rates of delivery in hospital, given that conditional cash transfers have been used in Turkey for ensuring school attendance, ensuring regular check-ups of children between 0-6 and ensuring regular check-ups of pregnant and delivery in hospital.

Table 21. Maternal and Child Health Services in Hakkâri between 1996 and 2013

Years	Number of Follow-Up per Infant		Number of Follow-Up per Child		Number of Follow-Up per Pregnant		Percentage of Deliveries at Home	
	Hak	Tur	Hak	Tur	Hak	Tur	Hak	Tur
1996	0.90	3.68	0.07	1.11	0.86	2.03	85.4	29.64
1997	1.33	3.61	0.15	1.13	1.77	1.94	84.22	23.34
1998	0.48	3.39	0.14	1.04	0.51	1.81	72.4	21.09
1999	0.22	3.38	0.07	1.02	0.13	1.75	77.41	17.66
2000	0.15	3.23	0.05	0.99	0.08	1.68	89.19	16
2001	0.33	3.48	0.22	1.05	0.16	1.87	90.66	14.47
2002	0.9	3.4	0.5	0.8	0.3	1.7	92.33	12.35
2003	0.9	3.3	0.5	2	0.3	1.8	86.92	10.16
2004	3	4.28	1.9	1.27	1.1	2.15	56.45	10.77
2005	3.7	4.8	2.1		1.9			
2006	3.8	5.2	2.1		1.7		41.89	

³⁹³ Ariel Fiszbein, Norbert Rüdiger Schady, and Francisco H. G. Ferreira, *Conditional Cash Transfers : Reducing Present and Future Poverty* (Washington D.C.: World Bank, 2009), 1.

³⁹⁴ The Ministry of Family and Social Policies, December 2012, *Türkiye’de Uygulanan Şartlı Nakit Transferi Programının Fayda Sahipleri Üzerindeki Etkisinin Nitel ve Nicel Olarak Ölçülmesi Projesi Final Raporu*, <http://www.sck.gov.tr/oecd/%C5%9ENT%20Program%C4%B1n%C4%B1n%20Etkisinin%20C3%96l%C3%A7%C3%BClmesi%20Raporu.pdf> [15 June 2013]

³⁹⁵ Çağlar Keyder and Nazan Üstündağ, "Doğu Ve Güneydoğu Anadolu'nun Kalkınmasında Sosyal Politikalar," in *Doğu Ve Güneydoğu Anadolu'da Sosyal Ve Ekonomik Öncelikler* (İstanbul: Tesev Yayınları, 2006), 71.

2007							20.3	
2008	5.6				4.2		30.4	
2009	6.6				4.8		21.7	
2010	5.8				4		17.2	
2011					2.1			
2012					3.3			
2013					4.2			

Source: Constructed by the author based on the data obtained from the Hakkari Provincial Directorate of Health and the Ministry of Health and the data available at the web site of the Ministry of Health, <http://www.sb.gov.tr/TR/belge/1-2952/istatistik-yilliklari.html>

As can be clearly seen from the table, beginning from 2004, the year when conditional cash transfer program has begun to be effectively implemented, there occurred a leap in the number of follow-up per infant, child and pregnant and a drastic fall in the number of percentage of deliveries at home.

Vaccination coverage rates of Hakkâri likewise confirm the massive improvement of the preventive services and maternal and child health services. In the 80s and 90s, routine immunization program used to fail, for families most times would not allow immunization teams to vaccinate their children or women, arguing that those vaccinated get temperature or that the state tries to sterilize children and women on the pretext of immunization. Especially vaccines made to children and tetanus vaccine made to pregnant women and other women between 15 and 49 used to be declined by Hakkârians due to the largely accepted rumors around alleged secret sterilization program of the Turkish state. Given that their bodies were found so worthy of care that they deserved personal home visits only when they appeared as suspects, as terrorists in the eyes of the state, it was not absurd that the vaccines in the hands of health staff knocking their doors were regarded as weapons, not something that might be beneficial to their bodies. In addition, the clashes between the PKK and the state also many times interrupted and decreased the efficiency of routine immunization program carried. A practitioner, who worked in a health post in Yüksekova between 1995 and 1996, the peak years of the war, told me that they would not make any field work in the area under their responsibility. They used to vaccinate only those babies and children brought by their parents

to the health post. It is not surprising therefore, as can be seen in the table below, BCG vaccinations, DTaP+OPV vaccinations, Measles vaccinations, TT vaccinations, HBV vaccinations were very poorly performed until 2004. Conditional cash transfers employed in 2004, however, had a noticeable positive impact on vaccination coverage rates, and the resistance of the people to the immunization was largely overcome. In today's Hakkâri, almost all those who need to be vaccinated are vaccinated without any remarkable resistance, as the table below confirms clearly.

Table 22. Immunization Coverage Rates in Hakkâri between 1996 and 2012

Years	BCG		DTaP+OPV 3		Measles		TT2		HBV 3 (Starts in 2001)	MMR (Starts in 2006)	Pentaxim (Starts in 2008)	PCV 3 (Starts in 2008)
	Hak	Tur	Hak	Tur	Hak	Tur	Hak	Tur				
1996	12	69	31	84	60	85	3	32				
1997	12	73	8	79	7	76	2	36				
1998	11	76	10	80	18	78	2	35				
1999	12	78	11	79	15	80	1	36				
2000	18	77	22	80	29	81	3	36				
2001	34	82	40	83	39	84	7	38	13			
2002	35	77	44	78	45	82	6	37	15			
2003	33	76	50	68	51	75	7	37	24			
2004	56	79	75	85	68	81	20	41	39			
2005	83		88		Replaced by MMR		39		75			
2006	76		87				46		84	80		
2007	66		73				20		68			
2008	105		Replaced by Pentaxim				35		87	92	74	
2009	94						30		93	101	98	92
2010	83						12		90	92	87	90
2011	90						18		95	104	95	95
2012	94						17		95	98	94	94

Source: Constructed by the author based on the data obtained from the Hakkari Provincial Directorate of Health and the data available at the web site of the Ministry of Health, <http://www.sb.gov.tr/TR/belge/1-2952/istatistik-yilliklari.html>

In addition to conditional cash transfers, the positive impact of the transition to family practice on the improvement of indicators of preventive medicine and maternal and child health services needs to be addressed as well. The contribution of family practice to the preventive medicine and maternal and child health services in Hakkâri is twofold. First and foremost, family doctors get paid based on a negative performance system, which means the final salary a family doctor is paid equals to the rest of his salary after deductions automatically calculated based on the number of unperformed follow-ups and vaccinations he

and his team were assigned to do. Therefore family doctors are very eager to convince mothers refusing or not reserving time to bring their children, or themselves in case they are pregnant, to regular follow-ups and get their children vaccinated. In addition to negative performance system, highness of the salaries paid to family doctors has had a certain role in the improvement of the indicators concerning preventive medicine and maternal and child health services. Thanks to the highness of the salaries paid to family doctors, new Hakkârian graduates of the medical faculties tend to return back to their hometown to work as family doctors. The majority of family doctors working in Hakkâri city are Hakkârians. Because they can speak Kurdish with patients and are more familiar with the psychology of the patients, their existence in Hakkâri plays a role reinforcing patients' relation with the family health centers.

Turkish Nationalism of the AK Party in Hakkâri as a Repressive Power: Excluding Kurds as Members of an Ethno-Political Community

It should not be forgotten that if the improvement of the medical establishment and healthcare provision is one face of the Turkish nationalism of the AK Party in Hakkâri, the intense sovereign violence employed in the province is another. Between 2003 and 2013, 96 Hakkârian PKK guerillas were killed in military operations. Also, in the same period dozens of civilian people in Hakkâri were killed by security forces during street demonstrations or via forced disappearance or bombings.

Table 23.Numbers of Killed Hakkârian PKK Guerillas on a Yearly Basis

2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	Sum
4	1	5	5	10	9	9	4	15	25	9	96

Source: Constructed by the author based on the data in <http://www.hpg-sehit.com/>

Yet, as I said above, it has not been the murder of political opponents that characterize the sovereign violence employed by the AK Party against the Kurdish movement. Rather, the arrest and detention of activists has emerged as the main form of the attempts at containing the Kurdish unrest. KCK operations carried out between 2009 and 2012 were the prototype of this orientation. This general trend applies for Hakkâri as well. As I show below, given the strong connections of the Kurdish movement with the masses, arrest and detention of activists did not take the shape of a sterile isolation of a small group of “terrorists” from the masses but rather resulted in the arrest and detention of thousands of people in Hakkâri especially between 2009 and 2012 when KCK operations took place. My argument is that terrorizing masses by arrests and detentions has played a role countervailing the message sent by the improvement of healthcare provision that Hakkârians’ lives are worthy of care in the eyes of the state.

KCK Operations in Hakkâri and Terrorization of the Masses

As occurred in other Kurdish provinces, Hakkâri witnessed an intense arrest and detention campaign of the state between 2009 and 2012. Mayors, old and new, members of the BDP, members of the youth organization of the BDP, administrators of the provincial organization of the BDP, members, administrators and heads of the NGOs and trade unions affiliated with the Kurdish movement such as Human Rights Organization, Confederation of Public Employees’ Trade Unions were taken into custody and arrested during the KCK operations.

As a sovereign gesture targeting the self-governmental attempts of the Kurdish movement, KCK operations were not ordinary police operations carried out within the ordinary juridical mechanism but rather embodied the suspension of the law. These operations were centrally coordinated operations whose political character went much more beyond its juridical aspect. As can be seen in the following words of İsmail Akbulut, the head of the provincial branch of

the Human Rights Organization, who was arrested in the KCK operations in Hakkâri and stayed in prison for months, it was not the evidences per se that determined who were arrested and who were released:

I was arrested only because I brought the corpses of some PKK guerillas who died in the rural area with the permission of the official authorities and handed them in their families. That was the single accusation leveled to me.

Q-How did the legal process proceed?

They took me to the police headquarter after I was taken into custody. The anti-terror units of the police said me that “you have been already arrested.” “How can you know it” I responded, “are you judicial mechanism?” “It has been decided” he said. He said that “you and you and you are going to be arrested and you and you and you are going to be released.” When we were brought to the prosecution office, those said by the police proved to be right. The process proceeded by reports concerning who will be arrested and who will be released in which province. These reports were prepared by the police, intelligence service, and some institutions of the state. To what can you trust? To the law? When you look at the questions leveled by the prosecutor, you cannot see something serious, something requiring arrest. For instance, you called me some time ago and asked whether we can meet. The prosecutor asks such things: Why did İlker call you? What will you talk? If you say “we just wanted to meet and drink a cup of tea” he does not satisfy and ask “but what will you talk?” That’s the logic they have. Everything is criminal for them.

Despite the rumors circulating on the total number of those taken under custody and arrested in Hakkâri during the KCK operations, I did not see reliable statistics which I can use in my research. When I asked the head of the provincial branch of the Human Rights Organization, İsmail Akbulut, whether they prepared a report on KCK operations in Hakkâri, he told me that there were some records on the desktop of the computer of the association, but the computer was seized by the police during the operation and was still not returned back to them. He added that if the police return the computer back to them, they won’t use it in any case.

Upon this answer, I decided to try to get information from the Hakkâri Police Department based on the freedom of information act. Based on the freedom of information act, I officially asked the Hakkâri Police Department to inform me about the number of people taken into custody over the last five years related to terror crimes. No response was forthcoming. Then I called the Hakkâri Police Department to learn why my question was not answered despite the legal obligation. I was informed that they do not answer “such” questions and was advised to bring an official paper from the Rector of the University of Hakkâri to meet with the Hakkâri Police Chief to talk on the subject. I realized that a further insistence might be some risky for me and did not obey the advice.

The single alternative left was to calculate the numbers I was seeking by myself using the annually prepared reports of the Human Rights Association on the violations of human rights. In these reports, all political detention cases are specifically mentioned with the place and date of detention and number of those detained. Looking at each detention entry for Hakkâri for 2009, 2010, 2011 and 2012, the years when the KCK operations took place, I calculated the number of those taken into custody concerning terror crimes. According to my calculations based on the 2009, 2010, 2011 and 2012 reports of the Human Rights Organization, the number of those taken into custody in Hakkâri province in those years due to PKK/KCK affiliations was 376, 470, 794 and 434, respectively.³⁹⁶ In sum, this amounts to 2074 people. Given that extended family pattern is not exceptional, kinship relations are strong and average size of households is not less than 7,³⁹⁷ it would be reasonable to argue that the operations directly affected the lives of not less than 20000-30000 people, which is around one tenth of the population of Hakkâri. In addition to those people taken into custody and arrested, many

³⁹⁶IHD, *İnsan Hakları İhlalleri Raporları*, <http://www.ihd.org.tr/index.php/raporlar-mainmenu-86/yk-raporlar-mainmenu-103.html> [5 March 2013].

³⁹⁷TÜİK, 31 January 2013, *Nüfus ve Konut Araştırması 2011*, <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=15843> [20 July 2013].

people, who learnt and guessed that they would be arrested, escaped to Iraqi Kurdistan. One of former heads of the provincial organization of the BDP whom I interviewed with, for instance, remained for months in Iraqi Kurdistan and returned to Hakkâri only when all legal drawbacks pertaining to him disappeared. Former head of the Şemdinli branch of Human Rights Organization, who kindly opened his house to me and shared his ideas with me, likewise went to Iraqi Kurdistan with his family not to be arrested and stayed there 2-3 years.

As can be seen, targeting activists without inflicting a direct blow to the lives of almost one tenth of the population could not be realized. That surely has to do with the strong mass connections of the movement in Hakkâri. Kurdish movement is so a hegemonic power in Hakkâri that the attempts at making clear cut distinctions between those institutions and people having this or that level contact with the PKK-KCK and those who/which do not have any such contacts has some objective limits. This can be clearly seen in the criminalization of the mechanism of *rîspî* (white-bearded). The mechanism of *rîspî* refers to the intermediary role played by old respectable men, who have influence on people, between sides having a dispute. Although it is a traditional way of settling disputes in Hakkâri, it was criminalized during KCK operations in Hakkâri. The accusation leveled to those taken into custody on 9 July 2010 was to establish courts as juridical branch of the KCK, judge and punish people. Let's take a look to the accusation leveled to the defendant Mehmet Sıddık Yıldırım, a former head of the provincial branch of the BDP:

It has been understood that Mehmet Sıddık Yıldırım has assumed duty in the so-called Justice Commission which has been brought into being by the KCK contract and is active in Hakkâri; he tries to settle the legal disputes between the people of the region based on the non-legal authority of the armed terrorist organization PKK over the people, which is based on repression, fear and violence; he invited people to the party (provincial branch of the BDP) to take their statements as “defendant”, “victim” and “witness”; he allegedly assumed the position of judge in the Justice Commission during the settlement of the legal problems like pecuniary causes,

giving offence, female abduction; he processes applications, takes decisions and follows the implementation (enforcement) of these decisions,³⁹⁸

In fact, what was criminalized as a parallel court alternative to the courts of the state was not a process secretly carried out behind closed doors. One time when I went to the provincial organization of the BDP to conduct interview with the head of the provincial organization, I also saw a group of people waiting in the party building and was told that they were there to ask for the help of the party in the settlement of the dispute between them. What the BDP did was no more than to refashion the old *rîspî* system led by leading figures of the tribes and religious leaders and reinstitute the *rîspî* system under the leadership and guidance of the party administrators. Leaving the issue of his affiliation with the KCK aside, the defense of Yıldırım against the accusation can be taken as a precise description of the reality on the ground:

I do not accept the accusations. Hakkârî has some specific traditions and customs. It is not a true approach to attribute our effort to reconcile disputing parties and settle the disputes between them to the KCK contract. The history of this sort of efforts dates back to hundreds years ago. The people who have disputes between used go to the leaders of the tribes for the settlement of the disputes between them. Because there is a system of tribes, issues like female abduction are sought be resolved by the leading figures of the tribes. Because issues like female abduction are shameful, no side of the dispute wants to bring such issues to the courts. Citizens trust the BDP, which takes the majority of the votes in Hakkârî, and apply to the BDP for the settlement of such kind of disputes. This has nothing to do with the KCK contract. Sometimes security forces cannot settle the dispute between two families. For instance, about the dispute mentioned in the tape record 47, due to which a person was murdered, I was called by the governor to settle this dispute. Our efforts were expended not to let the death of a second person.³⁹⁹

³⁹⁸KCK trial held in Van Heavy Penal Court. The indictment no. of the file is 2012/171 and the interrogation no. of the file is 2012/1231.

³⁹⁹Ibid.

The Limits of the Turkish Nationalism of the AK Party in Hakkâri: Health as a State of Political Well-Being

One time while I was chattering with a Hakkârian dentist affiliated with the Kurdish movement in the office of the provincial branch of the Confederation of the Public Workers' Unions, he said me that "WHO defines health as a state of complete physical, mental and social well-being, yet we add to this definition that health is also a state of political well-being" and told the following case:

Recently a woman came to my clinic in company with her sister. She was complaining of an ache on the right side of his head. Before she came to me, she had visited brain surgeon. Brain surgeon had said them that he had not seen anything to treat. Then they had visited to neurologist who could not see anything to treat as well. Then they had visited otolaryngologist. He had not seen anything to treat as well and directed them to me. When I was examining the patient, her sister was telling the women around in Kurdish that "we went to see her son. She saw that he was not good. After she saw him this way, she had such a headache." I talked with her and learnt that one of her sons fell martyr as a guerilla in the mountain and two others are still in the prison. If I were instead of this woman, I would have had a headache as well.

The case was striking and reminded me a phenomenon which I listened from many doctors I interviewed with: women complaining of pains which never relieve and whose particular location is unclear. To some Hakkârian doctors, this sort of never-relieving general pains should be seen as symptoms of post-traumatic stress disorder (PTSD) which results from the effects of the war continuing for years. This assertion may be true or not; I did not analyze the relationship in Hakkâri between the prevalence of this sort of pains and the human cost of the war between the guerillas and the state. Yet in all cases it is evident that while making sense of healthcare provision in Hakkâri we need to take the political aspect and the concept "state of political well-being" serious.

To put my argument better, I would like to proceed with a part of dialogues exchanged in a focus group study I organized with the participation of 8 women from the women`s branch of

the provincial organization of the BDP. In the quoted part of the dialogue below are the answers given by them to my question why still they do not vote for AK Party despite the improvement in healthcare provision in Hakkâri:

Q-Erdoğan says that I constructed a hospital in Hakkâri and sent doctors there but Hakkârians do not give their votes to me. Why do not you vote for Erdoğan?

The interviewee who first answered my question was a “40” years old housewife:

My two children are in mountains and my brother-in-law is in prison now. But what good does hospital do to me? Even if you give all Hakkâri to me, it does not count.

She told that because her two children were constantly harassed by the police and threatened by arrest, they had to join the PKK guerillas in the mountains at the end, proving, to her, that “Kurds have no friends but mountains.” Then Ayşe,⁴⁰⁰ a 22-year-old girl who was employed in *Binevş* Women’s Counseling Centre of Municipality and whose brother was in prison, started to speak with a remarkable tone of anger:

Hey, look. We never sell our votes for a hospital....Why do I give my vote to him if I am not free? Why do I give my vote to him if my brothers, fathers, mothers go to mountains due to this psychology? Why do I give my vote to him if I am not happy? Is a hospital enough to make me happy?

Referring to the mother, whose two children were in mountains, she continued:

The mother said that she is 40 years old. You are coming from the west. Please say me whether a mother there in her 40 looks like this. How old does she look like? She looks as if she is 60 years old. Why? She suffered too much at the hands of the state. We all suffered at the hands of the state. I do not care whether it provides a service or not. How can I give my vote to him as long as I worry everyday whether polices will raid my home?

I was surprised when the mother said that she was 40 years old because she really looked like no less than 60 years old. Ayşe’s reference to the mother’s appearance proved that this unbelievable incongruity between her age and physical appearance had not to do with my

⁴⁰⁰Pseudonym

perception but was rather a fact. One does not need to be a psychologist, I suppose, to associate this unbelievable incongruity of her age and physical appearance with the state violence which cost her two children and one brother-in-law. To ask this physically collapsed mother the question in Erdoğan's mind, which assumes that Hakkârians' bodies are valued by the state constructing hospital and sending doctors for them, was therefore totally meaningless and absurd, if not an insult. The answer I received from her therefore did not go beyond "but what good does hospital do to me."

It was this "paradox", the use of sovereign violence and provision of healthcare simultaneously, that another interviewee, a housewife in her 30s, drew attention when expending following words:

Yes, the hospital has been constructed, but do you know how many corpses of soldiers and sons of the people, guerillas, have been brought to there so far? Did he construct the hospital for the corpses or to serve to the people?

These words, while describing the "paradox" well, also triggered a dialogue which led me to witness the tragedy of another mother participating to the focus group. One interviewee, a teacher, who said to have been expelled from the profession due to political reasons, added that "Yet the corpses of his soldiers arrive to the hospital single piece while ours arrive in pieces." Referring to the mother sitting her beside, who was around 60 years old, the co-president of the provincial organization of the BDP continued:

Son of this mother fell martyr as a guerilla. Those killing him did not suffice to kill him and detached his head from his body. She wanted to see his son last time while he was buried. How could we show him to the mother? Yet we had to show him upon her insistence.

At that time, the mother was looking at the ceiling of the room and tears were falling from her eyes.

I felt ashamed, for half an hour ago I asked her whether she was happy with healthcare provision in Hakkâri. Imagine that I was asking questions concerning the quality of healthcare provision of the state to mothers one of whose son was killed recently by armed forces in so a brutal way that his head was detached from his body while one of other's two sons joined the PKK due to the threats of the police and also brother-in-law was in prison for 7 years. "Please forgive me if I have disturbed you by my questions" I needed to say. I was said not to feel sadness: "we thus let off some steam."

It is evident that the persistence of sovereign violence in Hakkâri has created a group of so physically or psychologically injured population that talking with them even on healthcare provision of the state itself, let alone on its quality and improvement, is offensive and has some serious ethical limits. However, that the intensity of sovereign violence exposed is so big that it is meaningless, absurd and even offensive to speak of the improvement of healthcare provision is only one side of the issue. Also the very type of the injury brought into being by that sovereign violence is not one that can be completely treated by hospitals and doctors. It is this aspect of the issue, the limits of biomedical approach to health in Hakkâri, which was addressed in the question the former teacher posed immediately after my apology and in the dialogue developed with the participation of the mother whose children were in mountains:

Former Teacher: I would like to ask a question to you: Even if we have plenty of doctors, very good doctors, do you think that they can give treatment to these mothers?"

Me: No, this job is not a one that can be performed by them.

Mother: A doctor cannot give treatment to me. No any doctor can give treatment to me. There are photos of my children and brother-in-law on the wall in the home. Each time I opened the door...Are you married, do you have children?

Me: Yes.

Mother: You may guess the grief of losing a child. You would not trade your child for the world. When he has some temperature, you cannot sleep till morning. My children are in mountains for three years. I cannot sleep a moment, thinking whether they are hungry, thirsty, dead or alive. Enough is enough. We are already exhausted. Go and tour Hakkâri, you will see in each home someone like me. That is just too much.

Former Teacher: Is a hospital enough to treat our injury?

This is precisely the moment when we need to remember how usual definition of health of WHO was revised by doctors affiliated with the Kurdish movement: Health is not only a state of complete physical, mental, social well-being; it also refers to the state of political well-being. The sovereign violence releasing from the Turkish nationalism of the AK Party, I argue, causes injuries which demand political treatment.

Conclusion

The argument put forwarded in this chapter is that the Kurdish policy of the AK Party is a Turkish nationalist one, though it considerably diverges from the Turkish nationalism of the Kemalists. Bio-political, disciplinary and sovereign technologies of power have been simultaneously used to embrace Kurds as individual citizens of the one nation, which is Turkish, and as bodies worthy of care and respect and also to criminalize and suppress Kurdishness as ground of right to separate sovereign polity. The bio-political distinction made between “politics of service” and “politics of identity” is the motto of the Turkish nationalism of the AK Party.

The policy followed by the AK Party in Hakkâri has been informed and shaped by the general Kurdish policy of the party. The improvement of the healthcare provision in Hakkâri with respect to health manpower and medical infrastructure has been the most striking manifestation of the bio-political orientation of the AK Party. Yet the AK Party also has not refrained from employing an intense sovereign violence on cadres and sympathizers of the

Kurdish movement. Thousands of people were taken into custody, and hundreds of Hakkârian people were injured or killed in either street demonstrations or military operations.

The sovereign violence employed by the AK Party in Hakkâri has made it almost impossible for a considerable part of the population to notice and appreciate the bio-political turn of the state and improvement of the medical establishment in the province. It reproduced the firmly established conviction that Hakkârians' lives do not count so much in the eyes of the state. I argue that to make sense of the limits of the assimilation policy of the AK Party, which mainly relies on bio-politics, one should go beyond bio-politics and assess the improvement of healthcare provision with reference to the meaning it corresponds to in the larger context of the state-citizen relations. This will require us to introduce the issues like recognition, respect, equality, that is, political well-being of the citizens to the discussion. This is what I attempt at doing in chapter 4.

CHAPTER 4: Local Response to the Improvement of Healthcare Provision: Persistence of Patient Dissatisfaction and Ungratefully Demanding Subjects

This chapter provides a thorough examination of a particular aspect of the responses the expansion and improvement of health services and social assistance provision in Hakkâri in the last ten years have given birth to on the part of Hakkârians: the widespread dissatisfaction with the healthcare provision and “non-citizenly” and ungratefully demanding stance in search of utilizing the opportunities and services enabled by the expansion of health services and social assistances.

These two phenomena may sound strange given that Hakkârians lacked any healthcare provision worthy of mention, let alone a qualified one, and suffered from indirect state racism for years. One may logically expect to see citizens in Hakkâri who naturally compare and contrast the past and present of healthcare provision in the province and hence satisfied with current quality of healthcare provision in a grateful manner silently enjoying the recently acquired right to healthcare provision. Yet, this is not the case for a considerable part of the population of Hakkâri for the following three factors:

1-The Burden of History:

The first factor has to do with the burden of the history of the citizens` relationship with the state, which was characterized by sovereign violence and indirect state racism. The conviction produced by this history that their lives are not so worthy of care in the eyes of the Turkish state is very strong among Hakkârians. That means two things; first, the level of awareness towards the negative elements is incomparably higher than the level of awareness towards the positive developments, and, secondly, the hegemony of the state over Hakkârians as “public

authority” is very weak; the state is still considered primarily an alien and sovereign power by many Hakkârians.

2- Equal Citizenship and Firm Stance:

The second factor pertains to the political subjectivity produced by the Kurdish movement. As actors and victims of the war which has been lasting for 30 years, being recognized as equal citizens and not discriminated by any means is essential for many Hakkârians. This has two immediate results:

- a) The criteria relied on while measuring the quality of healthcare provision in Hakkâri is not the relative progress of healthcare provision in time. Rather, there is a strong inclination to measure it by a comparison made in space with the quality of healthcare provision in another provinces or by its capacity to meet the right to qualified healthcare provision promised by laws and the constitution to all citizens.
- b) Unlike the Turkish poor, the poor of Hakkâri as a politicized mass does not assume a timid stance towards the state institutions and has a considerable capability and courage of claim-making.

3-Persistence of the Sovereign Violence:

The third factor that needs to be identified is the intense sovereign violence employed by the AK Party. The persistence of sovereign violence in the period of the AK Party devalues the lives of the people, reproduces the burden of history on the present and thus undermines any transition narrative, from old and bad days to the promising present.

Dissatisfaction with Healthcare Provision in Hakkâri

In spite of the undeniable improvement of the medical establishment of Hakkâri with regard to medical infrastructure and health manpower, the first things you will hear from Hakkârians concerning healthcare provision most probably would not be the replacement of old, decayed

hospital buildings with two modern buildings, one in Hakkâri city and the other in Yüksekova, the considerable improvement of the facilities of these hospitals, the appointment of dozens of specialists and GPs via compulsory service law and of hundreds of nurses and midwives via contract system, the performance of some medical operations in Hakkâri , which could not be performed in Hakkâri in the past, the transfer of emergency patients to Van via air ambulance, etc. Instead, you will most probably hear complaints concerning the lack of doctors and the insufficiency of the facilities of the hospital. If you object to complaints by reminding them the construction of the new hospital building, “the building is good, super, and unique but its inside is empty”, “it is a statue, it is no use” would be the invariable phrases with which you will have your answer. If you make your objection via doctors, instead of hospital buildings, and remind those complaining the old days when sometimes a single specialist would serve to the whole province, the phrase changes to “they are inexperienced doctors, they are medical interns. They do their internship on us and then leave here.” In all cases, you will realize that you witness a complex case of dissatisfaction with healthcare provision persisting despite some remarkable improvements.

The Extent of the Dissatisfaction: Survey Research in Hakkâri City

Methodology

Because almost sixty thousand people live in Hakkâri city and I was naturally able to reach no more than hundreds of these people, I wanted to see the precise dimensions of the dissatisfaction with the healthcare provision in Hakkâri city and confirm the validity of my observations via survey research. I prepared a questionnaire consisting of 15 questions designed to measure the level of patient satisfaction and some other questions concerning details of personal identity of the respondents. Instead of including questions concerning all aspects of healthcare provision in Hakkâri, which might have led to too many questions to

answer, I limited questions of the questionnaire with those concerning Hakkâri Public Hospital by assuming that the level of patient satisfaction with the Hakkâri Public Hospital, which is the flagship of healthcare provision in Hakkâri, can be largely taken as indicator of the level of general patient satisfaction with the medical establishment in Hakkâri. Yet, considering that the responses of patients to the questions may be biased by their immediate experiences if I do survey research in the Hakkâri Public Hospital, I did not do survey research in the Hakkâri Public Hospital. To overcome the problem of finding a sample representing the population of Hakkâri city, I carried out survey research by patients going to family health centers which, as institutions providing healthcare free of charge, accept patients from all segments, professions, ages, sexes. Taking the socio-economic and also political differences between neighborhoods into account, I avoided limiting the survey research by the patients of a single family health center. Survey research was therefore done in 5 different family health centers in five different neighborhoods of the Hakkâri city. I spent two days in each family health center. All visitors were asked to participate to the study. Ultimately I had 427 respondents who filled the questionnaires while waiting in the queue or after they were seen by the doctor or the nurse. Most of these 427 respondents, who are literate, preferred filling the questionnaires by themselves. A minority of respondents, most of who are illiterate elder women who do not know Turkish, was not able to fill the questionnaire by themselves. I filled their questionnaires by interviewing with them.

Respondents

As for the composition of the respondents, I had 210 male and 217 female respondents. Of these 427 respondents, 34 were below 18 years old, 212 were between 18-29 years old, 124 were between 30-44 years old, 43 were between 45-59 years old, and 13 were over 60 years old. With regard to education level, 64 respondents were illiterate, 13 respondents were literate but not graduated from primary school, 94 respondents were primary school

graduates, 130 respondents were high school graduates, 104 respondents were undergraduates, 21 respondents were post-graduates. With regard to professions, 66 were civil servants, 30 were workers, 20 were shopkeepers, 3 were farmers, 128 were housewives,⁴⁰¹ 28 were unemployed, 112 were students, 28 were self-employed, 2 were retired, 4 were preoccupied with other professions, and 6 did not mention any profession. With regard to origins, 177 respondents defined themselves as locals of the Hakkâri city, 143 respondents were village evacuees, 30 respondents migrated from villages voluntarily, 20 respondents came from other districts of Hakkâri, 5 respondents were from Van, 13 respondents were from other Eastern provinces and 30 respondents were from Western provinces⁴⁰² of Turkey. With regard to monthly income of the families of the respondents, 244 respondents' monthly household income is less than 1000 YTL (400\$), 91 respondents' monthly household income is between 1000-2000YTL (400-800\$), 51 respondents' monthly household income is between 2000-3000 YTL (800-1200\$), and 33 respondents' monthly household income is more than 3000YTL (1200\$). With regard to social security coverage, while 399 respondents were covered by the social security system, 26 respondents lacked any social security and 2 respondents did not mention their social security status.

Results

The results of the survey, which have a margin of error ± 4.73 at a 95% confidence level, are shown in the statistics below.

⁴⁰¹Young unmarried girls who are not employed and students are in this group as well. These girls can be defined as hidden unemployed.

⁴⁰²Most of these 30 respondents from Western provinces were policemen and few others were civil servants employed as teachers, etc.

Figure 13.I am fairly satisfied with the healthcare provision of the Hakkâri Public Hospital

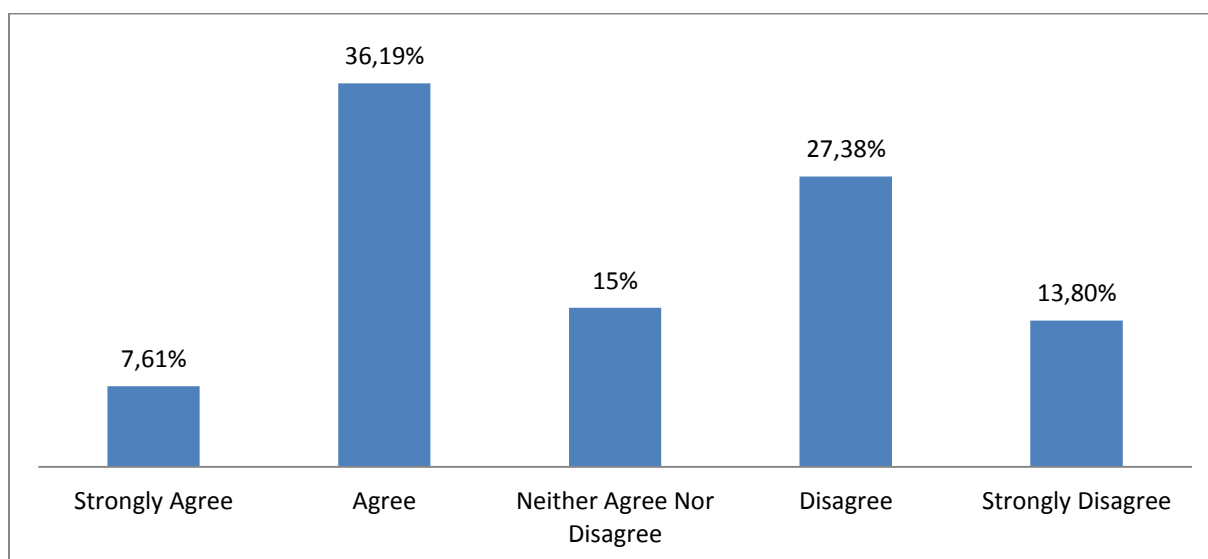
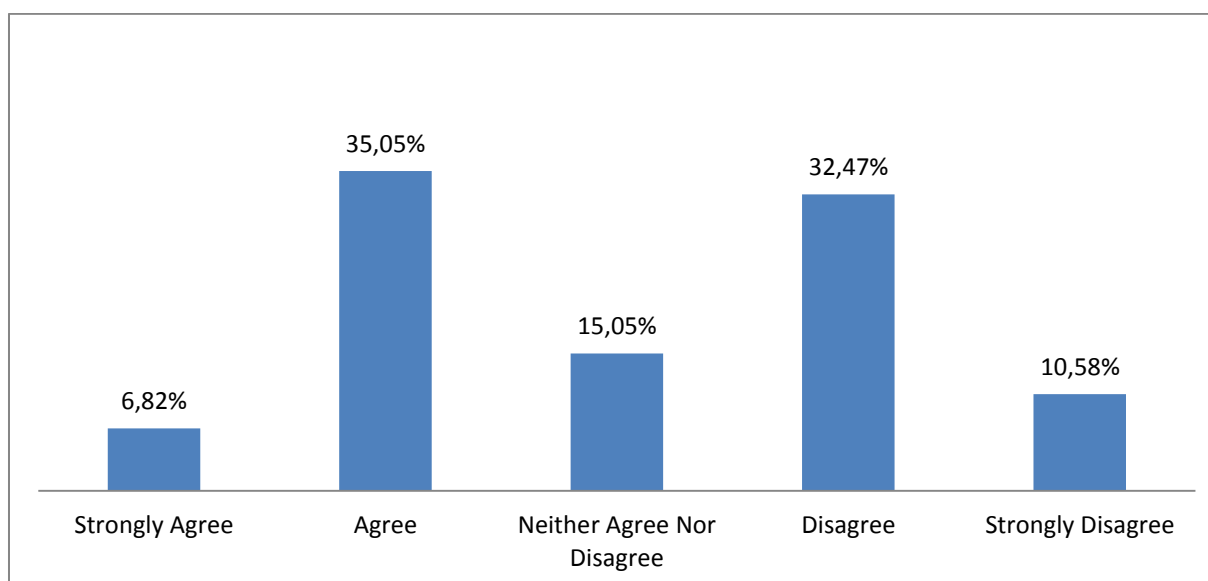


Figure 14.I do not have a considerable complaint of the Hakkâri Public Hospital

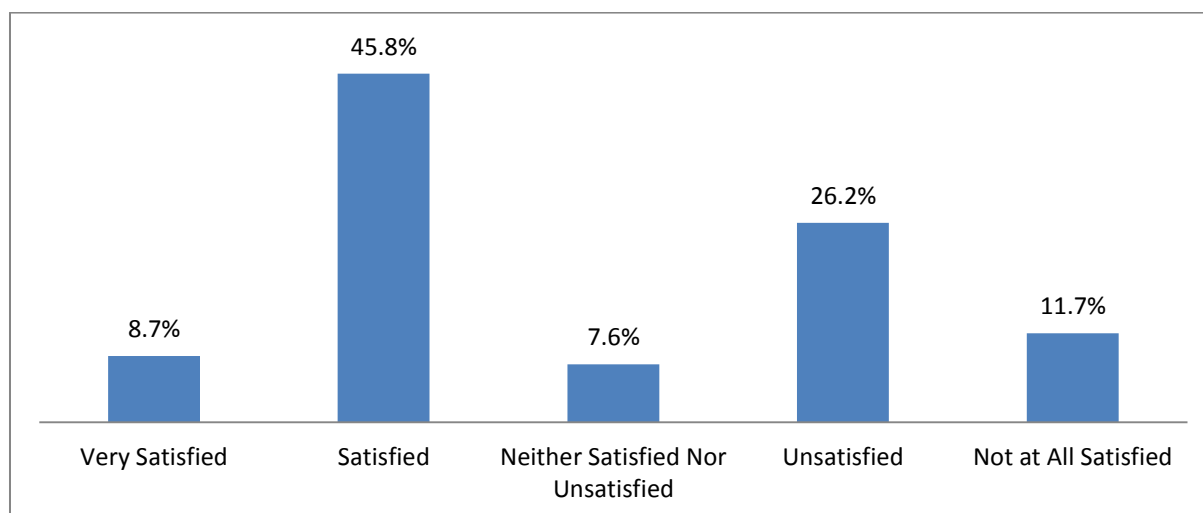


As can be seen, at least 40% of the people of Hakkâri city are either dissatisfied or not at all dissatisfied with the healthcare provision of the Hakkâri Public Hospital which is the flagship of the healthcare organization in Hakkâri. We also see that 15% of the Hakkârians are neither satisfied nor unsatisfied with the healthcare provision of the Hakkâri Public Hospital. One can conclude that these statistics verify that almost 60% of the people of the Hakkâri city are not

satisfied enough with the hospital to lead them to openly say that they are this or that extent satisfied with it. Given the dimensions of the improvement of the healthcare provision in Hakkâri in the last years, this is too a big rate to ignore.

The findings of the life satisfaction survey made my by the TÜİK (*Türkiye İstatistik Kurumu*, Turkish Statistical Institute) in 2013 also essentially confirm my findings with a single exception resulting from the trade-off between those “satisfied” and those “neither satisfied nor unsatisfied.”⁴⁰³ To the life satisfaction survey made my by the TÜİK in 2013, the people of province less satisfied with healthcare provision in Turkey is Hakkâri. According to the survey, while the average rate of satisfaction with healthcare provision in Turkey is 74.7%, the rate of those satisfied with healthcare provision in Hakkâri is only 54.5%. To the survey, 7.6% of Hakkârians are neither satisfied nor unsatisfied and 37.9% of Hakkârians are not satisfied with healthcare provision in Hakkâri.⁴⁰⁴ In sum, the experiences of the 45.5% of Hakkârians are not satisfactory enough to lead them to say that they are this or that extent satisfied with the healthcare provision in Hakkâri.

Figure 15. The Level of Satisfaction of Hakkârians with the Healthcare Provision



Source: TÜİK, Life Satisfaction Survey, 2013

⁴⁰³To speculate, the difference may result from the fact that while the TÜİK survey covers whole Hakkâri and measures the level of satisfaction with the whole medical establishment, my survey research covers only Hakkâri city and measures the satisfaction with the healthcare provision of the Hakkâri Public Hospital.

⁴⁰⁴Türkiye İstatistik Kurumu, *Yaşam Memnuniyeti Araştırması 2013*(Ankara: TUIK, 2014), 212-13.

In all cases, it is evident that we are speaking of a mass phenomenon, not a marginal one, which pertains to, to TÜİK survey, almost 50 % of the population and to, to my own findings, almost 60% of the population. Below I provide an analysis of this massive dissatisfaction with the healthcare provision in Hakkâri persisting despite the remarkable improvement of healthcare provision with regard to health manpower and medical equipment and infrastructure.

The Analysis of the Dissatisfaction with Healthcare Provision in Hakkâri

The Burden of History or the Problem of Trust

The Extent of the Problem of Trust

One time when I shared my observations and findings about Hakkârians' dissatisfaction with the healthcare provision with the head of a branch of the provincial directorate of health, he said me that “but the numbers do not say so” in a manner not concealing his discontent with my critical perspective. He was referring to the patient satisfaction surveys periodically made by the quality management unit of the Hakkâri Public Hospital. To these surveys, he continued, patients looked pretty satisfied with the healthcare provision of the Hakkâri Public Hospital.

Upon his objection to my observation, I went to the quality management unit of the Hakkâri Public Hospital. The unit, as all quality management units in other hospitals of Turkey, measures on a monthly basis the level of patient satisfaction, using standard questionnaires prepared by the Ministry of Health. There are three standard questionnaires, one for in-patients, one for out-patients, and the third for ER patients, each of which is answered by 15 patients each month. When I checked the monthly results thanks to the permission of the coordinators of the unit, I saw that the level of patient satisfaction with the Hakkâri Public

Hospital was really high. Keeping in mind that the results are almost completely same each month, let's take a look at out-patient satisfaction in March 2013.

Table 24. The Level of Out-Patient Satisfaction with Hakkari Public Hospital, March 2013

	Yes (3)	Partially (2)	No (1)
I did not spend much time for patient admission procedures.	2.7		
I chose the doctor who examined me.	2.9		
The waiting lounge was comfortable.	2.7		
The doctor who examined me reserved time for me and informed me about my illness.	2.7		
The doctor who examined me was kind and respectful.	3		
Health staff was kind and respectful.	3		
All health staff respected my privacy	2.9		
Tests/analysis did not take much time.	2.4		
I suggest this hospital to other people.	2.7		
If I need to go to hospital next time, I prefer this hospital.	2.8		
Outpatient clinics (treatment room, waiting lounge, toilets) were generally clean.	2.9		
The service provided by the hospital was generally good.	2.9		

What do these results signify? Do they refute my and TÜİK findings? Simply, no. They signify essentially one thing which provides me a good entry point to proceed through to the analysis of the dissatisfaction with the healthcare provision in Hakkâri: the incapacity of the questionnaires to measure the actual patient satisfaction in Hakkâri due to the blindness of the questionnaires to the specificity of Hakkâri. The questions of the questionnaires are designed as if the history of patients' experience with the medical establishment and the state has no effect on patient satisfaction with the medical establishment and patient satisfaction pertains exclusively to the objective factors of the immediate experience with the healthcare provider. Let me expand on the argument:

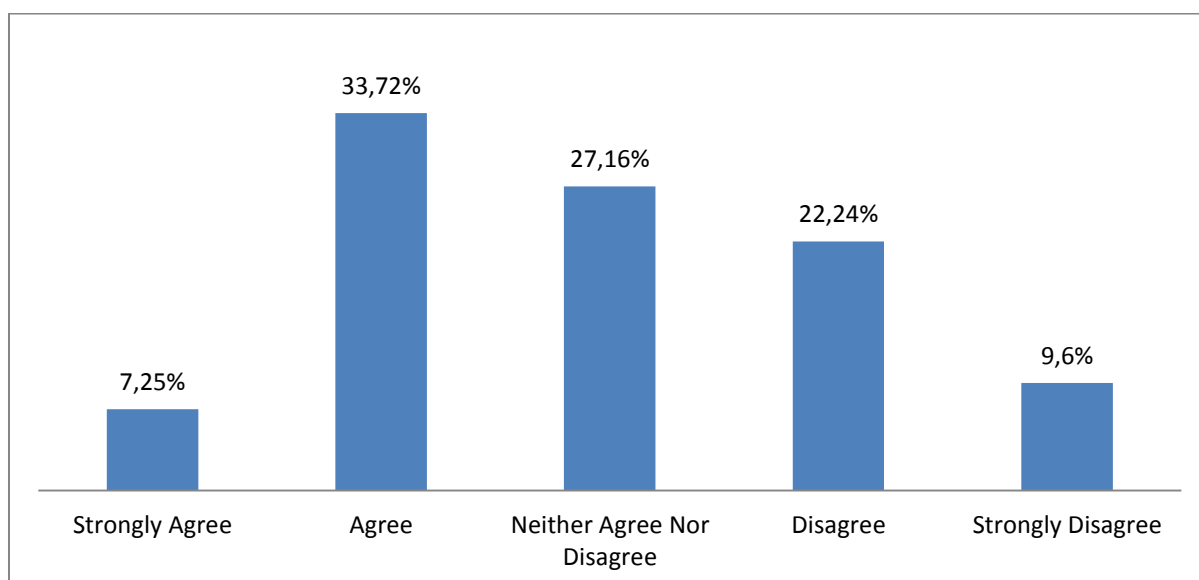
To put more concretely, the questionnaires do not take into account by any means the fact that the stance of many Hakkârians towards the state has been structured by their conviction based on their first-hand knowledge that the Turkish state does not regard their Kurdish lives worthy of care or respect. As expressed by a DPT expert in 1978, “The conviction among the citizens in Hakkâri that “the state does not give us necessary support” is so widespread that it is even accepted by the civil servants in the city.”⁴⁰⁵ To see how widespread this conviction among Hakkârians is, one needs to look at the everyday language of the locals. Despite the increase of relative weight of benevolent elements in the assimilation strategy during the AK Party era, in Hakkâri the word “specialist,” (*uzman*) for example, still does not refer to a medical specialist who is expert in a specific branch of medicine. It is rather reserved for specialist sergeants in the military. The mentalities conditioned by violent policies and indirect state racism continue to inform the way many local people make sense of the state policies and services.

What do I mean by then that the questionnaires are not locally-sensitive and do not take into account the conviction of the locals that their lives do not count so much in the eyes of the state? Simply put, it is asked in the questionnaire whether doctors reserve sufficient time to patients and approach them in a respectful manner, yet it is not asked there whether patients trust the medical capabilities and experience of doctors. That this question is not asked in the questionnaire which is also used to measure patient satisfaction in hospitals of Ankara, İstanbul, İzmir, Bursa, Antalya, etc., where doctor-patient encounter is not informed by the negative burden of the history, can be easily understood. Yet the absence of such a question in the questionnaires leaves a fundamental issue pertaining to patient satisfaction in Hakkâri as unaddressed given the prevalence of the discourses of the citizens that “the state does not send us experienced doctors. Doctors appointed here are new graduates.”

⁴⁰⁵İsmail Karaman, *Hakkari Raporu*(Ankara: DPT, 1978), 1.

If the issue of trust, which is one of the most important factors of patient satisfaction in Hakkâri, had been included to the questionnaires, it would have been seen that there is a very serious problem in the trust of Hakkârians to the doctors. As the results of my survey research clearly illustrate, only 41% of Hakkârians trust the diagnosis made by the doctors in the Hakkâri Public Hospital while 32% of Hakkârians do not have such a trust by any means, and 27% of Hakkârians have still some doubts about the diagnosis made by the doctors in the Hakkâri Public Hospital.

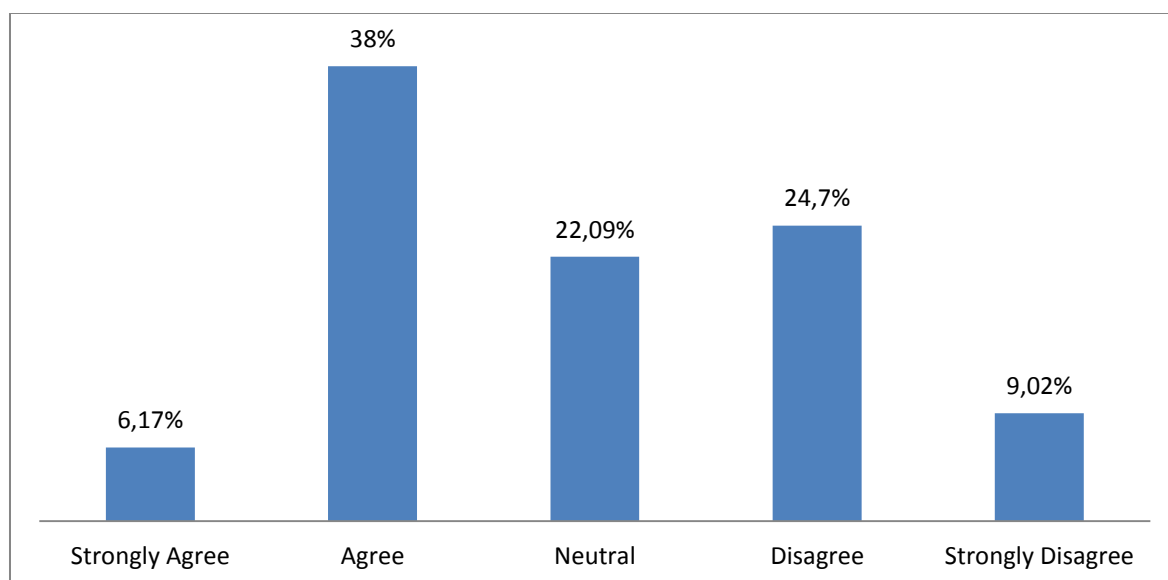
Figure 16.I trust the diagnosis made by the doctors in the Hakkâri Public Hospital.



The weakness of Hakkârians' trust to the medical capabilities of the doctors in Hakkâri is not the single issue unaddressed and unmeasured by the questionnaires which are not locally-sensitive and do not take into account the conviction of the locals that their lives do not count so much in the eyes of the state. The questionnaires also do not take into account the patient mistrust in Hakkâri to the results of medical tests and analysis as if the single problem concerning medical tests and analysis may occur due to long queues and speed of the laboratory processes.

As can be seen in the figure below, only 44% of my respondents trust the results of tests and X-Ray, Ultrasound and MR imagings, 22% of respondents are in-between and 33% of the respondents do not trust the results of medical tests and analysis.

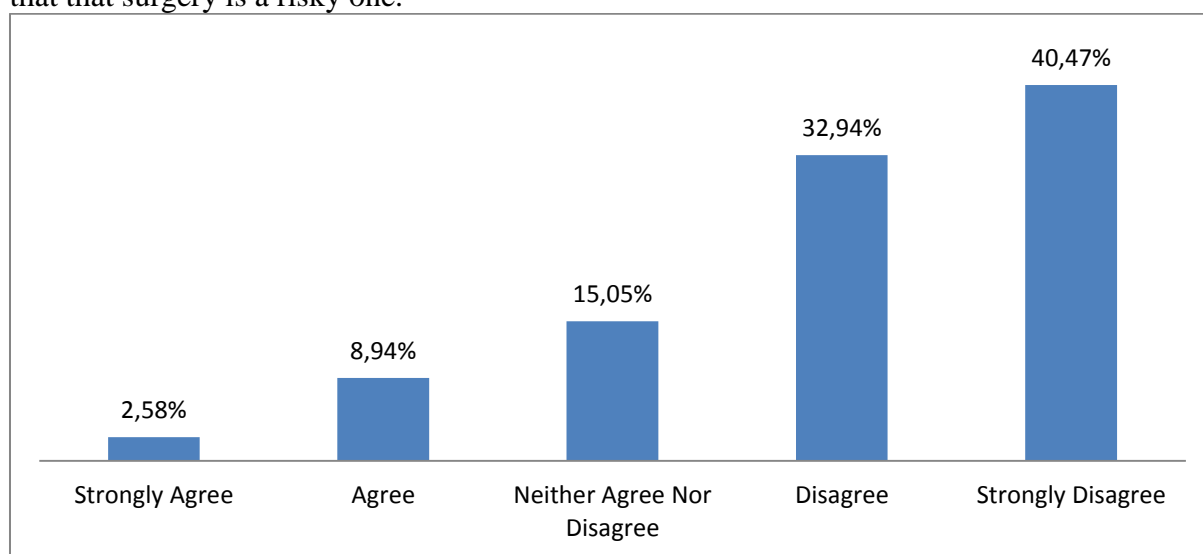
Figure 17. I always trust the results of tests and X-Ray, Ultrasound and MR imagings.



One can ask why patients, who do not trust the medical capabilities of doctors and results of medical tests and analysis so much, still continue then to say that they “suggest this hospital to other people” and “if” they “need to go to hospital next time,” they “prefer this hospital.” The answer is not a complex one: They say so, because they have to say so; they have no feasible alternatives to resort. Hakkâri Public Hospital is the single hospital of the Hakkâri city, and the hospitals in Van, which are the closest alternatives, are 200 kilometers far away. As also the coordinator of the quality management unit, who is responsible from implementing the questionnaires, confessed, because these questions “do not fit the medical reality of Hakkâri where there are no alternatives” she could not implement these questions in a proper way. In other words, when patients in Hakkâri city go to the Hakkâri Public Hospital, they do not do it because they prefer Hakkâri Public Hospital over other private or public hospitals or because Hakkâri Public Hospital was suggested to them by their friends or neighbors. If we reword the

questions in the questionnaires about the preference and suggestion in the following ways by taking the issue of trust and the issue of the absence of alternatives into account, it will be seen that the Hakkâri Public Hospital is certainly not a hospital preferred and suggested by Hakkârians.

Figure 18. I undergo a surgery in the Hakkâri Public Hospital lightheartedly even if I know that that surgery is a risky one.

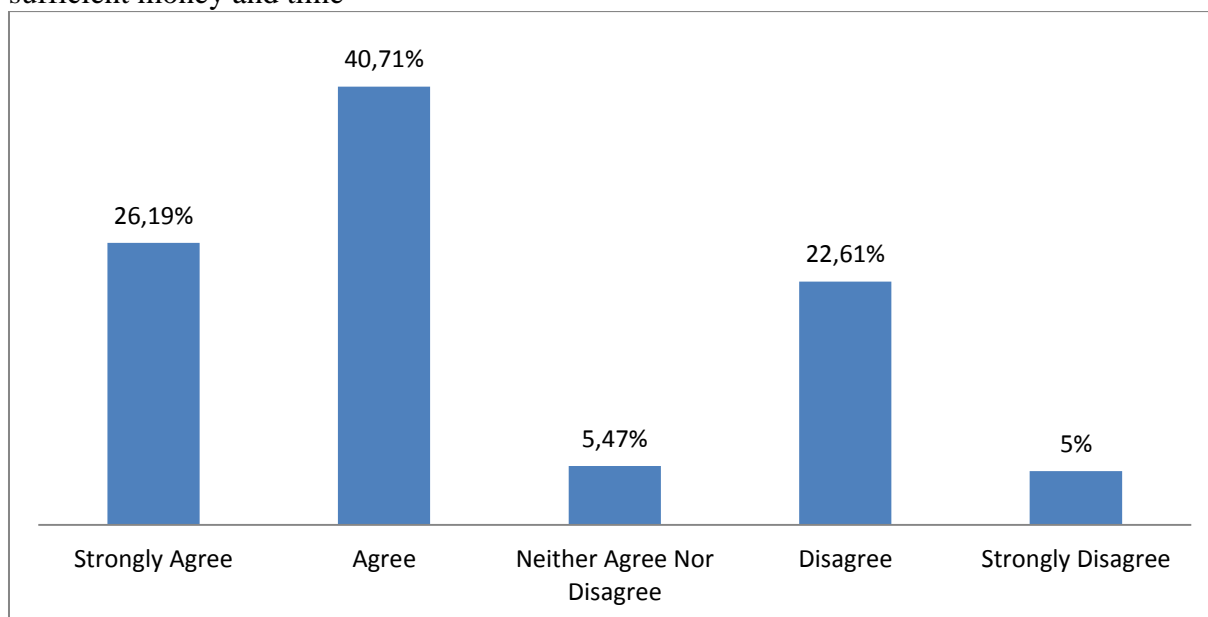


As can be seen above, in accordance with the weakness of trust to the medical capabilities of the doctors in Hakkâri and to the results of medical tests and analysis made in the Hakkâri Public Hospital, Hakkârians do not prefer the Hakkâri Public Hospital in case of a risky and serious surgery. More than 70% of the respondents say that they do not undergo a risky surgery in the Hakkâri Public Hospital lightheartedly and only 11% of the respondents say they can undergo a risky surgery in the Hakkâri Public Hospital without any considerable worry.

One may justifiably claim that the expression “going a *risky* surgery in the Hakkâri Public Hospital *lightheartedly*” is too a sharp expression to measure the nuances of improvement in patient trust to the Hakkâri Public Hospital. Yet, even when we reformulate the question in a

more balanced and nuanced way as it is below, a few things change. It is seen that the level of patient trust to the Hakkâri Public Hospital is so low that almost 70% of my respondents say that they do not go to the Hakkâri Public Hospital except for simple diseases if they have sufficient money and time. Only 28% of the respondents said that even if alternatives exist, they would still continue to go to the Hakkâri Public Hospital even in serious cases.

Figure 19. I do not go to the Hakkâri Public Hospital except for simple diseases if I have sufficient money and time



To sum up, we can speak of a serious trust problem as an important factor of the patients' experience with the healthcare provision in Hakkâri. The majority of Hakkârians, which reaches up to 60-70% of the population, has serious doubts about the fundamentals of the healthcare provision in Hakkâri, like the medical capabilities of the doctors and the accuracy of medical tests and analysis. These doubts, the trust problem, I argue, considerably determine the level of patient satisfaction. This is what I try to illustrate below.

The Problem of Trust and the Reproduction of Dissatisfaction with Healthcare Provision in Hakkâri

The perception of local inhabitants of Hakkâri that their lives do not count so much in the eyes of the state structures and guides the inhabitants' experiences with the medical establishment as a constitutive prejudgment.⁴⁰⁶ This is, I argue, the first reason for the persistence of Hakkârians' dissatisfaction with their healthcare provision, not only despite some remarkable improvements, that is, but also significantly irrelevant of them. Let me call two witnesses, the former a specialist who had been working for months in the Hakkâri Public Hospital when I met and the latter a staff, a local also, who once worked in patient rights unit of the hospital and hence familiar with the patients' psychology. Relying on their experiences, they both confirm the problem of trust on the part of the patients towards the medical establishment in Hakkâri.

Specialist, Hakkâri Public Hospital:

The people of here have a problem. Do you know what it is? They have a prejudice. Do you know what this prejudice is about? "The state does not send doctor to us; it does not like us, etc." Therefore one should avoid approaching them in a rough manner. Even in your minor rough behavior, you encounter an overreaction. I observed it clearly. Let me give you an example. A staff of the hospital once brought his relative for the examination. As you know, the staff of the hospital is legally given a priority. I accepted the patient into the room. At that time I noticed that a patient in the queue was trying to enter the room and the secretary was trying to prevent him. He then shouted: "This is unjust. Wait your turn. Why do you violate the queue?" I avoided intervening into the issue not to give an image of a quarrel between the doctor and the patient. The secretary however could not convince him and the other patients as well joined his objection: "It is our turn." I went to the entry of the room and asked him what his problem is. "You make an injustice" he said. "He is a staff of the hospital" I returned his objection. "Yet the patient is not himself. He brought his relative" he continued. "He has to accompany the patient" I said. Then he began to curse me and I warned then him to leave the room. "I will complaint

⁴⁰⁶I.e., not a groundless prejudice, but rather a sort of inclination to see and respond to (thus prejudice) things as conditioned by a ready understanding based on past experiences; c.f., Bourdieu's "habitus" theory. See Pierre Bourdieu, *Outline of a Theory of Practice*(Cambridge ; New York: Cambridge University Press, 1977).

you” he said and left. He then stirred up trouble and provoked the patients around. The patients around began to shout as well... I can even say that if you are nervous on a day, they may suspect from an ethnic problem lying behind. They are very fragile. The first thing the patients need is to feel they are appreciated. Here the people are very fragile. These people have experienced many [tragic] things. If you do not give food to a child for a long time and finally give him food, he would still have anger towards you. Does not he? He cannot overcome his anger. The people are like this child. Even in a simple case, they easily burst with anger.

A Former Employee of the Patient Rights Unit, Hakkâri Public Hospital:

It [dissatisfaction] may result from that until 3-4 years ago there were no doctors [in Hakkâri]. The people used to get health service under very difficult conditions. They used to be transferred [to other provinces]. Sometimes 5-6 patients would be transferred by a single ambulance. There were serious infrastructural problems with respect to diagnosis and treatment... Following the construction of the new building and appointment of doctors, we now have unprecedentedly a plenty of doctors [in Hakkâri]. Starting with the arrival of these doctors, the infrastructure [of the hospital] has begun to change. In this transition period from the bad image to the [actual situation], some citizens still keep the unconscious feelings. Therefore, even when a doctor tries to do something in good faith, the service provided by him sometimes may not be found satisfactory due to the impact of the bad image. If these services had been provided in the past, these [dissatisfactions] would not have occurred. That's to say, it is prejudice, prejudice. The disappearance of this prejudice may take some time, for the people have just begun to get these services. Some technological devices have been recently bought. The people used to go to Van even for a simple ocular tension. The shortcomings are now tried to be solved. Yet, during the process of the removal of these shortcomings there may still occur patients who cannot overcome their prejudices resulting from the past [experiences] and can say that “what can one expect from the services provided here?” In my opinion, if some steps can be taken with respect to MR and physical therapy, the transfers to Van would decrease by 80-90 % given that intense care unit has been opened. There is a transition to a good point. During this transition, some problems and some problem-ridden staff may still exist. Yet, compared to the past, there is a very positive change.

Due to their entrenched prejudgments built on experiences with the medical establishment and the state, patients many times do not regard the hospitals of Hakkâri as adequately endowed with necessary medical facilities and doctors in Hakkâri as sufficiently experienced to be capable of delivering a qualified health service. To leave simple diseases like flue, hospitals

of Hakkâri, in the eyes of many patients, are not places where they expect to find a qualified treatment for their serious diseases. This underestimation of hospitals and doctors of Hakkâri by patients can be followed in the response of middle-class relatives of a patient who identify having a serious medical operation in Van, let alone Hakkâri, with being abandoned and having no alternative.

An Employee from the Hakkâri Public Hospital, Hakkârian, Early 30s, Male:

There was a pain on the chest of my uncle's son. I said him that "next to my room is the room of the cardiologist Mr. Kerem⁴⁰⁷. We can go to him together. If it has to do with your heart, he can solve the problem." Sometime later, he began to complain that he cannot drive his car any more. Then he came here and I took him to the cardiologist Mr. Kerem. He made effort test, examined him and concluded that there was an expansion in his cardiac valve for 1.5 cm...Because they did not have imaging device here, he advised him to undergo an operation elsewhere as soon as possible. He then went to Van to be examined once more. The doctor there also said him that there was an expansion in his cardiac valve for 1.5 cm. I said him that it did not make any difference whether he underwent surgery in Van or İstanbul. In each case his thoracic cage would be opened. This was what Mr. Kerem said to me. Then he underwent surgery in Van without letting anybody, even his family, know the operation. His family immediately went to Van when they learnt the operation. They got angry to him and said "Why did you undergo surgery here? Why did you let them open your thoracic cage? This can be done in Ankara with laser. Are you lonely, are you abandoned?" They came to here this morning. They got angry to me as well. "You are responsible. You guided him. We could have sent him to Ankara." Then we went to Mr. Kerem together and Mr. Kerem could convince them.

The most frequent form of the distrust towards the health services in Hakkâri is the transfer demands of patients who would like to get their treatment in Van, Ankara, Istanbul, and Antalya instead of in Hakkâri. For many patients, especially those having neighbors and capable of meeting expenses of treatment in other provinces, going to the hospital and getting examined by specialists in Hakkâri is no more than a step of bureaucratic procedure of being transferred to other provinces and especially Van. Almost all specialists I met in Hakkâri,

⁴⁰⁷Pseudonym

Yüksekova and Şemdinli Public Hospitals complained of the insistent transfer demands of the patients and difficulty of convincing patients that their treatment can be given in Hakkâri as well with the available facilities and staff. The following three quotations from three specialists should be regarded as reflecting the experience of all specialists in Hakkâri.

Specialist, Yüksekova Public Hospital:

My problem is that they demand to be transferred to Ankara and Van. Usually I try not to transfer them and solve their problems here. I transfer the patients only in case of need. Yet there is such a demand. They act as if I am not able to do anything and exist here just to transfer the patients to Van where, they think, everything is going to be better and they will recover. They have such an approach. In this respect, I have a problem to convince the patients. I tell them that “the state has sent a doctor from Ankara to here, yet you still would like to go to Hacettepe.”⁴⁰⁸ I came from Hacettepe.”

Specialist, Hakkâri Public Hospital:

Here people are used to demand to be transferred, yet we cannot transfer all patients. If you do not transfer them, they get angry with you and ask the help of someone whom you cannot easily decline.⁴⁰⁹ Yet then the inspector will ask us why we transfer these patients unnecessarily... [Hakkâri] is completely dependent on Van. Because there were no doctors in Hakkâri [in the past], they used to go to Van. The patients cannot trust here. They are not convinced that there are doctors in Hakkâri as well and all surgeries are performed in Hakkâri.

Specialist, Hakkâri Public Hospital:

... It is the city which is decisive [in their evaluation of the health care provision]. That they are in Hakkâri and are examined in a hospital in Hakkâri to a large extent decreases patient satisfaction. To them, the state either does not provide qualified healthcare to Hakkâri or does it reluctantly, yet the service provided in Ankara and Istanbul is very qualified... There is such a prejudice. It is impossible to overcome it. [It is thought that] a patient dying here dies because of many mistakes, but a patient dying in İzmir from the same reason dies despite all necessary treatment given. It is impossible to overcome this prejudice. You try to improve the conditions of the intense care unit, bring mechanical ventilators, try to ensure sanitation, improve the

⁴⁰⁸ Hacettepe Medical Faculty, which is in Ankara, is one of the best medical faculties in Turkey.

⁴⁰⁹ Nearly all families in Hakkâri have some relatives employed in the hospitals and patients ask for their help in the first place to overcome problems they face in hospital.

conditions of the operating room, etc. Yet it is very difficult to change the prejudice of the people. For them, being examined by a doctor in Ankara or to be transferred to İstanbul...

Q-Are there many transfer demands of the patients from you?

Of course! Of course! They always want to go to Ankara, İstanbul. Yet I transfer patients only in case of shortage of technical facilities.

The intensity of the transfer demands can be better realized if the case recounted by the vice director of the provincial directorate of social security institution is given an ear to. Those told by the vice director testifies the extent of the prejudgment of the patients and big pressure on the doctors:

When patients are transferred, we fund the expenses concerning transportation, needs of patient's companion and patient's outpatient treatment. One of specialists would never mention the reasons of the transfers in transfer reports of the patients he transferred to other provinces. We called him and informed that unless he mentions reasons of transfers we cannot fund the transfer expenses of the patients [he transfers]. Then he said that indeed all of these operations can be performed here, but the patients impinge a pressure on and force him to transfer them. Then we offered him to enter the reason of the transfer as "data analysis and treatment."

As can be seen, patients in Hakkâri insist to be transferred to other provinces for their diseases which indeed can be given treatment in hospitals in Hakkâri. It is not the current state of medical facilities and health manpower of the hospitals and not an objective evaluation of positive and negative aspects of hospitals of Hakkâri, but rather the images and convictions built on the past experiences with the medical establishment, which were characterized by shortages of medical facilities, health staff, GPs and medical specialists, that guide patients' preferences. Many patients do not have any hope to have a qualified treatment in hospitals in Hakkâri which can be compared to the quality of treatment they would have in hospitals in Western provinces.

Insistent transfer demands are maybe the most striking but not the single manifestation of the distrust of the patients towards the medical establishment in Hakkâri. The convictions of

patients concerning the inadequacy of the facilities, specialists, and other health staff determine patients' current approach to hospitals of Hakkâri in other ways as well. I would like to proceed via examples which show how knowledge sprang from the pessimistic convictions fills the void of lack of knowledge of patients about actual medical procedures to produce dissatisfaction and reconfirm itself like a vicious circle. Let's take the lack of knowledge of the patients concerning the speed of the medical procedures. Although medical procedures, from tests to appointment for MR, Tomography, and time spent to be examined by medical specialists, take incomparably shorter time in hospitals of Hakkâri than they take in crowded hospitals of Ankara, İstanbul, İzmir, it is not occasional that patients may complain of the speed of the procedures and still adopt a demanding stance than a satisfied one. Complaints concerning the speed of the procedures in the cardiology unit are an instance of this demanding stance. The frustration, bewilderment even, of this doctor is apparent.

Specialist, Administrator, Hakkâri Public Hospital:

We have the facilities of big hospitals in cardiology. We have ECG, exercise machine. We also have a cardiologist examining patients. A patient in Hakkâri can undergo all these cardiologic process in the same day. His blood is drawn; its analysis and other cardiologic proceedings finish in the same day. You cannot complete the same process in İstanbul for several months. It is impossible to do it in several months. In İstanbul you get an appointment for tomography and ultrasound for several weeks later. All this proceeds quite fast here, but we still get responses like people asking why an ultrasound requested in the morning was performed in the afternoon. There's a constant dissatisfaction. We're not appreciated in spite of all our efforts. This doesn't apply to everyone, of course; there are some exceptions.

It may be argued that the complaints may not have to do with prejudgment and result rather from the lack of knowledge on the part of the patients concerning the speed of the same procedures in İstanbul and other cities. Yet this does not explain why the lack of knowledge automatically leads the patients to make a negative assumption about what is already an

assumed difference between Hakkâri and İstanbul and, moreover, to feel that they are neglected.

The case below recounted by another medical specialist from the Hakkâri Public Hospital, who also worked as administrator for some months, also exemplifies the malcontent stance of the patients resulting from the sense of being neglected.

Specialist, Hakkâri Public Hospital:

You cannot compare the West with here. You finish all procedures in a day in Hakkâri. For instance, you cannot get your BT done in the West for months. Once I sent a girl to BT. She came back to my examination room, saying that “I am student. I was said to come for BT in afternoon. Is it possible to take the appointment earlier?” Can you believe it? I mean they are not aware of the favor.

The last example I would like to cite on prejudgment of the patients concerning the speed of the medical procedures is a very interesting case and proves the theoretical proposition that unless the principle structuring the symbolic mediation by which people make sense of facts changes, facts alone cannot alter the principle and may be rather regarded as further evidences confirming the principle which “in fact” they confute.⁴¹⁰ To put more clearly, unless the

⁴¹⁰This is an argument made by Slavoj Žižek in his discussion on the complicated relationship between fact and symbolic order-ideology. Although the particular case, anti-Semitism, through which he elaborates on his argument has nothing common in content with the conviction of Hakkârians that their lives do not count so much in the eyes of the Turkish state, those said by Žižek nevertheless shed some light on the persistence of the patient dissatisfaction with the healthcare provision despite the improvement of healthcare provision which can be factually shown:

“...we are... unable to shake so-called ideological prejudices by taking into account the pre-ideological level of everyday experience. The basis of this argument is that the ideological construction always finds its limits in the field of everyday experience - that it is unable to reduce, to contain, to absorb and annihilate this level. Let us again take a typical individual in Germany in the late 1930s. He is bombarded by anti-Semitic propaganda depicting a Jew as a monstrous incarnation of Evil, the great wire-puller, and so on. But when he returns home he encounters Mr Stern, his neighbour, a good man to chat with in the evenings, whose children play with his. Does not this everyday experience offer an irreducible resistance to the ideological construction?”

The answer is, of course, no. If everyday experience offers such a resistance, then the anti-Semitic ideology has not yet really grasped us. An ideology is really 'holding us' only when we do not feel any opposition between it and reality - that is, when the ideology succeeds in determining the mode of our everyday experience of reality itself. How then would our poor German, if he were a good anti-Semite, react to this gap between the ideological figure of the Jew (schemer, wire-puller, exploiting our brave men and so on) and the common everyday experience of his good neighbour, Mr Stern? His

conviction of the patients that their lives are not so worthy of care and respect in the eyes of the state changes, facts confirming the reverse of this conviction can be still taken as evidences by citizens confirming their convictions. What leads me to say these is a dialogue between me and a Hakkârian which takes place in the waiting lounge of a family health center in a neighborhood of Hakkâri city mostly populated by village evacuees. I was there to conduct my survey research and asked him whether he agrees with the proposition that x-ray, ultrasound, MR and tests take shorter time in hospitals in Western provinces than they take in the Hakkâri Public Hospital. Unlike many respondents biased by their prejudgments, he was aware of the factual state that medical tests and procedures are carried out in a shorter time in the Hakkâri Public Hospital. Yet after saying he disagrees with the proposition, he, as a village evacuee not satisfied with health services in Hakkâri, as can be understood from the answers he gave to other questions of the survey, did not stop and needed to add that “these are done shorter time in Hakkâri, yet this is so because most probably they do not do them properly.” That the medical procedures and tests take shorter time in Hakkâri, for him, was not counter evidence confuting his conviction, but was rather most probably an additional proof reinforcing his conviction. Put otherwise, that something is done better or faster in Hakkâri than in West is most times beyond daily imagination of many Hakkârians.

Lack of knowledge of patients concerning medical procedures produces constant dissatisfaction not only with the speed of the medical procedures and tests but with whole ordinary aspects of medical procedures when combined with entrenched prejudgments of patients. Patients may find even in the ordinary, normal functioning of medical procedures some things offensive, humiliating and degrading. Those told by a nurse employed in a family

answer would be to turn this gap, this discrepancy itself, into an argument for anti-Semitism: 'You see how dangerous they really are? It is difficult to recognize their real nature. They hide it behind the mask of everyday appearance - and it is exactly this hiding of one's real nature, this duplicity, that is a basic feature of the Jewish nature.' An ideology really succeeds when even the facts which at first sight contradict it start to function as arguments in its favour.” Slavoj Žižek, *The Sublime Object of Ideology*(London ; New York: Verso, 1989), 49-50.

health center in Hakkâri city provide a good example to proceed. As an experienced Hakkârian nurse worked in different health posts in different districts of Hakkâri, she confirmed my finding about the difficulty of ensuring patient satisfaction in Hakkâri and gave the following example.

Sometimes old women come here to have their tension measured. I ask them to sit down and wait a few minutes, for measuring tension of a patient properly requires patient to take a rest for a few minutes before the measurement. Yet they may immediately oppose and say “We always wait you. Why do you keep me waiting?”

As can be seen, even the fact that the nurse is Hakkârian may not prevent patients to get the impression upon a necessary medical advice that they are neglected and do not get paid necessary attention.

The complaint of a shopkeeper of the “inexperienced” doctors of the Hakkâri Public Hospital is another instance of a similar dissatisfaction. After he complained of doctors of the Hakkâri Public Hospital, who “just prescribe medicine and then brush patients off, examine 200 patients instead of 50 patients a day and demand unnecessary tests irrelevant to patients’ diseases just to have a larger share in the revolving fund,” he led up to the inexperienced doctors of the ER of the Hakkâri Public Hospital:

In addition, the doctors in the ER do not know anything. They call their friends and ask “what should I do to this patient?” Can you then trust the knowledge of such a doctor?

What he regards as evidence of the inexperience of ER doctors is indeed consultation which is an essential part of the ER work. In case GPs in ER need help of a specialist, they call specialist on standby duty, inform him about the patient and ask and get his advices in less serious cases or immediately invite him in more serious cases to the ER to make necessary medical intervention to the patient. An ER doctor cannot be expected to give full-fledged treatment to emergency patients existing in ER for very different and serious problems. Yet,

in the eyes of the shopkeeper, the ER doctor calling his colleague to make consultation testifies nothing but the appointment of inexperienced doctors to the Hakkâri Public Hospital.

The following two cases also exemplify how in the absence of knowledge about medical procedures, patients can be easily led by their pessimistic convictions that their lives are not regarded worthy of care and respect by the state.

Specialist, Hakkâri Public Hospital:

On that day when Özgür⁴¹¹ was missing and I examined 100 patients, including his 40 patients as well, a woman came [to my room] and asked me to examine her child, saying that she was emergency patient. I was about to finish the patients in the queue and therefore said her that “go downstairs to the ER. I am about to finish the patients in the queue. It is not meaningful to ask analysis from here [at that time]. Let the ER doctor examine you. I will inform him about you and come to there as well.” She insisted me on examining the child. I told her that “this is how things work routinely. I tell you the order. I do not brush you off.” Then she began to curse: “I know how to get you examined the child.”...She then complained me [to the patient rights unit], claiming that I did not take care of her child. In fact, after finishing the patients in the queue, I was to examine the child in the ER. This has to do with her incomprehension of the system.

Specialist, Hakkâri Public Hospital:

A consultation was demanded from the ER for a patient who was injured from his leg. His relative directly came to my room and said me that “you have to go and examine this patient.” I was already about to go for the patient. Because I was the single orthopedist examining patients, I said him that “Give me your name. I will come to the ER within a few minutes.” He repeated: “Look at me. You have to take care of this patient. We have rights, etc.”

As can be seen, the doctors’ promises to examine patients in the ER within a few minutes may not be regarded convincing by patients’ companions and rather perceived as excuses used to avoid examining the patients. Patients’ companions act as if doctors are not so willingly to examine their patients, as if doctors’ examination of patients is an issue of negotiation in which threatening doctors may be an instrument to use.

⁴¹¹Pseudonym

The pessimistic knowledge, which springs from the prejudgments of the patients, reproduces dissatisfaction not only by filling the void of lack of knowledge of patients about medical procedures but also by paving way certain misunderstandings between Turkish speaking health staff and Kurdish speaking patients. It is not occasional that medical advices of doctors or nurses made with a loud voice to make patients realize the importance and practice the requirements of advices can be perceived as shouting by patients.⁴¹² Let's take a look at the experience of a medical specialist from Şemdinli where a considerable part of population has a poor command of Turkish and some others, especially elder women, do not know Turkish.

Specialist, Şemdinli Public Hospital:

Here patient does not know our language. He either does not understand my response or misunderstands what I say. For instance, if I warn him some loudly that “you may have heart attack or stroke”, he may misunderstand it. He perceives it as if “the doctor shouts me”. One needs to translate it into Kurdish... and tell the patient that it is for [your health] the doctor speaks so.

The experience of a non-local nurse from the Yüksekova Public Hospital provides another case of misunderstanding. She told me that most problems between the health staff and patients result from misunderstandings based on language difference and then gave the following example.

Nurse, Yüksekova Public Hospital:

Once when I said the companion of a patient that “issue your file and then come to me (*dosya çıkart gel*),” he interpreted it as “I expel you from the hospital (*seni hastaneden çıkarıyorum*)” and caused some trouble for me.

The reason of misunderstanding had to do with the patient's poor command of Turkish which resulted in the inability to distinguish one meaning of the verb *çıkartmak*, issuance (form,

⁴¹²It must also be added that most probably “medical” warnings with loud voice may not be innocent all time. This is an issue pertaining to what I call below as implicit forms of being discriminated.

document), from another meaning of the verb, expel, evacuate. Yet this explanation does not completely account for the misunderstanding, since a patient, for whom being expelled from hospital is beyond imagination, maybe still might have misunderstood the words of the nurse but would not ever have thought that he was expelled by a nurse from the hospital without any reason. Following the general argument put forward in this section, I argue that it is the conviction that he is not worthy of respect in the eyes of the state and its agents that takes him, beyond being a patient who “does not understand” a Turkish speaking nurse, to the position of a Kurdish patient who “mis-understands” a Turkish state employee.

The Intricate Relationship between the Lack of Trust, Kurdish Identity and Dissatisfaction with Healthcare Provision

I have so far shown how the conviction of the patients that their lives do not count so much in the eyes of the state structure patients’ relation and produce dissatisfaction with the medical establishment. Yet, I have not illustrated via concrete examples how Kurdish issue mediates this relation and dissatisfaction. In the eyes of Hakkârians, those acts which they regard as disrespect towards their bodies are not always so clearly distinguishable from disrespect towards their Kurdishness. Below I focus on the Kurdish aspect of the prejudgment-related dissatisfactions via examples from doctor-patient encounters and then complete the section.

I think that a dialogue taking place between me and the first rector of the University of Hakkâri may be a good point of departure to start. The first rector of the University of Hakkâri was closely concerned with the problems of Hakkâri and hence supported and paid attention to my research which examines one of the heaviest problems of the province. One time during a social activity organized by the University, he called me to his side to hear my findings and talk over them. I shared with him those told to me by a medical specialist from Şemdinli Public Hospital.

Specialist, Şemdinli Public Hospital:

They are not aware with whom they are talking. They are not aware that she is a specialist who stands his across. I mean that according to them, a specialist in Hakkâri is nothing and a GP in Hakkâri is worse than nothing. This is the logic established in their minds. One even said that “if you were a good doctor, you would not have been exiled from İstanbul to here!” Not all, but most of patients think in this manner. He thinks that “she even has come to here. She is not a good [doctor] then. If she were so, she would have stayed in Van or Istanbul.” They have such logic, and are therefore opposed to us. Also they are ready to render all things into a problem...

Especially emphasizing those said by the patient to the specialist, “if you were a good doctor, you would not have been exiled from Istanbul to here”, I underlined how deeply the conviction that the state does not value them is rooted in the minds of many Hakkârians and how difficult it is to overcome this conviction. His response was some mechanical, reflecting maybe his physicist’s point of view: “This conviction can be corrected if and only if a qualified health care provision is provided for years equivalent to the duration of poor services of the past at the end of which this conviction has occurred.”

The reality on the ground was however somewhat more complex than depicted by this developmentalist-linear point of view which somewhat naively assumes that a steady qualified healthcare provision would nullify such pessimistic convictions in the long run. What is not taken into consideration in this assumption is the emergence of Kurdishness as a variable of symbolic world by which patients make sense of healthcare provision and other public services in Hakkâri. Put otherwise, the perception of the local inhabitants of Hakkâri that their lives do not count so much in the eyes of the state leads them to read the shortcomings of healthcare provision in the city and province as more or less related to the political disrespect for their Kurdish identity, as is evident in the following conversation I shared with an agency worker in a public institution. Let me add that the owner of the words below is not a one who sticks to her Kurdish identity and even avoids speaking Kurdish with her daughters not to let her daughters fail in their schools where lessons are taught in Turkish.

Agency Worker in a Public Institution, Woman, Hakkârian, mid 30s:

A- There's no treatment...Our doctors are very bad. We're not happy with them. Again and again we get the same medicine. They prescribe medicine and painkillers and then brush us off. This isn't treatment...We complain that our doctors are very bad. They're very, very bad. They don't even examine patients.

Q- But also you have many doctors now compared to the past?

A- Yes, but they don't seem to know anything. They just prescribe medicine and brush us off.

Q- Why do they do that?

A- Probably they think that the people in Hakkâri don't know anything and "Who cares? Just prescribe and get rid of them!" Hakkâri has a bad reputation as a small and bad place. It's not. Yes, sometimes our children throw stones, but what can we do? Hakkâri is not a bad place, it is a good place. They [doctors] think that Hakkâri is a bad place and the people of Hakkâri are bad people.

As can be seen in her reference to the children who throw stones – at the police forces in demonstrations, what she sees as lying behind the negligence of the doctors is their lack of respect for the people due to the political criminalization of the city as a "bad place." It is not possible to make a counter-claim that this not so politicized Kurdish woman is an exception or embodies an extreme and marginal stance. An employee of the patient rights unit of X⁴¹³ Public Hospital in Hakkâri, as a local who can be regarded as authority due to his/her familiarity with patient complaints and psychology, not only confirms the prevalence of this understanding among the patients, but also partially shares it, as can be seen in his/her question "Aren't they right to some extent?"

An Employee of the Patient Rights Unit, Hakkârian, X Public Hospital:

Because patients lacked many rights for years, such an impression among the patients has come into being: "we cannot get a qualified service because we are Kurdish." When there is a queue, they immediately begin to think in this way. Aren't they right to some extent? Maybe it is now a bit better, but the case was really so in the past. The patients are therefore some nervous...All complaints coming to me are almost similar to each other: "I entered the room. Because I could not speak Turkish fluently, the doctor did not want to listen to me. He prescribed a medicine and

⁴¹³I do not specify the hospital for the anonymity of the employee.

then brushed me off” or “While I was about to enter the room, the doctor warned me to wait outside.” The doctor is right because there is another patient in the room. Yet the patient thinks that there is something done in bad faith.

In the eyes of Hakkârians, the way that their bodies is treated is this or that extent related to the way that their identities is treated by the Turkish state; what would otherwise probably be treated as a doctor’s distance, aloofness, and general lack of concern may instead be regarded as evidence of a deeper depreciating attitude. One can identify two ways, I argue, Hakkârians associate the cases of being neglected to usual disrespect towards their Kurdishness. One of these ways is, to refer to the following words a specialist expended with a tone of some anger and astonishment, “You do this, because we are Kurdish”:

Even in a small case, if you do not meet the expectations and demands of the patients, you can easily hear the accusation that, “You do this, because we are Kurdish.

The equation is very clear in “You do this, because we are Kurdish” response: As extended arms of the state which does not have respect to the Kurdish identity, doctors deliberately do not pay attention to Hakkârians and are not concerned with their well-being. In this way of response, patients identify doctors with the state and their bodies with their identity. This is, to refer to *Medicine and Colonialism*⁴¹⁴ of Frantz Fanon, colonial moment of doctor-patient encounter in Hakkâri: “the doctor always appears as a link in the colonialist network, as a spokesman for the occupying power.”⁴¹⁵ In other words, in “You do this, because we are Kurdish”, doctor-patient encounter is more or less a replica of the encounter of colonialist and colonized in a different stage.

The following case is a typical example of this “you do this, because we are Kurdish” response.

⁴¹⁴Frantz Fanon, “Medicine and Colonialism,” in *Studies in a Dying Colonialism*(New York: Monthly Review Press, 1965), 121-46.

⁴¹⁵*Ibid.*, 131.

GP, Hakkâri Public Hospital, ER:

It was 10-11 pm. I had examined more than 300 patients to that moment. I felt fuddled... Anyway, an old couple came. As far as I remember, the woman said that there was a pain in his arm. I asked her since when there was a pain in her arm. She said that there was a pain for 10-15 days. In fact, she looked quite healthy. I asked whether the pain which, she said, had been lasting for 15 days, was intolerable at that moment. "No" she said. There was also a big queue at that time. Then I lost my control and began to shout her: "Is it the time to come here for an arm which has ached with pain for 15 days?" Then her husband said me that "you oppress us because we are Kurdish." I could have understood whether he gave me a normal response. I tried to explain that it had nothing to do with their Kurdishness; it had to do with my tiredness and work stress.

As can be seen, the husband of the woman does not perceive the rough response of the GP as an impolite and rude response of this particular doctor. He identifies the shouting GP with the Turkish state and him and his wife with Kurdishness.

The following case in which the father of the patient accuses doctors of collaborating with policemen is one another example the patients openly manifest the sense of being discriminated due to their Kurdish identity.

GP, Yüksekova Public Hospital, ER:

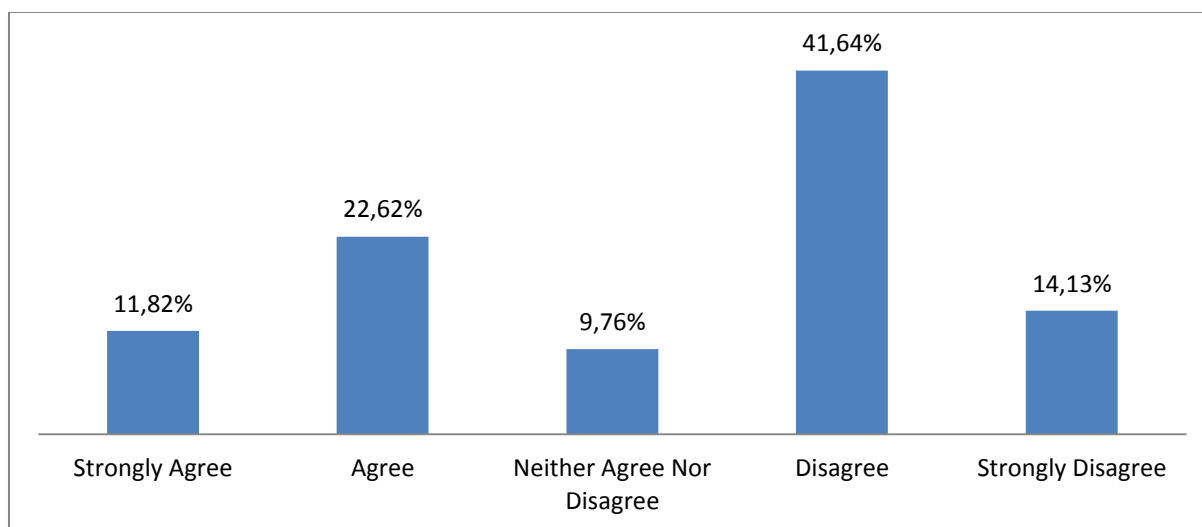
Q-Does the social tension in the city have any reflection on doctor-patient encounter?

A-Usually patients are polite. Yet there are some patients... There was hematoma in the haunch of the child, and the child therefore had a pain. I called the orthopedist. He came to the [ER], examined the child and gave his treatment. The father of the child was saying at that time that "you do not relieve his pain. My child is getting worse. Doctors and policemen act in cooperation. You do not do anything on purpose." The child was injured in a demonstration.

It must be added however that it is a minority group and even this group of people only sometimes, in the crowded atmosphere of the ERs or during treatment and examination of injured or arrested activists, may be led by the idea that Turkish doctors render their anti-Kurdish or Turkish nationalist resentments into an active negative attitude towards the

patients and “collaborate with policemen” or shout patients only because they are Kurdish. Let`s take a look at the figure below which illustrates to what extent my Kurdish respondents agree with the expression that “Some manners and acts of doctors and nurses in the Hakkâri Public Hospital sometimes lead me to think that I am not paid satisfactory attention because I am Kurdish.”

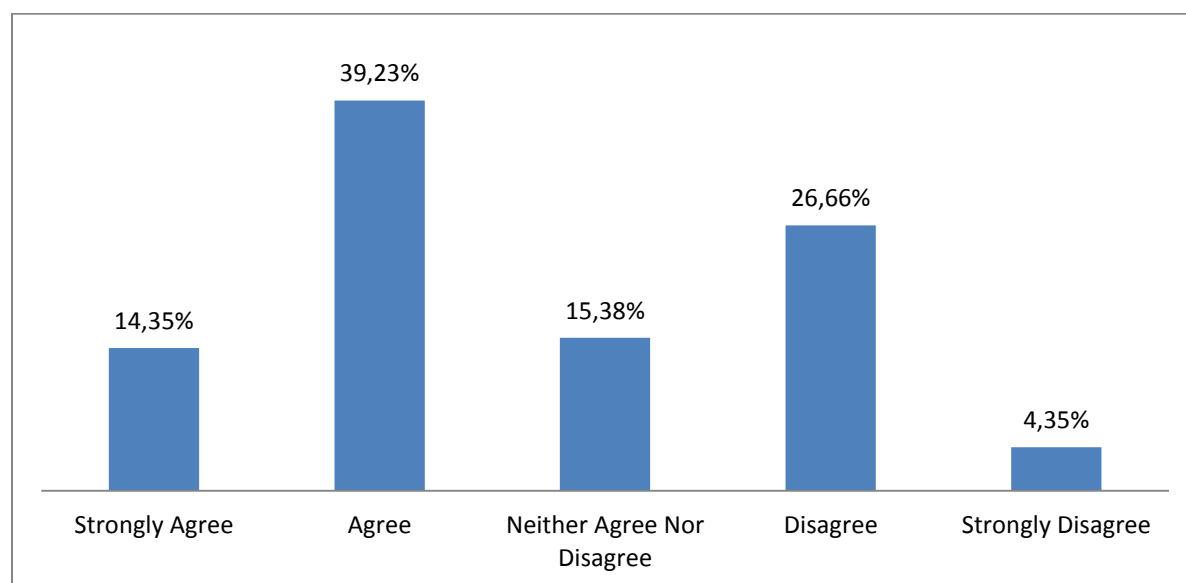
Figure 20.Some manners and acts of doctors and nurses in the Hakkâri Public Hospital sometimes lead me to think that I am not paid satisfactory attention because I am Kurdish.



As can be seen, only one third of my Kurdish respondents, which is still too high to ignore, agrees with the expression. In other words, “you do this, because we are Kurdish” response is no more the dominant form by which Hakkârians relate their dissatisfaction to Kurdishness. It can be said that Hakkârians have realized the bio-political turn occurred in state policies towards them and Kurds in general during the AK Party rule. By this argument, I refer to awareness on the part of Hakkârians that they somewhat matter to the state and are visible to the bio-political eyes of the state as biological lives, albeit not equally visible as Kurds. I argue that it is the dual policy of the AK Party, value and empower Kurds as biological lives, as bodies and devalue and criminalize them as politicized subjects fighting for their collective-ethnic rights, that sets the main ground on which Kurdishness mediates Hakkârians’ dissatisfaction with the medical establishment. That means the dominant form by

which Hakkârians relate their dissatisfaction to Kurdishness is guided by the assumption that they count in the eyes of the state, but not so much. More concretely, one can legitimately argue that a Hakkârian referring to his Kurdishness while complaining of health system is most probably talking about his doubts, protests, demands concerning what he regards as second-class citizen treatment, implicit forms of exclusion, not about total and deliberate deprivation of health services, about direct insults and offenses. While, for instance, only one third of my Kurdish respondents agrees with the sharp expression “Some manners and acts of doctors and nurses in the Hakkâri Public Hospital sometimes lead me to think that I am not paid satisfactory attention because I am Kurdish”, the rate of those Kurdish respondents who agree with the more nuanced expression “Doctors in the Hakkâri Public Hospital approach to the patients whose Turkish is better in a remarkably better way” reaches to 54%.

Figure 21. Doctors in the Hakkâri Public Hospital approach to the patients whose Turkish is better in a remarkably better way.



Let's take a look at the cases I discuss below as instances of this understanding. The patients complaining of doctors and health service with reference to their Kurdishness articulate their dissatisfactions with regard to relative terms, in comparison to health services provided to Turks, not in absolute terms.

The following words of a Hakkârian worker of the University of Hakkâri are very illustrative of the argument. She confirms that Kurds are no more deprived of health services or become objects of hostile acts of health staff due to their Kurdishness. Yet it does not change her strong conviction that Kurds are still deprived of fully-fledged attention, which Turks or Turkish speaking patients enjoy, due to their Kurdish identity and language.

Worker in the University of Hakkâri, Woman, Hakkârian, Late 20s:

Q-Is the language issue a problem?

A-Not now, but in the past it was a problem... It was seen in the past that a midwife beat a pregnant. But still, if you speak Turkish without any accent, you get paid more attention. This is guarantee. Or if you start a quarrel you get paid more attention. Yet if you wait quiet and without picking a quarrel with doctors or speak Kurdish, their attention decreases.

The complaint of another Hakkârian worker of the University of Hakkâri of doctors' discriminatory treatment is another manifestation of the protest against being reduced to the status of second-class citizen due to Kurdish identity.

Worker in the University of Hakkâri, Man, Hakkârian, Late 20s:

All doctors coming from outside are unexceptionally prejudiced towards Hakkârians. I personally experienced it. Once I took my child to the pediatricist in the hospital. The behind me in the queue was wife of a specialist [sergeant] with her child. Because her child was crying too much, I left my turn to her. [The doctor] did not pay attention to my child even one millionth of the attention she paid to her child. She did not pay the same attention to my child. Doctors behave quite different to those whom they realized Turkish.

Let me add that both these workers I quoted from above are not partisans of the Kurdish movement although they do not conceal their sympathies towards the movement. That's to say, while referring to Kurdishness while making sense of what they regard as second-class citizen treatment, they do not do it in a reductionist manner, on contrary to that may be expected from a zealot somehow seeking to relate all issues to his cause.

The third example I would like to cite is similar to the examples above but with a nuance shedding light on a different aspect of this dominant mode of articulation of Kurdishness with dissatisfaction with the medical establishment. The words I share below were expended by an educator of handiwork in the interview conducted with her and other women, her students, in the small place of the training center in a neighborhood of Hakkâri city which is populated largely by village evacuees. My interviewee was a village evacuee as well.

Handiwork Educator, Woman, Village Evacuee, Mid 40s:

We have to go to Ankara even for asthma. Why do they send inexperienced doctors to Hakkâri? They send inexperienced doctors to here; they become professor here and then leave. Why not a doctor in Ankara works here, why do we have to go to Ankara and Van? Cesarean deliveries are too many in Hakkâri. Why do they make cesarean operation after second deliveries of the pregnant? My mother is 80 years old. Maybe she has gone to 70 deliveries so far and none of these babies had a health problem. Maybe you heard that the head of a baby was detached [during delivery in the hospital] some time ago. The arms of the babies are dislocated [during deliveries]. Why do such things take place?

Q-Do you mean that you suspect that these kinds of things occur due to your Kurdishness?

We certainly do. There was a specialist [sergeant]. He used to be in operations. His wife was pregnant. We went to the hospital with his wife. The doctor said him that “because you have not given birth for a long time, I will take the baby with a cesarean operation.” Yet the woman did not want to undergo cesarean operation. Later his husband came and talked with the doctor. At the end, the woman gave birth in normal way. Then I suspected whether they [doctors] make practice on our women. What would have been if the woman were from us?

As can be seen, the educator complains of what she regards as discriminatory treatment which values Turkish bodies while devaluing Kurdish bodies as ground of practice and experiment thanks to which “inexperienced doctors become professor.” Up to that point, she follows the unsatisfied patients in previous two examples who argue to have been given poor treatment and paid poor attention to Kurds by doctors in comparison to Turkish patients due to their Kurdish identity. Yet, the passage includes a surplus, which is missing in the previous two

passages, referring to uncanny psychology of the educator. This is materialized in her doubtful question “Why do they make cesarean operation after second deliveries of the pregnant”, in the comparison she made between her mother’s performance as a traditional midwife and doctors’ poor performance resulting in the dislocation of arms and detachment of hands, and finally in the question, “Why do such things take place?”, she asks with reference to problems occurring during deliveries. All these said in the first paragraph includes the pieces of doubt that Kurds’ lives are deliberately risked and damaged by the state and health staff. The question concerning cesarean operation after second deliveries of the pregnant was, for instance, a reference to the circulating doubts that the state wants to decrease the Kurdish fertility rate.⁴¹⁶ Also, to add, she did not seem to be much convinced that babies harmed in deliveries in hospitals were done so by mistake, not on purpose, while saying “she [her mother] has gone to 70 deliveries so far and none of these babies had a health problem.”

This response may be likened to “you do this, because we are Kurdish” response, yet it is different from this type of response in that in the former the idea that Kurds’ lives are deliberately risked and damaged by the state and health staff is not an absolute conviction but rather a possibility, albeit weak but still there, a doubt, a question mark not to be totally put aside. I mean that those complaining of being given second-class citizen treatment in comparison to Turks due to their Kurdishness have necessarily more or less uncanny psychology, for, at the end, the gap between passive indifference to their bodies, the assumption on which critics of second-class citizen treatment is based on, and active disrespect for their bodies, the assumption on which “You do this, because we are Kurdish”

⁴¹⁶To a news reported in 23 May 2013 in the web site of the Center of Kurdistan Strategic Studies, which is affiliated with the Kurdish movement, based on the claim of a civil servant employed in the Hakkâri Governorship, the Ministry of Health asked the governorship to start implementing “sterilization vaccines” to the women over 18 years old as soon as possible. To the web site, this was an evidence of the worries of the Turkish state about the rise of Kurdish population. Nergîz Botan, 23 May 2013, “Kürt Nüfus Soykırımı Güncelleniyor,” Available [online] at <<http://www.lekolin.net/haber-3547-Kurt-Nufus-Soykirim-Guncelleniyor.html>>

response is based on, is not a one that principally does not let any going back and forth between.

To proceed further, I would like to continue with those told by a Hakkârian midwife from Yüksekova about resistance to tetanus vaccine.

Health Post, Yüksekova, Midwife:

Q-Did you encounter a resistance to tetanus vaccine?

A-That we are Kurdish has helped us. We are telling in Kurdish that “I myself was vaccinated. You should be, too. It does not sterilize.” Yet, as far as I remember, a woman in a village under responsibility of health post-3 had a miscarriage. [The people] attributed [the miscarriage] to the tetanus vaccine and then decided to give up being vaccinated.

As can be seen, young women who refused to be vaccinated by tetanus vaccine, fearing that they would be sterilized, were convinced thanks to the personal efforts of the Kurdish health staff that tetanus vaccine is not a means of sterilization and it is done for the health of mothers. Yet, a single case of miscarriage by a woman vaccinated by tetanus vaccine may suffice to reverse their conviction and push them back to “you do this, because we are Kurdish” response. Put otherwise, the women are ready to be convinced that their lives count in the eyes of the state, the state can do something good for their health. Yet, on the other hand, this conviction is not a one irreversibly occurring and so fragile that even a single case of miscarriage, which is one of possibilities that may expected to occur during pregnancy period, can dismantle it.

Conclusion

Let’s read two quotations below, the former from the head of a pro-Kurdish ecological association, Cilo Nature Association, and the latter from Slavoj Žižek, to sum up the argument made in the section.

Head of Cilo Nature Association, Worker, from Yüksekova, Early 50s:

-When it comes to the state, it is a panzer attacking to you with a flag on it, a specialist [sergeant], and an armed special police team. That's to say, we learnt the state as a violent phenomenon. I remember that when gendarmeries came to the village, we all would escape. Only 2 gendarmeries were able to gather all villagers and humiliate them...Violence, violence, violence. However you make sense of it, this last 30-40 years have accumulated many things in the minds of the people.

-The hospital is a real hospital. Its facilities are good as well. When I went to [hospitals] in Ankara, I could not find there those I find here...What is missing, our expectation right now, is trust. That's our biggest problem right now; we cannot trust [the state]. We doubt whether they still want to Turkify us by using different methods. That's the biggest problem in our minds right now. It must be overcome. For this to occur, [the state] needs to assure of its [honesty].

-Our fragility is that: is it honest or not? That's the biggest problem right now.

-The state in the minds of the citizens did not die out. There is a [conviction] that that state did not completely disappear, it may revive and come back.

Slavoj Žižek:

There is no reality without the spectre, that the circle of reality can be closed only by means of an uncanny spectral supplement.... (what we experience as) reality is not the "thing itself", it is always-already symbolized, constituted, structured by symbolic mechanisms – and the problem resides in the fact that symbolization ultimately always fails, that it never succeeds in fully "covering" the real, that it always involves some unsettled, unredeemed symbolic debt. This real (the part of reality that remains non-symbolized) returns in the guise of spectral apparitions...What the specter conceals is not reality but its 'primordially repressed', the irrepressible X on whose 'repression' reality itself is founded.⁴¹⁷

What do these two passages say us when read together in the light of the insights enabled by the cases discussed above? To start with, if the head of the Cilo Nature Association had been familiar with Žižek and asked to exemplify Žižek's argument on reality and specter with reference to the case of Hakkâri, he would have told those quoted above. What can better define a specter than a one who did not die in fact and may revive, come back and haunt those

⁴¹⁷Slavoj Žižek, "The Spectre of Ideology," in *Mapping Ideology*, ed. Slavoj Žižek (London ; New York: Verso, 1994), 21.

alive? My argument is that the role of patients' conviction that their lives count little, if any, in the eyes of the Turkish state in their dissatisfaction with the health services provided in Hakkâri can be best understood as a haunting spectre. Let me expand on the argument with reference to the quotations above:

I argue that the X, which the bio-politics of the AK Party could/did not achieve to bury, is the Turkish nationalism or the state in the minds of the citizens, “panzer attacking...with a flag on it, a specialist sergeant, an armed special police team...violence, violence, violence”. That’s what I explained before via distinction I made between realist and normative aspects of the AK Party nationalism: The AK Party pragmatically has built on the heritage of classic Turkish nationalism and thus has had originary and constitutive relation with it, yet did give no any place to classic Turkish nationalism in its symbolic mechanisms, in what I call as normative aspect. This non-pronounced Turkish nationalism of the AK Party, which persists in the avoidance of facing up to and discursive and practical condemnation of the truth of classic Turkish nationalism and its crimes, in the on-going criminalization of the PKK and the KCK, “returns in the guise of spectral apparitions.” In other words, because the state in the minds of the Hakkârians, which does not regard them worthy of recognition and care, was not done away with completely by the AK Party, it returns in the spectral guise of distrust and continues to haunt the way Hakkârians relate to and evaluate the medical establishment. Distrust towards the intentions of the medical establishment, adequacy of the facilities of the medical establishment, capabilities of the health staff is thus the “uncanny spectral supplement” of the health services provided in a context in which the new bio-political emphasis put on the worthiness of the lives of Hakkârians is not put as denial of Turkish nationalism. As the head of the Cilo Nature Association said, “What is missing... right now is trust. That’s our biggest problem right now; we cannot trust [the state].”

Dissatisfaction as Equal Citizenship

Apart from the conviction that Hakkârians' lives are not regarded so worthy of respect and care by the state, the strong demand on the part of Hakkârians to be recognized, regarded and addressed as equal citizens has a considerable share in their dissatisfaction with the current situation of healthcare provision in Hakkâri. By this argument, I mean two stances, which are not always clearly separated from each other, one is less rhetorical, less abstract and more subaltern and the other is more theoretical, informed by formal language of obligations, entitlements and rights of citizenship. Below I elaborate on how these two stances are materialized in the dissatisfaction of Hakkârians with the health services provided in Hakkâri.

Comparison in Space, not in Time: Dissatisfaction with Healthcare Provision and Equal Citizenship in Everyday Form

It is not occasional in Hakkâri that people dissatisfied with health services provided in Hakkâri express their dissatisfactions with reference to the quality of healthcare provision in Ankara, İstanbul and sometimes Van and via comparisons made between experienced, “professor doctors” of Ankara and İstanbul and inexperienced, “intern doctors” of Hakkâri “who cannot understand disease and put off” patients, between fully equipped hospitals of Ankara, İstanbul, Van and hospitals of Hakkâri “whose inside are empty”, between failed surgery operations made in Hakkâri and successful treatments given in hospitals of Western provinces, between good humored and respectful health staff of hospitals of Ankara, İstanbul and “airy, artist, big headed, shouting” health staff of hospitals of Hakkâri, etc. That's to say, the plane in which dissatisfied Hakkârians compare the current level and quality of the healthcare provision in Hakkâri is spatial rather than temporal. This means they compare the current situation of healthcare provision in Hakkâri not with the poor services provided in the past, but with the much better healthcare services currently provided in other, especially

Western, provinces of the country – be this higher standard grounded in an experiential reality or an imaginative prejudgment.

I argue that by adopting comparison in space, instead of comparison in time, these Hakkârians refuse to be inserted into a development narrative and addressed as citizens-in-making who should compare past and present, realize the progress and thus appreciate the current quality of the healthcare provision by tolerating some persisting shortcomings. They rather appear as always-already citizens who *equally* and *now* have the right to qualified healthcare provision and are intolerant towards any call to endure any shortcomings.

That the comparative perspective is paved way by engagement to the idea of equal citizenship can be clearly followed in the following dialogue exchanged between two security guards, both Hakkârian, of the University of Hakkâri.

On that day I went to the room at the entry of the faculty building reserved for security guards of the building to conduct interview with security guards, all Hakkârian. There was only one security guard, *Deniz*,⁴¹⁸ when I entered the room and I started my interviews with *Deniz*. The position taken by *Deniz* was a critical one built on the idea of equal citizenship, and those said by him/her included criticisms and demands pronounced from a comparative perspective of an equal citizen demanding to have what citizens in Van and Ankara have: experienced doctors, more doctors, better medical facilities, etc. The following quotation is a part from the interview.

The doctors here are not usually good. They are new graduates. They improve their skills here and then leave...The hospital is a good building; it's big and large. Yet, as I said, the number of patients per doctor is too high and the doctors here are not good enough. That is, the general conditions are not very good, so we prefer other places for difficult operations... Sometimes good doctors arrive as well, but in general we cannot trust the doctors. Personally, I don't trust the hospital... What we need are not doctors who are good in all branches. We just need doctors

⁴¹⁸Pseudonym

who are good in their own branches. If the number of doctors and medical equipment increases, it would be good as well. Why do I have to go to Van? Why do I have to go to Ankara? I want to be able to deal with my health problems in good conditions and in my hometown. But right now, I cannot trust them at all.

Towards the end of the interview, another security guard, *İsmail*,⁴¹⁹ entered the room. When I finished the interview, I turned him and asked to have an interview with him as well on the current state of healthcare provision in Hakkâri. Those said by *İsmail* led to the following exchange between him and *Deniz*:

İsmail- Thank God, it is much better when compared with the past. In the past doctors used to brush the patients off. There used to be long queues. There were private clinics.

Deniz- If you go to the hospital now, you will see the same queues in front of the rooms of gynecologist and pediatricist.

İ- Are you crazy? It is good for here. It is good for Hakkâri.

D- Is not Hakkâri a part of the country? Look at Ankara.

İ- Ankara is the capital. Do you compare here with Ankara? (He looked at me with a smiling face in a way asking my consent and as if the other security guard says something contrary to the commonsensical fact).

D- This is a different point of view. (*Deniz* withdrew from the dialogue)

İsmail's point of view was really different from the comparative point of view of *Deniz*. While *İsmail* naturalized the gap between Ankara and Hakkâri via comparison in time, *Deniz* denaturalized and blamed the gap via comparison in space. For *İsmail*, it is the development in time, the progress made compared to old and bad days of Hakkâri, that matters, not the relative position of Hakkâri towards Ankara or other Western provinces. *İsmail* speaks from

⁴¹⁹Pseudonym

within development narrative as a citizen-in-making while *Deniz* is already a full-fledged and equal citizen while saying “Is not Hakkâri a part of the country? Look at Ankara.”⁴²⁰

To repeat, by making comparison in space instead of in time, the discontented patients like *Deniz* embody equal citizens who have right to equal healthcare provision irrespective of their location. In these comparative narratives, Hakkâri appears as an equal part of Turkey, neither a space of exception nor a developing region. As such, as an equal part of Turkey, Hakkâri turns into, with Henry Lefebvre’s terms, a counter-space against “quantity and homogeneity, against power and the arrogance of power,”⁴²¹ where Hakkârians appear as full-fledged citizens as against the citizens implicit in the construction of the development and transition narrative of the AK Party. Let’s look at three quotations below in which without using the term citizenship my interviewees embody equal citizens by regarding healthcare provision in Hakkâri as inadequate from the comparative perspective of equal citizenship (“*this is a province as well*”) and this inadequacy as a degrading attitude, as disrespect towards them (*we are not animals*) who claim to deserve equally what people in Ankara have.

Student of the University of Hakkâri, From a Village of Hakkâri City, Early 20s, Male:

Good doctors are not sent to here... Why does not the Ministry of Health send surgeons to Hakkâri? Why does it appoint to Hakkâri bad doctors? *Aren't we humans?* They do not pay attention to our health. Doctors here cannot do anything. They just transfer the patients to Ankara and İstanbul. Facilities must be provided as well. At the end, this is a public hospital and all devices must be available here. *A device in Ankara must be available in Hakkâri as well.* To me, health care provision is not same everywhere. It changes from province to province. In all

⁴²⁰Later I learnt that *İsmail* is one of numerous victims of the shortcomings of healthcare provision in Hakkâri. Because *İsmail*’s wife had a serious problem during the delivery in 20 years ago and the problem could not be solved in Hakkâri with the available facilities and health staff, she was taken to Van where her uterus had to be removed by a surgical operation to save her life. It was an interesting but not a surprising hint proving my general argument in the chapter that the dissatisfaction with the current state of healthcare provision is first and foremost an issue of perspective and way of seeing. In the absence of engagement with the idea of equal citizenship, the sufferings in the past may also lead to a comparative satisfaction with the current quality of healthcare provision.

⁴²¹Henri Lefebvre, *The Production of Space*(Oxford ; Cambridge, Mass.: Blackwell, 1991), 381-82.

hospitals, good doctors must be available. For instance, there are no many surgeons in Hakkâri. For instance, there are no many internists in Hakkâri? Why? Why?

Taxi-Driver, Hakkârian, Mid 20s, Male:

They listen to your complaint and prescribe medicine without any examination. For instance, if he asks “do you have stomach ache” and you say “yes I have stomach ache”, he immediately prescribes medicine without any further examination.

Q-So you are not satisfied with health care provision?

There is no healthcare provision to be satisfied. We have to go to Van and Ankara for every [disease]. We cannot have angiography here. *This is a province as well*. There are people living here as well. *The people here are not animals*. Health care provision is zero... My mother is diabetic and blood pressure patient. She also has high cholesterol. I took my mother many times to the hospital here. Yet there is no explanation, no care and no interest. *The people here are not animals*. They would like to have service in their hometown. Why do the facilities in Van lack in [Hakkâri]? We would like to have the same facilities... *This is a province*, yet it does not have an adequate hospital.

As for the third quotation, in the following words of my interviewee, where he complains of the appointment of inexperienced doctors to Hakkâri, the comparative perspective entailed by equal and full-citizen stance is not as explicit as much it is in the two quotations above, though the approach that regards inequality as an issue of respect that is likewise entailed by equal and full-citizen stance⁴²² is clearly explicit, as can be seen in the reference to being used as guinea pigs by inexperienced doctors. As I discussed above, complaints of the appointment of inexperienced doctors to Hakkâri, which I heard times and times in Hakkâri from people from many different segments of the society, has closely to do with the historically established and widely shared conviction that the lives of Hakkârians are not so worthy of care and respect in the eyes of the Turkish state. Yet, now, it must be also mentioned that this most popular item of complaint list has also to do with equal and full citizen's comparative perspective, that is, assessment of the quality of healthcare provision and “intern doctors” in

⁴²²See N Fraser and L. Gordon, "Contract Versus Charity: Why There Is No Social Citizenship in the United States.," *Socialist Review* 3(1992): 45.

Hakkâri in comparison to quality of health services provided and “professor doctors” concentrated in Western provinces of Turkey. If there were no engagement in Hakkâri to the idea of equal citizenship and people did not have any comparative perspective, the appointment of newly graduated and less experienced doctors to Hakkâri most probably would have led those convinced to the unworthiness of their lives in the eyes of the state to make comparison in time and be grateful for what they lacked in the past without much questioning the experience and quality of these doctors. Let’s read the quotation below therefore as a dissatisfaction of a full and equal citizen.

Clerk in the Municipality of Hakkâri, from Durankaya town of Hakkâri city, Mid 50s, Male:

Hakkâri has been rendered a boot camp with respect to healthcare provision and education. It is boot camp of GPs and newly graduated teachers. I monitor this issue for years. We have never seen in Hakkâri a teacher having six years’ experience. Always new graduates come to get experienced here. It [Hakkâri] is seen as a boot camp. This applies not only for Hakkâri but also for many provinces of the East.

The exile place of all negligent doctors and teachers is Hakkâri or Şırnak. This is a usual punishment method employed by all governments ever. We argue that Hakkâri is not an exile place; working in Hakkâri is a requirement of Turkey.

The surgeons of all bourgeoisies, affluent men, deputies, ministers in Turkey originated from the East. They made boot camping here. We served them as guinea pigs. Look, even saying this suffices to make my hair stand on end, yet this is the reality itself. And many of our relatives died on operation tables while serving them as guinea pigs.

The causality between full and equal citizen stance and dissatisfaction of Hakkârians with healthcare provision and doctors is not limited by the fact that health investments made in Hakkâri and health manpower transferred to Hakkâri do not meet what Hakkârians expect to have from a comparative point of view. Those taking a full and equal citizen stance do not limit their criticisms, expectations and demands concerning healthcare provision with a list that can be listed from a comparative point of view. They can even go beyond comparative perspective and formulate their demands and criticisms based on the gap between what they

regard as actual needs of Hakkâri and the medical establishment's capacity to meet these needs. For instance, I was said in many times during my fieldwork that a maternity hospital ought to be opened in Hakkâri as soon as possible. Those demanding a separate maternity hospital referred to high fertility rates in Hakkâri which is much higher than the Turkish average and also to the incapacity of the public hospital to meet the actual demand. The need for a separate children's hospital was much pronounced as well for the same reasons.

I would like to begin with criticism and demands of *Halil*,⁴²³ owner of a tea house and from a family which is politically influential in local Kurdish movement, who demands an additional public hospital for the Hakkâri city.

Owner of a Tea House, Hakkârian, Late 20s, Male:

I guess that you have seen the banner of the Lokman Hekim Hospital at the city center, announcing that "our cardiologist is at your service." This [Hakkâri] is a province. Cardiovascular surgery clinic must be completely available with its infrastructure, specialists, professors, for there are at least 70 thousand people living at the center. Yet we still prefer going to Van to have a good heart treatment. In fact, we have to go to Van. This is an instance of inadequacy. Examples can be multiplied...We still have to take our patients to Van or somewhere else for physical therapy and make extra payments. Here neither we had sufficient specialists ever, nor specialist stayed here sufficiently. The hospital has never been at a level meeting the needs of this population with regard to treatment, operations, etc. We have a single hospital. It does not meet the expectation. *Why not a second hospital is made?* Why does a poor patient having a heart attack have to go and make payment to Lokman Hekim Hospital in Van? Not all people in this province can afford to go to Van.

Let's take a look at the following quotation from the interview I conducted with a Hakkârian businessman:

⁴²³Pseudonym

Businessman, Hakkârian, mid 50s, Male:

I am completely dissatisfied with [healthcare provision]. *A maternity hospital needs to be opened as soon as possible.* There is a restroom next to the gynecology clinic, and everybody sees pregnant in the altogether while she gives birth to a child. It is unacceptable. In addition, *a children's hospital needs to be urgently opened.* I had to take my child to Van, because I could not take an appointment here. I could take my child to Van, yet everybody cannot afford it. When I took my child to ophthalmologist [here], he was the cleaner there who checked his eyes. According to the [records of the cleaner] my children was boss eyed... An opening⁴²⁴ concerning healthcare provision must be done as soon as possible.

The following words of a shopkeeper also exemplify this demanding stance.

Owner of a Variety Shop, Hakkâri an, Mid 50s, Male:

The people are used to go to Van or Ankara in case of a surgery operation. If they regard here satisfactory, they do not go to elsewhere. My father had a heart disease. He was transferred to Van. We did not regard even Van satisfactory and took him to Ankara to show him to a professor doctor. He had angiography there and was placed a stent. My father is now healthy. If these facilities existed here, we would not have gone to Van, Ankara, and İstanbul and made a great deal of expenses. If we have a fully equipped hospital, we do not need to go to elsewhere. *Both maternity and children's hospital are essential for Hakkâri. A cardiology hospital would also be great.*

I must confess that even I as a critical scholar was surprised when I encountered this demanding stance which, in addition to calling for the opening of a maternity and children's hospital, which does not sound strange given the high fertility rates in Hakkâri, does not hesitate to demand opening of a separate cardiology hospital in a province with a population that does not exceed over 280.000. For, in Turkey there are no cardiology hospitals in small and even middle-scale provinces. For instance, there is only one cardiology hospital in entire Black Sea region. Yet, what puzzled me with this demanding stance was not the feasibility of

⁴²⁴By “opening” he refers to the on-going reform process and negotiations for peaceful settlement of Kurdish issue, popularly known as “Kurdish opening.” His using the word “opening” while demanding the improvement of healthcare provision in Hakkâri was not accidental. It can be taken as an evidence of the inseparability in the minds of many Hakkârians of value ascribed to their bodies and to their identities.

demands formulated from this stance, not, for instance, whether a well-equipped cardiology clinic would be more feasible than a separate cardiology hospital. It was rather the lack of any sense of gratefulness, which I later realized that I likewise had expected to find, on the part of these demanding patients. The sense of gratefulness, which may result from the improvement of healthcare provision, was so lacking in these demanding patients that they did not hesitate to make further demands, even not so feasible ones. As can be seen in the quotations above, this has partly to do with the persisting shortcomings of the healthcare provision in Hakkâri, like the lack of some medical technologies, partly to do with the conviction that the lives of Hakkârians do not count so much in the eyes of the state that results in by-passing positive developments, but mostly, as I argue here, to do with the fact that these demand owners are “already citizens” who think they do not need to be grateful for those what they regard as still insufficient to meet what they have right to.

“Tax Payers”, “Citizens of the Social State”, “Duty of the State”: Dissatisfaction with Healthcare Provision and Equal Citizenship in Political Form

Yüksekova Public Hospital serves around 200 thousand people including residents of villages, Şemdinli district and Büyükçiftlik, Esendere, Derecik towns. Given this patient potential, frequently occurring explosions and firearm injuries due to the on-going clashes, traffic accidents resulting from geographical landscape and inadequacy of the roads and controls, necessary medical facilities must be available in the hospital and kept in operating state, expert personnel capable of intervening in such urgent patients must be employed in the hospital, and also necessary inspections must be done carefully. This is the primary and minimum duty of the social state. Because this duty has not been undertaken properly, all officials, from the lowest rank to the one at the top, are under suspicion.

In addition, given the progress of the medical science, it is shameful for our country that a citizen died due to such a simple reason. As a citizen and a brother, I believe that the death of my injured brother, whose life could have been saved, cannot be justified on any ground. I wonder whether my brother would have lost his life in a hospital in Ankara, Istanbul or Van. The answer to this question would exhibit that the basic human right, the right to live, was

violated by the state institutions and as a result of negligence and mistakes, that the constitutional principle of equality was violated in a way that directly threatens human life.

Yüksekova Public Hospital is a magnificent building which was constructed by big expenses to serve the whole area. Yet, hospital does not only mean a magnificent building. It should not. Hospitals must be equipped completely to serve the patients and be staffed by cadres who are conscious of their responsibilities. Hospitals become magnificent only then.

There are serious problems in the actual state of Yüksekova Public Hospital. There is no any medical setting which gives necessary and up-to-date treatment to patients in a serious manner and in which citizens can hand their patients without any doubt. There are many complaints similar to the tragedy we experienced. It is the primary duty and responsibility of the state to provide doctors the suitable working conditions, staff the hospital with adequate cadres and ensure the inspection constantly.

This long passage is from the letter written by İrfan Sarı, the head of the Yüksekova Union of the Chambers of Artists and Artisans, to the patient rights unit about the death in 2009 of his brother who was injured in a traffic accident and died in Yüksekova Public Hospital where he was brought alive but then lost his life due to internal bleeding which could not be noticed by doctors simply because tomography did not work.

İrfan Sarı, the writer of this complaint letter, is one of the leading opinion leaders of Yüksekova, a respectful figure of the Kurdish movement in Yüksekova, who was arrested times and times during 1990s, that is, during the heydays of the war. I quoted from this letter, which he kindly allowed me to use, at length to elaborate on my argument on rootedness of equal citizenship as framework through which Hakkârians make sense of the quality and shortcomings of healthcare provision in Hakkâri. This letter, I argue, shows clearly that equal and full citizen stance is widely adopted not only by ordinary Hakkârians. A member of politicized, intellectual, and leading class of the Kurdish movement as well uses the terms of citizenship while complaining of negligence and shortcomings which he regards as responsible from the death of his brother. In addition, he does this not as a rhetorical strategy to be taken into consideration by the official addressees and the state. For, the letter above is

not a one addressed to public and published in a newspaper or website so far. It is written by a brother to the patient rights unit on the death of his brother for whom no any rhetorical strategy can have anything to offer anymore.

As for the content of the letter, we see the usual complaints pronounced from comparative point of view. “Good building whose inside is empty” resonates in Sarı’s criticism to the useless magnificence of the building of Yüksekova Public Hospital. While he says “I wonder whether my brother would have lost his life in a hospital in Ankara, Istanbul or Van,” he exemplifies the usual comparative assessment of healthcare provision in Hakkâri. Yet there is another emphasis in Sarı’s letter which is only implicitly present in the comparative dissatisfaction of Hakkârians with the healthcare provision in Hakkâri: the explicit emphasis put on citizenship, constitutional principle of equality, duty and responsibilities of the social state, the state’s responsibility to keep basic human right, that is, right to live, etc. Sarı explicitly assumes the citizen status, “as a citizen and a brother,” which less politicized citizens only implicitly embody in their comparative gestures. As a citizen of the social state endowed with rights, he condemns the shortages taking his brother to the death as the state’s nonfulfillment of its duties and responsibilities towards its citizens, the violation of the constitutional principle of equality and right to live. This is the explicit and abstract expression of the question “Aren’t we humans” which less politicized citizens ask reprovingly in the face of shortages and negligence.

The criteria Sarı relies on then while criticizing healthcare provision in Hakkâri are some abstract principles, rights, duties concerning equal, full and social citizenship. His criticisms and demands are based on the gap between those legally and constitutionally promised to citizens and the actual limits of healthcare provision in Hakkâri. Sarı does not tolerate the gap between by taking geographical conditions and on-going war into account as excuses, but

rather does the reverse: he refers to the specificity of the region, which can be seen in the first paragraph, to demand more and ensure the fulfillment of his demands as soon as possible.

We see in Sari's letter then a rights-bearing citizen referring to his rights and duties of the state. Health investments of the government are therefore, from this perspective, not unilateral favor, gift, and benevolence of the government for which citizens should be thankful. This ungrateful and rights-bearing citizen stance is not peculiar to Sarı and widely shared by the leading activists and cadres of the local Kurdish movement such as the head of the local branch of the Islamic-leaning Mazlumder (Association of Human Rights and Solidarity for Oppressed People). He is an Islamist but also so strongly sticks to his Kurdish identity that he does not avoid even saying to leading cadres of *Haksöz*, which is a pro-government Islamic organization defending Kurdish policy of the AK Party, that "we are not members of the same ummah." His words which I quote below are important particularly because they indicate very well the understanding which does not regard social policies as counterpart of something that must somehow be returned, as an issue of negotiation whose quality and quantity depends on the agreement between provider and beneficiary, as subject to politics whose provision depends on the political loyalty of beneficiaries. Let me share a part of the interview I conducted with him in the Association:

Q-How do you evaluate the construction of hospital and other social assistance?

This kind of things must be provided. If you are a social state, then you must provide both hospital and school to your citizens. You cannot flash these things around. You tax these people. They are taxed for everything. While providing [these services], it is not right to flash these around. This is not a just approach. A positive discrimination must be made to Kurds and Kurdistan region. Can you compare the streets of İzmit or Bursa with those of Hakkâri? You see the gap between.

Q-The prime minister said in his meeting in Hakkâri that the BDP makes politics of identity and AK Party makes politics of service

What did the AK Party do in Hakkâri in the name of service? Nothing!

Q-He refers to the hospital.

It was done by the state, not by the AK Party. Detach Hakkâri from Turkey if you, the state, will not construct even a hospital in Hakkâri. If you flash the construction of the hospital around, this is not a true approach. It is wrong if you plan to win the people over by social assistance or distributing money to women and children each month.⁴²⁵ As was said by a [deputy] of the BDP, “take the pasta they give, but do not give your vote to them.” Here the problem of the people is the problem of identity and belonging. I would like to have a life as Kurdish. I would like to be Kurd in Turkey. The name of the country even can be changed. A geographical name can be used instead. A federative system can be adopted. The people want such things. A social state must provide education and health services to its citizens.

As can be seen, to him, health investments and social assistances are not political issues; they are provided by the social state, not by the AK Party, to tax payers, to citizens as a legal requirement of the social state. Social policies are not things that beneficiaries need to be grateful for. This depoliticization of social policy, the lack of the sense of gratefulness, materialize best, maybe more than in his call for positive discrimination for Kurdistan, in his demanding stance in Kurdish issue, in his radical suggestions ranging from the change of the name of the country to transition to federal system. To him, politics of identity and social policy are two unconnected areas which do not have any causality between: “take the pasta they give, but do not give your vote to them.”

To deepen my argument on rights-bearing Hakkârian citizens’ dissatisfaction with healthcare provision with further evidence, I would like to proceed with the discourses and arguments exchanged in a focus group study I organized with the participation of members of the left-wing and pro-Kurdish *Eğitim-Sen* (*Eğitim ve Bilim Emekçileri Sendikası*, Education and Science Workers’ Union). All participants in the focus group were Hakkâri an, supporters of the Kurdish movement, equipped with formal language of citizenship, dissatisfied with

⁴²⁵He is referring to conditional cash transfers.

healthcare provision in Hakkâri and had a clear anti-capitalist stance. Let's take a look at the words of the head of the local branch of Eğitim-Sen, İlkay Şimşek who is a teacher in a primary school:

The physical structure of the hospital may be good. Although doctors do not meet the need, they may be regarded as satisfactory when compared to the past. The problem is that all these [services] should have been available in the past. Let's take a look at the Declaration of Human Rights. Let's take a look at the proclamations of the European Human Rights Court. The first article of all these documents refers to the right to live, and the second and third articles refer to the citizens' right to healthcare provision. To back to Hakkâri case, there was not a considerable healthcare provision in Hakkâri until 5-10 years ago. It had to be, yet it was missing. The people then had a constant suffering. Now a new physical setting was constructed and a new strategy was developed. Yet they have been presented to us as if they are blessings. That which belongs to us, which we have right to has been presented to us as if they are blessings. The citizens in the street may think that the hospital and doctors are good. No, the reverse is true. The rule of robbery prevails [in healthcare provision]. Especially after the Health Transformation Program initiated by the AKP, hospitals have become business firms. Examination fees, taxes on medicine are at an extreme level.

Şimşek's dissatisfaction with healthcare provision illustrates very well the causality between full-fledged right-bearing citizen, who refer to rights, human rights, right to live and healthcare, and critical assessment of healthcare provision in Hakkâri: Healthcare provision was missing in the pre-AK Party period as a violation of right to live and healthcare provision. That the health services have been started to be given in the AK Party period, albeit insufficiently, is thus return of a right that was suspended in practice, not a blessing or a favor of the AK Party. Therefore, it is the actual capacity of current healthcare provision to meet the right to healthcare provision, not that the healthcare provision was missing in the past and is comparatively good in the present, which is Şimşek's criterion of evaluation of current healthcare provision in Hakkâri.

Şiar,⁴²⁶ another member of Eğitim-Sen and research assistant in the University of Hakkâri, likewise both acknowledges the progress occurred in the AK Party period and is still not satisfied with healthcare provision in the province:

In the past, there were no doctors [in Hakkâri]. One day a stone thrown by my cousin hit to my eye. We went to the hospital, yet I could not find an ophthalmologist and was transferred to Van... Now we have doctors. We have a building, yet its inside is empty. Recently I had a problem from my eyes again. This time I could find an ophthalmologist, but he said that he cannot examine my eyes as he wishes because of the lack of a device. What changed? We are not satisfied [with the healthcare provision].

To him, persistence of dissatisfaction with the healthcare provision despite the progress is neither a conflict nor “an injustice made to the services provided by the government”, because,

The service we deserve, the service with which we compare actual service, is a fully equipped hospital, a fully equipped service. The issue is that the awakening of the people occurred faster than the improvement of the service. The people realized that “we have right to healthcare, these services are funded by our taxes” and put this knowledge into practice. This occurred faster than the improvement of the hospital and its physical environment.

Conclusion

I distinguished two forms of citizenly dissatisfaction of Hakkârians with the medical establishment: subaltern form of citizenly dissatisfaction and more elite and more explicitly political form of citizenly dissatisfaction. Unlike the subject of more explicitly political form of citizenly dissatisfaction, the subject of subaltern form of citizenly dissatisfaction is not a one who this or that extent internalized the point of view of rights-bearing bourgeois citizen. What is decisive in the subaltern form of citizenly dissatisfaction is not a critical stance informed by conceptual insights of “duties”, “inalienable rights”, “tax-payment”, etc. What is decisive is rather the persistence of the usual sense of being discriminated, devalued and

⁴²⁶Pseudonym

excluded. In other words, it is not the sense of being entitlement, but the sense of being discriminated is the center of gravity in subaltern form of citizenly dissatisfaction. Dissatisfaction here is first and foremost a call for recognition as equals deserving respect and care. It is this emphasis put on being recognized as equals and not being discriminated by any means what leads me to call this form of dissatisfaction with healthcare provision as a citizenly one despite the fact that there is no any open mention of “citizenship” status or “rights” in this form of dissatisfaction.⁴²⁷ For what is denoted by citizenship is, as T.H. Marshall remarks, first and foremost a community of equals, “full and equal membership in a political community.”⁴²⁸

As for more explicitly political form of dissatisfaction with healthcare provision in Hakkâri, this is usually seen in politically engaged and more educated sections of the society. In this form of dissatisfaction with healthcare provision in Hakkâri, the language adopted is full of references to “duties of the social state”, “right to live and healthcare”, “tax-payment”, “constitutions and laws”, “human rights”, “equal citizenship,” etc. In this form of dissatisfaction, dissatisfaction is not a comparative one; the gap between the state’s promise of delivering qualified healthcare to all its citizens and its actual capacity to meet its promise forms the essence of this form of dissatisfaction with the healthcare provision.

This form of dissatisfaction with healthcare provision has an instrumentalist aspect as well. The references to the right to healthcare and duties of the social state enable a subject-position from which it is possible to maintain the critical stance despite the relative improvement of

⁴²⁷To say with Engin İşin’s words:

By abandoning the frame of reference that contrasted the occidental with oriental cities and their conceptions (or lack thereof) of citizenship and instead focusing on the configuration of power and group formations within Western cities, it is possible to change our perspective of citizenship. Rather than seeing “citizenship” as a stable and original innovation and the city as at once its symbol and domain, we can see it as an unstable and invented tradition through which certain groups have established their dominance and constituted themselves as citizens of a domain that valued their existence and devalued that of those who were constituted as its strangers and outsiders. Engin F. Isin, *Being Political: Genealogies of Citizenship*(Minneapolis: University of Minnesota Press, 2002), 283.

⁴²⁸T. Marshall and T. Bottomore, *Citizenship and Social Class*(Pluto Press, 1992), 50-51.

healthcare provision in the period of the AK Party by reminding the gap between the legally granted right to qualified healthcare and actual and insufficient, though improved, capacity of healthcare provision. Rights-based discourse also deprives the AK Party of the opportunity of using the improvement of healthcare provision as an electoral asset by pushing social policy outside of politics.

Between Exploitation and Survival: Ungratefully Demanding Subjects

The widespread dissatisfaction with the medical establishment is not the single outcome of the subjectivities brought forth by the heritage of sovereign violence and indirect state racism of the Turkish nationalism of the pre-AK Party period, which is reproduced by Turkish nationalism of the AK Party, and the Kurdish unrest against Turkish nationalism. As two main dynamics which determine and structure how the majority of Hakkârians relate to the state, the heritage of sovereign violence and indirect state racism and the Kurdish struggle also pave way a very strong demanding stance among Hakkârians towards the developing medical establishment and newly supplied services.

This demanding stance, unlike citizenly dissatisfaction with the medical establishment, embodies a “non-citizenly” effort of access to services and sources provided by the medical establishment. It can be grouped into two with respect to goals, forms and the status of actors. The first form of this demanding stance is opportunistic in the strictest sense of the word. Those who enjoy political power, which means somewhat affiliation with the AK Party and having contacts with the administration of the medical establishment, render their contacts and political power into profit thanks to the expanding purchases of the medical establishment in parallel to the increasing investments of the government and the equipment demands of the specialists appointed to do compulsory service. When I conducted interviews with doctors in

2009-2010, the specialists were all preoccupied with preparing tender specifications concerning the purchase of medical devices they need to examine their patients.⁴²⁹

As I show below, one of main dynamics of this form of non-citizenly demanding stance has to do with the conviction of many Hakkârians that their lives do not count so much in the eyes of the state which is still regarded first and foremost as a sovereign power, not as a benevolent one. This means two things: the way the people relates to “public” sources and services largely lacks the moral ground enabled by the principles of “public good”, “public interest”, “public authority”, etc.⁴³⁰ Given the weakness of the expectation on the part of Hakkârians to find a qualified healthcare provision in Hakkâri, it is not so surprising therefore that the real use-value of the newly supplied medical services means for many Hakkârians the share they may take from the public sources expended to fund these services, new employment opportunities, etc., not these services’ possible contribution to the health of Hakkârians.

The other form of demanding stance pertains to everyday survival strategies of ordinary people. The poor of Hakkâri adopt an insistent stance to be entitled to social policy benefits, including the attempt at finding ways and tactics necessary for being entitled to social policy benefits even when they are not legally entitled to. Trying to get disabled report and, if possible, with high disability rates for themselves or relatives from the committee composed of specialists is the most frequent example of this demanding stance.

This form of demanding stance is based on, on the one hand, the sense that the state owes to them, which results from the damages caused by the sovereign violence especially during mid-1990s, and, on the other hand, the non-fetishistic conception of law as a relation of power

⁴²⁹They all complained of having to lose time with a task which they are not legally obliged to do, but, they told me, the administration was not experienced and informed enough to do these tasks.

⁴³⁰It does not mean that this relationship is totally devoid of any moral ground. The argument proposed here is just that this relationship is largely devoid of the moral ground the sense of belonging to “public” may enable.

and the self-confidence, both of which were acquired in the course of the struggle against the sovereign violence of the state.

The Lack of the Philanthropic Spirit and the Exploitation of the Medical Establishment

The Lack of the Philanthropic Spirit

There is a panel on the wall of the ground floor of the Hakkâri Public Hospital. It is read at the top of the panel that “The Philanthropists Making Donations to Our Hospital.” Given that making donations to hospitals have an important place in the philanthropic tradition of Turkey; it is not surprising to see such a panel on the wall of the hospital. What is surprising about the panel is something different. One can justifiably expect to see the names of at least 8-10 philanthropists on the panel which has been there since 2008, yet the panel remained empty for a long time until 2013. In other words, the panel that was hung on the wall was not hung on there to meet the necessity of honoring donators who already made donations to the hospital. It was rather hung on there to encourage future donators. There are donations made to the hospital like wheelchairs donated by rotary club from İstanbul, but leading and affluent local figures refrained from making donations to the hospital. In 2013, names of Yavuz Yüce and Niyazi Ediş were added on the panel. To a provincial director of health, donations made by these businessmen did not reflect an attitude change. Behind these donations, s/he said, was rather the personal relationship and friendship between the general secretary of the Hakkâri Public Hospitals Union and these businessmen. That the new donations and new philanthropists did not follow these two donations and philanthropists seem to verify the director’s conclusion concerning the impossibility of talking about a noticeable change in the stance towards the medical establishment.

Figure 22. “The Philanthropists Making Donations to Our Hospital”



The same situation applies for the Yüksekova Public Hospital as well. To the answer given to my question I asked based on the freedom of information act, nobody has made any donation to the Yüksekova Public Hospital until so far. To the former head of Hakkâri-Van Medical Chamber who has been working in Van for years, the lack of this philanthropic spirit is not peculiar to Hakkâri and applies for Van-Hakkâri region in general. He told me that he also worked in the University Hospital in Van in the past but did not ever see that anybody made any donation to the University Hospital, let alone to small public hospitals in the districts. To the former head of the medical chamber, “everything is expected from the state in the region.”

While telling these and giving examples on the lack of contribution of philanthropic activism to the healthcare provision in Hakkâri, neither am I intending to repeat much pronounced accusation by the Turkish administrators in Hakkâri, “they expect everything from the state,” nor am I blaming affluent and upper middle-class Hakkârians for their avoidance of taking part in neo-liberal governmentality calling for active and responsible service-beneficiaries.⁴³¹ In this regard, I completely agree with those said by Yusuf Demir, the current head of provincial branch of *Eğitim-Sen*:

As for private rooms, the logic of the state you referred is wrong. What kind of logic is it? [They say that] “Let’s collect money for schools in Van” or “so and so in a village sold its 30 cows and constructed a school or health post in the village.” Whose obligation is it? It is the obligation of the state. The state is obliged to do it. I have right to healthcare. Who is my addressee, the state or the businessmen of Hakkâri? This logic and mentality is wrong... It is the state which is obliged to construct hospital and private rooms. It should not be expected from the people.

What does this lack of philanthropic contribution to healthcare provision in Hakkâri show us then if not that “Hakkârians expect everything from the state?” Two quotations from the interviews I conducted with two provincial directors of health, who, by position, were able to have a picture of the overall relationship of Hakkârians with the medical establishment, indicate us that the fact that the medical establishment in Hakkâri almost totally lacks any contribution of philanthropic activism has to do with a larger phenomenon:

Quotation-1

Q- Mr Günalp⁴³² complained that the patients do not own the hospital. He said that in hospitals in Ankara, İstanbul and other provinces, there are private rooms whose construction and

⁴³¹See Pat O'Malley, "Risk and Responsibility," in *Foucault and Political Reason : Liberalism, Neo-Liberalism, and Rationalities of Government*, ed. Andrew Barry, Thomas Osborne, and Nikolas Rose (London: UCL Press, 1996); John Clarke, "New Labour's Citizens: Activated, Empowered, Responsibilized, Abandoned?," *Critical Social Policy* 25, no. 4 (2005).

⁴³²Pseudonym. He is the previous provincial director of health.

equipment is funded by philanthropists, and these rooms are given the name of these philanthropists. However, here, he said...

A- They expect everything from the state. It is the state which is obliged to do everything.

Q- Have you ever tried to encourage people to make such donations?

A- They take a greedy and ingratitude stance towards your services, let alone making donations.

Q- Is not there really anybody who would like to make donations or equip rooms?

A- No, no. We just say them that “stand a little out of the sunshine.” When you conducted interview with me first time, we were in the old building [of the provincial directorate of health]. It belongs to the governorship and is going to be demolished. We then moved to this building which belongs to the unit of Community Health. We firstly wanted to hire a new building not to be crammed into this building. Yet we were demanded 3000 lira for an apartment which is normally rented out for 500 lira, just because I wanted to hire it for the state. I said him that I accept to be crammed into a building rather than giving this 3000 lira to you. Then we moved to this building. I mean nobody has a contributory stance. I oppose the logic of “it is the money of the state, not yours.”

Quotation-2

As for the patient satisfaction, the state is not backed here. The people are indeed very respectful. They become grateful after they get treatment from the doctors, yet because they do not back the state they think that “doctor is good, but the hospital is bad.” They think so, because the hospital belongs to the state. For instance, the Directorate of Kayseri Community Health Centers has 22 trillion, all of which has been donated by philanthropists. This of course has to do with the wealth of Kayseri as well, yet we cannot find 30 thousand lira which is necessary for the repair of a family health center. For instance, recently the owner of Gündüzler Hotel,⁴³³ Mehmet Gündüz,⁴³⁴ died. He is one of the most affluent people of here. His family put an advert in the newspaper and thanked the hospital and the staff for the attention paid. Everybody got surprised, because it was an unprecedented case. Yet I am sure that making a donation to the hospital never came to even his [Mehmet Gündüz’s] mind. I likewise have not thought so far asking people for donation. Even for the most religious in Hakkâri, it is legitimate to appropriate the money of the state. For instance, we are going to set up solar power system to

⁴³³Pseudonym

⁴³⁴Pseudonym

the doctors' guest house. Although everybody set up solar power system to their home for 1.5, we cannot take a price less than 2.

What do these quotations say us about the lack of philanthropic contribution to the medical establishment in Hakkâri? To answer, I would like to introduce another quotation from a Hakkârian civil servant employed in the Hakkâri municipality who explains the lack of philanthropic contribution to the medical establishment with such words:

Here no any patient companion has any hope when he takes his patient to the hospital that his patient will recover... Those who go to the hospital for headache or flue are so many, yet I have never seen a patient expecting to have a treatment in the Hakkâri Public Hospital in case of a more serious disease. In case of a surgery operation, we directly begin to think options like Ankara or Van.

Q-Do not you trust the hospital?

Yes. Let's assume that I am a rich man and my child is sick. If he undergoes an operation here and recovers, furnishing a private room may come to my mind. Yet because I do not have any such expectation from the hospital, furnishing a private room does not come to my mind.

My argument is that the firmly established conviction of Hakkârians that their lives do not count so much in the eyes of the state not only results in the persistence of dissatisfaction with the medical establishment despite its remarkable progress but also prevents Hakkârians from making donations and thus contributing to the on-going improvement of the medical establishment. At the end, who donates to an institution which he regards as useless? This is evident in the responses of the local businessmen and merchants towards the growing needs of the medical establishment in parallel to its flourishing services. The medical establishment in Hakkâri is regarded still so useless by these commercial actors, as also by others, that it is regarded in the first place as a purchaser than a service-provider,⁴³⁵ and its use-value is reduced to its purchases to the cost of services it provides. The result is the absence or

⁴³⁵Needless to say, unlike the poor of Hakkâri, hospitals in Hakkâri are not the first compulsory choice of the rich of Hakkâri.

weakness of the philanthropic contribution, at the best, and the exploitation of the medical establishment, at the worst.

This stance, which does not own the medical establishment, is a particular reflection of a wider phenomenon and not peculiar to healthcare provision. Beyond healthcare provision, I can refer to the experiences of İbrahim Belenli, the first rector of the University of Hakkâri, to exemplify the lack of philanthropic contribution to public institutions in Hakkâri and constant attempts at taking advantage of these institutions instead of supporting them. As a new university founded in 2008, the University lacked any campus in 2008, and Belenli was in constant search of finding an adequate place for campus area. Yet, the mountainous landscape of the Hakkâri city made it difficult to find a flat, large and undivided area suitable for the campus. His search failed for a long time, because land owners having suitable area for the campus offered extra-ordinarily high prices, let alone offering lower prices than the normal prices of the lands or donating their lands to the University. Even land owners, who had just 3-5 decaire lands and heard that the University was looking for land, used to visit Belenli to sell their lands to the University. Referring that people are used to donate their lands to the newly founded Public Universities in the western provinces of the country, Belenli used to complain in a style reminiscent of the quotations above of the opportunistic stances of the people seeing the foundation of the university as an opportunity to sell lands to the state from higher prices. At the end, an area in Kiran neighborhood, most of which belongs to the public, had to be chosen as campus area.

Given that “it is through philanthropy that people affirm what they believe is in the public good and what they think contributes to it,”⁴³⁶ we can conclude at a level of higher abstraction that the absence of the philanthropic contribution to the public services in Hakkâri signifies

⁴³⁶Robert L. Payton and Michael P. Moody, *Understanding Philanthropy : Its Meaning and Mission*, Philanthropy and Nonprofit Studies (Bloomington: Indiana University Press, 2008), 60.

the limits of the state's attempt at changing the ground of its rule from "dominance without hegemony" in which "persuasion outweighed by coercion"⁴³⁷ to hegemonic domination whose power derives from its widely acknowledged claim to embody "general/public interest"⁴³⁸ as "public authority." It is seen that the understanding of the state as "public authority" embodying the general interest of the public and hence of Hakkârians is still weak among Hakkârians just as the conviction that the services of the state serve to the "public good."

Exploitation of the Medical Establishment

If the lack of philanthropic contribution is one face of the stance which does not own medical establishment, the prevalence of corruption, exploitation of the medical establishment, and constant privatization of "public" sources is another. Hakkâri is a province where, to say with the words of a provincial director of health, one of his predecessors "played with trillions" in a few years ago. Yet, due to the nature of the issue, my informants usually avoided speaking about these issues. The doctors in administrative positions preferred remaining silence on the tenders and the pressures put on them by different actors, tried to slide over my questions, yet still revealed their discontent with these monetary issues. The answer given by the head of the provincial branch of the pro-government *Sağlık-Sen* to my insistent questions, with a meaningful smile on his face, was just that "such things may occur during the rule of any political party." Even the administrators of the pro-Kurdish and leftist *SES* were not so willing to share their knowledge with me.⁴³⁹ Yet I could manage to access invaluable data shedding light on the extent and ways of exploitation of the medical establishment of Hakkâri.

⁴³⁷Ranajit Guha, *Dominance without Hegemony : History and Power in Colonial India*(Cambridge, MA: Harvard University Press, 1997), xii.

⁴³⁸Nicos Poulantzas, "Preliminaries to the Study of Hegemony in the State," in *The Poulantzas Reader : Marxism, Law, and the State*, ed. James Martin(London ; New York: Verso, 2008), 74-119.

⁴³⁹As a small province where kinship relations and tribes matter, it is not always ideological and political stance that determines actual responses and actions in Hakkâri. This applies for leftist and pro-Kurdish organizations as

The biggest corruption of the medical establishment in Hakkâri which was debunked occurred in 2007-2008 when I did not start my fieldwork yet. Almost all pharmacies in the Hakkâri city were accused of acquiring unearned income by preparing fake receipts, juggling with written receipts in collaboration with some doctors working in private clinics⁴⁴⁰ and the Hakkâri Public Hospital, two directors of the provincial directorate of health, directors and some civil servants of the branch of medicine and pharmacy of the provincial directorate of health, members of the commission of receipt control, directors and some civil servants of the branch of administrative and financial affairs of the provincial directorate of health, civil servants of the accounting department of the Hakkâri revenue office, some directors of the provincial directorate of national education and the office of mufti. Dozens of people were arrested, administrative investigations were launched, and many civil servants were appointed to other provinces.

well despite the whole rhetoric against “feudal” values and relations. For instance, a scandal occurred in the University of Hakkâri in November 2013 and some Hakkârian instructors, who were accused of threatening female students with low grades to force them to sexual intercourse, were arrested. The scandal was protested by all institutions of Kurdish movement including the provincial branch of Eğitim-Sen as well. Three months later after the scandal, on 8 March, I went to the provincial organization of the BDP. A group of female members of the BDP was also there. Having celebrated the International Women’s Day by a protest march in the streets of Hakkâri during which they shouted slogans against the scandal, they returned back to the party building. One of them asked me who I am, and when she learnt that I am coming from the University of Hakkâri, she expostulated on me: “Academics in the University had to respond to the scandal. You really disappointed us.” I answered that the provincial branch of the Eğitim-Sen responded to the scandal. Yet, she insisted that because those accused were academics of the University of Hakkâri, academic staff of the University of Hakkâri needed to respond to the scandal separately from the Eğitim-Sen. She was completely right in her criticism. I thought that it was not so late. I decided to talk the issue with the head of the provincial branch of the Eğitim-Sen. Together with two Hakkârian research assistants, who are members of the Eğitim-Sen and consented my offer to issue a press release demanding the clarification of the issue as soon as possible in a just way “without accusing anybody in advance,” I went to the Eğitim-Sen to talk the issue with the head of the provincial branch. After the meeting, it was decided that if the majority of Eğitim-Sen members in the University of Hakkâri consents the offer, we would issue a press release in the name of the Eğitim-Sen members of the University of Hakkâri. One of Hakkârian research assistants in the meeting undertook to sound the members out. The result was disappointing. Majority of the members, most of who are Hakkârian as well, said him that those accused are Hakkârians and it would be better to avoid reminding the scandal. At the end, we failed and could not issue a press release in the name of Eğitim-Sen members of the University of Hakkâri.

⁴⁴⁰ A local nurse who worked in a private health center, which was a part of this medicine corruption, told me that doctors employed in the health center used to gather health cards of the people and prescribe medicine as if they really examined the owners of these health cards. Unperformed medical operations also used to be entered into the system as if they were really done. “If you forget your ID or health card there by mistake, they would use it to enter many unperformed operations into the system” she said to describe the extent of the corruption.

To a copy of the administrative investigations which I could obtain via my contacts in the provincial directorate of health,

-Among 4385 receipts attached to the invoices made out in 2007 by *Yaşam* Pharmacy, 4344 receipts were improper. The loss of the public amounts to 520.221,18 YTL. (Approximately 400.000 \$)

-Among 2291 receipts attached to the invoices made out in 2007-2008 by *Sonyardım* Pharmacy, 2241 receipts were improper. The loss of the public amounts to 121.072,54 YTL. (Approximately 93.000 \$)

-Among 1719 receipts attached to invoices made out in 2007-2008 by *Evren* Pharmacy, 1094 receipts were improper. The loss of the public amounts to 66.545,75 YTL. (Approximately 51.000 \$)

-Among 6539 receipts attached to invoices made out in 2007 by *Güneş* Pharmacy, 6524 receipts were improper. The loss of the public amounts to 405.216,96 YTL. (Approximately 310.000 \$)

-Among 1691 receipts attached to invoices made out in 2007-2008 by *Derman* Pharmacy, 1685 receipts were improper. The loss of the public amounts to 100.944,74 YTL. (Approximately 77.000 \$)

-Among 17719 receipts attached to invoices made out in 2007-2008 by *Küçük* Pharmacy, 17677 receipts were improper. The loss of the public amounts to 1.057.614, 84 YTL. (Approximately 815.000 \$)

This corruption case fits the usual pattern of corruption cases occurring in medical institutions of Van-Hakkâri as told by the former head of the medical chamber of Hakkâri-Van: local firms in search of easy profit and having a share in expanding purchases of medical

institutions, those locals in bureaucracy and politics, who have affiliation with the ruling party, as potential collaborators,⁴⁴¹ doctors in administrative positions who, either because they do not want to have any trouble in the temporary period of compulsory service, lack any prior administrative experience or because they think they deserve more than they are paid in return of sacrifices they made in Hakkâri, can close their eyes to corruption, resign from administrative post rather than fighting against corruption or even may choose to be part of corruption. Let's take a look at two cases told by the former head of the medical chamber. To him, the mechanism operating in the cases below applies for hospitals of Hakkâri as well:

Case 1:

Even a doctor who wants to do something good cannot do anything in this region, because in small provinces, here, for instance, there is an outrageous hierarchy. Unfortunately, especially in small provinces of this region, appropriation of the sources and belongings of the state is regarded very legitimate...The tenders initiated by public hospitals in small districts are carried out very badly. Equipment which is worth for 1 lira is paid 3, 5 or 10 liras...Once we went to a district of Van. Then I was the general secretary of the chamber of medicine, not its head. While we were chatting with the chief doctor, we asked him why he does not purchase so and so machine. He said that the hospital was put into a big debt by the previous chief doctor and then asked me to guess how much the price of the tube he showed. There were 100 pieces in each. I said him that "we pay 1.5-2 lira to each tube while purchasing it to the University." He said that "we pay 1 lira to each piece. That means we purchase each tube for 100 liras." He also gave another example: "Look at that biochemistry device. We have been put into such a debt due to such device that we cannot close the debt with the annual income of the hospital." Imagine how a bad cycle and enormous profit it is. Who earns this profit? The firm of the cousin of the mayor [earns the profit]. It is certain that the mayor is also politically a part of this process. Is not it the opposite that should be the case? Instead of exploiting the hospital in an exaggerated manner, they should normally furnish a room, buy a device or an ambulance and donate it to the hospital.

⁴⁴¹For instance, *Özel Hayat Polikliniği*, a private health center which was a part of this medicine corruption along with other corrupted private health centers, was owned by one of deputy directors of the provincial directorate of health who is Hakkâri an. He was administratively investigated, punished and also legally prosecuted for his role in the corruption.

Case 2:

The directors of the hospitals here are mostly from here. In a district of Van, the director of the hospital got the bills of his personal expenses signed by the chief doctor. This occurred in Çatak. My colleague was arrested; his assistant could hardly get away with it. As for the director of the hospital, he was from Çatak and member of the x party. Nothing happened to him. These are very annoying things. The directors of the hospitals are very problem-ridden. They are the main actors who organize such things and have contacts with the politicians.

Although the former head of the medical chamber chose his examples from Van, where he is more familiar with, one should not have any reservation or question mark on the generalizability of the cases. For the dynamics behind these corruptions are structural, not contingent ones: the lack or weakness of identification with the state on the part of local actors, which I call as the weakness of notions “public” and “public interest,”⁴⁴² expanding purchases of the hospitals in parallel to the increasing investments, too poor engagement of doctors in administrative seats to Hakkâri to lead and motivate them to struggle against possible violators.

That’s to say, pharmacy corruption in Hakkâri was not exceptional, but rather symptomatic. The experience of a former chief doctor of the Hakkâri Public Hospital was another symptom. As a pediatricist, the chief doctor wanted to open a newborn intensive care unit and expressed his plan to the head of the medical chamber as such: “I am decided to open a newborn intensive care unit at all hazards.” To the head of the chamber, he could achieve to open a newborn intensive care unit, yet he could not realize his plan completely and could not achieve to open a fully-fledged newborn intensive care unit. One can imagine the surrounding of the chief doctor that renders the opening of a newborn intensive care unit into an issue of

⁴⁴²To realize the role of weakness and strength of these notions in corruption cases in Turkish context, one need to have a look at firm anti-corruption stance of the Kemalist bureaucrats in civil bureaucracy who achieved to enjoy some power in bureaucracy until the AK Party government. Thinking themselves as guardians of the public and public interest, they formed a barrier against the corruption of the state. See the argument made by Korkut Boratav in *TMMOB, 95 Sanayi Kongresi: Rant Ekonomisinden Üretim Ekonomisine* (Ankara: Özkan Matbaacılık, 1996), 37.

courage that led him to use the term “at all hazards” and that prevent him to establish a full-fledged newborn intensive care unit.

Another example recounted by a provincial director of health may facilitate the imagination of that surrounding. The case pertains to the elevators of Yüksekova Public Hospital broken down in April 2012. What makes this case worthy of analysis is not the mechanical problem per se. It is rather that the problem could not been solved completely still until 2014. Patients incapable of using chimneys used to be carried on the shoulders of their relatives for two years. The story of the hospital’s incapability of getting elevators repaired was told me by a director of the provincial directorate of health as such:

Yes, these kinds of things occurred and still occur. Probably it will continue to occur. The elevators of the Yüksekova Public Hospital have been out of order for a long time. It could not been repaired somehow. A tender was made, and a firm from Mersin won the tender. [The workers of the firm] repaired some part of it and returned [Mersin] to come back and complete the repair. Yet they could not come back due to the threats like “if you repair these elevators, we will kill you.”

Q-Why?

A local firm threatened them because it could not win the tender. These are kind of things which we hear, not directly witness. Yet we hear these kinds of things so much that we all think that they are true. Same things can be said for big tenders. We encounter such difficulties in big tenders. Let alone the continuation of the repair of the elevator, we witnessed many times that even the repaired elevators [of hospitals] were damaged on purpose...

To be sure, the incapability of getting elevators repaired for two years cannot be attributed only to the threats of a firm. Threats of the firm may account for the withdrawal of the firm which won the tender of repair, yet they do not account for why this situation, which is intolerable and a big scandal in a hospital, cannot be somehow overcome and persists for two years. To make sense of the incapability, one should refer to the structural reasons which result in the administrators’ avoidance of taking initiative, the patronage of the local

politicians, which most probably the firm from Mersin has lacked and the local firm has benefited from, etc.

One can provide further evidences concerning the corruption of the medical establishment of Hakkâri. The claims of the administrators of the *SES* can be added to the list. To them, the director of the Hakkâri Public Hospital used to take a share from all winners of tenders launched by the hospital. That's why, they argue, cheap and poor-quality Chinese-made equipment was bought to the hospital to the cost of the health of Hakkârians.

Examples can be multiplied, and claims and gossips circulating around may be referred. Yet, in fact, we do not need to look for further evidences, search the truth of claims made and stories told about corruption of the medical establishment of Hakkâri to reveal how deeply the medical establishment is corrupt, for "the truth is out there."⁴⁴³ We do not need to go beyond material externality of medical establishment of Hakkâri. Let me expand on the argument:

As Žizek showed, for a social reality to ensure its consistency and coherency, it must repress the inherent antagonism, which it "cannot afford to acknowledge" in its "explicit" discursive formulation", to its unconscious, to the level of prosaic material reality of practice: "[I]t is as if an ideological edifice, if it is to function 'normally', must obey a kind of 'imp of perversity', and articulate its inherent antagonism in the externality of its material existence."⁴⁴⁴ To exemplify his theoretical proposition, he refers to the Stalinist New Man idea:

An even better example is provided by the great projects of public buildings in the Soviet Union of the 1930s, which put on top of a flat multistorey office building a gigantic statue of the idealized New Man, or a couple: in the span of a couple of years, the tendency to flatten the office building (the actual workplace for living people) more and more became clearly discernible, so that it changed increasingly into a mere pedestal for the larger-than-life statue-

⁴⁴³Slavoj Žižek, *The Plague of Fantasies*(London ; New York: Verso, 1997), 3.

⁴⁴⁴*Ibid.*, 4.

does not this external, material feature of architectural design reveal the 'truth' of the Stalinist ideology in which actual, living people are reduced to instruments, sacrificed as the pedestal for the spectre of the future New Man, an ideological monster which crushes actual living men under his feet?⁴⁴⁵

I am telling all these not to look for additional evidences to prove the corruption of the medical establishment of Hakkâri. The truth is out there, in the material externality of newly constructed Yüksekova Public Hospital which, instead of being constructed in the place of old Yüksekova Public Hospital at the center of Yüksekova or somewhere else at or around the center, was constructed at the mid of a field which is 6-7 kilometers outside the district where one needs to take a vehicle to arrive. The people have to pay for the transportation to the hospital, and this transportation fee is important for many people in Yüksekova. In case that examination or diagnosis process takes hours, many patients neither can go back to their home to eat something not to pay for transportation over again, nor can they afford to buy anything from the cafeteria of the hospital. As a nurse from Yüksekova, who defines the construction of the hospital 7 kilometers away from Yüksekova as “a disgusting idea”, says,

There are too many patients, and most times the examination of the patients after twentieth rank extends to afternoon. They wait for the end of lunchtime as hungry. There are too many patients who cannot buy even a bagel. It is not occasional that the examinations, tests, diagnosis of these patients finish not earlier than 3-4 p.m. These patients wander around in the hospital as hungry until 3-4 p.m.

The single reason behind the suffering of the people of Yüksekova is the simple fact that the place of the hospital and whole surrounding lands belong to the members of the Pinyanişi tribe, and one of two actors decisive in the determination of the place of the hospital was the head of Pinyanişi Tribe, who was then Hakkâri deputy of the AK Party, and the other actor was his son, who was then deputy secretary of the Ministry of Health and later became Hakkâri deputy of the AK Party. By the construction of the hospital outside of Yüksekova and

⁴⁴⁵Ibid., 3-4.

in the Pinyanişi region, those Pinyanişi members owning these lands have been afforded a considerable income and land-rent.

At that moment, I would like to give an ear to the interview I conducted with one of former heads of the provincial branch of the AK Party, *Kemal Toprak*,⁴⁴⁶ especially the words *Toprak* quoted from one of his predecessors: “to me, politics is to afford advantage to one’s surrounding”:

We never had conscious local politicians doing politics for politics, for the government of the state. I believe that we still do not have such politicians in Hakkâri. Partly, politicians of the BDP are doing politics for politics. I have never witnessed that even one of those politicians in parties affiliated with the state are doing politics for politics, for the government of the state. I worked with *Remzi*, Mr. *Yüksel*, Mr. *Emin*,⁴⁴⁷ and four deputies of the AK Party. The mentality that guides them, for instance *Remzi*, in political practice is to benefit from the economic opportunities of the state. Mr. *Yüksel* does not have a different understanding of politics, for him politics is a means of unearned income, not a thing done for principles. He once said me that “to me, politics is to afford advantage to one’s surrounding.” This is what he said to my face. I heard a similar thing from Mr. *Emin*. Unfortunately, I could not see in him as well a politician doing politics for politics, for the government of the state. Mr. *Ahmet*⁴⁴⁸ likewise has the same mentality. Their understanding of politics is centered on the economic sources of the state. They approached the state always this way.

Toprak’s observations as an insider indicate the fact, which I addressed in earlier chapters, very well that opportunist politicians, one of main and also decisive actors of corruptions, doing politics for their private interests and exploitation of sources of the state, are not some exceptional actors in Hakkâri; local representatives of ruling parties in Hakkâri have always been opportunist politicians in search of rendering their political power into material benefits. Put otherwise, the definition of politics made by Mr. *Yüksel* as an opportunist politician and a former head of provincial branch of the AK Party, “politics is

⁴⁴⁶Pseudonym

⁴⁴⁷Pseudonym. Some of them are former heads of the provincial branch of the AK Party, and the others are former deputies of the AK Party.

⁴⁴⁸Pseudonym

to afford advantage to one's surrounding", is an objective description of what mainstream/pro-government politics is all about in Hakkâri.

This fact verifies my argument which refers to the fact that neither is the state "public authority" in Hakkâri and are Hakkârians shareholders of this "public authority" nor notions like "public interest", "public good" have a more or less decisive impact on the way Hakkârians relate to services provided by the service-provider institutions of the Turkish state while explaining the indifferent and even exploitative stance in Hakkâri towards the "public services." At the end, what can tell the fact that relating to public services and sources in the weakness or total absence of "public interest", "public good" as guiding moral principles regulating state-citizen relations would most probably result in an exploitative or indifferent, as can be seen in the lack of philanthropic contribution, stance towards these services and sources better than that in such an environment of state-citizen relation, the use of the state as a means of private gains has become the standard definition of politics which is indeed the most immediate and essential public activity concerned with the manufacture of public good and public interest: "politics is to afford advantage to one's surrounding."

Disability Reports: Survival Strategy of the Poor

While I was conducting interviews with doctors in Yüksekova and Hakkâri Public Hospitals, it was not occasional to see an employee of the hospital entering the room, where we had the interview, with a paper in his hand and asking the specialist "whether it is possible to increase the disability rate of that patient a little bit." These employees were doing what they had to do as relatives of the disabled people applying to the hospital to have a document officially documenting their disability to be entitled to the rights granted to the disabled people

according to the rates of the disability.⁴⁴⁹ Nearly all families have some relatives working in these hospitals, and when requested, which I witnessed many times, it was not so easy all times for those Hakkârian health staff to decline the requests of their relatives asking for their help to have higher disability rates than actually granted by the committee composed of specialists.

Local health staff of the Hakkâri and Yüksekova Public Hospitals, who necessarily function as intermediaries between those seeking to have disability report and specialists granting disability rate, I think, is a striking manifestation of the reality I would like to introduce in this section: Towards the social assistance, whose coverage and amount increased considerably during the AK Party government, the stance taken by the poor of Hakkâri is not a shy one which is satisfied with those offered to them. The poor of Hakkâri rather adopt a very insistent stance to be entitled to social assistance schemes. The sense of gratitude, the feeling of humiliation is by no means the dominant element of efforts to access social assistance. This is so, my argument proceeds, not because the poor of Hakkâri is convinced that they have right to social assistance. For, unlike health services which have been provided since early 1960s as constitutional duty of the state, social assistance in Turkey has never been provided as duty of the state and as right of the poor.⁴⁵⁰ What then if it is not the sense of entitlement or the essential barefacedness of Kurds, as some Turkish racists have begun to claim recent years,⁴⁵¹ one can ask, that leads the poor of Hakkâri not to approach one-sided giving of the state by feelings of gratefulness, which may expect to occur in cases of one-sided giving,⁴⁵² but rather take an insistent and firm stance demanding more and complaining of insufficiencies? It has

⁴⁴⁹One time even I was asked by one of my informants, who knew that I had contacts with doctors and conducted interviews with them, to convince the doctors to grant a higher disability rate than they actually granted for his mother. He said that "because you are Turkish, you are more likely to convince them."

⁴⁵⁰Ayşe Bugra, "Poverty and Citizenship: An Overview of the Social-Policy Environment in Republican Turkey," *International Journal of Middle East Studies* 39, no. 1 (2007): 48.

⁴⁵¹For an ethnographic analysis of middle-class Turkish racist discourse against Kurds, see Cenk Saracoglu, *Kurds of Modern Turkey : Migration, Neoliberalism and Exclusion in Turkish Society* (London: Tauris Academic Studies, 2011).

⁴⁵²See Pierre Bourdieu, *The Logic of Practice* (Stanford, Calif.: Stanford University Press, 1990), 122-34.

two answers which take us back to the sovereign violence of the state, which devalued the lives of Hakkârians, and the struggle given against this violence.

The Sense that the State Owes to Them

One answer to the question resides in the sense that the state owes to them, in the fact that the causality between their poverty and the state policies are quite apparent to the poor of Hakkâri, most of whose poverty is immediate outcome of dispossession by the state via village evacuations. Their poverty is not an outcome of effects of extended reproduction of capital and not a one mediated by impersonal relations of market. The following exchange took place between me and a group of village evacuees from Çukurca now living in Keklikpınar neighborhood, which is one of the poorest neighborhoods of the Hakkâri city, while we were sitting on the stools of a tea house at the square of the Hakkâri and chatting:

Q-It is said that you are expecting everything from the state?

Head of the Neighborhood: The villagers of Hakkâri did not wait anything from the state even a diddlysquat until 1995. A villager had at least 200 sheep, 2 mules, 2 cows, bees. He would sell yoghurt, cheese, and sheep and earn the whole livelihood of his family. Did the state do something for us until 1995?

An Evacuee: We left our animals in the village and escaped to here. They burnt our homes. They burnt our homes before our very eyes. All our belongings were there... If now we were in the village, we would not have expected anything from the state. We would not have expected anything from the state. I can afford to feed my children, fund my children`s school expenses and meet every need of my children relying on the product of my hands` labor. But what can we do here? We have nothing to do. We are used to come here on morning and return back to home on evening empty-handed and red-facedly. What can we do?

Another Evacuee: I had bees, sheep, and cows in my village. I had a garden and would cultivate it. What can we do here? We are 8 people at the home. I borrow money from this and that. If jobs are available here, my two sons can work and earn their livelihood, yet they cannot find any job.

Provided that the originary role of the state in their poverty is apparent to the poor of Hakkâri, social assistances targeting the alleviation of the effects of poverty are not one-sided benevolent giving of the state in the eyes of the poor of Hakkâri. They are necessarily compared to the early damages the state inflicted on them and thus regarded an act of repayment of what was taken from and found always insufficient to meet the loss, which includes not only economic loss, which is repayable in principle, but also all sorts of human rights violations. In all cases, the sense that the state owes to them is inevitable, as the words of the head of Keklikpınar neighborhood made it clear at the end of the conversation:

Only the services provided in the last three years, services in healthcare provision and other works, are worthy of mention. The previous is already a zero. But did it suffice [to meet the need]? It did not. However they serve to Hakkâri, they cannot do it. *They will never and never be able to redeem the sins of the harms they did to these people.*

I am not speaking of a merely psychological or an abstract phenomenon, which cannot be concretely identified, while referring to the sense that the state owes to them. The sense that the state owes to them is inscribed to the very material reality of the everyday economy of state-citizen relations. It can be seen in the very high rates of illegal electricity usage how this sense on the part of the poor of Hakkâri shapes the attitude of the poor towards the services provided by the state. When looked at the illegal usage rates in Hakkâri, it would be seen that these rates never decreased below 64 percent.

Table 25. Rates of Illegal Usage of Electricity in Hakkari between 2007 and 2012

2007	2008	2009	2010	2011	2012
64.9%	64.4%	64.8%	74.8%	74.9%	70.9%

Source: Annual Reports of Turkish Electricity Distribution Co.

daily material experience, to penetrate and demystify the prevailing ideology.”⁴⁵³ He is rather closer to a “much more modest view of hegemony” working through “define[ing] what is realistic and what is not realistic and... drive[ing] certain goals and aspirations into the realm of the impossible, the realm of idle dreams, of wishful thinking.”⁴⁵⁴ When this modest view of hegemony adopted, “we are no longer speaking of justice and legitimacy, but only of the more or less rational understanding of what is achievable in a given situation.”⁴⁵⁵

Relying on this understanding, it can be asserted that Hakkârians use illegal electricity because they can, because the state somewhat tolerates illegal electricity usage in Kurdish region to contain Kurdish discontent, not because the sense that the state owes to them makes it legitimate for many Hakkârians not to pay for the electricity they use. The argument is partly correct with respect to relative tolerance of the state, which to some extent accounts for why rate of illegal electricity usage of Hakkâri is disproportionately higher than that of a poor Turkish province like Bayburt. However, it still does not account for why rates of illegal electricity usage considerably differ across the districts of Hakkâri while there is no noticeable differentiation across the districts with respect to tolerance towards illegal electricity usage and wealth of the people. In the interview I conducted with the head of the unit in charge of fight against illegal electricity usage, who is a Hakkârian, in March 2012, I learnt that the rates of illegal electricity usage in Hakkâri city, Yüksekova, and Şemdinli were 85%, 97%, and 55%, respectively. This pattern of differentiation, Yüksekova and Hakkâri city on the one hand and Şemdinli on the other hand, has a single explanation: both Yüksekova and Hakkâri are populated by a very large group of village evacuees evacuated from villages of Yüksekova, Hakkâri city, Çukurca and Şemdinli by draconian methods of the army during the first half of 1990s, while the majority of current inhabitants of Şemdinli, though

⁴⁵³Scott, *Weapons of the Weak : Everyday Forms of Peasant Resistance*, 317.

⁴⁵⁴Ibid., 326.

⁴⁵⁵Ibid.

experienced numerous human rights violations, had a less torturous experience with the state partly because tribes settled in these districts like *Herki* and *Gerdi* largely collaborated with the state as paramilitary village guardians. I mean that it is the loss of the people and the sense that the state owes to them which is determinant of high and low rates of illegal usage of electricity in Hakkâri.⁴⁵⁶ How come otherwise a conversation on illegal usage of electricity ends up a conversation on the losses of the people caused by the state and even the head of the unit of fight against illegal usage of electricity as a Hakkârian needs to emphasize the necessity to understand the illegal users of electricity? It was the losses of the people the head of the unit of fight against illegal usage of electricity referred repeatedly while bringing an explanation to the high rates of illegal electricity usage in Hakkâri:

The citizens in Yüksekova bear resentment against the state.⁴⁵⁷ They do not want to contribute to the treasury. It is good, they think, to save money that otherwise would go to the treasury...The people suffered too much here during 90s. 200-300 people fell victim to extrajudicial killing in the Zap valley. The people collected the corpses of their children from there and have got crossed with the state.

Before the solution of unemployment problem and discount in the kilowatt price, his “first and foremost” suggestion to the state for the settlement of the problem was therefore “making peace with the citizens.” In other words, as he also put, unless the sense that the state owes to them on the part of Hakkârians is somehow overcome, illegal usage of electricity seems to persist in Hakkâri.

⁴⁵⁶Based on a regression analysis of the illegal usage of electricity in Turkey, Cumali Marangoz argues that the rate of illegal usage of electricity does not vary across the provinces according to unemployment rates or level of income. The findings of Marangoz show that the rate of illegal usage of electricity varies across the provinces according to the intensity of “terrorist attacks.” This finding may be read as a quantitative confirmation of the argument proposed above. Cumali Marangoz, “Illegal Electricity Use in Turkey: Causes and Policy Implications” (MA, Vanderbilt University, 2013).

⁴⁵⁷He told me that he declined the suggestion of the governorship to carry out the struggle against the illegal usage of electricity in company with a team of policemen, for, to him, that would be dangerous for policemen especially in Yüksekova.

Eligibility as an Issue of Negotiation and Bargain

What I am trying to mean by the firm and insistent stance of the poor of Hakkâri towards social assistance provision is however a bit different than that occurred in illegal usage of electricity. In illegal electricity usage, the “debt” of the state to the Kurdish poor is passively collected. The poor needs nothing to do to collect the debt; using electricity without paying for it is enough. By the firm and insistent stance of the poor, however, I mean active collection of the debt, that is, the emergence of the poor as a subject, an actor actively demanding, trying and retrying to find ways of being entitled to social assistance even when they are not legally entitled to.

In order for this stance to occur, the sense that the state owes to them is not enough; an additional element is required since the sense at stake on the part of the poor may not take the poor beyond passive forms of disobediences like illegal usage of electricity. This element, I argue, has closely to do with the fact that the poor of Hakkâri has been educated into self-assurance and also talents and discourses of claim-making in the course of the Kurdish struggle against the state in the last almost 30 years. The poor of Hakkâri assumes an insistent and firm stance towards social assistance of the state because they somewhat unite the sense that the state owes to them with ability and talents of claim-making from the state.

The graph below illustrates the argument very well. The graph indicates the rate of those having “highly disabled” report and thus paid home care provision in a province to all disabled in this province for the poorest 30 provinces of Turkey. To read the graph and understand why it illustrates the argument very well, we need to know the following two points.

As part of its conservative family-centered social policy approach, since 2007 the AK Party government has provided home care provision, which equals to net minimum wage (currently

around 350\$), to the family member who takes care of the disabled member of the family. In order for the caretaker to be eligible for the home care provision, the disabled s/he takes care needs to have a “highly disabled report” from a public hospital authorized to deliver disabled reports, which means a report documenting that the disability rate of the disabled is more than 50%. The experts of the Ministry of Family and Social Policies also must confirm after their home visit that the disabled having “highly disabled report” is dependent on someone else and cannot maintain his life without help. Even it is understood by disability report and observations of the experts of the Ministry that the disabled is really highly disabled and dependent on the help of someone else to maintain his daily life, he still would not be entitled to home care provision if the income per member of the household exceeds two third of net minimum wage (currently around 230\$).

The second issue that must be emphasized is that according to the Turkey Disability Survey, which was carried out in 2002, the rate of highly disabled to all disabled does not vary significantly across the geographical regions of Turkey. The rate of orthopedically highly disabled (function loss and organ deficiency) to all orthopedically disabled in Turkey in general, Marmara Region, Aegean Region, Mediterranean Region, Central Anatolia Region, Black Sea Region, Eastern Anatolia Region and Southeastern Anatolia Region was 66,42%, 69,37%, 69,75%, 69,96%, 69,32%, 66,71%, 67,35% and 65,49%, respectively; the rate of visually highly disabled (blind, total seeing loss in one eye, mild loss in another, mild loss in both eyes, one eye is blind) to all visually disabled in Turkey in general, Marmara Region, Aegean Region, Mediterranean Region, Central Anatolia Region, Black Sea Region, Eastern Anatolia Region and Southeastern Anatolia Region was 78,8%, 78%, 79,14%, 82,96%, 75,92%, 78,97%, 75,72% and 79,16%, respectively; the rate of highly disabled in hearing (deaf, total hearing loss in one ear, mild loss in another, mild loss in both ears, one ear is deaf) to all disabled in hearing in Turkey in general, Marmara Region, Aegean Region,

Mediterranean Region, Central Anatolia Region, Black Sea Region, Eastern Anatolia Region and Southeastern Anatolia Region was 92,81%, 90,64%, 93,27%, 94,56%, 90,06%, 95,72%, 94,25% and 95,68%, respectively; the rate of highly disabled in speaking (speechless) to all disabled in speaking in Turkey in general, Marmara Region, Aegean Region, Mediterranean Region, Central Anatolia Region, Black Sea Region, Eastern Anatolia Region and Southeastern Anatolia Region was 45,92%, 39,73%, 43,74%, 53,34%, 37,92%, 54,58%, 42,84% and 55,72%, respectively; the rate of highly mentally disabled (idiocy and high idiocy) to all mentally disabled in Turkey in general, Marmara Region, Aegean Region, Mediterranean Region, Central Anatolia Region, Black Sea Region, Eastern Anatolia Region and Southeastern Anatolia Region was 37,98%, 37,43%, 37,84%, 36,60%, 30,96%, 41,01%, 44,21% and 44,84%, respectively.⁴⁵⁸ Based on the fact that the rate of highly disabled to all disabled does not vary significantly across the regions of Turkey, I suppose that the rate of highly disabled in a province to all disabled in this province does not vary significantly also across the provinces making up these regions.

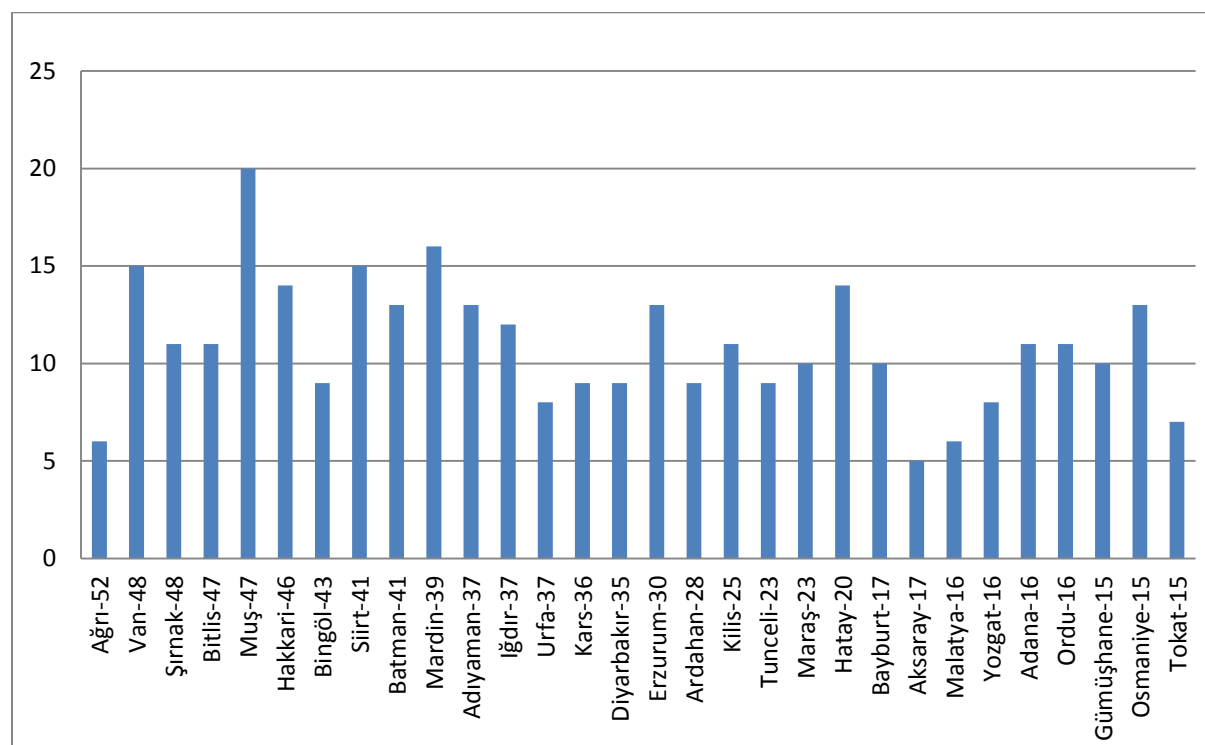
Thought together, these two hints would lead us to conclude that provided that specialists, who issue “highly disabled” reports, and the experts of the Ministry of Family and Social Policies, who check whether “highly disabled” are really highly disabled, in each provinces follow objective criteria while doing their jobs, the rate of those highly disabled who are paid home care provision in a province to all disabled in this province would vary mainly according to relative poverty of this province. The poorer a province is, the higher the rate would be, since the number of highly disabled people who are not eligible for home care provision only because they do not meet the condition of income is expected to be higher in relatively richer provinces. In other words, the rates should be expected to increase more or less steadily from Tokat to Ağrı.

⁴⁵⁸These rates were calculated by me based on the data in *Turkey Disability Survey*.

The reality on the ground is somewhat different, however. As can be seen in the graph, there is somewhat increase in the rates from Tokat, the poorest 30th province of Turkey, to Ağrı, the poorest province of Turkey, yet it is not a steady one; it is rather characterized by fluctuations. What does the fluctuation say to us? My assumption that the rate of highly disabled in a province to all disabled in this province does not vary significantly across the provinces may not completely hold. It may also result from the employment of different criteria by specialists and experts in different provinces while identifying who highly disabled and who is not. I will not attempt at bringing explanation to the fluctuation and not speculate on which factors played how much role in the occurrence of this fluctuation. Yet, we do more than speculate if we argue that politicization of the poor is one of decisive and identifiable dynamics in the highness of the rate of those “highly disabled” entitled to home care provision in a province to all disabled in this province and show the fact uncovered by the graph as its proof: partly independently of their ranking in the poverty list, the five highest rates in the graph belong to those Kurdish provinces like Muş, Van, Hakkâri, Siirt, Mardin where the Kurdish movement has evidently achieved to organize the masses and the poor appeared as actor in the political scene.⁴⁵⁹

⁴⁵⁹One can make two objections to this deduction. It can be argued that the low rates of Kurdish provinces Ağrı, Bingöl and Bitlis despite their high ranking in the poverty list refute the argument. In fact, this confirms more than refute the argument, for these Kurdish provinces are not under hegemony of the Kurdish movement and the poor of these provinces have never undertaken a radical politicization process that can be compared to that occurred in Muş, Van, Hakkâri, Siirt, Mardin. Islamic conservatism, especially for Bingöl and Bitlis, and provincial narrow-mindedness are decisive in the formation of subjectivities in these three provinces. Why then, one can ask, the rates of Diyarbakır, Şırnak and Tunceli, where the poor is under hegemony of the Kurdish movement, are not among the highest rates? If I had argued that the politicization of the poor is the single decisive dynamic in the highness of the rate of those “highly disabled” entitled to home care provision in a province to all disabled in this province or that these provinces had had low rates which were disproportionate to their ranking in the poverty list, like rates of Aksaray, Malatya, Bingöl and Ağrı, the objection then could have undermined the argument. However, what I am arguing with reference to the graph is no more than that the politicization of the poor is one of decisive dynamics in the highness of the rate of those “highly disabled” in a province entitled to home care provision to all disabled in this province.

Figure 24.The Rate of Highly Disabled in a Province to All Disabled in this Province in the Poorest 30 Provinces



Source: Constructed by the author based on the data in Social Security Institution, Monthly Bulletin (December 2011), TÜİK, *Nüfus ve Konut Araştırması*, 2011, and the data available at the website of the Turkish Grand National Assembly, <http://www2.tbmm.gov.tr/d24/7/7-16018sgc.pdf>

*Ağrı-52 means that 52% of the population of Ağrı has a monthly income less than one third of the minimum wage.

To sum up, the graph indicates that the level of political radicalism of the poor has a considerable positive impact on the poor's access to home care provision. However, it must also be added, the graph does not concretely illustrate by which concrete mechanism political radicalism has this positive impact on the access of the poor to home care provision. As I try to illustrate below, this mechanism is what I have called as firm and insistent stance of the poor by which I mean that the poor approaches to social assistance, home care provision here, as if access to social assistance is not dependent on some objectively defined criteria of eligibility, as if access to social assistance is an issue of bargain and negotiation instead. The fetishistic obedience to laws and regulations as if they are impersonal manifestations of truth independent of relations of power to be respected is by no means a part of this stance. This

stance owes much to the first-hand knowledge acquired on the nature of the law at the end of years passing under state of emergency and struggle against it. In a geography where exceptions have been the rule, the intricate relationship between law, violence and relations of power is apparent to the poor of Hakkâri; for the poor, law is more a site of contestation characterized by relations of power than a supreme principle to be taken as given and obeyed.

The experiences of the specialists, which I quote below, illustrate it very well that the patients who want to have disabled report see specialists not only to be examined. They see specialists rather to negotiate with them by using a wide range of instruments, from pretending and bribery to threatening and forgery. Let's give an ear to a specialist from Hakkâri Public Hospital who complaints of a patient who has tried his chance for three times in Hakkâri Public Hospital and most probably many times in Van:

In the West [ern provinces] there is no this disability stuff. Here everybody either has learnt or been taught that [the state gives money to the disabled]. They take the old [member] of the household or their grandmother to us [to have disabled report] in case they have some minor problems. Here the disability stuff has become a habit. They use it very much. For instance, a patient came to here for precisely three times [for disabled report]. I transfer him to Van to get rid of him. Yet he cannot do it there either and comes back to me to retry. He is decided to take disabled report somehow.

The words of another specialist from Hakkâri Public Hospital also confirm how insistent those patients asking for disabled report are. As his reference to the patients coming to examination with wheelchair makes it clear, the encounter of a patient asking for disabled report with a specialist in Hakkâri most times do not assume the form of an ordinary case of examination in which the subjecthood of patients do not go beyond answering questions asked and obeying directives transmitted by the specialist. Instead, the patients may actively try to lead and manipulate the doctors to have the diagnosis they desired to have:

The single problem we have here is about disabled reports... Everybody comes to me in company with an employee of the hospital to get a high disability rate. A few minutes ago, an employee, who I like very much, came to me to demand an increase in the disability rate of his [relative]. If someone with wheelchair is approaching to me, I understand without seeing the document that he is going to demand disabled report. Most probably he does not use wheelchair in his house.

It must be said that insistent attempts of patients do not always occur in polite forms like knocking the door of a doctor times and times, manipulating examination, pretending, asking for the help of an employee in the hospital. It is not occasional that specialists are also threatened by patients in search of disabled report. Let's take a look at the experience of a specialist from Yüksekova Public Hospital. He was threatened by patients so many times that that the committee of specialists deciding on disability rates of patients did not meet for a few months due to the lack of some specialists and thus he got rid of the insistent pressures and threats of the patients, albeit temporarily, was something to be delighted: "*Thank God* that the committee has not met for two-three months":

Q-What is your biggest problem here?

A-Our biggest problem here is disabled reports. The people here can react too strongly when your decision does not fit or coincide with their interests. There is such a thing here: until now they have muddled through somehow via threats, bribery, etc. If you decline their demands or refuse to collaborate, they incline to think that those coming from outside are already afraid of [the region] and would not resist in the face of threats.

Q-Have you ever been exposed to such things?

A-Yes, of course! I have been exposed to many things. They try different methods as well. They pull a few strings and come to me along with an employee from the hospital. If it does not work, then they try to give bribery. If it does not work either, then they begin to threat.

Q-Is there a big demand for disabled report?

A-It is unbelievably too much.

Q-Can you compare it to your earlier experiences?

A-I acquired my specialty from Ankara Numune Hospital. It is a referee hospital; all disabled reports [from Ankara] would come to us. Think that here we have applicants as much as Numune Hospital has. Thank God that the committee has not met for two-three months.⁴⁶⁰

While referring to insistent demands of the patients, I am not making overgeneralization based on some few cases or subjective assessments of a few specialists. If that were so, if there were no excessive demands for disabled report, there would not have emerged some illegal attempts at rendering the gap between demand and supply for disabled report into an opportunity of profit. Yet, the evidences about the corruption taking place at each step of the mechanism of disability report issuance confirm objectively how a big demand has been there for disabled report in Hakkâri. To a civil servant employed in the reception section of the provincial directorate of the Ministry of Family and Social Policies, who was responsible of receiving the applications, the Yüksekova Public Hospital was “problem-ridden and has not fulfilled its duty properly.” He said me that they send all disabled reports given from Yüksekova Public Hospital back to Yüksekova Public Hospital whether these reports are real or fake since 2010. For, he said, “we noticed in 2010 that both diagnoses and rates of disabilities were precisely same in the disabled reports issued in Yüksekova Public Hospital. Only names and ID numbers of the applicants were different.” The corruption case that he referred only implicitly was detailed by a former expert of the directorate, who was responsible of going to home visits to check whether the patient holding highly disabled report is wholly dependent on the help of someone else, as such:

One time an applicant submitted his documents for application. When we checked his report, we noticed that it is too thin. It was evident that the report was printed out. We went to

⁴⁶⁰He did not tell me whether there were times he could not resist the threats and maintain his firm stance anymore, yet those said by one of his colleagues from Yüksekova Public Hospital shows that patients’ threats sometimes worked:

When someone imposes me to issue a report...to him while, in fact, he does not deserve it, I say him that “you will take what you want if I sign this document, yet then I will suffer a pang of conscience.” He still insists and says “sign it”, and then I sign it. I worry while signing the document that if I do not sign it, they may harm me...Here the state commits something and lays it off the PKK or the PKK commits something and lays it off the state.

[Yüksekova] to investigate the case and learnt that the specialist, whose sign was below the report, had been appointed to Izmir from Yüksekova Public Hospital three years ago, yet the report bears the date of this year, however. How can he sign the report then? We got into contact with the prosecution office and also got 1 trillion lira (currently around 450.000\$) back from 50-60 claimants.⁴⁶¹ The fake disabled report incident was thus uncovered. Especially Yüksekova Public Hospital... 9 of 10 reports coming from Yüksekova Public Hospital are fake... We guess that based on some copies of old reports they reproduce new reports and print them out, for signatures on the reports do not look original signatures.

In addition to fake health reports prepared by some employees of the hospital, real reports prepared by specialists are also not always innocent in Hakkâri. To give an ear to those said by the provincial director of health, it seems that some specialists did not avoid rendering the insistent demands of the patients for disabled report into an opportunity of profit:

In Yüksekova we have just liquidated a gang composed of 7-8 specialists. They have organized a gang and issue reports in return of money. The gang has been organized by some lower level staff from below and by some experienced doctors from above. They incorporate the newly arrived doctors to the gang as well.

In all cases, it is evident that the poor of Hakkâri acts as if access to home care provision is an issue of negotiation and bargain, not an issue of legal and medical eligibility, as can be seen in the use of variety of methods by the poor to have highly disabled report, from threatening to bribery and fake reports, etc.

Conclusion

In this chapter, I analyzed the responses emerged on the part of Hakkârians paved way by the qualitative and quantitative improvement of healthcare provision in Hakkâri in the last ten years. I identified two main responses both of which have closely to do with the history of the state-citizen relation in Hakkâri.

⁴⁶¹To another expert of the Ministry, the number of those opportunist claimants was around 100.

One response is the persistence of dissatisfaction with healthcare provision at a massive scale. More than half of the population is still dissatisfied with healthcare provision despite its remarkable improvement in the AK Party period. My argument is that this dissatisfaction has two reasons. First of all, the conviction of patients that their lives do not count so much in the eyes of the Turkish state, which is an outcome of years passed with sovereign violence and indirect state racism of the state, results in prejudgment towards the medical establishment, and this prejudgment makes it difficult for patients to realize the on-going improvement. The second reason of dissatisfaction with healthcare provision is related to the engagement to the idea of equal citizenship which is an outcome of the ideological effects of the Kurdish struggle against the assimilationist policies of the Turkish state.⁴⁶² Due to this engagement, comparative satisfaction with healthcare provision based on comparison of the shortcomings of the past with relative improvement in the present is not so much at stake. Rather, “citizens” either make comparison in space and compare the current quality of healthcare provision in Hakkâri with healthcare provision in Western provinces of Turkey as already citizens or measure the quality of healthcare provision in Hakkâri by its capacity to meet the constitutionally promised right to healthcare and live, not by its relative progress in time, as rights-bearing citizens.

The other response in Hakkâri to the improvement of healthcare provision in the AK Party period is a “non-citizenly” demanding and insistent stance towards the sources and opportunities expanded in parallel to the improvement of local medical establishment. This embodies, unlike patient dissatisfaction with healthcare provision, not a “citizenly” demanding stance, for the effort to access to public sources in this form of demanding stance

⁴⁶²The fact that the province which most supports the EU membership process in Turkey is Hakkâri should be justifiably read as manifestation of this engagement. To the life satisfaction survey made by the TÜİK in 2013, while the support given to the EU membership process was 46.5% in overall Turkey, it was 78.1% in Hakkâri. TÜİK, 14 April 2014, “İl Düzeyinde Yaşam Memnuniyeti,” Available [online] at < <http://www.tuik.gov.tr/PreHaberBultenleri.do?id=18507> >

is not expended with reference to universally acknowledged norms like equality or “rights”, “duties”, laws and constitutional principles. Even, as can be seen in the case of upper class version of this demanding stance, this effort is expended to the cost of all these norms, principles and laws and even to the cost of the quality of healthcare provision in Hakkâri.

I identified two forms of this “non-citizenly” demanding stance towards the medical establishment. The first form of this demanding stance is an exploitative one and performed by those who have political, bureaucratic and commercial contacts. Based on a ground shaped by the conviction concerning the useless of healthcare provision in Hakkâri and the weakness of notions “public interest” and “public good” as moral principles regulating state-citizen relations, both of which have closely to do with the tragic history of the state-citizen relations in Hakkâri, the rich of Hakkâri does not own and support the improving medical establishment. The philanthropic contribution of the rich of Hakkâri to the medical establishment is almost at zero level. Let alone the philanthropic contribution to the medical establishment, those sections of upper classes which are politically and bureaucratically backed regard the expansion of the sources reserved for healthcare provision in Hakkâri as an opportunity to make a fast buck. The result is a corrupt medical establishment.

The second form of this demanding stance pertains to the everyday survival efforts of the poor of Hakkâri. We see that instead of gratefully and thus silently enjoying the services which they lacked in the past, the poor of Hakkâri adopts a demanding stance. I argue that the sense that the state owes to them resulting from their state-related personal and economic losses and the capability and courage of claim-making acquired as a side effect of Kurdish struggle against the state play a decisive role here. The case I chose to discuss the argument was the high demand for disabled reports issued by a committee of specialists. To be entitled to home care provision delivered to those who hold “highly disabled” report, the poor of Hakkâri assumes a firm and insistent stance to convince doctors by using a variety of tactics and tools.

To sum up, we can justifiably argue that the improvement of healthcare provision in Hakkâri in the last ten years has not sufficed to overcome patient dissatisfaction and earn gratefulness of the majority of Hakkârians. As I tried to show, this failure has more to do with the larger context of the state-citizen relations in Hakkâri than with immediate factors, dynamics and quality of current state of healthcare provision in Hakkâri.

CHAPTER 5: Compulsory Public Service of Doctors in Hakkâri: Production of Hakkâri as Endurance and Essentialist Discourses on Patients

This chapter focuses on the compulsory public service of doctors (CPSD) in Hakkâri, which is one of the most important aspects of the improvement of healthcare provision in the province. As a policy which has sent thousands of Turkish GPs and specialists to Kurdish provinces, where they never had desired and planned to visit, CPSD has inserted, albeit compulsorily, these doctors into a Kurdish reality which is alien to most of these doctors with respect to language, culture, politics, geography, etc. In other words, CPSD has paved way an experience of encounter. What I am specifically trying to address in my focus on CPSD in Hakkâri in this chapter is the nature and limits of this encounter: Does this experience of encounter turn into a sort of “contact zone” where “subjects previously separated by geography and history are co-present, the point at which their trajectories now intersect?”⁴⁶³ Does this experience of encounter pave way a ground where “relations among colonizers and colonized, or travelers and “travelees,” are characterized by “co-presence, interaction, interlocking understandings and practices”, not by “separateness?”⁴⁶⁴ More concretely put, does this experience of encounter lead to a mutual recognition between sides of the encounter thanks to which CPSD doctors can make sense of the persistence of patient dissatisfaction and the demanding stance of patients in an adequate way? Through the attempt at answering these questions, I arrive at some conclusions which I draw on in the last chapter where I put forward my argument on the limits of the assimilation strategy of the AK Party.

To summarize the argument in advance, I argue that due to varying factors, ranging from the very design of the CPSD, ideological background of doctors to hard living conditions of

⁴⁶³Mary Louise Pratt, *Imperial Eyes : Travel Writing and Transculturation*(London New York: Routledge, 2008), 8.

⁴⁶⁴Ibid.

Hakkâri, doctors appointed to Hakkâri to fulfill compulsory service live Hakkâri as an experience of endurance. Experiencing Hakkâri as endurance structurally alienates them from the dynamics of Hakkâri, and this alienation from Hakkâri and Hakkârians structurally prevents them from having an adequate understanding of the dynamics of patient dissatisfaction and thus can lead them to adopt some essentialist explanations and reproduce some discriminatory practices. In other words, the law on compulsory service of doctors has surely contributed to the improvement of patient satisfaction by ensuring huge increase of doctors in Hakkâri, yet the way doctors relate to the city has paved way on the part of doctors some discourses and practices that may undermine and risk this contribution.

CPSDs, Production of National Space and the Kurdish Question

The compulsory service requirement of doctors is performed as a state employer policy applied within the context of a longstanding, proactive social strategy, mostly in administration and education, as well as medicine. Since the early years of the foundation period, the Turkish Republic has always had a shortage of doctors, both GPs and specialists, in rural areas generally and across eastern and southeastern Anatolia in particular. The doctors have been—are—concentrated in the major urban areas of the western region, like İstanbul, Ankara, and Bursa, and have generally avoided working in the eastern provinces. A comparison between the provinces of Ankara, housing the capital, and Ağrı, in the north-east (and predominantly Kurdish), is indicative of this historical, socio-geographical (urban-rural and western-eastern) divide. In 1960, there were 2,560 patients per doctor in Ankara and 23,800 in Ağrı (c. 1:9);⁴⁶⁵ by 1975, these figures had decreased (but disproportionately) to 543 and 13,758 (c. 1:25);⁴⁶⁶ while by 2002, there was still no significant change in the striking

⁴⁶⁵Ragıp Üner and Nusret Fişek, *Sağlık Hizmetlerinin Sosyalleştirilmesi Ve Uygulama Planı Üzerinde Çalışmalar*(Ankara: SSYB, 1961), 146.

⁴⁶⁶DİE, *Türkiye İstatistik Yıllığı 1977*(Ankara: DİE, 1977), 86.

imbalance of the geographical distribution of doctors, with the number of patients per specialist doctor put at 1,746 in Ankara and 24,228 in Ağrı (c. 1:14).⁴⁶⁷

Just as with civil servants and teachers (and previously nurses), however, the unequal distribution of doctors has never been merely a social justice issue, and CPSD, similarly, has not been a simple social policy instrument. Because of the fact that the Kurds make up the majority of the population in the eastern provinces, the issue of the distribution of doctors in Turkey has always been regarded by the state as a problem of belonging and identity as much as a problem of social justice. That is why İsmet İnönü, one of co-founders of the Turkish nation-state and the then prime minister, wrote in his famous Eastern Report of 1935 that “as government we must regard health services as the most effective political and economic measure.”⁴⁶⁸ It was thus driven by political considerations that the socialization of health services was initiated in a Kurdish province (Muş) in 1963—to the cost of the success of the policy, in fact, since medical infrastructure and other conditions were unsuitable;⁴⁶⁹ and thus it was also that the leader of the 1980 junta issued a CPSD law in 1981 to make “the presence of the state visible in all parts of the country”⁴⁷⁰ and invariably referred to the law in his propaganda speeches delivered in the Kurdish provinces; and so it was, then, that the current prime minister Erdoğan asked the electorates in Hakkâri during the last (national) election campaign to choose between the politics of service and the politics of identity, relating the

⁴⁶⁷Marko Vujicic, Susan Sparkes and Salih Mollahaliloglu, 2009, Health Workforce Policy in Turkey: Recent Reforms and Issues for the Future, <https://openknowledge.worldbank.org/handle/10986/13784>.

⁴⁶⁸Yeşiltuna, *Resmî Kanun, Kararname, Rapor Ve Tutanaklarla Atatürk Ve Kürtler* 481. An example of the use of health services in Kurdish region as an assimilation means can be found in the memoirs of ex-general Alaettin Parmaksız who worked in Hakkâri between 1990–92 and 1999–2001. In the section of his book where he tells what they did to embrace the people he recounts the story of the construction of the *Mehmetçik* primary health post in one of the poorest neighborhoods of the Hakkâri city. He concludes the story with the following sentences: “We largely benefited from the primary health post. The people, especially the inhabitants of the neighborhood, declined all the calls of PKK in Nevruz and did not support the terrorists.” See Alaettin Parmaksız, *Burası Hakkari : Ankara'dan Görüldüğü Gibi Değil : 1990-1992 Ve 1999-2001* (İstanbul: Birharf Yayınları, 2006), 244-46.

⁴⁶⁹Gunal, “Health and Citizenship in Republican Turkey: An Analysis of the Socialization of Health Services in Republican Historical Context,” 220-28.

⁴⁷⁰*Milliyet*, 22 October 1981.

AK Party to the former and the BDP to the latter, after having listed, item by item, the (claimed) improvements made to healthcare provision in the province.⁴⁷¹

Healthcare provision in the Kurdish region has always been a moment in the production of national geography as a homogenous unit. Along with and as a part of other state employer techniques of compulsory service (*mecburi hizmet*), including universal military service (*askerlik*), CPSD laws have been one of the most used methods of this production process. In varying forms and with some interruptions, they have always been on the government agenda. Five CPSD laws were issued throughout the Republic's history, the first in 1923, and the last, which is still in force, in 2005 (detailed below), viz.:

- 1) The Law on Compulsory Service of Doctors (1923–1932)
- 2) The Law on the Abolishment of Compulsory Service of Those Doctors Who Graduate from the Faculty of Medicine as of 1932 and the Obligations of Free Boarding Medical Students (1932–1981)
- 3) The Law on the Requirements of the Recruitment of Medical Personnel in State Organization (1952–1954)
- 4) The Law on the Obligation of State Service of Some Health Personnel (1981–2003)
- 5) The Law on the Amendments of the Basic Law on Health Services, Law on Compensation and Working Conditions of Health Personnel, Civil Servants Law, Law on the Manner of Practicing Medicine and Its Various Branches and Decree Law on the Organization and the Duties of the Ministry of Health (2005–).

The CPSDs have, in the terminology of Henry Lefebvre, operated as practices of abstract national space as conceived by the nationalist elites. Lefebvre's own warning must follow this proposition, however: "Abstract space is not homogenous; it simply has homogeneity as its goal, its orientation, its 'lens'."⁴⁷² Because the abstract, as abstract, has no positive content, abstract space should be regarded as a *process* of abstraction, a translation in which the final reduction of qualitative to quantitative, heterogeneity to homogeneity, never actually arrives.

⁴⁷¹"21 Mayıs Hakkâri Mitingi Konusmasinin Tam Metni," <http://www.akparti.org.tr/site/haberler/21-mayis-Hakkâri-mitingi-konusmasinin-tam-metni/7892#1>

⁴⁷²Lefebvre, *The Production of Space*, 287.

I focus here, therefore, on a particular form of abstraction, namely, that which aims at a homogenous national space, but which also, bearing the warning in mind, should be distinguished from the homogenous national space itself. Taking a closer look at how the eastern part of Turkey has been constructed by the CPSD laws and related regulations in this aim or search for an abstract national space, it is clear that this area has been defined as an area of multiple deprivation, and doctors appointed there have been expected, guided, and encouraged to endure the hardships they will inevitably encounter. The present CPSD law is no exception.

To summarize, all CPSDs, including the current one, have functioned as a specific sort of social policy instrument by which abstract national space has been (intended to be) produced, and in this move towards an abstract national space, the eastern region has been constructed as an area of multiple deprivation to be endured. To proceed to the analysis of the current CPSD, it is therefore necessary to theoretically clarify “production of space” and “production of space as endurance.”

Theoretical Framework

Unitary Theory of Space

Employed here as guiding theoretical perspective, the “unitary theory of physical, mental and social space”⁴⁷³ as developed by French Marxist Henry Lefebvre is a “unitary theory of space” arrived at through a dialectical criticism of Cartesian dualism. In this split between the external realm of the material and the internal of human consciousness, which is abstract and subjective, space is a “passive surface, a *tabula rasa* that enables things to ‘take place’ and action to ground itself somewhere.”⁴⁷⁴ Lefebvre, with his dialectical insistence on conceiving

⁴⁷³Ibid., 21.

⁴⁷⁴Andy Merrifield, *Henri Lefebvre : A Critical Introduction*(New York: Routledge, 2006), 107.

things in their totality, rejects this dualistic epistemology, which necessarily implies a refusal to take space in itself:

Instead of uncovering the social relationships (including class relationships) that are latent in spaces, instead of concentrating our attention on the production of space and the social relationships inherent to it...we fall into the trap of treating space “in itself,” as space as such. We come to think in terms of spatiality, and so fetishize space in a way reminiscent of the old fetishism of commodities, where the trap lay in exchange, and the error was to consider “things” in isolation, as “things in themselves.”⁴⁷⁵

That is to say, according to Lefebvre, it is not the “things in space,” but the actual “production of space” which should be brought into focus. This epistemological shift entails not a bridging of the terms of duality in a more relational conception, but rather a complete replacement of duality with what Lefebvre calls a “spatial triad,” referring to the “triple determination” of the production of space. These three determinations comprise i) the conceived space of technocrats, policy-makers, planners, bureaucrats, professionals, scientists and capitalists, which is abstract and hence quantitative, measurable and homogenizing, and which is dominant (Lefebvre 1991), as “tied to the relations of production and to the ‘order’ which those relations impose...”⁴⁷⁶; ii) perceived space, referring to the actual reality surrounding us, the external world of Cartesian dualism, that is, the space that we take as given in our everyday lives; and iii) lived space, “space as directly lived through its associated images and symbols, and hence the space of “inhabitants” and “users”...”,⁴⁷⁷ which is qualitative and affective, and under constant threat of assimilation into the first two determinations, quantitative and abstract space. All three moments, in relation to one another and in varying proportions, contribute to the production of space, and it is through the interaction of these that the production of Hakkâri as endurance is understood.

⁴⁷⁵ Lefebvre, *The Production of Space*, 90.

⁴⁷⁶ Ibid., 33.

⁴⁷⁷ Ibid., 39.

Production of Space as Endurance: Nothing to be Discovered, but A Bundle of Problems to be Passively Managed:

Defined as “the ability to withstand hardship or adversity,” and especially “the ability to sustain a prolonged stressful effort or activity,”⁴⁷⁸ endurance evokes the idea of remaining unchanged and standing firm against an external and, though long-lasting, temporary hardship. What is at stake in endurance is not recognizing challenge as internal to an assumed subject-position and following it to the end—which necessarily forces the subject to move towards new identifications, as it occurs, for instance, while coming to terms with trauma—but rather fortification of the challenged subject-position via defensive externalization of the challenge. Given that all subject-positions “depend on the differential system,”⁴⁷⁹ what Lacan calls the “symbolic order,” it is possible to make a further argument that what is fortified during the course of endurance by the externalization of challenge is not only the challenged subject-position itself but also the very symbolic order enabling this subject-position. This is to say that, endurance is an excellent instance of fantasy in the sense of the term developed by Žižek: a structure which transposes the “inherent impossibility” of symbolic order⁴⁸⁰ “into an external obstacle,”⁴⁸¹ and thus works to ensure the very consistency of symbolic order and prevent its disintegration.

What I would like to suggest in an effort to prove endurance as fantasy is that there is nothing unknown to the enduring subject. Everything has a place in the differential system secured by

⁴⁷⁸“Endurance,” <http://www.merriam-webster.com/dictionary/endurance>

⁴⁷⁹Ernesto Laclau, *Emancipation(S)*, Radical Thinkers (London: Verso, 2007), 52.

⁴⁸⁰Symbolic order: society is impossible because “antagonism and exclusion are constitutive of all identity. Without limits through which a (non-dialectical) negativity is constructed, we would have an indefinite dispersion of differences whose absence of systematic limits would make any differential identity impossible. But this very function of constituting differential identities through antagonistic limits is what, at the same time, destabilizes and subverts those differences.” See *ibid.*

⁴⁸¹Judith Butler, Ernesto Laclau, and Slavoj Žižek, *Contingency, Hegemony, Universality : Contemporary Dialogues on the Left*, Phronesis (London: Verso, 2000), 100.

endurance fantasy. This means “the sense of discovering the other”⁴⁸² and openness to possible new identifications is missing in the production of space as endurance. Endurance refers to a relationship with that which is endured in which interaction has no part. This is the first argument I suggest concerning the production of space as endurance. To visualize the argument, I would like to cite the words of a specialist from Hakkâri Public Hospital:

The single thing that I cannot stand here is that: This is a place where I have not been before. We are not familiar with its culture. We come here and work in good faith. We [examine] 100 patients [a day]. We do not render these things into problem.

Yet, when incidents occur, shutters are closed, troubles break out, I look at the patients, who come to be examined as if nothing happened, and say myself: “are they these patients whom I take care of?” My nationalist feelings swell in these times...It is only these incidents and also that something are spoken and said in the presence of me on purpose which annoy me.

To reword my argument that “endurance refers to a relationship with that which is endured in which interaction has no part” through the help of this quotation, what enables the intolerant stance in the second paragraph is the tolerant stance in the first paragraph, though they refer to two different issues, one to the response to the living and working conditions and the other to the response to the political incidents. There is a very strong causality between his tolerance to working involuntarily in a place where he has not been before and is not familiar with, the examination of 100 patients a day and his intolerance to the actions of the Kurdish movement and arguments contrary to his basic convictions, for if he did not endure these “difficulties” and symbolize them as “temporary hardships” and instead let them challenge and unsettle his Turkish nationalist symbolic order, if not the guarantee at least the possibility of viewing the actions he cannot stand seeing, listening the words he cannot stand hearing, and practicing an inquiring, instead of self-sacrificing, way of being would have emerged.

⁴⁸²Jessica Benjamin, "An Outline of Intersubjectivity: Recognition and Destruction," *Psychoanalytic Psychology* 7, no. Supp (1990): 41.

As for the content of endurance fantasy, endurance is an instrumentalist fantasy of a bare life. It is a fantasy of a bare life in the sense that what the enduring subject deals with are not ideological, political, or cultural problems. S/he is not concerned with the complexity, contextuality, and embeddedness of hardship, but merely with temporary hardship itself. A hardship is a hardship, a problem, a threat, and nothing else through the lens of endurance. Endurance fantasy is also an instrumentalist fantasy, because the enduring subject does not fight against or resist difficulties. The sole thing s/he is concerned with is the “the fulfillment of days” or “the passing of time.” This means that the enduring subject constructs space as a bundle of problems to be passively managed for a certain period of time, not as problems to be solved, intervened into or fought against. This is the second argument I suggest concerning the production of space as endurance. While spending following words, it is precisely this subject position assumed by a specialist from Hakkâri Public Hospital:

Hakkâri is really not a city. It is one of places in Turkey where you cannot easily define as city with respect to social life, economy and services that need to be delivered by the state and the municipality. It has nothing to do with a city. Yet, given that compulsory service is done for a limited period of time and we have to do it, I approached these difficulties whether I can tolerate them or not. At the end, I thought that I could do.

Production of Hakkâri as Endurance as Outcome of a Trialectical Relationship

In 2003, the AK Party removed the CPSD law issued by the military regime in 1981, which was suspended in 1995 and reintroduced in 2002, on the grounds that the last 22 years had revealed the impossibility of establishing an equal and just distribution of doctors by such a policy of compulsory duty. Instead, the national government adopted the employment of contract doctors to overcome the shortage of doctors in deprived areas; but they experienced a serious failure in the attainment of this goal, also. Therefore, with reference to the uneven distribution of doctors among the provinces and specifically the shortage of doctors in eastern and southeastern Anatolia, in June 2005, they modified the Basic Law on Health Services so

as to make compulsory public service obligatory for newly graduated medical students entitled to be GP and GPs entitled to be specialists. That is, before they could qualify, would be doctors and specialists had to perform their civic service.

The current CPSD law borrows the classification of the DPT which divides all districts into six groups, based on a socioeconomic development index,⁴⁸³ and then assigns different service durations to each group of districts varying from 300 days for smaller towns and villages to 600 days for the most developed places, thus:

Sixth region districts: 300 days

In towns and villages in fifth region districts, and in sixth region districts: 350 days

In towns and villages in fourth region districts, and in fifth region districts: 400 days

In towns and villages in third region districts, and in fourth region districts: 450 days

In towns and villages in second region districts, and in third region districts: 500 days

In towns and villages in first region districts, and in second region districts: 550 days

In first region districts: 600 days.⁴⁸⁴

Essentially, doctors have to work in a state-appointed position for between one and two years, dependent on the socioeconomic development of the location of the job. The logic seems obvious: the level of self-sacrifice (LS) expected from doctors is equalized to prevent injustice:

$600*LS \text{ in } R1=550*LS \text{ in } R2=500*LS \text{ in } R3=450*LS \text{ in } R4=400*LS \text{ in } R5=350*LS \text{ in } R6.$

By constructing such an equation, national geography is produced as passing time at different durations (passing at varying speeds) as parallel to (equated with) varying levels of self-sacrifice. In this replacement of space by time we see, with reference to Lefebvrian terminology, a particular form of abstraction of concrete space by the conceived space of policy designers.⁴⁸⁵

⁴⁸³Bülent Dincer and Metin Özaslan, *İlçelerin Sosyo-Ekonomik Gelişmişlik Sıralaması Araştırması* (Ankara: Devlet Planlama Teşkilatı, 2004).

⁴⁸⁴Republic of Turkey, *T.C Resmi Gazete*, no. 25866, 5 July 2005.

⁴⁸⁵It might be asked whether it is not paradoxical to still speak of the production of space while, on the other hand, arguing that concrete space is almost replaced by the passing time of endurance. I think it is not, but the

It is not possible however to conclude, based on the design of the CPSD law, that the model described above applies to all doctors doing compulsory service. A certain clarification has to be made concerning the law's reduction of the whole Turkey to the time of endurance passing at varying speeds in parallel to varying levels of self-sacrifice. For it is not only conceived space itself, but rather the trialectical relationship of conceived, perceived, and lived spaces that produces space.

What could have made sense had the whole country had certain minimum living-standard levels is illusory in the sense that Turkish doctors look forward to working in developed areas designated by the law as first and second regions. There are only a few empty posts in these areas. In cases when doctors are appointed to first, second, and (some districts of) third regions for their compulsory service, they do not count the days. Specialists in these places tend to continue to work in the same post even after fulfilling their obligations and wait for intra-institutional appointments for a better post, while GPs leave their posts only because they pass the Medical Specialty Exam, not because they finish compulsory service.

While the trialectical relationship between conceived, perceived, and lived spaces does not produce space as endurance in the west of the country, it does do so in "undeveloped" Kurdish districts, certainly in Hakkâri. Below, I address four factors, two of them pertaining to perceived space and two others to lived space, which, in relation to the conceived space of the CPSD, prevent doctors from recognizing Hakkâri city, the provincial capital, as an entity in its own right to be discovered and rather lead them to assume an instrumentalist stance towards the city.

paradox at the first sight may explain why, despite the extensive literature around place-making and place attachment, the issue of indifference to space still remains under-theorized. My argument is that the very replacement of space by time can also be read as the active production of indifference to space. Yet because the expression of "indifference to space" may invoke the Cartesian assumption that space precedes the human subject, I suggest that what is taking place in the replacement of space by time via CPSD law is the production of space as endurance. For an insightful discussion concerning indifference to space, see Alan Latham, "Powers of Engagement: On Being Engaged, Being Indifferent; and Urban Life," *Area* 31, no. 2 (1999).

Space as Perceived by Doctors

Hakkâri City as a Bundle of Problems and the Degradation of Doctors to Bare Life

Doctors appointed to Hakkâri city encounter not a city developed according to its own dynamics and in relation to, however poorly, the needs, demands, and wishes of its inhabitants, but rather a sort of panopticon structured by concerns of security and control. Let us recall the rhetorical question posed by ex-commander Osman Pamukoğlu:

Where there is sea there are pirates. In this province [Hakkâri] are 674 villages and hamlets. These settlements form the spider's web in which the PKK feeds itself. [...] [W]hy don't we concentrate all [villagers] in two or three main settlements?⁴⁸⁶

Hakkâri city is the affirmative reply given to this question by the very person who asked the question. It is the result of a project executed in a very short time-span during the mid-1990s that pushed thousands of people mostly from the rural settlements in the border district of Çukurca to a small town, which is wholly surrounded by high mountains equipped by watch towers used by the military and special police forces. The result has been huge problems resulting from the large gaps, still unclosed, between the infrastructure designed and the topography appropriate for a small-town population and the new urban reality crowded by the addition of the new neighborhoods, and between the police forces policing these neighborhoods and the angry and highly politicized evacuees inhabiting them—to name but two, because the water reservoirs of the city cannot hold enough water to meet the actual needs of the population, with tap-water available only for three hours in every forty-eight; air quality is extremely bad during the winter because the surrounding mountains do not let the coal smoke produced by the crowded population disperse; the sewage system covers only 40% of the city; shop-keepers, except bakers and pharmacists, close their doors for tens of days a year on special days, like the funerals of the PKK guerillas, to protest against the state;

⁴⁸⁶Quoted in Jongerden, *The Settlement Issue in Turkey and the Kurds : An Analysis of Spatial Policies, Modernity and War*, 43.

there are almost no public spaces and parks where people may spend their leisure time; and more beside, and add to these the traditional problems of the city like the remoteness of the location and the shortage of apartments available due to both the mountainous topography of the city and, as a reflection of the absence of benevolent instruments until recent times, the lack of sufficient public housing except for that reserved for the army and police.

In short, doctors in Hakkâri city have to deal with the difficulty of finding comfortable accommodation, extremely bad air quality in the winter, and constant water and power cuts, the remoteness of the location, the uncanny atmosphere of everyday life, and the deprivation of everyday habits, usual social environment and life style, and Turkish middle-class consumption patterns, again, and more. In what follows, we can see some examples of how these hardships are experienced by the doctors in their daily lives.

GP, Employed in Provincial Directorate of Health:

There are no places to go. There are no places reserved for physical activities. We only have Governorship Park. The municipality does not work. Everywhere is full of garbage. There was not a single garbage container when I came here. Everything used to be thrown to the streets... That is to say; it is not a good place in terms of environmental conditions. For instance, tap water is extremely dirty. There are constant water cuts. It was available every other day and only for two hours in the evenings when I used to stay in Tekser. We had to choose between washing clothes and washings dishes in these two hours. We used to fill bottles with water. Half of the kitchen was full of bottles with water. I do not think that anybody has witnessed such a torture. We relaxed after we moved to public housing.

GP, Employed in a Health Post in Hakkâri City:

I still remember quite well. It was right after the Şemdinli incidents⁴⁸⁷ that I arrived to Hakkâri. One of the most powerful figures of the country, you can guess, was saying in the TV that there

⁴⁸⁷ In 2006, some members of gendarmerie intelligence, known as *JITEM*, attacked with grenades to a book shop in Şemdinli owned by one of leading figures of the local Kurdish movement. They were caught by those around, and when it was realized that they were gendarmeries, big demonstrations and clashes started in Şemdinli, which lasted for weeks.

are public housings reserved for doctors in Hakkâri. No, no. We did not have. I stayed in very bad places with mice.

Specialist, Administrator in Hakkâri Public Hospital:

There is nothing to do here when you are depressed, including small, simple things. If I were in a different or a familiar place, I would go to cinema, theater or a concert with my friends. I would sit in a cafe and relax. We lack all these opportunities here. I wish we had come here under such conditions that all we need are available, security is no problem, living conditions are humane, accommodation is ready, and the contact persons who can help us are identified. Unfortunately, we came here just with an order. It was not certain where I could stay when I arrived in Hakkâri. Many of our colleagues could not find any place to stay. Everywhere was full and they had to stay in very bad hotels. We are all angry with this sort of things.

This is a bare life reduced to almost its biological functions, and, as can be seen in the words of the provincial director of health, is not worth being regarded a real, qualified life:

Q-What are you going to do after you finished compulsory service?

A-I have undertaken a responsibility. I cannot go as I wish, leaving things uncompleted. I already have a life outside Hakkâri and will certainly go back to it one day.

Q-You said you will go back to your life one day. Do you regard the time you pass here as not a part of your life?

A- Unfortunately, yes. If you are appointed to, for instance, Zonguldak to do your compulsory service you can continue working there even after compulsory service. But not in Hakkâri.⁴⁸⁸

Being inserted into this panopticon and deprived of a “normal” life-style, social environment and relations, consumption patterns does not give birth to new identifications and place attachment on the part of the doctors who may be supposed to be in search of compensation for the degradation to a bare life. We need to revisit Zizek to understand why this is so. Following Zizek, one can say that the motor engine of the replacement of one fantasy by another is that the former can no longer achieve the containment of the constitutive antagonism. This shortcoming leads the subject to construct a new fantasy by the incorporation of the resisting surplus. Transferring the argument to the case under focus, the

⁴⁸⁸ *Milliyet*, 28 August 2010.

perceived reality of Hakkâri is so problem-ridden that it requires an extra effort and motivation to notice and appreciate the details that escape from and resist the “temporary hardship” category of the endurance fantasy constructed by the law.⁴⁸⁹

It is, therefore, unsurprising that it is passive management of time rather than an attempt to discover and engage with the city that characterizes the way that doctors (re)produce the city. Their civic engagement is so weak that I found only two among dozens of doctors who were active in an NGO. Membership to unions and participation to the activities and actions organized by unions is also at a very low level. Those told by a GP, who is Hakkârian and member of SES, left-leaning union of health workers, is striking:

I am a member of the SES... The people are afraid of the labor union especially in Hakkâri. We, as family doctors who are members of the SES in Hakkâri, once started a campaign to ensure the reach of doctors to all corners of Hakkâri. We also tried to ensure the participation of a pediatricist or a gynecologist to [the campaign]. We thought that the participation of a specialist would have increased the trust of the patients. Yet none of them joined us, none of them.

Those told by another GP, who is Hakkâri an as well and was the provincial head of the Van-Hakkâri Medical Chamber for a period, confirm both the low level of civic engagement of the Turkish doctors and also reflect his anger towards these doctors` unwillingness to organize:

They are not willing to organize. Professor Çetin Kotan and I went to the hospital to inform and organize them. There were 20-25 specialists sitting and chatting in the garden of the hospital in

⁴⁸⁹With reference to Tagore, Dipesh Chakrabarty argues that nationalist way of seeing requires a certain romanticism for “piercing the real, seeing the beyond”:

If the nation, the people, or the country were not just to be observed, described, and critiqued but loved as well, what would guarantee that they were indeed worth loving unless one also saw in them something that was already loveable? What if the real, the natural, and the historically accurate did not generate the feeling of devotion or adoration? An objectivist, realist view might lead only to disidentification. Nationalism, one may then say, presents the question of vision and imagination in ways more complicated than a straightforward identification of the realist or the factual with the political might suggest. Chakrabarty, *Provincializing Europe : Postcolonial Thought and Historical Difference*, 149-50.

None of the doctors I met in Hakkâri seemed to have been influenced by the romanticist currents of leftist, rightist, or Kemalist versions of Turkish nationalism. They were too realistic to pierce the veil of difficulties and hardships and notice the eternal and amazing, if any such there is.

the lunch break. Even they did stand up out of courtesy when they saw Çetin Kotan; he is a professor at the end. They did not listen what he told. They were just gawking. None of them listened to him.

The head of Sağlık-Sen, pro-government union of health workers, tells similar things. To him, among all groups of health staff in Hakkâri, they are doctors who have least participation to the activities of the union.

The indifference to Kurdish is another evidence of the lack of engagement with the city and “sense of discovering the other.” Although almost all doctors I met recognized the significance of Kurdish in the doctor-patient encounter, as the head of Hakkâri Branch of *Kurdi-Der*, an association which teaches Kurdish, says, total number of Turkish doctors attending the Kurdish lessons given by *Kurdi-Der* between 2010 and 2013 has not exceeded 10 doctors who were already leftists or liberals. Only few doctors learnt the Kurdish version of some questions and phrases which they need to use while they are examining their patients. Almost all doctors were content with the palliative, non-professional solutions to the problem. This is to say that, secretaries of each specialist in public hospitals, all locals, were expected to work also as translator between patients, who do not know Turkish, and specialists, though they did not get any education on ethics and requirements of this task and also their duties defined on paper is limited by the acceptance of patients to the examination room and entering records of the patients to the system. Another palliative solution to the language problem is the transfer of obligation to find solution to the problem to the part of patients. It is not occasional that those patients with poor command of Turkish, mostly women and over 50 years old, go to the hospital with one of their relatives, mostly with their sons or daughters who know Turkish. It may also be seen that the help of Hakkârian patients in the queue may be asked for to make the translation between. As for family health centers, there is no translation problem in most of the family health centers, for most of them are staffed with Hakkârian GPs.

The socialization pattern of doctors also exemplifies doctors' disengagement with the city. They are not willing to meet with new people beyond their immediate environment made up of their colleagues. They make up a close community and their interaction with the city is at a negligible level.⁴⁹⁰ It is essentially an enclave of ex-pats. It is not surprising therefore that a specialist, who has just completed his military duty when I met, was talking as if he was still a soldier living in barracks isolated from "civilians" while defining the everyday gap between him and Hakkârians: "I do not spend time together with civilians."

Specialist, Hakkâri Public Hospital:

I usually spend time with my colleagues, for example, with the plastic surgeon, the gynecologist, general surgeons. *I do not spend time together with civilians.* They do not have any demand to meet with us as well. For instance, I do not know the interior design of the apartments of my landlord or my neighbors.

The specialists are concentrated in a few buildings in the city center, go back and forth between the hospital and their apartments, and spend their leisure time almost exclusively with colleagues at one another's homes. On some weekends, they also go to Van to wander around, sit in the coffee houses and make shopping.

Upon departure, they hand over their apartments, which had been handed over to them, complete with the furniture to newly arrived colleagues and leave the city with a single piece of luggage, just as they had arrived. As for the GPs, they devote all their free time to studying for the Medical Specialty Exam to be rid of compulsory service and away from Hakkâri as soon as possible.⁴⁹¹

In short, all relations with the city and the people are determined by the instrumentalist logic of day-counting, and not by any sense of discovering the other. Take the case of friendship

⁴⁹⁰To say with one specialist's words, they live "like a commune."

⁴⁹¹Those GPs doing compulsory service do not have to complete the rest of compulsory service if they win the Medical Specialty Exam

between the doctors and the local people. Even friendship, “possibility of,” which is “lodged in the movement of my thought insofar as it demands, calls for, desires the other, the necessity of the other,”⁴⁹² is not an exception. These were the words of a specialist together with his local, Kurdish friend Salim,⁴⁹³ who was there to join the conversation:

- As long as you don't talk about politics, there is nobody you cannot communicate with. The people are very respectful and friendly indeed. You should avoid declaring your political views, for the people are very angry at many things. You see that your secretary is throwing stones or shouting slogans in the demonstrations. They define themselves as Kurdish. There is nationalism. If you say I am Turkish, then he says I am Kurdish. You cannot find a common point if you talk with them about Turkishness, Kurdishness, the state, and the PKK. Have we ever discussed these issues Salim?

Salim: No we have not.

- Exactly. If we avoid talking about these issues, then there is no problem. But if we discuss these issues then we fight. For our experiences differ. His relatives died in the mountains and mine died and became a martyr. All the people here have some relatives in the mountains.

Salim: [Nods his head in agreement.]

This is a friendship based on the denial of interaction and mutual recognition regarding the issue structuring the city and the people. The specialist pragmatically takes the opinions of the people, including that of Salim, regarding the Kurdish issue as given, even though he does not at all agree with these ideas, for he does not want to have any trouble during his temporary stay in Hakkâri. In addition, as is obvious from his admission “if we discuss these issues then we fight” because “our experiences differ” that he does not regard a change in his ideas about the Kurdish issue possible. In other words, he does not welcome possible criticisms from his friend. Therefore, the friendship between the specialist and Salim may not be seen as an interactional relationship, in the type of way that may be expected of a “normal” friendship, which includes the criticism of the values, ideas, and behaviors of the other (friend). Instead, it is under the shadow of the instrumentalist logic discussed above, in which Salim appears

⁴⁹²Jacques Derrida, *The Politics of Friendship* (London; New York: Verso, 2005), 224.

⁴⁹³Pseudonym

mainly as a way of making the passage of time in Hakkâri go more quickly and less painfully:
 “If we avoid talking about these issues, then there is no problem.”

I am not making an overgeneralization based on just a single case. Production of space as endurance structurally reduces the interactional capacity of the relations doctors establish with the locals. Let’s take a look at those said by a specialist from Şemdinli Public Hospital:

Sometimes shutters are closed, demonstrations take place, and military stations are raided. The soldiers killed and injured in these raids are brought to the hospital. In these times everything becomes completely different than it normally is. In case of demonstrations and incidents, even the people we know we have good relations with pass to one side and us to the other side, like the fans of *Fenerbahçe* and *Galatasaray*. Because they are one team and we are the other team, we cannot go outside for shopping and wander around on these days.

In other words, rising political tension uncovers the truth repressed for the sake of good relations between the locals and the doctors: the peaceful and good contacts between depend on the silence of the sides on the Kurdish issue. Kurdish issue, which is the main determinant of life in Hakkâri, must remain unspoken, and hence many essential issues must remain unaddressed, for the peaceful and good contacts between to persist. It is not accidental that the specialist chooses the opposition between the fans of *Fenerbahçe* and *Galatasaray* to describe the nature of the opposite stances taken by the doctors and the locals when the political tension rises. What could have described the lack or weakness of interactional moment in the relations doctors establish with the locals better than the opposition between fans in which stances are given and not open to any change and negotiation?

Apart from the form of relations doctors establish with Hakkârians, the instrumentalist way of being in the city finds its expression best in “not so bad” discourses of the doctors. This is a very common representation of Hakkâri by the doctors. Let us look at the three quotations below among dozens of others:

GP, Health Post in Hakkâri City:

In general I do not have a problem with the people of Hakkâri, the personnel, the general atmosphere. Contrary to the general opinion and estimations, Hakkâri is not in the Stone Age. Except for 8-10 big provinces, in each city there is one main street while the rest is bad. Isn't there? Mostly, it is. There are of course shortages in Hakkâri, but is it so bad? No it isn't. It is not a place where you can't live and work.

Specialist, Hakkâri Public Hospital:

I'm not staying at the Doctor's Lodge anymore, because I married one and a half month after my arrival. My wife had some reservations about Hakkâri. I told her that Hakkâri isn't too bad a place to live, that living conditions aren't as bad as they're portrayed in the media. I told her the reality and managed to convince her. I rented an apartment and moved there.

Specialist, Hakkâri Public Hospital:

I was in Ankara to witness the drawing of lots. I did not believe my eyes when I saw that I was appointed to Hakkâri. I said to myself that "I will never forget that moment." I have friends from all parts of the country except Hakkâri. The next day I was called by an old colleague from Hakkâri at 11 am. He said that he has been working in Hakkâri for five years. He was waiting for me to leave Hakkâri since he was appointed to another post. "You are in a shock. Aren't you?" he said. Then he advised me not to get bothered and told that "it is not so bad." I learnt from him that everything I will need is available in Hakkâri. Also, he did not have a security problem during these five years. The single problem he addressed was the transportation problem.

Notice that "not so bad" uses an adjective which reduces the being of that described to its capacity to meet the expectations of the describing subject. It does not tell us about the particular features of the described object; it is not descriptive. For, as the expressions like "It's not a place where you can't live and work" and "not too bad a place to live" show, the life at stake is one that can be expressed only in comparison to an impossibility of life, to minimal living conditions without any remarkable content that cannot be expressed beyond "not so bad." It is not a life that can be expressed in positive terms. "Not so bad" may be taken therefore as the motto of the instrumentalist indifference of the doctors to the particularity and alterity of the city.

Hakkâri as a Dangerous and Uncanny Place

The failure of the doctors to move from the endurance experience of Hakkâri as a “not so bad place” to a construction of the city as a place to be discovered has not only to do with degradation to a bare life. Imposed by the spatial design of the law, the endurance fantasy is reinforced also by a sort of “real abstraction.” Developed by Alfred Sohn-Rethel, the concept of real abstraction refers to a form of abstraction that is not “thought induced”:

[I]t does not originate in men’s minds but in their actions. And yet this does not give abstraction a merely metaphorical meaning... It exists nowhere other than in the human mind but it does not spring from it. Rather it is purely social in character, arising in the spatio-temporal sphere of human interrelations. It is not people who originate their abstractions but their actions.⁴⁹⁴

This emerges through a lifetime spent in the predominance of the security discourse that constructs Hakkâri as a dangerous, fundamentally foreign place, where the natives as unreliable and to be avoided when possible. It is this that is evoked when a GP working in a health post in Çukurca describes the anxiety of his family: “There were 35 missed calls from my wife, mother and friends on the day when cell phones didn’t work due to the dispatching of troops. My mum said that she nearly went nuts that day.”

Yet, what I am trying to show by using the term “real abstraction” is, beyond depicting or referring to ideas, representations, or anxieties, to draw attention to the constitutive power of the security discourse in the practical relations between native and Turk. These criminalizing abstractions are so real in Hakkâri that, for instance, it is difficult to see the license plate of Hakkâri (a 30 at the end) on cars in the city—car-owners in the city prefer to use the code for Istanbul (34), Ankara (06) or at least Van (65), a Kurdish city but a less stigmatized one, in order to avoid any difficulties outside Hakkâri. Young men conceal their origins when

⁴⁹⁴ Alfred Sohn-Rethel, *Intellectual and Manual Labour : A Critique of Epistemology* (Atlantic Highlands, N.J.: Humanities Press, 1978), 21.

chatting with Turkish girls on the Internet and only confess the truth according to the flow of the chat. The parents of those Turkish doctors who are appointed to Hakkâri feel obliged to accompany their sons and daughters, none of whom are less than 25 years old. The locals tend to classify all Turks arriving in Hakkâri as a stereotype: one who at least mostly overlooks Kurds because of his/her prejudices. For new doctors, this means an encounter with people behaving with respect to a stereotype. That is why the first statement a civilian Turk will most probably hear in Hakkâri concerns things like the misleading representations of Hakkâri in mainstream Turkish media and what good and hospitable people they really are. The extent of the local people's anger against the Turkish media is such that broadcasting vehicles of the Turkish TV channels are located on the grounds of either the governorship or police headquarters, with correspondents only able to report from within the secure walls of these grounds on special days under the protection of the police, a fact that also reveals how the border between the media and the state practically ceases in Hakkâri, with the media (perceived as) working like an ideological state apparatus.

To illustrate how real these abstractions are and how difficult it is to escape from stigmatizations and stereotypes in Hakkâri, I would like to proceed through an example from my own experience with these abstractions and stereotypes. The example pertains to the early days of my field study. One day while sitting and chattering in the garden of Teachers' Guesthouse at the square of the Hakkâri city with a group of Hakkârian friends I was acquainted with before, someone joined the group. My friends introduced me to him and spoke of my research agenda. He was a Hakkârian and employed in the municipality. He asked me where I am from. When he learnt that I am from Black Sea region, which is known in the last few decades by its Turkish nationalist and anti-PKK stance, he asked me a yes/no question: "Can you say that the violence must end at all costs?" As a critical academician, I was of course against the violence, yet I did not want to give a simple yes/no answer. To

clarify my position, I attempted at answering: “The issue is...” He interrupted me: “Just say yes or no. Can you say that the violent clashes must end at all costs?” I insisted on giving my own “yes” answer instead of a simple “yes.” He then interrupted me again and again, demanding a yes/no answer. When he realized that I will not say yes or no, he took this as evidence of my avoidance of giving a “yes” answer and of my support to violent policies in Kurdish issue: “You Turks cannot say that the violent clashes must end at all costs, but we Kurds say that the violence must end at all costs. We cannot tolerate the death of a one more individual whether he is Turkish or Kurdish.” The final of the dialogue was tragicomic, for although I completely agreed with his condemning stance towards the violence, I could not escape to be judged as a Turk siding with violent policies of the Turkish state. This case was more than a mere miscommunication and rather a sign of the fact that stereotypes and abstractions are many times more real than reality itself in Hakkâri.

Let me give another example of the reality-building power of abstractions and stigmatizations in Hakkâri. This is likewise a case of a more than a simple miscommunication. One day while we were sitting in the tea house right across the Rectorate as a group of research assistants, Baran,⁴⁹⁵ one of my colleagues from the University of Hakkâri, came from the direction of the Hakkâri Public Hospital, which is 100 meters away from the Rectorate, and told this case: Yesterday he studied in his room in the faculty until midnight and then went to his apartment which is in a building outside the city center. The door of the building was closed, he did not have the key of the door and there was nobody in his apartment to open the door. Then he decided to throw small stones at the window of the apartment in the second floor of the building, the single apartment whose lights were on that time. Yet he could not achieve to let them open the door of the building and had to pass the night in a friend’s apartment. When he went to the building on this morning, the doorman asked whether it was he who threw stones

⁴⁹⁵Pseudonym

yesterday night at the window of the apartment in the second floor. When he said he threw stones to let them know he cannot open the door of the building, the doorman told him the tragicomedy he led. In the apartment whose windows were “nicely” thrown stones at was a pregnant woman whose husband, a specialist sergeant, was in a military operation when the case occurred. When she saw that someone was throwing stones at the windows, she was horrified, thinking that terrorists were throwing stones at the apartment. She then passed to the apartment of her neighbor on the third floor, but got worse there and then was taken to the hospital. Baran was coming from the hospital he went to wish her get well soon and apologize for his rude behavior.

Baran’s way of letting people know his presence may not be so polite, yet it is obvious that they are not stones thrown at the window but the abstractions and stigmatizations these stones triggered that would have led to almost a miscarriage.

It is not surprising that doctors inserted into such a reality have similar experiences to mine. The following case was recounted by a GP who had been actually working in Hakkâri city but was temporarily appointed to Çukurca when I met. This is what he and his colleague experienced in Çukurca:

Once we found a *lahmacun*⁴⁹⁶ shop open at 4 pm by chance and decided to eat a few *lahmacuns*. Yet, the shop keeper said that his materials run out. Then we said that “but you are making some *lahmacuns* right now and we won't eat more than 4 or five *lahmacuns* in total.” He answered that all *lahmacuns* he made were for military and he did not have materials to make *lahmacuns* for us. We left there. In another case, he [his friend] wanted to buy cigarette but he was declined. He then asked for another blend but he was declined again. But indeed, there were many boxes of cigarette which he asked for. Then he asked the man why he declined him while there were many boxes of cigarette his behind. He said that all these boxes had been sold to the military. In short, he did not want to sell it. He took a stance against him. The reason behind this attitude was the political ideas of his former colleague whom he worked together. Because he

⁴⁹⁶ A sort of Turkish/Kurdish pizza

was seen together by his colleague around, he was supposed to be sharing same ideas. In fact, he is from here. He is from the same region. He is from Mardin Kızıltepe. It could have been understandable if he were from Elazığ.⁴⁹⁷ He is Kurdish as well but they still act in this manner.

Unavoidably, the encounter of doctors with the people and Hakkâri is to a considerable extent structured by these abstractions generated by the accumulative effect of years and decades of Turkish nationalism. The very real abstractions deprive the doctors of the capability of recognizing Hakkâri as an entity in its own right, a place that may have much to be discovered, for they isolate the doctors from the social environment, and thus prevent them from meeting new people and hearing stories that could counter and thus resist the criminalizing representations and hence the “temporary hardship” category of the endurance fantasy. In other words, abstractions, stigmatizations and stereotypes prevent doctors from moving from the intraphysic to the intersubjective, from fixation of the native as already known object of the endurance fantasy to recognition of him/her as “a separate and equivalent center of self.”⁴⁹⁸ We can see an example below in a specialist’s rejection of his friend’s suggestion to pick up what looked like hitchhikers:

We rented a car in Van and departed for Hakkâri. The road was extremely frightening: deep valleys, high mountains, etc. When we got to Başkale, which is like a Roma neighborhood, we saw some people hitchhiking. My friend suggested I took one of them in the car. I said, “Are you crazy? We can’t trust them.” Later I learnt that they wave their hands to mean they have smuggled diesel to sell, not to hitchhike.

This is what occurred during his first trip to Hakkâri and reflects the kind of tragicomedies the criminalizing abstractions may give birth to. To speculate, if the smugglers really had been hitchhikers, the specialist would have missed an opportunity of a warm chat with local people, which might have led to some cracks in the usual representations of the native in his mind. As it was, he merely failed to engage with “smugglers” as, also, just ordinary people.

⁴⁹⁷ A province known by its Turkish nationalism

⁴⁹⁸ Benjamin, "An Outline of Intersubjectivity: Recognition and Destruction," 45.

One can also follow from the following dialogue between me and a GP employed in tuberculosis dispensary how criminalizing abstractions lead doctors to keep Hakkârians at bay:

Q-What is the psychology of your family like?

A-They are very uneasy. Let me give an example. Lately when they called the dispensary to talk with me, they could not reach me and heard someone speaking Kurdish, maybe due to a cross talk. Later I learnt that they were extremely frightened and cried. They tried to get contact with me through some connections. They worried whether a misfortune befell on me. They are uneasy. They check me every day whether a misfortune befell on me or not.

Q-What do they advise you?

A-Keep your cell phone always with you, never keep it on silent mode, be careful and cautious, do not take attention and get into contact with others than your friends, choose your friends carefully, etc.

Q-Do you follow their advices?

A- Sure. Sure.

Q-It seems you do not have any friends from Hakkâri?

A-No, absolutely no. But indeed they are good people.

To a specialist employed in the Hakkâri Public Hospital, policemen and soldiers with whom doctors incline to develop relations also have a role in the consolidation of the distrust towards the people:

There is a general distrust among doctors towards the people. Those, who come from outside, have prejudices towards the people, and because they have prejudices, they do not trust the people. In addition, soldiers and policemen around consolidate the distrust among doctors to the people saying that “be careful here. You cannot know who is who.”

Yet, it would not be true that they are just the abstractions on the part of doctors that prevent them from discovering the city, relating to it in a way different than endurance. The

abstractions and stigmatizations and the real risks arising from these abstractions and stigmatizations are also what they are exposed to. In other words, the real risks posed by the either/or reality of Hakkâri also reinforce the endurance fantasy in the sense that they block alternative ways of establishing relations with the city and discourage the doctors from developing any real attachment to place. This is also what I experienced during my own ethnographic research, which embodies an attempt at discovering and understanding Hakkâri. Let me exemplify:

On an ordinary night, having studied on my interview records in my room in the faculty building, I left the room, went down the stairs to leave the faculty building. Yet there were panzers, policemen, some undercover policemen carrying automatic guns, three or four “scorpion” type armored police vehicles right in front of the building and some youngsters shouting *PKK* slogans 300 meters away behind a simple barricade. There were also 20-30 children on the left side of the faculty door watching the incident. I went back to my room to take my camera, took it, went outside and began to take the photos of the incident from two or three meters behind the children watching the incident. Yet the flash of the camera let them know my presence and they turned back. I approached them and said that “guys please do not take it the wrong way. I do not take your photos.” They hesitated for a moment and looked at each other. “Why do you take the photos?” The owner of the question was a youngster standing two meters behind me. “I am research assistant in the University” I said. He continued his interrogation: “Does a research assistant do such things? What is your department?” I answered that “I am research assistant in management.” “Okey” he said “I will go to the rector and complaint that you take photos [of the demonstrators].” I said him that “I take the photos of the policemen, not the children here” and asked what’s its drawback was. Implicitly referring to the criminalizing representations of Hakkâri in the mainstream Turkish media focusing clashes, protests and raids to the cost of everyday, peaceful aspects and

natural beauties of Hakkâri, he responded: “Why do you take the photos of policemen? Is not there something other than policemen? Go to Berçelan and take the photos of there. Take the photo of the uplands and beautiful places.” His tune was reactive and his style was pedagogical. I had to make a further explanation: “I am a sociologist. I am writing a dissertation. I am not only concerned with such things. I am writing a dissertation on healthcare provision in Hakkâri.” I also added that “I am a member of Eğitim-Sen,” hoping that my membership to a left-leaning and pro-Kurdish labor union may calm him. Yet, I was so unsuccessful that his anger arrived to the point of threat: “How come it is possible that you are member of Eğitim-Sen. One will waylay you. Do not get surprised if one waylays you.” He also continued his interrogation: “Look at! Can you see any journalist around taking photo? Where will you publish these photos?” I answered that “I am going to use them in my dissertation.” “This means” he said suspiciously “you will mention the date of photos as well.” “No” I said “I will not mention the date.” “How a dissertation it is then” he said, implying that I was lying. I decided to proceed to attack: “Look, my name is İlker. What is yours?” He avoided saying his name. I continued: “I am a sociologist. If you knew me, you would have been sorry.” Then he tested me by giving names of some instructors whether I know them. At that point a child there intervened: “It is not good that you take photos.” Our discussion took the attention of some policemen as well. They were looking at us. To end the discussion, I said that “Okey, I will not take any photo anymore.” Yet another child intervened: “You already have enough photos.” I said that I will not use these photos, entered the building quickly and returned back to my faculty room. I could not make bold to walk to my apartment. A few months later I saw the youngster threatening me in front of the faculty building in the apartment of the association of the students of the University of Hakkâri where I went to conduct interviews with the students. I understood that he who threatened me was a student of the University of Hakkâri. “As far as I remember, we had a polemic some time ago.

Did not we?” I asked to have a small apology for his rude behavior, yet instead he took a cool stance and did not take a step back: “I thought that you were a police captain and tried to see whether you had a gun on your hip. If there were someone else instead of me, he might have acted in a way different than mine.” I was lucky, to him.

One should not suppose that his interrogative style and threats on that night and his later cool response to my expectation of an apology reflect an immature extremism of youth radicalism. He lost his relatives in *Yoncalı* village massacre in 1989 when 3 villagers from *Yoncalı* village while mowing grass were brutally killed, then burned by a commando troop. Moreover, he was arrested in KCK operations in 2009; his nose was broken at the moment of the arrest, and he spent months in different prisons. There were also lawsuits filed against him accusing him of being affiliated with the PKK and the KCK. In short, Turks in his life so far have been there not to understand him; they have been there rather to judge and punish him and his relatives. It was therefore reasonable for him, not something requiring an apology, he thought I was a police captain documenting the identity of the protesters.

Yet, however reasonable and justifiable his attitude towards me was, it still does not invalidate the fact that the burden of history on our encounter blocked my attempt at understanding and discovering Hakkâri at that moment. This fact applies for doctors’ few attempts to go beyond instrumentalism and construct Hakkâri beyond location, as a real entity to be discovered. The danger of falling victim to the real risks posed by the either/or reality of Hakkâri may prevent them from relating to the city in a way different than endurance, as can be seen in the failed attempt of a specialist to do scouting in Hakkâri:

I am a scoutmaster. Therefore I thought that I could do scouting here. I am really good at scouting. I went to the Provincial Directorate of Youth and Sports and introduced myself. I told them that I was a scoutmaster and would like to do scouting. They looked me like I was crazy. Actually they know what scouting is. They said that it used to be done in the past. Anyway, they

promised to help me, but also advised me not to go camping. According to them, it could have been dangerous. Their suggestion to me was rather to do camping in the military zone. It wasn't possible to do scouting like this.

Examples can be multiplied. A GP employed in a health post in Hakkâri city told me that while he and his wife used to go to restaurants located at the entry of the city, in *Depin*, on the early days of their arrival to Hakkâri city on the weekends, they then refrained from going to these restaurants and other places outside the center after some policemen had been shot dead in *Depin*.

The avoidance of a GP employed in ER of the Yüksekova Public Hospital of going to *Metro Bar* is another example of how the real risks posed by the either/or reality of Hakkâri prevent doctors from relating to Hakkâri in a way different than endurance. While in the early days of his arrival, he used to go to *Metro Bar* in his free time, he later gave up going to there after a police was shot dead there. He was afraid of being supposed as police and shot dead as well.

Not some “strange” attempts like scouting in Hakkâri but even the doctors’ regular interventions in issues related to their profession may be seriously limited by the “security” issue. “It is said that it has to do with security concerns. Therefore we do not intervene in the affairs of the municipality.” This was the answer of a specialist to my question of whether they were concerned with, for instance, the fundamental healthcare (illness prevention) concern of the sanitary conditions of the city, such as the absence of garbage containers.⁴⁹⁹

Lived Space

Elitism towards the Locals

That the doctors cannot go beyond the endurance fantasy and face Hakkâri as an entity in its own right has also to do with the subjective aspect of the production of space, with images

⁴⁹⁹Garbage containers are claimed to be used for the placement of bombs.

and symbols that mediate doctors' lived experience of Hakkâri. In this aspect, one should initially refer to the historicist elitism of doctors. The historical difference and spatiality of Hakkâri, that is, Hakkâri as an entity in its own right, is identified with backwardness and regarded as a latecomer not worth knowing.⁵⁰⁰ For many doctors, Hakkâri, as a place in the early phases of transition to modernity, is, in Meaghan Morris' words, "a known history, something which has already happened elsewhere."⁵⁰¹ These are the words of a specialist from Hakkâri Public Hospital:

Urbanization started in the Western part 30 or 40 years ago. We were nomads before. What occurred in the West 30 years ago is just taking place in Hakkâri. They are learning the urbanization and the Western logic of collective life now. This is a matter of culture. What was established in the West 30 years ago is just beginning to be established here. While the earlier generation were shepherds in the mountains, the next became technicians, teachers, etc. This is a matter of generations. We are in the phase of transition. Civilization and its concepts have been coming to Hakkâri. They resemble our situation of 30 years ago. They are a generation behind of us.

To a specialist from Şemdinli Public Hospital, "the people of the city [Şemdinli] are in a transition. They are in-between the West and the East, the village and the city. They have a life whose orientation is not clear for the moment." In short, Hakkâri seems many doctors in Hakkâri not as a place worth discovering, for, independently of the representation of Hakkâri in law as an area of multiple deprivations, it is already known to them very well as a place of shortcomings, of a lack of development in a completely pejorative sense. Therefore, in rare cases in which the relationship of the doctors with the city is not instrumentalist, it is entirely possible that the denial of Hakkâri as an entity in its own right may persist in the shape of elitism. The words below, especially "it is me, not they, who knows the truth," should be read

⁵⁰⁰For a discussion on Turkish elitism towards the Kurds, see Welat Zeydanlıoğlu, "The White Turkish Man's Burden": Orientalism, Kemalism and the Kurds in Turkey," in *Neo-Colonial Mentalities in Contemporary Europe? Language and Discourse in the Construction of Identities*, ed. Guido Rings and Anne Iff (Cambridge Scholars Publishing, 2008), 155-74.

⁵⁰¹Quoted in Chakrabarty, *Provincializing Europe : Postcolonial Thought and Historical Difference*, 39.

as an instance of such elitism. Notice that in her elitist attitude towards the people, which she contrasts with the “Go there, do not attract attention and come back” instrumentalism of others, this doctor is not less eager to retreat from any recognition and appreciation of the way of being of the local people:

Specialist, Hakkâri Public Hospital:

I believe in that just as there are flowers on the balcony of my apartment in Istanbul, so too they should be on the balconies of the apartments here. Some habits in Istanbul should be transferred to people here... For instance, when I first arrived, I used to wear clothes that met to the standards here; later, I thought that it is not they but I who should set the standards. Then with some minor changes I started to wear clothes that I used to wear in Istanbul. When I spoke on the telephone with the father of a female specialist who had resigned after 15–20 days working in Yüksekova, he told me to have my hair cut very short, color it with dark color and not to attract attention. This is the point of view adopted towards this place. Go there, do not attract attention and come back. This is not my personal choice. My belief is rather that it is not me who needs to adapt. *They should adapt to me because it is me, not they who knows the truth.*

Historicist elitism of doctors in Hakkâri does not always appear such explicitly. This should not lead us however to think that I am speaking of a very exceptional form of experiencing Hakkâri. A less explicit manifestation of the historicist indifference of the doctors to the alterity of Hakkâri shows us that historicist elitism towards Hakkâri is a stance adopted by a large majority of doctors in Hakkâri. I mean by “less explicit manifestation of the historicist indifference to the alterity of Hakkâri” simply that the doctors I interviewed with were using words such as “ignorant” (*cahil*), “incognizant” (*bilinçsiz*), and “uneducated” (*eğitimsiz*) so many times and as if they were speaking of a commonsensical reality of Hakkâri while speaking about the people of Hakkâri. Even some of my interviewees, who adopted a cautious stance, avoided making judgments, told me no more than those written in official brochures, regulations or laws, did not hesitate for an instant to say such things like “we need to *decrease* to the level of the people.” When I do Ctrl+F on the transcripts of the interviews with the

doctors, I see 21 records for the word “*bilinçsiz*”, 28 records for the word “*cahil*”, 4 records for the word “*cehalet*”, and 4 records for the word “*bilinçli değil*.”

Hakkâri as an Open Prison

In addition to the role of historicist elitism in the production of Hakkâri as endurance, one should also refer to the role of images and symbols paved way by the sense of deprivation and loss on the part of doctors who live this sense under very specific geographical conditions of Hakkâri. More specifically put, given the geographical isolation of Hakkâri from the rest of the country, the deprivations and shortcomings the newly arriving doctors, who are obliged to stay in Hakkâri no less than a year, encounter result in a claustrophobic mood, as can be seen in the words of a specialist from Hakkâri Public Hospital:

I already had got into contact with some people working here as teachers via one of my acquaintances before I came to here. They welcomed me in Van and took me to Hakkâri. It was evening when we arrived to Hakkâri. It was dark and I felt stuck. “I am stuck here. What should I do now?” That was my first feeling. I wanted to jump and get rid of here. But I realized that I could not and cried without any specific reason.

To take a step further, the sense of deprivation and loss leads doctors to experience and live Hakkâri as an open prison and render their presence in Hakkâri into a sort of confinement given that they are not able to leave Hakkâri and its shortcomings as they wish and at will. This is how a specialist-administrator in Yüksekova Public Hospital describes her everyday life in Yüksekova:

Q-What do you do in your leisure time?

A-Nothing, zero. We come to here on morning, work through all day, go back to home, lock the door of our apartments and take a rest. We try not to go outside and bazaar as much as we can. We only go outside for shopping to buy vital needs and then go back to home.

Q-Do you fear?

A-I do but also I do not take pleasure in touring around. There are already no places to see. Anything can happen at any moment as well. Internet, cell phone, computer, TV, dıturk... That's all... *It is precisely an open prison. Ours is nothing short of an open prison.*

The harsh geographical conditions of Hakkâri have a certain role in the emergence of the sense of confinement. That is to say, mountainous land scape and the high mountains surrounding Hakkâri city and other districts of Hakkâri almost materialize and reinforce the sense of isolation of doctors in Hakkâri, the impossibility to escape from the shortcomings. High mountains and deep valleys of Hakkâri turn into a metaphor of prison walls in the eyes of the doctors. Let's look at the following words of a GP who worked both in Çukurca and Hakkâri city:

Frankly, the travel from Van to Hakkâri is very interesting. Van is a different place while Hakkâri is more than different. Between Van and Hakkâri lies a very mountainous geography. One feels that one enters into another world... While we were going to Hakkâri by a bus, we came across a tank. I do not exaggerate. Yet I was prepared to such things. Psychologically, I had started to motivate myself from 15 days ago that "I am going to a problematic place where conditions are harsh." I mean I was prepared to encounter the worst, let alone seeing a tank. *What annoyed me were rather high mountains which make you feel that you are in a prison as if they are coming for you. Mountains are too high. If you have claustrophobia, you then have serious problems here. You cannot see around. You are surrounded by high and rocky mountains. You are in a hole and cannot see the horizon clearly. There is nothing but mountains. This destabilizes your psychology. It is like Alcatraz prison. You feel you are in a prison.* Zap River relaxes you to some extent, yet it is not enough. Then we arrived in Hakkâri. It is a small place, yet everything you need is available. Maybe in Izmir there are 20-30 Avea⁵⁰² dealers, in Hakkâri there are 1-2 Avea dealers. The real problem started with my passage to Çukurca... *Çukurca is a very small place. Compared to Çukurca, Hakkâri [provincial center] is like Paris. There are constant power cuts. Sometimes mobile phone network collapses throughout the district for three days. You get depressed when you encounter power cuts 5-6 times a day. There I felt that I was in the prison. Everywhere is surrounded by mountains. You cannot go elsewhere...*

⁵⁰²One of mobile phone operators

One can justifiably claim that the sense of living in an open prison, the claustrophobic mood it denotes, has a certain share in the production of space as endurance.

Essentialist and Discriminatory Discourses and Practices of the Doctors

Quotation 1:

I do not want to work here [Yüksekova], because this is not Turkey. This is Kurdistan, and I do not want to serve to the Kurdish people. All of the people here are PKK supporters. I am an Atatürkist. I think they exiled me to here...Tayyip nourishes the Kurds. He delivers money to the children.⁵⁰³ Why does not he deliver money to the children in the west?

Quotation 2:

A-I did not know in such depth in the past the real target of prevailing policies, the goals of the people here, the general characteristics of the Kurdish people. I was really ignorant of these. I could not understand these while I was drinking tea at seaside of İzmir. Understanding all these did not have any benefit to me. Yet, let me say that I think now I understand the personal characteristics of [Kurds], the cause of Kurdish people and their real goals, the goal of the people here, the goal of the government better... My point of view changed. It is less artificial. It is different than the one that is sought to be manufactured by the media... I do not like here. I hate here.

Q-How do people approach to doctors?

A-In general they respect us, yet this respect has to do with their personal characteristics. It is a fake respect.

Q-Fake respect!

A-Sure, sure. Because they need us, they respect us in appearance. On the other hand, they attack to the people whom they do not need.

The first, short quotation is from a GP working in a health post in Yüksekova, and planning to resign, and the second and longer quotation is from a specialist from Hakkâri Public Hospital. Neither the GP nor the specialist was exception, though they were so with respect to their straightness. During my fieldwork, I encountered many doctors not avoiding to voice

⁵⁰³She refers to the conditional cash transfers.

essentialist discourses on patients, and those not expending essentialist words on patients do not pose counter-evidence automatically, for, as the vocabulary with which many of them were speaking of Hakkâri (“terrorism”, “terror region”, “PKK terrorism”, “ignorant”, “incognizant”, etc.) shows, first-hand “experiencing” of Hakkâri did not result in a considerable break in their mentalities largely informed by the convictions of mainstream Turkish nationalism.

This fact is completely contrary to the assumption widely shared by the critics of the role the Turkish mainstream media has played in the Kurdish issue and also by many Hakkârians as well that if the Turkish people living in the western part of the country could have learnt the true reality of the Kurdish region, they would not have supported the violent-Turkish nationalist policies of the state. For while the assumption implies that Turkish people are fooled by the manipulations of the Turkish mainstream media, my findings indicate that most of Turkish doctors experiencing Hakkâri first hand in an unmediated fashion still sustain Turkish nationalist convictions and even many of them go further and do not refrain from sticking to some essentialist and racist stereotypes and stigmatizations.

This is the right place to remember the warnings of John Wallach Scott that experiencing reality as such is not possible: “experience is a linguistic event (it does not happen outside established meanings)...”⁵⁰⁴ Scott refuses “a separation between “experience” and language” and instead emphasizes the “productive quality of discourse”⁵⁰⁵ In accordance with Scott’s this remark, I argue that both the persistence of Turkish nationalist convictions of doctors and the prevalence of essentialist discourses on patients are somewhat inherent to the production of Hakkâri as endurance. To remember, I underlined two facts as characteristics of “production of space as endurance.” First of all, *“the sense of discovering the other”* and

⁵⁰⁴Joan W. Scott, “The Evidence of Experience,” *Critical Inquiry* 17, no. 4 (1991): 793.

⁵⁰⁵Ibid.

openness to possible new identifications is missing in the production of space as endurance. Endurance refers to a relationship with that which is endured in which interaction has no part. Secondly, production of space entails instrumentalism of bare life. It is a fantasy of a bare life in the sense that the enduring subject is not concerned with the complexity, contextuality, and embeddedness of hardship, but merely with temporary hardship itself. Endurance fantasy is also an instrumentalist fantasy, because the enduring subject does not fight against or resist difficulties. *This means that the enduring subject constructs space as a bundle of problems to be passively managed for a certain period of time, not as problems to be solved, intervened into or fought against.* These two characteristics of the production of space as endurance either independently or together lead doctors to adopt essentialist discourses on patients and even sometimes employ discriminatory treatment to them. Below I identify and analyze two types of these essentialist and discriminatory discourses and practices towards patients.

Discriminatory Treatment of Political Suspects

One discriminatory outcome of the production of Hakkâri as endurance in doctor-patient encounter is discriminatory treatment of political suspects. This can be clearly seen in the role played by doctors in the juridical process concerning those taken into custody, being accused of being affiliated with the PKK. As a legal requirement, all people taken into custody need to be taken to hospital immediately after their detainment and before their release to document whether detainees were ill-treated during the detainment process. This issue has always been a problem in Turkey, and doctors threatened or attacked by policemen merely because they wanted to document the traces of the torture on the detainee used to be reported in the media especially until late 1990s when torture of the political detainees was not exception but a rule.

We see that either because they still pursue strong anti-PKK stance without any ideological break, which cannot be thought independently of the lack of the sense of discovering the other

and openness to possible new identifications, and/ or because they do not want to have any trouble with the police during their temporary presence in Hakkâri, which surely has to do with the construction of Hakkâri as a bundle of problems to be passively managed for a certain period of time, Turkish doctors in Hakkâri perform a poor performance in the documentation of ill-treatment employed to the political suspects during the detainment process. In the following cases, one can see examples of active and voluntary collaboration of doctors with the police:

Worker, Hakkârian, Male, Early 30s:

My cousin was a PKK guerilla. Although he gave himself over to the security forces by his will last year, he was nevertheless so tortured that he should have been given a medical report documenting that he cannot do anything for 5-6 months. Yet, when the police took him to the hospital, the doctor examined him in the room reserved for the police in the ER, not even in his room. When my cousin said him that “if you report the torture, I will submit it to the court”, the doctor declined to document the traces of the torture, saying that “if you did not deserve, they would not have done it.” He is now in prison in Van.

Those told by a Hakkârian GP from Yüksekova Public Hospital also confirm how widespread it is that doctors pursuing their usual anti-PKK stance actively collaborate with the police in the juridical processes concerning PKK suspects:

Q-Some doctors said me that patients in Hakkâri are prejudiced towards doctors?

A-They are of course prejudiced. During social incidents, turmoil prevails in the city; children throw stones and commit crimes, etc. At the end, it is the judiciary, judges and attorney generals, which is obliged to punish them, not policemen and doctors. No institution other than [judiciary] can punish them. Nobody can beat or rough them up and curse them. My job is to examine and give treatment to patients. If a doctor from the west beats a child, who is taken under custody due to throwing stones at the [police], when he is brought to the hospital, this is wrong.

Q-Are there such cases?

A-Yes, it occurs and occurred in the past as well. If you, with a stethoscope on your neck, say the child that “you speak too much, you are terrorists,” and this repeats many times in years, a prejudice comes into being among these people that “those coming from the west do not understand us, they call us terrorists.” There were such doctors. Even one of them was my colleague...He worked together with me in the ER. There were such doctors in health posts as well. They used to ill-treat these children and rough up them together with policemen. They would not treat equally to all people. All these result in the emergence of a prejudice towards the doctors from the west.

To elaborate and clarify my argument, I would like to proceed with a discussion on those told by a pediatricist, Özgür,⁵⁰⁶ which at the first sight go counter to those claimed above:

I have encountered a case of age of discretion⁵⁰⁷ once. There were two children who participated to 23 October occurring. They were brought [to the hospital] for the assessment of their awareness. There were no psychiatrist and forensic specialist that time. In case that those specialists lack, it is my duty to make the assessment. I and Mehmet⁵⁰⁸ together examined the children. One of them was aware of what he did and the other was not, yet I concluded that they both are not at the age of discretion. It is not a solution to send them to the prison or get them beaten by the police. Some [colleagues] say that it is better to send them to the prison and let them encounter the realities of life. Yet I am not an internist. I am a pediatricist. I am inclined to think that children are always innocent.

Although Özgür noticed that one of the children was aware of what he did, s/he nevertheless concluded that both children were not at the age of discretion not to allow their arrest. Moreover, Özgür did it despite her/his colleagues' counter advices. At the first sight, Özgür looks as if s/he is an exception to the rule which is materialized in his/her colleagues who advised Özgür to send the children to the prison. Yet, it must also be added that Özgür's behavior had nothing to do with an ideological break occurring at the end of interaction with the people and leading Özgür to understand the conditions and violent history leading the children to throw stones at the police. It was not a minor or major change in Özgür's anti-

⁵⁰⁶Pseudonym

⁵⁰⁷It refers to the medical procedure fulfilled by specialists for the assessment whether a child suspect is aware of the crime he committed.

⁵⁰⁸Pseudonym

PKK stance but rather the specificity of Özgür's branch asking Özgür to always prioritize the well-being of the children that led Özgür to protect the children from the arms of the judicial mechanism. Otherwise, as is evident in the answer Özgür gave to my question below, they are paramilitary village guardians and their children who ideologically deserve to be employed positive discrimination in Özgür's eyes:

Q-Does the social tension in the city have an effect on doctor-patient encounter?

A-No, no. I do not let these incidents affect my job. However, to give an example, if a village guardian comes and says that "I must go two days later, I will take my child away the hospital" I ask him to turn his back, hit his back and say that he cannot (Laughing). We give our all to contribute his child's recovery during his stay. Or if he demands a health report, I do not decline him either.

Doctors have not always volunteered for collaborating with the police in such cases. That they do not want to have any trouble during their temporary stay in Hakkâri is also an important factor behind their collaboration; they are not so willing to resist the illegal demands of the police. Those told by a Hakkârian nurse working in a health post in Yüksekova exemplifies one such case:

The policemen broke the arm of a child 2-3 years ago.⁵⁰⁹ I was trainee then in a health post in Hakkâri [provincial center]. The policemen came to the health post to talk with the doctors. They ordered me to leave the room. Yet, even before I left the room they said the doctors that "you have to sign this document and thus state that you did not examine this child." What could they do? They were practitioners and were frightened. They signed the document. They got the same document signed by [doctors] in other institutions. At the end, the police achieved to have a clean bill of health for the child.⁵¹⁰

⁵⁰⁹This is one of striking instances of usual police violence in Hakkâri. One can see its video from this link: <https://www.youtube.com/watch?v=UT9Gk3tkGsk>

⁵¹⁰One should also to refer to the exceptions. A nurse from Yüksekova working in a health post in Yüksekova told me that "One of our former directors of district health directorate once ordered doctors that they would not examine those [children] injured in the incidents. This led to a big quarrel in a health post where the doctor argued that she cannot know from where patients come and thus would examine all people entering to the health post. The director then opened disciplinary proceedings against her."

Paradigmatic Form of Essentialist Discourses on Patients: “Hungry Piranhas”

Production of Hakkâri as endurance produces essentialist discourses and discriminatory practices not only by reproducing doctors’ anti-PKK stance or by making the escape from trouble the primary principle of the doctors. Indeed, this is only a minor aspect of essentialist discourses and discriminatory practices employed by the doctors. The main body of essentialist discourses and discriminatory practices resulting from production of Hakkâri as endurance rather has to do with the fact that enduring doctors cannot situate the dissatisfaction and demanding gestures of the patients in any ground because they are neither familiar with the way of reasoning of the people nor have any strong desire to be so and find a way of reconciliation of mutual expectations. In this regard, essentialization turns into a useful way of both making sense of the “strange” dissatisfaction and demanding gestures of the patients and escaping from the responsibility and burden of finding ways of overcoming these dissatisfactions. Let’s give an ear to those told by a specialist from the Hakkâri Public Hospital:

Q-Does the social tension in the city have an effect on doctor-patient encounter?

A-Yes, for instance, now I need to write my name to the standby list. This is the last day for it. I am on standby duty almost every day. I need to submit the standby list to document my standby duty. Yet, if I leave the room to write my name, a motherfucker immediately goes to complaint me. The people are in bad faith towards you.

Q-It is said by your colleagues that it is difficult to ensure patient satisfaction in Hakkâri?

A-Sure, it is. The people here approach the things as if we have a secret agenda and are in bad faith towards them. Do they use the medicine prescribed by us or not? For instance, when we say that operation is required, patients still say that “let me go to Van.” They do not trust us. They are not in good faith towards us. I do not make a generalization, yet the people who are in good faith towards us cannot save us in case of a big social explosion. Nobody can save us, including policemen and soldiers as well.

Q-Where does this mistrust towards doctors originate from? Is it a part of a general mistrust towards the establishment?

A-They make a distinction between Turkish and Kurdish doctors. For example, there was more demand for Kurdish doctors who used to work here.

As can be seen, he misinterprets all symptoms of the patients' conviction that their lives are not regarded worthy of care by the Turkish state as manifestations of the bad faith of the patients towards them as Turkish doctors. He is not aware of or does not take into account that the pessimistic prejudgments of the patients paved way by their experiences with the medical establishment and the state apparatus may lead patients to perceive the absence of a doctor in his room in work-time as a usual instance of neglect of patients, see doctors in Hakkâri as too inexperienced to be trusted to use the medicine prescribed by them and the hospitals in Hakkâri not sufficiently equipped for surgery operations. Instead, he, like many of his colleagues, sticks to already available discourses and stereotypes to racialize the responses of patients to situate them in a ground.

The dominant form of essentialist responses and discourses employed by doctors against the dissatisfaction and insistent gestures of the patients is not accusing patients of being in bad faith, however. The dominant, even paradigmatic, form of essentialism in question is rather accusing patients of being ungrateful, greedy and exploiting the medical establishment. That the essentialist response of the doctors towards the patients' dissatisfaction with the medical establishment and their demanding stance takes mainly this form is not accidental. Production of Hakkâri as endurance not only gives rise to essentialist discourses and discriminatory practices, but also gives shape to the form of these essentialist discourses and discriminatory practices.

Put more theoretically, an average doctor doing compulsory service in Hakkâri embodies hardly more than an instrumentalism of bare life. Discouraged from any identification with

and thus attachment to place, his/her existence is reduced to almost basic needs and his/her activities to work and satisfaction of these needs: “We are going back and forth between home and hospital.” Instrumentalism of a bare life is not only what s/he performs, but also, in the absence of any inter-subjectivity, the normative model according to which s/he judges the attitudes of patients:

Hakkâri Public Hospital, Specialist:

In the end, you have to compare the present with the past. In the past, there wasn't a single specialist. All patients used to be transferred. Now all kinds of operations are performed. All patients are given treatment.

As I discussed in chapter 4 in detail, this sort of assessment is not, however, the usual way that the patients evaluate healthcare provision in Hakkâri. For three main reasons I discussed in chapter 4, the patients often do not make such comparisons between a “bad past” and the “good present.” First of all, their subjectivities have been structured by their conviction based on their first-hand knowledge that the Turkish state does regard their lives worthy of care or respect. Secondly, due to the politicized subjectivities of the local population, the plane in which majority of people compare the current level and quality of their healthcare provision is spatial rather than temporal. This means they compare the current situation of healthcare provision in Hakkâri not with the poor services provided in the past, but with the much better healthcare services currently provided in other, especially western, provinces of the country – be this higher standard grounded in an experiential reality or an imaginative prejudgment. Thirdly, because educated and politicized sections of the society adopt a rights-based discourse which refers to human rights, right to live and healthcare, duties of the state, etc., it is the current capacity of the healthcare provision to meet the right to qualified healthcare provision, not the relative improvement of the healthcare provision in Hakkâri with respect to

the past, which is taken as criteria by this group of people while making sense of the current quality of the healthcare provision in Hakkâri.

The projection of instrumentalism of bare life onto the patients therefore usually results in essentialist discourses on the ungratefulness and greediness of patients, for the persistence of widespread dissatisfaction with healthcare provision and the demanding and insistent gestures on the part of the patients do not make any sense to the doctors for whom the improvement in the capacity to meet the healthcare needs is beyond dispute and patients should adopt a timid, grateful and tolerant stance by comparing the deprivations of the past with the facilities of the present and by enduring, just as doctors do, the inevitable problems and shortcomings of living in Hakkâri .

Let me illustrate step by step the very mechanism of the formation of essentialist discourses on the ungratefulness and greediness of the patients via following two examples. The following case takes place in the ER of the Hakkâri Public Hospital and is recounted by a specialist witnessing the case:

One time a girl came to the ER. She had been injured by a pin. It wasn't possible to treat her here, for the pin had gone deeper. You can find the exact place of pin in these cases only if you have a scope. It is a very simple operation when you have a scope, but not having one made it impossible to find and take the pin out of her body. Was it an urgent case? No. A pin in your leg does not kill you. Yet, the patient insisted on being transferred to Van by ambulance. In order for an ambulance to be used for the transfer of patients, it has to be an emergency. An ambulance is not a taxi. If you transfer such a patient by ambulance, the number of ambulances available for urgent cases decreases by one. While all of this was explained to the patient, and she was almost convinced that using an ambulance was unnecessary, a journalist there provoked her and called somewhere. Even the provincial director of health and the governor were informed about the situation. In the end she was transferred to Van [by ambulance] on the governor's decision. What was said there was "You don't transfer me because I'm Kurdish. Isn't it a state ambulance? Why don't you use it for me?" What could the governor do against these arguments? In order to avoid a fight, he ordered the patient to be transferred by ambulance.

As we see, there is a clash of two different stances. The specialist takes the prevailing conditions as given: Given that scope is missing, the number of ambulances is limited and the case is not urgent, what is to be done is clear for the specialist, to advise the patient to go Van by her own means. Notice that this attitude is itself derivative of the instrumentalist rationality of endurance which corresponds to the passive management of the conditions of the city taken as given. The position taken by the girl and the journalist is completely contrary to that taken and projected onto them by the specialist. As equal citizens, they regard the absence of scope as a problem they should not have to deal with (endure) by their own means, but rather an issue for the state, which is obliged to provide health services equally to all its citizens, and it is therefore the state that must find a solution to its own shortcoming, not the victim of the problem. That is why, I would argue, they insist on demanding an ambulance for the transfer. That the insistence on transference by ambulance was made from an equal citizen's perspective is also obvious from the immediate effect of the refusal of this demand on the patient, who refuses to be discriminated against for being Kurdish and claims the ambulance as a civic prerogative (since it belongs to the state).

From the "realist" point of view of the specialist, the insistence of the patient and the journalist goes counter to the medical necessities, looks totally incomprehensible and childish. It is not surprising therefore to hear from her two minutes after she tells the case above that Hakkârians complaint of everything, lack any sense of gratitude and exploit the medical establishment.

The other case pertains to the experience of a farmer from a village of Hakkâri City:

I took my child to the Hakkâri Public Hospital to have him examined by a dermatologist. His appointment number was 50. Yet we were a bit late, and I entered the doctor's room to learn when they will accept us to the room. I was led out of the room. When I looked at the screen [attached on the wall above the door], I saw that those patients whose appointment numbers were 10 and 70 had been already examined. I understood that they accept patients to the room

randomly. I entered the room again and objected to the way they accept the patients to the room. Then the doctor shouted me: “You Hakkârians complaint of everything. Even if your child dies, I will not look after him.”

To read the case adequately, one needs to clarify a point. Normally, patients are given appointment via calling or website, yet patients given an appointment may not arrive to the hospital at the time they need to be there. This is a frequently occurring case in Hakkâri where a considerable part of the population is still settled in rural areas. Therefore, patients are called to the room not always according to the appointment number they hold. The secretaries of the doctors many times have to call already-awaiting patients to the room instead of waiting for the arrival of the patient who is late for his appointment. This means that one looking at the screen showing the list of which patients with which appointment numbers have been accepted to the room can think that patients are accepted to the room randomly, not according to their places in the queue. As I discussed in detail in chapter 4, patients in Hakkâri, where the conviction of patients that they are discriminated and their lives are not regarded worthy of care is strong, are inclined to read the procedures they encounter under the guidance of that pessimistic conviction. This patient’s repeating attempts to object the queue and stirring up a trouble cannot be understood independently of this pessimistic conviction. On the other hand, to the doctor, who seems to be totally alien to way of reasoning of the patient, the patient’s objection is no more than an instance of groundless dissatisfaction of Hakkârians with the medical establishment which can be accounted for nothing but essential insatiateness of Hakkârians who “complaint of everything.”

In this discourse, which emerges either as misunderstanding of another misunderstanding, as can be seen in the latter case, or as inability to make sense of citizenly dissatisfaction, as can be seen in the former case, the patients are accused of being greedy and not appreciating the improvement of the medical establishment, the labor and self-sacrifice of the doctors. Words

like “ungratefulness,” “exploitation,” “spoiled” and “hungry piranhas” are generously expended:

Specialist from Hakkâri Public Hospital:

Just as they question and criticize the medical service provided by us, let me define it as ungratefulness...

Specialist from Hakkâri Public Hospital:

They are used to exploiting the fact that this is a deprived region...

Specialist from Hakkâri Public Hospital:

Their point of view is that “These doctors have to take care of us, it’s their duty, and we don’t need to appreciate their labor.” Of course, it’s true that it’s our duty to take care of them. Yet the attitude of people in the West towards doctors in terms of gratefulness is different to here. You know doctors are given many gifts everywhere, especially after surgery operations. For instance, there was an urologist in the hospital here who used to do ten operations a day. When I asked, he said that he was given a gift only once every year and a half. We don’t expect to get gifts, but they even do not say, “May God, be pleased with you,” and thank us, let alone give gifts. Of course, this decreases our motivation.

Specialist from Hakkâri Public Hospital:

Let me say that they forgot the past, how they were oppressed, how they were ill-treated. Look at the facilities made available to them. These facilities, physical conditions are missing even in İstanbul. I see that these people have begun to get used to these facilities... They have become to get used to services so much that they claim they have right to things which indeed they do not have right to... Some of them have begun to get spoiled.

The following quotation is especially important in the sense that these words were expended by one of provincial directors of health. Therefore, it may be argued that it should not be taken as the expression of a personal idea and rather read as expressing a view that is widely held at the top levels of the provincial directorate of health:

I myself started to think, after I became an administrator, that the people for whom we try to provide healthcare were exploiting our work and showing ingratitude toward us. I still think that everyone has a right to full health care, but we are extremely overworked here while trying to provide people with this right. By way of a simple example, I would cite the case when twenty people injured in a traffic accident were brought to the hospital. All the specialists and even the provincial director of health were there and worked until midnight. You cannot see such a mobilization in another city; yet here, a relative of a patient says to the provincial director of health that it is he who is responsible if something should happen to the patient. Access to healthcare is of course a right. Yet, it is not the right of anybody to threaten doctors. I am offended by these sorts of things. I think that people should be educated in these issues. Everybody adopts a discourse of deprivation. I've been feeling recently like they are hungry piranhas, and the more you give, the more they want. They're never satisfied.

When the issue comes from patients' dissatisfaction with the medical establishment to monetary issues, like the patients' insistent attempts to have disabled report, the essentialist discourses on the ungratefulness and greediness of the patients remain same in essence but change in form into essentialist discourses like patients mercilessly exploiting the state:

Specialist from Hakkâri Public Hospital:

There are many disabled people who apply for report in the west as well, yet here we encounter some exaggerated claims and demands. For instance, my grandmother is disabled as well, she is confined to bed. Yet, I do not entreat anybody to give her a disabled report. This is exploited here. This exploitation is at noticeable level. There are unnecessary demands. They regard all they acquire from the state is their profit.

Specialist from Hakkâri Public Hospital:

A-Frankly, there is no pro-state stance (*devletçilik*) in this region. I mean that the ideas like "I like my state, the state should not make a loss" are missing. Everybody wants to extract something from the state. This is so especially in report issue. Everybody wants to have a [disabled] report. They say that, "I am concerned with 5 lira I will get from the state, not with 1000 lira that the state will lose, that "I am concerned with 1 lira I will get from the state, not with 10000 lira that the state will lose." Everybody seeks after this 1 lira and dissatisfaction. "The state does send doctors to us; doctors do not take care of us." Here everybody complaints.

Q-Is there too much demand for disabled report?

A-It is too much. Once a man came to have a [disabled] report claiming that he has to change his glasses in every 6-8 months. Have you ever seen such a thing? I advised him to go to the municipality or district governorate if he is needy. He answered that he cannot because he is civil servant. In another case, a blind patient came with his parents. He was cataract, and in fact it was possible to open his eyes with an operation. Yet, his parents did not ask me whether I can open his eyes. They rather asked me whether I can give them a report. They also declined my offer of operation. Imagine how saddening it is. They take 500 lira thanks to this report and live by this 500 lira. 500 lira is good money for them.

Q-Maybe they are so needy?

A-I am from central Anatolia. The people there are in need as well. For instance, the old people over 70 used to be given old age pensions. My father did not get this pension, saying that “Am I not able to take care of my mother?” There are needy people in central Anatolia and west as well. I mean there are not so many proud people here.

These essentialist discourses accusing the patients of exploiting the state not so surprisingly have had material effects on the treatment of patients accused of being exploiters. One of former provincial directors of health told me that in the past although some patients deserved higher disabled rates, they were officially granted lower disabled rates on purpose not to make them eligible for social assistance:

Q-It is said that there is a big demand for disabled reports, that there is a pressure on doctors to increase the disabled rate of patients.

A-Yes, but the reverse can occur as well. Sometimes the reports that must be given were not given in the past. The former vice head physician used to neglect each time the disabled rate assigned by one of the members of the committee to ensure the final disabled rate remains below 90 percent. It is obvious that he regarded the money assigned to the claimants as detrimental to the state.

One another reflection of this reactive response to “greedy” and “exploiting” patients in doctor-patient encounter can be seen in the results of the complaints officially submitted to the patient rights unit of the Hakkâri Public Hospital which has been serving since 2005 as other patient rights units in all public hospitals of Turkey. To the answer given to the question

I asked to the patient rights unit of the Hakkâri Public Hospital based on the freedom of information act, the number of patient complaints regarded as case of patient rights violation among 44 complaints that were discussed in the patient rights committee in 2013, whose three-fourths pertains to doctors, was 0. When looked at the overall state of the results of patient complaints submitted to the patient right units of all public hospitals in Turkey, we see that the rate of patient complaints regarded as case of patient rights violation to all complaints are around 10%. In 2007, 2008, 2009, 2010, 2011,⁵¹¹ the rates were 11%, 18%, 13%, 11%, 12%, respectively.⁵¹²

This can be partly explained by the solidarity of doctors who are guided by the sense of protecting their complained colleagues. For instance, to the general secretary of the Hakkâri Public Hospitals Union, who described the state of patient rights units in Hakkâri as “awful”, the patient rights units had a poor performance because the doctors used to cover for each other. Given the weakness of the engagement of doctors to Hakkâri, which is experienced as endurance, that the level of doctors’ sympathy with patients is lower and doctors’ professional instinct of solidarity with colleagues is stronger in Hakkâri than they may be elsewhere is evident. Yet, I think it still does not account for the extremeness of the case, why even a single patient complaint among 44 complaints was not regarded a case of patient rights violation. Let’s give an ear to those told by the provincial head of SES who is employed in the Hakkâri Public Hospital: “the deputy chief physician used to write on each patient complaint file as “cancelled.” When I objected to him and said that “it is not true. You must follow the procedure”, he answered that “that is my way of thinking.”” What led the deputy chief physician to cancel all patient complaints in advance without transferring them to the patient rights committee for further interrogation takes us somewhere, I think, beyond the

⁵¹¹The results of 2012 and 2013 are not available.

⁵¹²“Yıllara Göre Hasta Hakları İstatistikleri,” <http://www.sb.gov.tr/Hastahaklari/belge/1-39073/hastahaklari.html>

requirements of professional solidarity: the acceptance of the unworthiness and groundlessness of the patient complaints in advance. And this takes us to the essentialist discourses by which the doctors in Hakkâri make sense of patient dissatisfaction, complaints and demands as instances of the greediness of Hakkârians.

In other words, I argue that the essentialist discourses of doctors on the greediness of the patients are not some innocent and harmless, albeit ethically problematic, representations which do not produce real effects. As can be seen in the cases of voluntary or involuntary collaboration with the police, disabled reports and poor performance of the patient rights units, they may also affect the quality of the healthcare provision in a negative way and thus deepen the already existing patient dissatisfaction with the medical establishment.

Conclusion

I analyzed in this chapter the way of being of doctors in the Hakkâri city most of who are there to fulfill compulsory service, not as a preference. Through the analysis of the way of being of doctors in Hakkâri city, I show that doctors in Hakkâri experience Hakkâri first and foremost as a relation of endurance in which Hakkârians do not appear entities on their own rights deserving to be recognized and explored. This results in an unbridgeable gap between patients, who are dissatisfied with healthcare provision and pose demanding stance as a result of the sense of being discriminated and the engagement to the idea of equal citizenship, and doctors, who cannot make sense of the demanding stance of the patients and the persistence of patient dissatisfaction with the medical establishment despite its relative progress in time since they cannot establish real relations with the patients and go beyond projecting their own way of being, that is, instrumentalist rationality of endurance onto patients. In other words, experience of encounter did not turn into a sort of “contact zone.” I show that this gap is filled not occasionally by essentialist discourses accusing patients of being greedy, ungrateful and exploiting the medical establishment.

CONCLUSION: The Limits of the Success of Healthcare Provision in Hakkâri as the Limits of the Assimilation Strategy of the AK Party

To return to the question posed in the introduction of the dissertation, the limits of the new assimilation strategy employed by the AK Party, I argue that the dissatisfaction of the patients with the current quality of healthcare provision in Hakkâri and the essentialist and discriminatory discourses of the doctors on ungratefulness and greediness of the patients shed light on the limits of the new assimilation strategy employed by the AK Party. For healthcare provision is not peculiar among benevolent policies employed in Hakkâri with regard to the dissatisfaction of the local people with the services and disappointment on the part of the state agents with the dissatisfaction. In addition, as the words of Muammer Türker, current secretary of the National Security Council and former governor of Hakkâri, indicate, the very form of dissatisfaction of the patients with public services, citizenly disaffection, and dissatisfaction and disaffection as prejudgment, together with the disappointment of the state agents, accusing the locals of being ungrateful, is common to prevailing dissatisfactions, disaffections, and disappointments around public services generally in the city:

The state tries to compensate for its negligence in the past... It has introduced extraordinary positive discrimination measures into Hakkâri over the last ten years...The Ministry of Environment and Forest has undertaken the responsibility of the construction of a sewage system, potable water network, and treatment unit of Yüksekova. Unfortunately, people see it as an “obligation of the state.” No, it’s just to take an additional responsibility. If I avoid undertaking these constructions, nobody can hold me responsible. It’s not my duty.

The construction of roads, schools, and hospitals does not automatically solve anything. There’s a generation that hates the state. We have to win them over. Although you improve everything, the images of the past do not easily disappear. The police who have stones thrown at them today are the police of a previous decade. The state they’re angry with is the one that was the perpetrator of “murders by unknown perpetrators.” It’s the state that bombed Umut Bookstore in Şemdinli, tortured people, and evacuated villages. What opinion leaders and party administrators do not understand is the change in the state.⁵¹³

⁵¹³Star, 30 August 2011.

The first part of this quotation speaks of citizenly dissatisfaction, and the second of the strength of the conviction that the state does not regard the lives of the local people (read, Kurds) worthy of care and respect. Notice also the not so implicit pedagogical disappointment of the former governor. As we see, neither the dissatisfaction with public services nor the anger and incomprehension on the part of the state agents in the face of the reluctance of the people to compare past and present and thus appreciate the improvement is peculiar to a particular sector of public services delivered in Hakkâri. And indeed, there is nothing very surprising in this given the homology between the doctors' approach to the patients and the AK Party's approach to the Kurdish "service-beneficiaries." The disappointment of the AK Party with its failure in Hakkâri replicates on a wide (managerial) scale the disappointment of the doctors at the everyday (service provision) level, for both disappointments result from the inability to lead the people living there to compare the improvement in the present with the deprivations of the past, realize the transition and development, and appreciate the change. Put otherwise, both project instrumentalism of the bare life onto the natives for whom it is meaningless to talk of such, stripped as it is of a moral life. While the enduring doctors perform this as projection of their own mode of being onto the patients, the AK Party does it in addressing the local people as citizens in the making of its development and transition fantasy. The speech delivered by Prime Minister Erdoğan in 2011 in Hakkâri city is revealing in that it reflects the very discursive package with which the AK Party employs its assimilation strategy:

Compare Hakkâri of eight and a half years ago with present-day Hakkâri. My brothers in Yüksekova, Şemdinli, and Çukurca would listen to Kurdish music in secret. Mothers could not speak Kurdish with their children. Nobody would talk about Ahmedi Xani, and *Mem-u Zin* was forbidden...Today the Ministry of Culture and Tourism publishes *Mem-u Zin*. One state TV channel broadcasts in Kurdish 24 hours a day. Who made these reforms? Which party made these reforms? We made these reforms and will continue to make better ones. Today the University of Hakkâri organizes the International Congress of Kurdology, the Congress of Kurdish Women, and the Congress of Kurdish Language and Literature in the 21st Century. Who founded this university?

Do you know how much we invested in healthcare provision in Hakkâri? 120 trillion, 120 trillion. We completed the construction of two family health-centers... and also initiated the construction of five family health-centers and completed their construction quickly. There were no tomography or MR machines in the public hospitals of Hakkâri. Now we have two tomographs and one MR machine...Do you know how many dialyzers there were in Hakkâri before us? There were six dialyzers...Now there are 20 dialyzers available. How many 112 [emergency ambulance] stations were there in Hakkâri before us? Only one. And now? 14... Do you know how many ambulances there were in Hakkâri? One. And now? 20... I am asking my Kurdish brothers: will you vote for service provision or the politics of identity? I believe that doing the right thing as they are expected to do, my Kurdish brothers will vote for the politics of service. There were 10 specialists before us and now it has risen to 96.⁵¹⁴

Here, Erdoğan projects the objective rationality of the bare life onto the people. He tries to deprive the locals of the subjective, of their experiences, histories, and ideologies, namely the “politics of identity,” which he supposes prevents them from looking through the lens of objective rationality of the bare life and notice the factual, measureable improvement. The inhabitants of the city and province are not regarded as subjects, with subjectivities and stories of their own, who deserve to be recognized and whose share in the transformation process should be acknowledged. The sole actor in this narrative is the Turkish state that employed violence in the past and now “changes” in the present. The people appear in the scene only as victims of state violence or at best passive agents, called in a pedagogical way to move on from the images of the past:

I ask for my brothers in Hakkâri to appreciate reality from now on. I ask for my brothers in Hakkâri to question the politics of violence from now on. I ask for mothers in Hakkâri to own their children from now on and call them back from mountains...I ask for you to make a distinction between the followers of the politics of identity and the followers of the politics of service from now on.⁵¹⁵

In short, the place reserved for the local people is no more than a move from one of objects of sovereign violence, *homo sacer*, a type of bare life, to, if they collaborate, objects of the politics of service, service-beneficiaries, another type of bare life – or, objects of the Anti-

⁵¹⁴"21 Mayıs Hakkâri Mitingi Konuşmasının Tam Metni," <http://www.akparti.org.tr/site/haberler/21-mayis-hakkari-mitingi-konusmasinin-tam-metni/7892>.

⁵¹⁵Ibid.

Terror Law, once again *homo sacer*, if they insist on the politics of identity, as can be seen in KCK arrests.

The limit of the current assimilation strategy can be expressed then as the limit of constructing the local people as objects of developmentalist pedagogy by dividing them into their bare and qualified lives and privileging the former while criminalizing the latter through recourse to the depoliticizing contrast between the politics of service and the politics of identity. As discussed with reference to the doctors' disappointment with the patients' persistent dissatisfaction and also as the failure of the AK Party in the elections shows, this limit should be taken seriously for the following two reasons.

This limit should be taken seriously, for, first of all; the recognition of their Kurdishness is actually a prerequisite of any possible change in many Hakkârians' perception of and approach to public services, because they are convinced by experience that the state does not regard their Kurdish lives as worthy. And because they imagine themselves as equal citizens who cannot be deprived of equal access to public services, being asked to make a choice between the politics of identity and the politics of service does not make any sense to them either. They claim access to proper public services as an issue of being recognized as equals or their constitutional right; this not an issue of negotiation or a weapon that can be used against their political subjectivity.

This limit should be taken seriously also because the citizen-in-making, the single subject-position offered by the developmentalist pedagogy in question to Hakkârians, is in serious contradiction to the actual reality of many Hakkârians who are *already* citizens. The claim of Hakkârians to qualified healthcare provision and other public services *now* and *equally* from the point of view of already and full-fledged citizens is principally irreconcilable with the developmentalist pedagogy of Erdoğan which calls Hakkârians to realize and appreciate the

positive change and on-going transition as citizens-in-making from the point of view of objective rationality of bare life.

In short, the limit of the current strategy is the limit reached in an attempt at carrying out a sort of politics of redistribution which is not a moment of politics of recognition, that is, a sort of politics of redistribution which tries to convince Hakkârians to be contented with the short of full and equal respect to their identity and bodies.⁵¹⁶ To elaborate on the argument, I would like to proceed with the conceptual distinction object-relations theorist Donald Woods Winnicott put forward between “object-relating” and “object-usage” in *Playing and Reality*.

As Winnicott puts, “Object relating is an experience of the subject that can be described in terms of the subject as an isolate.”⁵¹⁷ In relating to an object, the object exists as “subjective object,” “projective entity,” “a bundle of projections” and to the extent that it means something from the stance of the subject. It is just “a phenomenon of the subject”⁵¹⁸; it does not have a life of its own independent of the subject. As for object-usage, “usage cannot be described except in terms of acceptance of the object's independent existence, its property of having been there all the time.”⁵¹⁹ What is needed for the object-usage to occur “is the subject’s placing of the object outside the area of the subject's omnipotent control; that is, the

⁵¹⁶To those who might object to the argument at a theoretical level with the claim that recognition is about difference and identity, not about equality and justice, I would cite Charles Taylor and Axel Honneth’s arguments on the issue: Taylor teaches us that it is by the replacement of honor in an ancient regime sense, which superiors had while subordinates lacked, by the modern notion of dignity, citizen dignity, which is inherent to all irrespective of their particular identities, that the recognition problematic occurred. See Charles Taylor, “New Contexts of Canadian Criticism,” ed. Ajay Heble, Donna Palmateer Pennee, and J. R. Tim Struthers (Peterborough, Ont.: Broadview Press, 1997), 99. Also, as Honneth put it in his discussion with Nancy Fraser, “subjects perceive institutional procedures as social injustice when they see aspects of their personality being disrespected which they believe have a right to recognition.” See Nancy Fraser and Axel Honneth, *Redistribution or Recognition? : A Political-Philosophical Exchange* (London ; New York: Verso, 2003), 132.

⁵¹⁷D. W. Winnicott, *Playing and Reality* (New York,: Basic Books, 1971), 88.

⁵¹⁸*Ibid.*

⁵¹⁹*Ibid.*

subject's perception of the object as an external phenomenon, not as a projective entity, in fact recognition of it as an entity in its own right.”⁵²⁰

To proceed through this distinction, we will be able to conclude that Hakkârians (Kurds) as imagined by Erdoğan are perfect examples of “a bundle of projections”, which lack lives of their own independently of the state, as subjects who owe their subjecthood, which takes place between “being victims of the state violence” and “appreciating the positive change of the state”, completely to the state which enabled their subjecthood by its violence in the past and positive change in the present. The secret of what makes the AK Party’s approach to Hakkârians and Kurds in general a Turkish nationalist one independently of and even despite its democratic reforms and health investments resides precisely in this gesture: implicit, compared to Kemalist Turkish nationalism, degradation of “Kurdishness” by approaching to Kurds as if they do not have a separate historicity and existence independently of their relations with the Turkish state, as if historicity and existence of Kurds do count to the extent they are part of the narrative of the democratization of the Turkish state. Patronizing and pedagogical language is therefore inherent to this unequal encounter of the state and the Kurds, not its supplementary.

The problem is that the majority of Hakkârians do not want to be projective entities of Turkish nationalism of the AK Party, value their historicity and existence through the lens of the narrative of the democratization of the Turkish state and thus tolerate the persisting, albeit gradually lessening, shortcomings and problems. They do not want to be judged, advised or patronized, for they think they, as they are, already deserve full care and respect in themselves as entities in their own right. In other words, they demand to be recognized, not pedagogy, in the sense that recognition is first and foremost is “to accept and respect the other as an end in

⁵²⁰Ibid., 89.

herself such that controlling, dominating, and manipulating behaviors are inappropriate.”⁵²¹ The implicit and explicit emphasis put on equal and full citizenship by my informants should be read therefore in the first place as a desire to settle in a position not to allow anybody to address them from a superior position and advise them to be contented with less than full respect to their identities and bodies, not so much as a claim to status and belonging.

It would not be wrong then to conclude that the limit of the current strategy of the AK Party is, in the last instance, rooted in the unbridgeable gap between addressing Kurd as object, as pseudo-subject of a narrative penned by Turkish nationalism, as projective entity of Turkish nationalist fantasy and recognizing Kurd as subject on his own right who “has a separate and equivalent center of self.”⁵²² This may remind Bhabha’s distinction between pedagogical and performative aspects of nationalism. To Bhabha, the unsurpassable incongruity of the people as object and the people as subject is inherent to nationalism:

[B]ecause of the necessity for the performance of the nation’s signs by the people as “subject”, the pedagogical ideal of the homogenous people can never be realized. This is because the performative necessity of nationalist representations enables all those placed on the margins of its norms and limits...to intervene in the signifying process and challenge the dominant representation with narratives of their own.⁵²³

To put my argument with Bhabha’s terms, my analysis of patients’ dissatisfaction with the medical establishment and their demanding stance shows that given the role pedagogically expected from the people to perform does not fit by any means the reality of the people, the performance of the role would not take place merely as a difference, incongruity or divergence. It would rather signify a denial of the role, that is, the denial of the “ideal of the homogenous people.”

⁵²¹Robert R. Williams, *Hegel's Ethics of Recognition*(Berkeley: University of California Press, 1997), 84.

⁵²²Jessica Benjamin, "An Outline of Intersubjectivity: The Development of Recognition," *Psychoanalytic Psychology* 7, no. 5 (1990): 35.

⁵²³McLeod, *Beginning Postcolonialism*, 119.

More concretely, the improvement of public services in Hakkâri during the AK Party era should be regarded as an attempt to render people as pedagogical objects/bare lives by translating their everydayness into a moment in the linearity of the transition/development narrative of the Turkish state/nationalism. This attempt, however, has failed to construct hegemony in the face of the subjectivities of the citizens, and the subjectivities and histories excluded from this narrative continue to haunt the pedagogical narrative in the very performance of citizenship in Hakkâri as dissatisfaction with public services, and hence the AK Party and its Turkish nationalism.

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