

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

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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

This thesis aims to contribute to the discussions around the complicated role and value of social policy in nation-building processes in multi-ethnic contexts. The particular issue explored to achieve this goal is the striking improvement in healthcare provision in *Hakkâri*, a small Kurdish province in the southeastern corner of Turkey, between 2002 and 2013 and the unforeseen effects of this improvement. This thesis reveals that the on-going improvement in healthcare provision in *Hakkâri* is part of a nationalist strategy implemented in the whole of the Kurdish region by the conservative AK Party. This is a strategy committed to defending the unity of the nation against the ethno-political claims of the Kurdish movement. This strategy diverged from the usual Turkish stance towards Kurds even if it still maintained the usual “one nation” narrative. Compared to the violent policies and inadequacy of social services in the pre-AK Party period, the general Kurdish policy of the Turkish state between 2002 and 2013 was less violent, more inclined to recognize some Kurdish claims, and, most importantly, relied on the effective use of social policy instruments, as can be followed in the statistics concerning public investment and social assistance.

This thesis asks why this strategy, the “politics of service”, evidently failed to liquidate the Kurdish movement. How is it possible that the Kurdish movement has reached the peak of its power in a period characterized by less violent and more benevolent policies? The answer is given through a detailed analysis of an everyday form of ethno-political resistance in *Hakkâri*. Even though Hakkârians have been able to access a more or less adequate health service in *Hakkâri* thanks to the policies and investment introduced after 2002, patient dissatisfaction in *Hakkâri* still persists as a mass phenomenon as if nothing has substantially changed in this area. This seemingly irrational situation, this thesis argues, is a daily symptom of an ethno-political resistance to being interpellated by the AK Party as citizens-in-the-making expected to compare past and present, realize the progress and thus appreciate the current quality of healthcare provision by tolerating some persisting shortcomings. This thesis reveals that the history of state-citizen relations in *Hakkâri*, that is, the firmly established conviction on the part of Hakkârians that their lives count for little in the eyes of the Turkish state, and the strong egalitarian insistence on “here” and “now”, which is not tolerant of any “in the making” talk, are two factors that prevent the majority of Hakkârians from subscribing to any transition narrative.

This thesis makes three main contributions to scholarly research. First of all, it is an ethnographic contribution to studies on the nationalism-social policy nexus through fieldwork consisting of semi-structured interviews with medical specialists and GPs, unstructured interviews with members and administrators of NGOs, illness and treatment narratives of patients, questionnaire research implemented in family health centers, and field notes and participatory observations. Combining its findings with insights provided by anthropology of policy, post-colonial theory, nationalism studies, and critical social policy analysis, this thesis confirms that the use of social policy for the containment of ethno-political challenges is not a straightforward issue. Secondly, underlining the central role of social policy in contemporary Turkish state-nationalism and diagnosing patient dissatisfaction in *Hakkâri* as a symptom of an ethno-political resistance, this thesis reveals the necessity to revise the tendency in Turkish-Kurdish studies to identify Turkish nationalism with sovereign violence and Kurdish resistance with political unrest. Finally, this thesis does not content itself with matching evidence to available concepts and puts forward some new concepts, like “being of nation,” “becoming of nation,” “indirect state racism,” “production of space as endurance”, in the hope of enriching the toolbox of scholars of nationalism studies.

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CHAPTER 1: INTRODUCTION

This research focuses on the Kurdish policy of the conservative *AK Party* (*Adalet ve Kalkınma Partisi*, Justice and Development Party) for the period between 2002 and 2013 through analysis of the discourses and practices around a particular aspect of the AK Party's social policy in a small Kurdish province. More precisely, it analyzes the subjectivities engendered by the on-going improvement of healthcare provision, from medical infrastructure to health workforce and social assistance, in *Hakkâri*, a homogenously Kurdish province.

This research approaches the on-going improvement of healthcare provision in *Hakkâri* as part of a larger assimilation project in search of containment of the Kurdish unrest led by the PKK (*Partiya Karkerên Kurdistan*, Kurdistan Workers' Party) since 1984. It therefore should be regarded as an example of anthropology of policy to the extent that it uses healthcare provision as "a lens for exploring"¹ the workings of the political system and thus puts into practice the suggestion that "examination of particular policies can provide unique avenues for analyzing wider issues of governance, including various ways particular governments attempt to manufacture consent."²

Symptomatically, however, this research is not only one among many similar examples of anthropology of policy shedding light on Turkish state-nationalism towards Kurds through critical analysis of the role of social policy in the assimilation of Kurds into Turkishness. Even though the assimilation of Kurds into Turkishness is an old story which dates back to the early days of the foundation of the Turkish state in 1923, that the benevolent elements stand at the center of Turkish assimilationist politics is something new and should be regarded as distinct to the AK Party's period in office. The AK Party's Kurdish policy is a fully-fledged

¹ Cris Shore and Susan Wright, "Policy: A New Field of Anthropology," in *Anthropology of Policy : Critical Perspectives on Governance and Power*, ed. Cris Shore and Susan Wright (London ; New York: Routledge, 1997), 18.

² Ibid.

assimilation policy, which was missing before, effectively relying not only on coercion and instruments of sovereignty but also on benevolent elements and instruments of bio-politics.

The improvement of healthcare provision in *Hakkâri* in the last ten years may be one of the most striking expressions of the AK Party's reliance on bio-political instruments in the Kurdish issue. It is an undeniable fact that only after the 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 the 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 hospitals in Orumieh, in Iran.

The striking improvement of healthcare 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 also Table 1 confirms, healthcare provision in *Hakkâri* as a whole has considerably improved during the AK Party's 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
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

* 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 may be 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 regular check-ups during the pre-partum period and parents to ensure school-attendance and regular check-ups of their children, have become an important source of income for thousands of families in *Hakkâri*, as in other, mainly Kurdish populated provinces.³ 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 fifteen-twenty thousand liras.⁴ Among other signs of development in the province, one may also mention the opening of a public university in 2008 and the construction of an airport in *Yüksekova* (initiated in 2010).

The change in the 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 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. The large scope for initiative left to special courts and anti-terror teams by the Anti-Terror Law has led to thousands of Hakkârians being accused of affiliation with the PKK or the KCK (*Koma Civakên Kurdistan*, Association of Communities in Kurdistan) and arrested.

Put differently, 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

³ 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).

⁴ c. \$7–10k

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*.⁵ 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), through the establishment of the First General Inspectorate (1927–1947),⁶ to martial law (1979–1987) and emergency rule (1987–2002). The goal was to constitute Turkish sovereignty in the region. State violence has persisted in the AK Party period, but has now been reinstalled to force Hakkârians to make a choice between the “identity politics” of the Kurdish movement or the “politics of service” of the AK Party.

To put the phenomenon in terms of a comparative perspective, this new setting of the encounter of the Turkish state and Kurds exemplifies one of many similar multi-ethnic settings where state-nationalisms, largely deprived of the option of relying on coercion due to varying reasons, use social policy for the containment of ethnic movements. In these settings,

...state struggling against powerful nationalist movements can choose to launch new social programmes to gain, regain, or preserve the loyalty of a population being targeted by nationalist leaders seeking to increase political autonomy or achieve independence. In the short term, the objective may be to ‘buy’ the loyalty of these citizens by offering them more generous social benefits...but from this perspective a perhaps more significant objective is to foster a sense of identification with the state and the nation it projects.⁷

In the UK, for instance, where the most heated debates about the issue take place as a consequence of growing Scottish nationalism, we know that “the development of the post-war welfare state... created a sense of belonging related to the concrete, institutionalized forms of

⁵ Erdem Yörük and Hişyar Özsoy, "Shifting Forms of Turkish State Paternalism toward the Kurds: Social Assistance as “Benevolent” Control," *Dialectical Anthropology* (2013).

⁶ See Cemil Koçak, *Umumi Müfettişlikler, 1927-1952* (İstanbul: İletişim, 2003).

⁷ Daniel Béland and André Lecours, *Nationalism and Social Policy : The Politics of Territorial Solidarity* (Oxford ; New York: Oxford University Press, 2008), 21.

economic solidarity and redistribution rooted in the notion of British social citizenship.”⁸ That “helps to explain why Scottish nationalism, at least in its home rule or independence-seeking manifestations, remained weak until the 1980s”⁹ and got stronger in following periods. To name a few other prominent cases, the development of *Québécois* nationalism in Canada and Flemish nationalism in Belgium and the responses given by the states to these sub-state nationalisms also have much to do with the use of social policy instruments.¹⁰

It can be put, then, that the precise topic addressed by this research is the use of healthcare provision as an instrument of state-nationalism of the AK Party for the containment of ethno-political unrest of Hakkârians and Kurds led by the PKK. Therefore, in addition to being an example of anthropology of policy using healthcare provision as a lens for exploring the larger mechanism behind, this research should be seen also as a work of critical social policy and nationalism studies as it attempts to shed light on attempts at nation-building and encouraging assimilationist aspirations among Hakkârians through healthcare provision.

1.1 Research Objective

Somewhat surprisingly, 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 Hakkârians for the AK Party. On the contrary, it is the pro-Kurdish party that has been backed by the majority of Hakkârians 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 percent, 33 percent, and 16 percent, respectively, whereas the Kurdish party (DTP/BDP) secured 45 percent, 56 percent, and 80

⁸ Ibid., 138.

⁹ Ibid.

¹⁰ See among others, Nicola McEwen, *Nationalism and the State: Welfare and Identity in Scotland and Quebec* (Brussels: Peter Lang, 2005); Regis Dandoy and Pierre Baudewyns, "The Preservation of Social Security as a National Function in the Belgian Federal State," in *The Territorial Politics of Welfare*, ed. Nicola McEwen and Luis Moreno (London ; New York: Routledge, 2005); Michael Keating, "Social Citizenship, Solidarity and Welfare in Regionalized and Plurinational States," *Citizenship studies* 13, no. 5 (2009).

percent of total votes.¹¹ The DTP/BDP confirmed its overwhelming superiority over the AK Party in *Hakkâri* in local elections held in 2009 and 2014. Today, six of the eight mayors in *Hakkâri* are members of the BDP (*Barış ve Demokrasi Partisi*, Peace and Democracy Party).

The main question that I seek to answer in this contribution, therefore, concerns the failure of the new strategy in *Hakkâri*. Why has this not been successful? The answer of this question, which I am trying to give through analysis of healthcare provision in *Hakkâri*, would shed light on the limits of the current use of benevolent elements as significant instruments of the Turkish assimilation strategy and thus contribute to the academic body of knowledge at two levels. As for the first and local level, which is of particular concern to scholars of Kurdish and Turkish studies, due to the dominance of violent elements in Turkish nationalist policy towards the Kurds until the end of 1990s, nonviolent, everyday processes have not been placed at the center of Kurdish studies.¹² 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 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. As for the second and global level, which is of particular concern to all scholars focusing on the relationship between ethno-politics and social policy, the research would underline the fact that the use of social policy for the containment of ethno-political challenge is a complicated issue than it may appear at the first sight; relying on less violence and more social policy may not automatically entail the decline of ethno-political challenge.

¹¹Yuksek Secim Kurulu (Supreme Electoral Council), “Seçimler,” available online at <<http://www.ysk.gov.tr/ysk/GenelSecimler.html>> [3 April 2012]

¹² Cengiz Güneş, *The Kurdish National Movement in Turkey: From Protest to Resistance* (New York: Routledge, 2012), 22.

1.2 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. During this grouping work, I realized two interrelated and strange issues. One of these issues had to do with my difficulty in grouping the presentations: while many papers led me to go back and forth between two or even three sessions, I did not experience much difficulty in grouping papers into the session on Turkish nationalism, for there was, and is still, a common conception, which I shared as well, that Turkish nationalism refers to a very specific phenomenon: a particular extremist ideology and movement assuming the label of Turkish nationalism.

The other issue pertained to the available papers on the Kurdish question. All the available papers on the Kurdish question focused on aspects of political and ideological resistance to the extremist policies of Turkish nationalism of the Turkish nation-state. Actually, once Turkish nationalism is identified with extremism, scholars of Kurdish studies unsurprisingly incline to place political and ideological resistance to that extremism at the center of their studies.

The question left behind from this classifying task was simply that: How is it possible that while we are living under the strict control of the nation-states we still manage to identify nationalism with extremist movements 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?”¹³

¹³ Etienne Balibar and Immanuel Maurice Wallerstein, *Race, Nation, Class: Ambiguous Identities* (London ; New York: Verso, 1991), 93.

As Michael Billig shows in his famous *Banal Nationalism*, this deficiency was not confined to us as a group of amateur social scientists:

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 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.¹⁴

In parallel to my readings on everyday nationalism, I was able to see that the answer to my question was there in the question itself. It is precisely because that we are living under the strict control and hegemony of nation-states that we identify nationalism with extremist movements 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 such a normalized phenomenon that it has almost become a natural, ontological constant, as can also be seen in the preference of Benedict Anderson for grouping nationalism with kinship and religion rather than with ideologies like fascism and liberalism.¹⁵ 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.¹⁶

1.2.1 Suggestions and Limits of the Literature on Everyday Nationalism

The scholars of everyday nationalism, though they vary in their focal points and sites of expertise, represent “a movement away from the 'grand narratives' of ethnicity and

¹⁴ Michael Billig, *Banal Nationalism* (London ; Thousand Oaks, Calif.: Sage, 1995), 5.

¹⁵ Benedict R. O'G Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London; New York: Verso, 2006), 5.

¹⁶ Billig, *Banal Nationalism*, 8.

nationalism with their concentration on elite projects to a systematic study of the role of popular beliefs, sentiments and practices.”¹⁷ 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.”¹⁸

This understanding of nationalism 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,¹⁹ as the new research topics favored by the scholarship are 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: “the discursive construction of the nation through routine talk in interaction,... nationhood as it is implicated in the decisions ordinary people make,... the production of national sensibilities through the ritual enactment of symbols,... the constitution and expression of national difference through everyday consumption habits.”²⁰

This research appreciates the insights enabled by the perspective of everyday nationalism, yet it also provides a critique of a tendency in everyday nationalism studies underestimating the role played by states in the everyday production of nation. This tendency, which we can follow in the research topics proposed by Fox and Miller-Idriss, is, I argue, related to a Euro-centric understanding of nation-building. In this understanding of nation-building, which is built on the analysis of eighteenth and nineteenth century Europe, “nation-building through

¹⁷ Anthony D. Smith, *Nationalism : Theory, Ideology, History* (Cambridge: Polity Press, 2010), 83.

¹⁸ Jon E Fox and Cynthia Miller-Idriss, "Everyday Nationhood," *Ethnicities* 8, no. 4 (2008): 537.

¹⁹ Smith, *Nationalism : Theory, Ideology, History*, 84.

²⁰ Fox and Miller-Idriss, "Everyday Nationhood," 537-8.

the state is, more often than not, analyzed only as a process specific to the eighteenth and nineteenth centuries, that is, it is considered to have come to a stop sometime in the twentieth century.”²¹

Yet we know that “the process of nation-building is not merely a phenomenon associated with the period of state formation. It is also evident, albeit often in a banal form (Billig, 1995), in well-established states seeking to maintain their legitimacy and territorial integrity in the face of internal or external challenges.”²² As Daniel Béland and André Lecours also put it, “states continuously engage in nation-building through routine and seemingly innocuous practices such as distributing social benefits and delivering social services.”²³ The newly flourishing anthropology of policy helps us to better understand that nations are never formed once and for all and the state is involved in everyday production of nation through policy-making and implementation processes. The anthropology of policy shows that policies not only produce material effects but also impose identities and work as mechanisms of interpellation on daily basis:

Like the modern state (to which its growth can be linked), policy now impinges on all areas of life so that it is virtually impossible to ignore or escape its influence. More than this, policy increasingly shapes the way individuals construct themselves as subjects. Through policy, the individual is categorized and given such statuses and roles as ‘subject’, ‘citizen’, ‘professional’, ‘national’, ‘criminal’ and ‘deviant’. From the cradle to the grave, people are classified, shaped and ordered according to policies...²⁴

Subject-formation taking place through policies employed by nation-states especially in multi-ethnic contexts are largely informed by the agenda of nation-building. In multi-ethnic contexts the nation-states are largely driven by state-nationalism, “the nationalism of the

²¹ Béland and Lecours, *Nationalism and Social Policy : The Politics of Territorial Solidarity*, 19.

²² Nicola McEwen and Luis Moreno, "Exploring the Territorial Politics of Welfare," in *The Territorial Politics of Welfare*, ed. Nicola McEwen and Luis Moreno (London; New York: Routledge, 2005), 3.

²³ Béland and Lecours, *Nationalism and Social Policy : The Politics of Territorial Solidarity*, 219.

²⁴ Shore and Wright, "Policy: A New Field of Anthropology," 3-4.

aspiring nation state” which “aims to render the boundaries of the nation and governance unit congruent by transforming a multinational state into a national one.”²⁵

To sum up, my formulation of the research topic, objective and methodology of the dissertation occurred thanks to the insights provided by the literature on everyday nationalism, as well as its shortcomings. The basic argument of the literature on everyday nationalism that nationalism exists in the very materiality of our lives provided a theoretical ground for my discontent with the identification of nationalism with extremism in Turkish and Kurdish studies. The emphasis placed on ethnographic methods was inspiring as well. Yet the literature on everyday nationalism does less to suggest a theoretical framework necessary to make ethnographic sense of the role of the nation-state in everyday nationalism. Below, relying on the theories of the subaltern school on anti-colonial nationalism and historicism, the main suggestions of nationalism studies, and the fruitful arguments of Michel Foucault and Giorgio Agamben on sovereignty and bio-politics, I attempt to formulate the basic concepts of a methodology that may be useful in making sense of state-nationalism taking place through ordinary nation-state practices in which nationalism does not take the shape of imposing visible signifiers of national identity.

1.2.2 The Analytic of Nation of State-Nationalism:²⁶ Being and Becoming of Nation

1.2.2.1 Being of Nation or Nation in Homogenous and Empty Time

The distinction Dipesh Chakrabarty makes between “being of capital” and “becoming of capital” 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

²⁵ Michael Hechter, *Containing Nationalism* (Oxford; New York: Oxford University Press, 2000), 62.

²⁶ The title is inspired from the title of the section “Histories and the Analytic of Capital” where Dipesh Chakrabarty introduces his concepts “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.

starts his analysis by underlying the conflict between difference and exchange, which is embedded to the very structure of the commodity itself:

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.²⁷

To make the products of incommensurable concrete labors exchangeable with each other, these labors need to be reduced to abstract labor which is measurable by a common standard. This common standard is the homogeneous empty time of the clock which has an objective existence indifferent to and is independent from the human subject. Therefore, what is at stake in the reduction is the externalization of the 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 the laboring process. In Chakrabarty's words, "to organize life under the sign of capital is to act as if labor could indeed be abstracted from all the social tissues in which it is always embedded and which make any particular labor....concrete."²⁸ By "being of capital" Chakrabarty refers to the ideal case in which this abstraction is fully achieved. This ideal case is the point where the fight of homogenous and empty time, which is materialized in the uniformity and regularity imposed in the laboring process, with diverse times materialized in the concrete labor of the laborer comes to an end. Put another way, being of capital "refers to the structural logic of capital, that is, the state when capital has fully come into its own."²⁹

²⁷ Ibid., 51.

²⁸ Ibid., 54.

²⁹ Ibid., 62.

The nation which Anderson talks about, as Partha Chatterjee emphasizes, “inhabits” this “utopian time of capital.”³⁰ 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* the “being of nation” insofar as it “refers to the structural logic of” nation.

1.2.2.2 Becoming of Nation or “Nation in Heterogeneous Times”³¹

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

People can only imagine themselves in empty homogenous time; they do not live in it. Empty homogenous time is the utopian time of capital... 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.³²

Anderson shows in *Imagined Communities* that nation is imagined in homogenous and empty time, yet he does not seem to be equally concerned with how this imagination manages to survive and further reproduces its internal coherency despite the actual, visible diversities at its core. 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.”

That means imagining the nation cannot be limited only to imagining being of nation. Nationalism, especially in its state-nationalist form, cannot avoid facing up to the diversities at the core of the nation. It has to recognize and define differences and approach them with

³⁰ Partha Chatterjee, *The Politics of the Governed : Reflections on Popular Politics in Most of the World* (New York: Columbia University Press, 2004), 6.

³¹ Ibid., 6-7.

³² Ibid.

different policies without undermining the unity of nation posited by being of nation. Therefore, nation also needs to be imagined as some sort of unity in diversity and a taxonomy “mapping differences.”³³ In other words, in its search for producing nation, “states both operationalise the grammar of difference (addressing people in their categoric identities) and articulate conceptions of how all these differences fit together – the unity of the nation.”³⁴

To make sense of how “being of nation” handles the problem of heterogeneity at its core, 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:

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.³⁵

That is to say, homogenous and empty time renders diversities that resist being incorporated/assimilated into national totality into unevenly developed and “incomplete” or “lacking” entities that are supposed to come into full being by leaving or “by the addition of certain elements in the chronological time.”³⁶ 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.”³⁷

My argument is therefore that imagining nation cannot be reduced merely to imagining being of nation. It also has to be imagined as a becoming, an unevenness and hierarchy. Drawing on

³³ John Clarke, “Welfare States as Nation States: Some Conceptual Reflections,” *Social Policy and Society* 4, no. 04 (2005): 412.

³⁴ Ibid., 413.

³⁵ John Holloway, *Change the World without Taking Power* (London ; Sterling, Va.: Pluto Press, 2002), 58.

³⁶ Chakrabarty, *Provincializing Europe: Postcolonial Thought and Historical Difference*, 249.

³⁷ Ibid., 62.

Chakrabarty's "becoming of capital," I refer to the transition process imposed on diversities by being of a 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."

1.2.2.3 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 an intrinsic part of "becoming of nation."

To make sense of the form of the resistance taking place at the very center of becoming of nation, I argue, the categorical distinction Homi Bhabha makes between pedagogical and performative representations of nation is a useful one. Regarding the pedagogical representation of nation, which is what I call the "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,"³⁸ "pre-given or constituted historical origin..."³⁹ of nation. Regarding the performative aspects 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"⁴⁰ and are "constructed in the performance of narrative, its enunciatory 'present' marked in the repetition and pulsation of the national sign."⁴¹ 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

³⁸ Homi K. Bhabha, *The Location of Culture* (London ; New York: Routledge, 2004), 211.

³⁹ Ibid., 208.

⁴⁰ Ibid.

⁴¹ Ibid., 211.

authorities and tense locations of culture”⁴² which cannot be objectified in the linearity of the pedagogical representation of the nation:

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 its norms and limits....to intervene in the signifying process and challenge the dominant representation with narratives of their own.⁴³

The methodological implication of these arguments for my research is that nationalist motives and stances may take shape, like a pedagogical tune in political discourse, project or policy, which may not reveal itself easily to an analytical gaze looking for overt forms, symbols and languages of nationalism. That is to say, resistance to nationalism may occur in forms which are not political as we know it. Everyday dissatisfactions, sabotages, discourses and practices that undermine and disrupt linear transition and “becoming” narratives may be manifestations of resistance to nationalism carried out in everyday forms.

1.2.2.4 Further Deductions on “Becoming of Nation”: Assimilation/Nation-Building

At a less abstract and more political level, “becoming of nation” corresponds to the politics of assimilation/nation-building. To expand on this argument, I would like to use the 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.⁴⁴
- The sovereign is the one with respect to whom all men are potentially *homines sacri*.⁴⁵

⁴² Ibid., 212.

⁴³ John McLeod, *Beginning Postcolonialism* (Manchester ; New York: Manchester University Press, 2000), 119.

⁴⁴ Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism*, 7.

⁴⁵ Giorgio Agamben, *Homo Sacer. Sovereign Power and Bare Life*, Meridian (Stanford, Calif.: Stanford University Press, 1998), 84.

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 bare life. Yet the “inclusive exclusion” of bare life is not peculiar to national form of political community:

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.⁴⁶

We should take a step further then to have a better grasp of the historical specificity of “nation”: Peculiarity of “nation” lies in its very attempt at overcoming of bare life rather than mere exclusion of bare life; “nation” is assimilative in character.⁴⁷ To proceed further, I would like to draw on the following two arguments, 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.⁴⁸
- 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

⁴⁶ Thomas 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.

⁴⁷ Nicos 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.

⁴⁸ Anderson, *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.⁴⁹

People-as-One, that is, the nation of the nation-state is not just another 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. Nationalist ideology, as John Breuilly argues, “is neither an expression of national identity... nor the arbitrary invention of nationalists for political purposes. It arises out of the need to make sense of complex social and political arrangements.”⁵⁰ That means nationalist ideology does not make any room for the duality of nation and *homo sacer*. To use Zygmunt Baumann’s terminology in *Modernity and Ambivalence*,⁵¹ 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. In other words, the 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 extermination of “enemies” aside for the moment,⁵² 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, the disciplinary train of *homo sacers* to the norms of this Oneness is internal to all assimilation

⁴⁹ Claude Lefort, *The Political Forms of Modern Society: Bureaucracy, Democracy, Totalitarianism* (Cambridge: Polity Press, 1986), 305.

⁵⁰ J. Breuilly, *Nationalism and the State* (Manchester: Manchester University Press, 1993).

⁵¹ Zygmunt Bauman, *Modernity and Ambivalence* (Ithaca, N.Y.: Cornell University Press, 1991).

⁵² For a comprehensive study focusing on the causality between the emergence of popular sovereignty and ethnic cleansing, see Michael Mann, *The Dark Side of Democracy : Explaining Ethnic Cleansing* (New York: Cambridge University Press, 2005).

processes. In other words, one aspect of assimilation is “normation”⁵³ through which “deviant behaviors and identities” of *homo sacers* are corrected. Although Foucault did not name the nation-state as a site of disciplinary normalization, it is evident that it is a site of disciplinary normalization given the following definition of disciplinary normalization:

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.⁵⁴

Assimilation/nation-building processes, however, have an additional procedure as well as a disciplinary one. The transformation of *homo sacer* to *homo nationalis* (sovereign) not only takes place through disciplinary normalization of *homo sacer*. For *homo nationalis* to emerge out of *homo sacer*, basic human needs of *homo sacer* also need to be properly met to save him from a way of life posing constant threats to his biological existence to take him to a way of life beyond a bare one. To put with Agamben’s words explaining the contemporary obsession with development:

In Rome, the internal division of the people was juridically sanctioned by the clear division between *populus* and *plebs*, each of which had its own institutions and magistrates...But starting with the French Revolution, when it becomes the sole depositary of sovereignty, the people is transformed into an embarrassing presence, and misery and exclusion appear for the first time as an altogether intolerable scandal. In the modern era, misery and exclusion are not only economic or social concepts but eminently political categories [emphasis mine]... In this sense, our age is nothing but the implacable and methodical attempt to overcome the division dividing the people, to eliminate radically the people that is excluded...*The obsession with development is as effective as it is in our time because it coincides with the biopolitical project to produce an undivided people* [emphasis mine].⁵⁵

⁵³ Michel Foucault, *Security, Territory, Population : Lectures at the Collège De France, 1977-78*, ed. Michel Senellart (Basingstoke; New York: Palgrave Macmillan, 2007), 85.

⁵⁴ Ibid.

⁵⁵ Agamben, *Homo Sacer: Sovereign Power and Bare Life*, 100-101.

To sum up, we can identify three simultaneous moments of assimilation:

1-Sovereign Moment of Assimilation: Nation as People-as-One is imagined and practiced as sovereign over *homo sacer* imagined and treated as bare life.

2-Disciplinary Moment of Assimilation: Disciplinary normalization of *homo sacer* through surveillance and other individualizing techniques of army, schools, prisons, and police takes place to turn *homo sacer* to *homo nationalis*.

3-Bio-Political Moment of Assimilation: Living conditions of *homo sacer* are improved not to let his way of life determined by dull issues of biological survival.

Yet, as I discussed above with reference to Billig, nationalism is usually identified with sovereign or disciplinary moments of nationalism and thus reduced to a body of extremist practices and ideas or to a visible pedagogical violence imposing national norms. What I would like to put forward by adding the bio-political moment of assimilation to the other two moments of assimilation is simply that ordinary public services of the state, 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 ordinary public services of the state function 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.

1.3 Field

1.3.1 Hakkâri: Basic Characteristics

The fieldwork of this thesis was carried out in urban settlements of *Hakkâri*, namely, *Hakkâri* city, the provincial capital, *Yüksekova*, the biggest district, and *Şemdinli*. In the part of fieldwork on doctors and other health personnel, I met informants working in health institutions in all three settlements while I limited my fieldwork on patients to patients within *Hakkâri* city. Below I introduce the basic characteristics of *Hakkâri*, ranging from its physical geography and demographic structure to its economy and transformation after the 1990s. This will help to visualize the context within which I worked.

1.3.1.1 Physical Geography and Location of *Hakkâri*: Province of Mountains

Hakkâri is a small Kurdish province with its four districts, *Hakkâri* city (Kurdish: *Colemêrg*), the provincial capital, *Yüksekova* (Kurdish: *Gever*), the biggest district, *Şemdinli* (Kurdish: *Şemzînan*) and *Çukurca* (*Çelê*), and located at the southeast corner of Turkey at the juncture of Turkey, Iraq and Iran.⁵⁶

The province is so mountainous that 88 percent of the landscape is formed by high mountains.⁵⁷ This mountainous landscape has necessarily played a decisive role in the formation of settlement patterns, seasonal conditions, economic activities, and transportation conditions of *Hakkâri*. Until 1940s *Hakkâri* had no road connections 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.⁵⁸ Even today more than seventy years after the opening of the road and after numerous

⁵⁶ "Hakkari," in *Yurt Ansiklopedisi: Türkiye, il il* (İstanbul: Anadolu Yayıncılık, 1982), 3291.

⁵⁷ Ibid.

⁵⁸ Hüseyin Atmaca, *Bir Köy Çocuğunun Serüveni: Köy Enstitüsünden Parlamente'ye* (Ankara: Abis, 2009), 180-82.

improvements, the road is still far from the national standards. It takes four torturous hours by bus to go from *Van* to *Hakkâri*, which is a distance of 210 kilometers.

One other effect of this mountainous landscape is the scarcity of agricultural land and the abundance of meadows and range. Due to this topographical fact, agriculture has never had more than a marginal place in the peasant economy. Sheep and goat farming used to be the main economic occupation of Hakkârians until the early 1990s when villages were evacuated by the army as a counter-insurgency strategy.⁵⁹

“Kurds have no friends but mountains” says one famous Kurdish proverb. Until the 1970s, the mountains of *Hakkâri* hosted many bandits escaping to the mountains from gendarmes after they shot someone dead over this or that dispute, which most often had to do with feud issues. They used to live there by smuggling and theft until the time they were captured by the gendarmerie. When one looks at the local newspapers of *Hakkâri* issued in 1960s-1970s, they are full of news stories reporting clashes between the bandits and the gendarmerie.

The same mountains have been hosting PKK guerillas since 1982-1983. Using the mountainous landscape as the terrain for guerilla war, the PKK guerillas have managed to wage a guerilla war for thirty years against one of the biggest armies of the NATO.

1.3.1.2 Political Geography and Location of *Hakkâri*: A History of Displacement

One cannot understand the current material reality of *Hakkâri* without exploring the outcomes related to the Turkish nation-building processes such as the deportation of heretic Assyrians from *Hakkâri* during the foundation of the nation-state, the construction of national borders threatening the free flow of people, animals, commodities, and, finally, the evacuation of villages during the mid-1990s as part of a counter-insurgency strategy.

⁵⁹ Enver Ozkahraman and Nasrullah Müezzinoğlu, *Hakkari'94* (Ankara: Erk Yayıncılık, 1996), 51-65.

According to official statistics from 2013, the population of *Hakkâri* in 2013 was 273.041. Of these 273.041 people, distributed to urban and rural settlements with 55 percent and 45 percent, respectively, 116.327 were living in *Yüksekova*, 80.497 were living in *Hakkâri* city, 60.616 were living in *Şemdinli* and 15.601 were living in *Çukurca*.⁶⁰ This population is strikingly homogenous with regard to ethnicity and religion. The population of present-day *Hakkâri* is wholly Kurdish, except civil servants and soldiers, and Sunni Muslim. Yet this was not the case until the early 1920s, as can be seen in the table below.

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

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

Source: Yurt Encyclopedia, 1982

Due to imperialist rivalry, Islamist policy of the Ottoman state, and missionary activities,⁶¹ there was already a polarization between Assyrians and Kurdish tribes of *Hakkâri* on a religious basis in the late nineteenth century. Due to this conflict, Assyrians had to leave *Hakkâri* firstly in 1915, when they were seen by the Ottoman state as collaborators of the Russians, and secondly in 1924.⁶²

The construction of national borders separating *Hakkâri* from its immediate environment has also produced effects that still play a large role in shaping the material reality of *Hakkâri*. The

⁶⁰ Türkiye İstatistik Kurumu (Turkish Statistical Institute), *Seçilmiş Göstergelerle Hakkari 2013* (Ankara: TÜİK, 2014), 97.

⁶¹ Murat Gökhan Dalyan, *19. Yüzyılda Amerikalı Misyonerlerin Hakkâri Günlüğü, 1830-1870* (Ankara: Öncü kitap, 2012).

⁶² "Hakkari," 3314-15.

national border divided tribes; some families of a tribe have remained on the Turkish side and some other families of the same tribe have remained on the Iraqi or Iranian side. Although they continued to maintain their connections via marriages, legal-illegal visits, cooperation in illegal border trade, these borders nevertheless inflicted a blow on the societal organization of Hakkârians around tribes. The national border also led to the emergence of illegal border trade. 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-phones, etc.

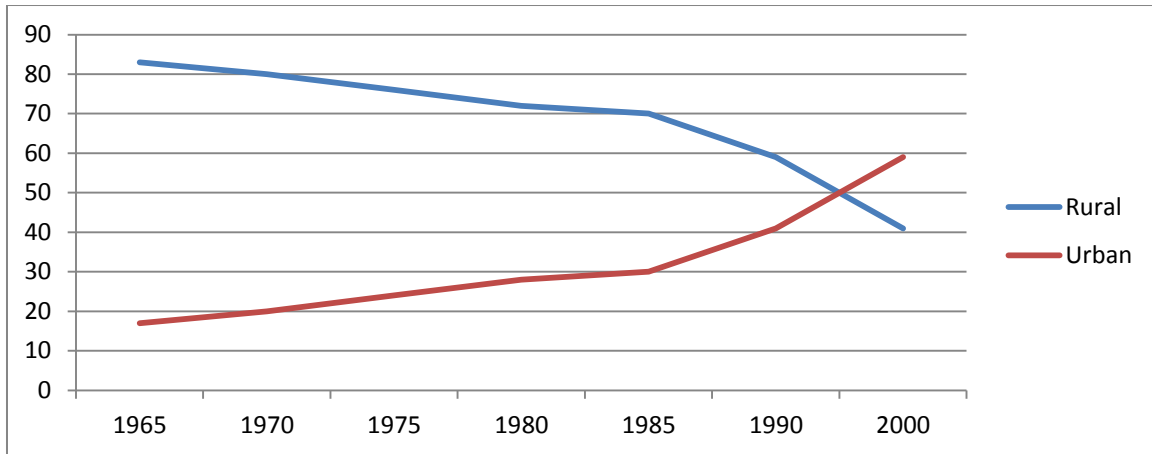
The intervention of the Turkish state into the settlement patterns was another nation-building policy in *Hakkâri*. The majority of Hakkârians were dispersed among hundreds of villages and hamlets until the mid-1990s, and the PKK guerillas effectively took advantage of the absence of the state control over these rural settlements in their fight against the Turkish army. The massive village evacuation operations carried out by the army in *Hakkâri* in 1995 as part of a general counter-insurgency strategy employed in the Kurdish region was an attempt at organizing the political geography to make it compatible with the spatial requirements of the nation-state. As a result, thousands of *Hakkârians* had to leave their villages and migrated in particular to *Hakkâri* city, *Yüksekova*, *Van* and *Mersin*. The population of *Hakkâri* city, for instance, rose from 30.000 to 80.000 with the displacement of the villagers.⁶³

1.3.1.3 Village Evacuations, Urbanization and Infrastructural Problems

Village evacuations have had a decisive impact on the current urban reality of *Hakkâri*. As can be seen in the figure below, *Hakkâri* undertook a very quick urbanization process. Today 55 percent of Hakkârians dwell in urban settlements.

⁶³ Dilek Kurban et al., *Coming to Terms with Forced Migration: Post-Displacement Restitution of Citizenship Rights in Turkey* (İstanbul: TESEV, 2007), 277-311.

Figure 1. Rural and Urban Population in *Hakkâri*



Source: Generated by the author based on SSI (*Devlet İstatistik Enstitüsü*, State Statistical Institution), 2000 Population Census⁶⁴

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

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 in winters produced by a dense population, most of who use poor quality coal distributed by the state to the poor, does not easily disperse and breathing becomes very difficult during these times. Insufficient municipal services, garbage heaps in all corners, streets covered by dust and dirt in summer and mud on rainy days can also be added to the long list of infrastructural shortcomings of *Hakkâri* city.

⁶⁴ Devlet İstatistik Enstitüsü (State Statistical Institute), *2000 Genel Nüfus Sayımı: Nüfusun Sosyal Ve Ekonomik Nitelikleri, Hakkari* (Ankara: DİE, 2002), 44.

1.3.1.4 Economy

The economic structure of *Hakkâri* has been shaped by several factors like the lack of high-grade roads connecting *Hakkâri* to other provinces, the remoteness of the province to main ports and industrial centers located in western Turkey, forced displacement of villagers, harsh physical geography of the province, etc. The result is that the economy is characterized by animal husbandry, illegal border trade, petty commodity production and high unemployment.

To leave animal husbandry and illegal border trade aside and rather to focus on the economic structure of urban settlements of *Hakkâri* where I carried out my fieldwork, we can speak of an unchanging reality: small enterprises and shops which employ few workers and are largely alien to the logic of extended reproduction of capital. In 1980, for instance, the number of workplaces in *Hakkâri* classified under manufacturing sector was sixty seven, and sixty four of these sixty seven workplaces employed no more than four workers.⁶⁵ As for the 1990s, nothing substantially changed. In 1994 there were no private enterprises operating in the manufacturing industry which employed more than ten workers.⁶⁶ In 2002, there were 2236 economic units in *Hakkâri*. 2193 of these units were small-scale shops employing no more than nine workers.⁶⁷ The economy of *Hakkâri*, except for a few local agencies of some capitalist firms like banks, mobile operators and consumer durables firms, is still based on small-scale economic enterprises.

One can justifiably assert that the public enterprises policy followed in *Hakkâri* by the Turkish state has never been a factor that threatens the described characteristics of relations of production and employment prevailing in *Hakkâri*. In all, three small public enterprises,

⁶⁵ Devlet İstatistik Enstitüsü (State Statistical Institute), *1980 Genel Sanayi Ve İşyerleri Sayımı* (Ankara: DİE, 1983), 1-21.

⁶⁶ Devlet İstatistik Enstitüsü (State Statistical Institute), *Ekonomik Ve Sosyal Göstergeler* (Ankara: DİE, 1998), 242.

⁶⁷ Türkiye İstatistik Kurumu (Turkish Statistical Institute), *Genel Sanayi Ve İşyerleri Sayımı, 2002* (Ankara: TÜİK, 2006), 69.

which, in sum, did not employ more than ninety people, were opened in *Hakkâri* throughout the Republican history, the first in 1977 and the last in 1986.⁶⁸ Yet all three were closed or privatized during the 1990s due to the neo-liberal consensus on the retreat of the state from the economy as an enterpriser.

Given the scarcity of employment opportunities offered by the economy of *Hakkâri*, it is not surprising that the village evacuations and rapid urbanization taking place during the mid-1990s resulted in serious unemployment. While the rate of unemployment was 3.8 percent in 1990, it rose to 12.2 percent in 2000⁶⁹ and then never decreased below 10 percent. This is one of the highest rates of unemployment in Turkey and triggers the immigration of unemployed population from *Hakkâri*.

1.3.2 Fieldwork and Methodology

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 for this dissertation did not end in September 2011, as I started to work as a research assistant in the Department of Management of the University of *Hakkâri* in October 2009 and worked until April 2014. Therefore, even after I finished 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.

The material I collected during my research has five main sources: Interviews conducted with doctors and also with other healthcare staff, interviews conducted with Hakkârians, my field notes and participatory observations, questionnaire research implemented in family health centers, and archival work. I had two main groups of informants in my research: healthcare

⁶⁸ Cemil Kutbay, *Kalkınmada Öncelikli İllerde Sanayii Tesisleri* (Ankara: Başbakanlık Devlet Planlama Teskilatı, Kalkınmada Öncelikli Yörelere Dairesi, 1993), 15.

⁶⁹ Devlet İstatistik Enstitüsü (State Statistical Institute), *2000 Genel Nüfus Sayımı: Nüfusun Sosyal ve Ekonomik Nitelikleri*, Hakkari, 52.

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, for they embody the current emphasis placed on the benevolent elements in the new assimilation strategy. Up to now, thousands of doctors have done their compulsory service in the Kurdish region. The experiences and discourses of these doctors have much to tell us about the shortcomings of and subjectivities generated by the new strategy.

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 limiting the research to doctors in a particular district of *Hakkâri*. Except *Çukurca*, which did not have a hospital but a healthcare post where no more than one or two GPs were employed, I met with doctors working in hospitals and healthcare posts in *Hakkâri* city, *Yüksekova* and *Şemdinli*.

Most of the interviews conducted with doctors were conducted in their examination rooms and mostly immediately after the end of the working day when done in hospitals. In healthcare posts, which did not have many visitors, interviews were generally conducted during the work day. Before they asked whether I had 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 for the ID card given by the University of *Hakkâri*.

The questions which I asked in all interviews with the doctors were as follows: Was *Hakkâri* on your preference list or were you appointed to *Hakkâri* by chance? What did you feel when you learnt of your appointment to *Hakkâri* and how did your family respond to the appointment? Where do you stay, and how did you arrange accommodation? What is an

ordinary day in *Hakkâri* like? What do you do at weekends and in your leisure time? Do you spend time only with your colleagues or do you have some friends from *Hakkâri* as well? How many patients do you see on average in a day? Have you ever been the subject of a complaint from any of patients you have examined through the patient rights unit; if yes, why? Does the social tension prevailing in the city have any impact on your relationship 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 patients? How do you communicate with patients who do not know Turkish? How do you evaluate your *Hakkâri* experience with respect to its impacts on your professional talents, your view of the “region” and *Hakkâri*, future projects, etc.?

In addition to doctors, I also conducted interviews with leading figures of the local health bureaucracy and with allied healthcare personnel like nurses, midwives, ambulance drivers, medical secretaries, etc. Between 2009 and April 2014, the provincial directors of healthcare changed five times and I managed to conduct interviews with four directors. Most of the interviews conducted with the leading figures of the local healthcare bureaucracy were unstructured ones; my motive in these interviews was to make my interviewees speak as much as possible, due to the fact that one can find in their words a manifestation of a somewhat official perspective and it was impossible to garner some knowledge concerning the everydayness of the medical establishment from anyone but them.

If one leg of the ethnography of this research is doctors and other healthcare staff, 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 to 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, and ideological preferences into account.

For a variety of reasons, I chose *Hakkâri* city among others as the field area of my ethnographic research on citizens. Actually I had to choose between *Hakkâri* city and *Yüksekova*, because the improvement of the medical establishment in *Hakkâri* was most noticeable in these settlements. The main factor that pulled me to *Hakkâri* city while pushing from *Yüksekova* was the fact that *Hakkâri* city is more hospitable than *Yüksekova* to a Turkish researcher. Doing ethnographic research in *Yüksekova* as a Turkish researcher has some objective limits due to the following two factors: The everyday reality of *Yüksekova* as a border settlement sustained by border trade, including heroin, is much more clandestine and relies on fewer contacts with civilian Turks when compared to the everyday reality of *Hakkâri* city which has been, as a 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* city with respect to the level of political radicalism; in comparison to *Hakkâri* city, the political climate in *Yüksekova* is harsher. The result is that in *Yüksekova* you encounter a more suspicious stance regarding your presence in the town, which sometimes may take threatening forms.⁷⁰

My fieldwork on Hakkârians proceeded mainly through contacts I could make 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 local people. Hakkârian students and employees, who agreed to be

⁷⁰ Once I went to Iran Bazaar in *Yüksekova* where oriental items are sold. I went into a shop selling mostly blankets. There was no shop-keeper but a kid around fourteen-year-old who was dealing with the customers. I had a look at some blankets and asked their prices. While I was about to leave the shop, the kid told me that “when our time comes, we will settle a score with you.” I could only say “What...” 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 that the kid was messing about. Most probably, the kid thought that I was a police officer or a specialist Sergeant.

involved in my research either personally or by the participation of their friends and families, became my informants. I need to add that because I did not have an administrative position and also did not work as an instructor 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 given to me by my key informants in the University of *Hakkâri*. Some of my Hakkârian colleagues, who are ideologically close to the Kurdish movement and convinced of the importance of my research, introduced me to their personal contacts and also directed their personal contacts to cooperate with me. In particular, 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.

As well as the connections and contacts that being affiliated with the University of *Hakkâri* might provide, the University provided me with a legitimate position in the eyes of the public authorities and also Hakkârians who, after long years of war, tend to be suspicious of a researcher asking questions. As Hakkârians traditionally have a great respect for teachers (*mamoste*), I had the courage to go inside any shop and attempt to talk with shop-keepers and employees about their experiences with and ideas on healthcare provision in *Hakkâri*. Also I never had to devote too much time and energy to convincing NGO administrators, former mayors, journalists, businessmen in *Hakkâri* to talk on 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 method patients adopted while telling of their observations and ideas about the medical establishment in *Hakkâri* city was most often

to start telling illness and treatment narratives, starting in *Hakkâri* and mostly ending up in *Van, Ankara or İstanbul*.

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.”⁷¹ As narratives “reestablishing a sense of connectedness with self, others and objective reality”, it is evident that illness and treatment narratives necessarily entail some normative suggestions concerning 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 and the personal experience of oppression.”⁷² This is how I approach and read the illness and treatment narratives of Hakkârians.

Because I wanted to put my ethnographic findings on patient satisfaction succinctly and thus make trends concerning patient satisfaction in *Hakkâri* more remarkable and clear, I also conducted questionnaire research. I prepared a questionnaire consisting of fifteen questions designed to shed light on different aspects of patient satisfaction and some other questions concerning details of personal identity of the respondents. I limited questions of the questionnaire to those concerning *Hakkâri* Public Hospital by assuming that patient satisfaction with *Hakkâri* Public Hospital, which is the biggest healthcare provider in *Hakkâri*, can be largely taken as indicator of overall patient satisfaction in *Hakkâri* city. Yet, I did not implement the questionnaire in *Hakkâri* Public Hospital as patients’ responses might be biased by their immediate experiences. To overcome the problem of finding an adequate sample, which would enable me sufficient data to carry out a discussion on *Hakkâri* city, I conducted the questionnaire research among patients going to family health centers which, as

⁷¹ Jurate A Sakalys, "Restoring the Patient's Voice the Therapeutics of Illness Narratives," *Journal of Holistic Nursing* 21, no. 3 (2003): 231.

⁷² Arthur Kleinman, *The Illness Narratives : Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988), 50.

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 questionnaire research to the patients of a single family health center. Questionnaire research was therefore implemented in five 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 in the research. In total, I had 427 respondents who filled the questionnaires while waiting in the queue or after they were seen by the doctor or the nurse.

Archival work also provided an invaluable input to my attempt to grasp the subjectivities of Hakkârians. I studied the Prime Ministry State Archives and also the National Library in *Ankara*. In the Prime Ministry State Archives, I scanned official documents on *Hakkâri* and neighboring cities, especially *Van*. As for my study in the National Library, I found local newspapers like *Hakkâri*, *Hakkâri'nin Sesi* which were issued between the early 1960s and late 1990s. 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* featured and how they were represented in the mainstream national media in the last forty years.

1.3.2.1 Methodological Limits of the Research: Not-So-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 reflect on this methodological suggestion from Nancy Scheper-Hughes, which she describes as “militant anthropology” in one of her articles⁷⁴ and which I once embraced without questioning it. In the course of getting permission for the fieldwork and later in conducting interviews with doctors, I found that it was impossible for me to act as a politically and morally engaged ethnographer who might “enter freely into dialogues and sometimes into conflicts and disagreements with” doctors, “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 on doctors if I did not maintain the image in the eyes of the local health bureaucracy and doctors of a naive Turkish social-scientist committing neutral (i.e. more or less in accordance with the main lines of Turkish state-nationalism) scientific research.

I experienced this fact at an early stage of my research when I applied to the Ministry of Health (MoH) in *Ankara* to allow me to conduct interviews with doctors in *Hakkâri*. Upon my demand, I got the following response: “But, you politicize the issue.” It was the title of the project which annoyed the MoH officials: “State, Citizenship and Health Services: Compulsory Public Services of Doctors in the AK Party Period.” In fact, I had predicted the concerns of the MoH and thus revised the original title of my project by removing the word “Kurd”. To get the permission, I had to change the title of my project again: “Compulsory Public Service, Doctors and Health Services.”

⁷³ Nancy 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).

I had to continue this self-censorship during my interviews with the doctors as well, since working in a city like *Hakkâri* led the 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 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.

While the dialogue and trust between us was fragile, it was most often 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 use the terminology, which I did not agree with, yet, I tended to use more neutral, “value-free” language. For instance, inspired by medical terminology, I often used the term “the level of social tension (*toplumsal tansiyon*) 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 the terms “Kurd” and “Kurdish” as much as possible just as the doctors had done. The way I asked doctors whether the fact that they did not know Kurdish affected the quality of healthcare they provided was frequently a version of this: “How does the “language issue” affect your job?”

The ethnographic cost of adopting such a shy, non-militant stance is clear: The ethnographic knowledge that I could have extracted from doctors would certainly have been different and maybe more illustrative than that extracted from the position of a middle-class “Turkish” researcher if I had attempted to appear as a critic of Turkish state-nationalism in the conversations than as an “invisible and omniscient third-person narrator.”

Was this ethnographic cost unavoidable or just a preference? I still cannot give a clear-cut answer. My answer is rather to reformulate this question in the following way and not as an excuse: 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 regardless of their academic status, nationality, location, etc.?

1.3.2.2 Methodological Limits of the Research: Abstractions and Stigmatizations

To uncover another constraint of this ethnographic study, one also needs to have a look at *Hüseyin*'s⁷⁵ (one of my informants) own form of resistance to being my ethnographic object and the fact that he led me to make some sort of participatory observation in streets of his neighborhood under his guidance.

Hüseyin, the protagonist of the case I am describing below, is a village evacuee from a village of *Çukurca*. Although he had fought for years against the PKK as a member of paramilitary village guardians, his village was nevertheless evacuated in 1995 and he was disarmed by the army forces labeling him as unreliable. When I met with him in 2009, he was one of leading figures of *Bilen*⁷⁶ Neighborhood and had a small shop where he was selling smuggled cell phones.

⁷⁵ Pseudonym

⁷⁶ Pseudonym

On that day, I met him in front of the shanty where he uses as its shop and then we headed to *Bilen* neighborhood to talk with the inhabitants of the neighborhood. I was asking questions to *Hüseyin* about the neighborhood while we were walking along the streets of *Bilen* neighborhood. When we arrived at 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 the usual hospitality of Hakkârians and we started discussing health issues including doctors, the hospital and his specific health problems. While I was trying to note his words and only a few minutes passed, a sudden explosion interrupted our conversation. What I saw when I anxiously turned around was a smoking object flying through the air. 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 buildings obstructing 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 a corner and entered a street. 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 the whole neighborhood. After a while it became impossible to carry on any further. “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 around: Women were washing clothes while wiping the tears from their eyes and children were running around as if the whole neighborhood was not terrorized. I asked the children playing around whether I could take their photo, yet I was declined. An eight or nine-year-old girl told me that “*Size güven olmaz* (You are not reliable).” Who was this “you”? As a Turk walking the streets of the

neighborhood, I was suspicious in her eyes as a member of “you.” Then I told her in Kurdish that I was not a police officer, I was a teacher in the University of *Hakkâri*. Yet she did not agree to have her photo taken and I did not insist any further. 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 implying 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. This photo is below.

Figure 2.Effects of Tear Gas (*Bilen* Neighborhood of *Hakkâri* city)



Hüseyin’s daughters and an old man were 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 on 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 the Turkish state which always imprisoned the voices and narratives of the natives into a narrative of terrorism. Our encounter was taking place within a reality full of abstractions, stereotypes and stigmatizations.

This reality had a certain ethnographic cost. Instead of speaking from within their own particular experiences and with their own words, some of my informants preferred speaking through abstract political space of Kurdishness. In some other cases, for a sincere conversation to occur between me and my informants, especially those who had 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 through many tragic events?

A- I did not tell. I did not tell. I do not want to tell either, because otherwise we cannot talk sincerely. 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.

1.4 Chapters Overview

The organization of this thesis as an anthropology of policy is guided by the methodological argument conceptualizing “policy as a relation between, first, political programs and justifications for particular ways of exercising power (‘political rationalities’); second,

everyday practices and methods introduced to govern particular people in particular ways ('governmental technologies'); and, third, the perceptions, experiences and conduct ('subjectivities') of the people towards whom these rationalities and technologies are directed."⁷⁷ In other words, the thesis examines the AK Party's use of healthcare provision in *Hakkâri* as an instrument of state-nationalism by focusing on the political rationalities imposed, governmental technologies used and subjectivities constructed/de-constructed through healthcare provision in *Hakkâri*.

The thesis is composed of seven chapters, including Introduction and Conclusion. Chapter Two and Chapter Three provide a historical background of state-citizen relations in the Kurdish region, specifically in *Hakkâri*. In Chapter Two, it is shown that state-citizen relations in *Hakkâri* and also the Kurdish region in the pre-AK Party period were largely characterized by sovereign violence. Based mainly on archival work, it is argued that the Turkish state lacked the capacity to carry out an effective state-nationalism in the Kurdish region and specifically in *Hakkâri*. The Turkish state had to content itself with instituting its sovereignty in the region and defending it against threats, like illegal border trade and the PKK, by relying on collective punishment as a deterrent. Chapter Three sheds light on a different aspect of state-citizen relations in *Hakkâri* in the pre-AK Party period. Introducing the term "indirect state racism" and relying mainly on archival work, the chapter shows that the Turkish state did/could not expend sufficient efforts and reserve sufficient sources to overcome the "underdevelopment" of *Hakkâri*. The analysis and description of the poverty of healthcare provision in *Hakkâri* in the pre-AK party period stands at the center of the chapter.

The fourth chapter of the thesis focuses on the political rationality of the state-nationalism of the AK Party and governmental technologies employed to put this rationality into practice in

⁷⁷ Gritt B. Nielsen, "Peopling Policy: On Conflicting Subjectivities of Fee-Paying Students," in *Policy Worlds : Anthropology and the Analysis of Contemporary Power*, ed. Cris Shore, Susan Wright, and Davide Però (New York: Berghahn Books, 2011), 69.

Hakkâri. The chapter identifies the specific nature of Turkish nationalism of the AK Party through analysis of the AK Party's discourses on the Kurdish issue. It shows that the Turkish nationalism of the AK Party in *Hakkâri* takes place through the simultaneous use of coercion and benevolent elements (healthcare provision) to force Hakkârians to choose "politics of service" over "politics of identity."

In Chapter Five, I examine the experiences of Hakkârians with the medical establishment which has undertaken a striking modernization process during the AK Party period. At the center of the examination stands the persisting dissatisfaction of the majority of Hakkârians with the current quality of healthcare provision despite its striking improvement in the last years. Based on ethnographic findings, the chapter shows that the persistence of patient dissatisfaction in *Hakkâri* has to do with two outcomes of the history of state-citizen relations in *Hakkâri*: the well-established conviction on the part of Hakkârians that their lives count for little in the eyes of the Turkish state and the strong political sensitivity of Hakkârians against being discriminated. As for Chapter Six, which is also based on ethnographic work, it focuses on the other side of the encounter of Hakkârians and the medical establishment and places doctors serving in health institutions in *Hakkâri* at its focal point. Using Henry Lefebvre's theory on the production of space, the chapter shows that doctors in *Hakkâri*, most of who are Turkish and serve in *Hakkâri* to fulfill compulsory service, inhabit *Hakkâri* as an experience of endurance as ex-pats. Their lack of attachment to the province and tendency to stick to the instrumental rationality of day-counting deprives them of the capacity and real contacts to sympathize with Hakkârians dissatisfied with healthcare provision.

In the Conclusion, I attempt to elaborate on a discussion on the limits of state-nationalism of the AK Party, reflecting upon the gap between Hakkârians still dissatisfied with healthcare provision and Turkish doctors incapable of making sense of Hakkârians' persisting dissatisfaction despite the real progress of the last ten years. Through this discussion and with

reference to other national experiences, I also derive some conclusions which may be useful for analyses of the use of social policy for the containment of ethno-political challenges in different multi-ethnic countries.

CHAPTER 2: The Kurdish Question, Sovereign Violence and *Hakkâri*

This chapter focuses on the nature of state-citizen relations in *Hakkâri* in the pre-AK Party period by situating these relations within the larger context of the Kurdish question. Through detailed archival work, it is shown that these relations were built on the fact that the Turkish state lacked the capacity to control and colonize daily life in *Hakkâri* and in the Kurdish region. Therefore, the primary principle structuring the approach of the Turkish state to Hakkârians and Kurds was the constitution and defense of sovereignty of the state in the region, not assimilation of Kurds into Turkishness, and the main mechanism relied on for this purpose was collective punishment of the population.

2.1 Historical Background of the Kurdish Question

The last hundred years of the Ottoman Empire was a history of the disintegration of a multi-ethnic and multi-religious empire. The Empire had to leave most of its former lands, first in the Balkans throughout the nineteenth century and then in the Middle East after the defeat of the First World War (WWI). At the end of the WWI, the lands of the empire declined to Anatolia.

The disintegration process resulted in two parallel processes: Islamization of the population⁷⁸ and concomitant adoption of Islamism in the Hamidian Era and of Turkish nationalism after the Balkan Wars (1911-1912) as ruling strategy.⁷⁹ Establishment by Christian subjects of the empire of their own nation-states in the Balkans throughout the nineteenth century, the migration of Muslim subjects in the Balkans to Anatolia after the Russo-Ottoman War in 1877-78 and Balkan Wars and of non-Muslim subjects in Anatolia to Europe and America throughout the nineteenth century, and the mass massacre of Armenian population in 1915 by

⁷⁸ See Kemal H. Karpat, *Ottoman Population, 1830-1914 : Demographic and Social Characteristics* (Madison, Wis.: University of Wisconsin Press, 1985).

⁷⁹ See Erik Jan Zürcher, *Turkey : A Modern History* (London ; New York: I.B. Tauris & Co. Ltd, 1993), 76-133.

the ruling CUP (*İttihat ve Terakki Fırkası*, Community of Union and Progress) were the main features of the Islamization process. With the single exception of Greeks,⁸⁰ the Anatolian population was almost wholly Muslim and composed of mainly Turks and Kurds on the eve of national struggle (1919). As for the ideological transformation, even though Ottomanism as the embracing and umbrella ideology of 1908 Constitutional Revolution replaced modernist Islamism adopted by Sultan Hamid, it could not stop the disintegration of the Empire and was gradually left by the CUP in favor of 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. The national struggle led by *Atatürk*, a former Ottoman commander, took place between 1919 and 1922 largely against Greece, which occupied the Aegean region. The goal of the struggle as formulated by the leadership was “to preserve national independence and to protect the sultanate and caliphate.”⁸¹ The nation whose independence was sought was not declared as the 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.”⁸² 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.⁸³ Jews, Greeks and Armenians were given minority

⁸⁰ Greeks settled outside İstanbul and Turks settled outside Western Thrace were exchanged in 1923 by the agreement of the 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).

⁸¹ Quoted in Zürcher, *Turkey : A Modern History*, 150.

⁸² Quoted in Feroz Ahmad, *Turkey: The Quest for Identity* (Oxford: Oneworld, 2003), 81.

⁸³ See Baskın 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.

status and hence the right to open their own community schools under the strict control of the Ministry of Education.

The turning point for Turkish-Kurdish relations was the *Sheikh Said* rebellion in 1925. The abolition of the caliphate and the visible Turkish nationalist orientation of the Kemalist leadership in 1924 following the consolidation of Kemalist leadership in the elections held after the victory in the independence war triggered widespread discontent especially among the Kurdish intelligentsia. Organized by Kurdish nationalist *Azadi* (Freedom) society and led by *Sheikh Said*, a leading figure of the Naqshbandi order, a large rebellion occurred in the Kurdish region. The rebellion was harshly suppressed. The leaders of the rebellion were executed and thousands of Kurds were deported to the west of the country.⁸⁴ The *Ağrı* mountain rebellion between 1927 and 1930 and the *Dersim* 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 the Kurdish population.⁸⁵ Rather, according 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, might be assimilated into Turkishness, since, despite the secular silence of Kemalists about the issue, 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 Çağaptay* clearly shows through an analysis of cases of naturalization and denaturalization that while non-Turkish Muslims such as Bosnians or Albanians were granted

⁸⁴ Zürcher, *Turkey : A Modern History*, 169-72.

⁸⁵ See Bülent Tanık, ed. *Umumi Müfettişler Toplantı Tutanakları-1936* (Ankara: Dipnot Yayınları, 2010).

Turkish citizenship despite their non-Turkishness, Orthodox Gagauzian Turks were not granted Turkish citizenship.⁸⁶

“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.

2.2 Sovereign Violence and Incapacity of the State

For the assimilation of Kurds, numerous reports were submitted to the top ruling cadres. Among others, the Eastern Reform Plan (*Şark Islahat Planı*), which was prepared immediately after the *Sheikh Said* Rebellion, is particularly important. The measures recommended by the Plan formed the framework of Turkish assimilation strategy and also later texts devoted to this task.⁸⁷ One of the measures offered in the Plan was the necessity of ruling the Kurdish region by emergency rule. 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 and banning Kurdish 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. 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

⁸⁶ Soner Çağaptay, *Islam, Secularism, and Nationalism in Modern Turkey : Who Is a Turk?* (London ; New York: Routledge, 2006), 83.

⁸⁷ Mesut Yeğen, introduction to *Kürtler'e Vurulan Kelepçe: Şark Islahat Planı*, by Mehmet Bayrak (Beysukent, Ankara: Öz-Ge, 2009), 11-18.

actors via staffing the region with competent and well-paid Turks were also suggested in the Plan.⁸⁸

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 for 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. That was not surprising, given the overwhelming majority of the population in the Kurdish region and also the whole country used to live in rural settlements which lacked any road connection to the nearest town or the city.

The Plan and the succeeding derivative plans could not be accomplished adequately, however. The manufacture of national identity could not be carried out effectively, nor could the region be developed or the sovereignty of the state institutionalized. Autonomous and effective state apparatus, a recurring 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 illiteracy rate was 54.15 percent while it was no lower than 40 percent in other Kurdish provinces, as can be seen in the table below.

Table 3. Illiteracy rate in *Hakkâri* and Southeastern Anatolia Region, %

Provinces	1950	1955	1960	1965	1970	1975	1980	1985	1990
Hakkâri	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: SSI, Seap Provincial Statistics, 1950-1995⁸⁹ and SSI, 2000 Census of Population

⁸⁸ Mehmet Bayrak, *Kürtlere Vurulan Kelepçe: Şark Islahat Planı* (Ankara: Öz-Ge Yayınları, 2009), 125-32.

In addition, the transformation of the demographic landscape for the Turkification of the region could not be attained, as can be seen in the table below. Despite some attempts, the evacuation of villages during counter-insurgency strategy of the 1990s being the last, 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, the proportion of Kurdish population in Kurdish provinces remained unchanged.

Table 4.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: SSI, 1935 Population Census⁹⁰ and Servet Mutlu, *Ethnic Kurds in Turkey*⁹¹

As for the level of development, the bio-political aspect of nationalism, the proportion of villages with electricity, telephone and road in the Kurdish region by 1984 is a striking indicator of the poor developmental performance of the Republic in the region. At the beginning of 1984, the year when the PKK launched a guerilla war against the state, 61.7 percent of the population of Kurdish provinces was living in rural settlements, 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,

⁸⁹ Devlet İstatistik Enstitüsü (State Statistical Institute), *Gap İl İstatistikleri 1950-1996* (Ankara: DİE, 1997), 10.

⁹⁰ İstatistik Genel Direktörlüğü (General Directorate of Statistics), *Genel Nüfus Sayımı 1935* (Ankara: Mehmet İhsan Basımevi, 1937), 144-45.

⁹¹ Servet Mutlu, "Ethnic Kurds in Turkey: A Demographic Study," *International Journal of Middle East Studies* 28, no. 04 (1996).

respectively. As for *Hakkâri*, the situation was worse than other Kurdish provinces. 70 percent of Hakkârians were living in rural settlements. Of these settlements, only 10.5 percent had electricity, 22.9 percent had a telephone, and 64.3 percent had asphalt, stabilized or graded roads which were closed for weeks and months during long-lasting winters.

Table 5.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 ¹	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
Hakkâri	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 SPO (*Devlet Planlama Teşkilatı*, State Planning Organization)

In addition to the poor developmental performance and the failure in manufacturing national identity in the region, the institution of state sovereignty could not be accomplished either. The mountainous landscape of the border zone made effective border policing impossible and the illegal passage of people, commodities, and animals could not be prevented. Monopoly of violence could not be ensured in the region as well. Until the late 1980s the majority of the people used to live in thousands of scattered hamlets, villages and uplands which were most often beyond the state's effective reach. Therefore, it was not state courts but rather having deterrent power, which means having guns and being backed by a big family or tribe, which was decisive in the settling of disputes. Sometimes big military operations were organized in

the region to confiscate people's arms, as done in "commando operations" of the early 1970s,⁹² yet they had very limited success in disarming the people. The guerilla war launched in 1984 by the PKK and the paramilitary forces armed by the state in 1985 against the PKK almost wholly cancelled out the state's monopoly of violence.

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 nor working conditions could have been improved. The inevitable outcome of this negligent policy, which I call in the next chapter "indirect state racism", has been the day-counting civil servants who have no motivation, work-discipline, engagement with the city or any respect for citizens.⁹³ The local newspapers of *Hakkâri*, for instance, have always been full of calls made to civil servants in the province, inviting them to work more efficiently and approach citizens in a more understanding manner.

The impact of tribes on the state apparatus in the Kurdish region especially after the transition to a multi-party period in 1946 also considerably diminished the autonomy of the state apparatus. Among the most dramatic and striking evidence of the power of tribes and the limits of the autonomy of the state is the armed conflict between the *Jirki* tribe and the gendarmerie in 1975 in a village of *Beytüşşebap* district of *Hakkâri*, which resulted in the death of *Ahmet Agha*, the head of the *Jirki* tribe, eight soldiers, and a prosecutor. According to the nephew of *Ahmet Agha*, *Ahmet Agha* was a deserter, like many Hakkârians in those years, and the gendarmerie commander in *Beytüşşebap* ignored the case, taking the fragile situation in the province into consideration. Yet, the newly appointed prosecutor did not tolerate the case and ordered the commander to arrest *Ahmet Agha*. According to the nephew of *Ahmet Agha*, the commander informed the prosecutor about the special conditions of the region and

⁹² For a serial on commando operations penned by *İsmail Cem*, who later became foreign minister, see *Milliyet*, 9 June 1970, *Milliyet*, 11 June 1970, *Milliyet*, 12 June 1970, *Milliyet*, 14 June 1970.

⁹³ Selahattin Şimşek, *Hakkâri Dedikleri* (İstanbul: Martı Yayınları, 1990), 74-77.

even somehow managed the case for some time. Yet, in the end he had to mobilize a group of soldiers upon the order of the prosecutor and all went to *Tuzluca*, the village of *Ahmet Agha*, to take him into custody. They came across *Ahmet Agha* around the village. According to the nephew, *Ahmet Agha* extended his hand to shake the prosecutor's hand, but the prosecutor declined and even slapped *Ahmet Agha* in the face. When *Ahmet Agha* tried to attack the prosecutor, the prosecutor ordered the soldiers to shoot him. Upon the order, the soldiers shot him dead. Villagers witnessing the murder of their *Agha* answered the attack with automatic rifles and killed eight soldiers. The commander and the prosecutor managed to run away,⁹⁴ 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. By the agreement, the state promised not to arrest *Tahir Adıyaman* and other *Jirki* members involved in the murder of soldiers while *Tahir Adıyaman* promised to cooperate with the state against the PKK.

The incident and its victims, I argue, should be seen as the cost of blindness to the gap between the compromise on the ground and the autonomous logic of normative-legal requirements of the state. We do not know what led the prosecutor to close his eyes to the gap. 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.

In short, we should not be constrained by the vocabulary of the nationalist elites and their numerous plans and reports and rather conclude that state-Kurd relations between 1923 and 1990s were too static to be considered as a case of assimilation or a story of becoming.⁹⁵

⁹⁴ The prosecutor was killed two months later after these incidents.

⁹⁵ *Metin Heper* regards this incapacity as the evidence of that the Turkish state did not attempt at assimilating Kurds into Turkishness. Metin Heper, *The State and Kurds in Turkey : The Question of Assimilation* (Basingstoke England ; New York: Palgrave Macmillan, 2007).

Beyond facts and statistics, the incapacity of the Turkish state to insert the people into a narrative of becoming through the ideals of a modern, nation-state can be best followed through examples from everyday responses and knowledge of the people. We can find such examples in the interviews *Muzaffer Erdost*⁹⁶ conducted with the villagers of *Şemdinli* in the early 1960s. The following exchange between *Erdost* and a twenty five-year-old young woman living in a border village of *Şemdinli* took place in 1963 or 1964 with the help of a translator. It shows that, forty years after its foundation, the Republic had changed practically nothing in the everyday life of a Kurdish woman living in the 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.

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.⁹⁷

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 had not ever heard the name of *Mustafa Kemal Atatürk*, the founder of the Republic.

⁹⁶ He is a Marxist intellectual and publisher.

⁹⁷ Muzaffer İlhan Erdost, *Şemdinli Röportajı* (Ankara: Onur Yayınları, 1993), 164-65.

Some gave the name of *Zive*, a district of Iran, when asked what the biggest province of Turkey was. Some did not even know the name of the country. Almost none of them had seen money or cars before.⁹⁸

It would be, therefore, more realistic to portray state-Kurd relations until the mid-1990s as a repetitive encounter of Kurds, most of who then used to live in rural areas, enjoyed *de facto* autonomy, and collectively violated essentials of state sovereignty via illegal border trade and bearing arms, with a military rule acting with a poor capacity in an alien and mountainous landscape. The state-Kurd relations between 1923 and 1990s were 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 state-Kurd relations is not one concerning the failure of assimilation. Rather than attempting such a nationalistic self-critique argument focusing on lacks and absences, 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 facilitated by the encounter of Kurds with the military rule with weak infrastructural power were not categorically different from the instruments and rationality employed by “traditional”, “despotic”, “pre-modern” states in their encounters with their subjects. With this argument I am not inclined to produce historicist analyses of or to orientalize state-Kurd relations in the period at stake. Rather I would like to underline a modality of power which is common to infrastructurally weak states, which lack “the capacity... to actually penetrate civil society, and to implement logistically political decisions throughout the realm”⁹⁹: sovereign power or, to use Michael Mann’s conceptualization, despotic power, “power by the state... *over* civil society”¹⁰⁰ as an external

⁹⁸ Ibid., 242-45.

⁹⁹ Michael 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.

¹⁰⁰ Ibid., 190.

actor. I identify the features of this genre of power and their particular reflections in *Hakkâri* as follows:

1-To begin with, the goal of sovereign/despotic power is nothing but to defend and maintain its sovereignty against threats posed by other sovereigns. A “self-referring circularity”¹⁰¹ is at work in sovereignty. Neither it is in search of the transformation or assimilation of its outside nor is it infrastructurally able to achieve this. To use Anthony Giddens’ words, in the eyes of a sovereign power, which he calls as “traditional state”, “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.”¹⁰²

To transpose the argument to this investigation, by claiming that the Turkish state acted in *Hakkâri* and the 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. Unlike the role attached to itself by the Eastern Reform Plan and the succeeding plans, the military rule in *Hakkâri* and the 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 pointing out the patrolling military vehicles or military buildings around, summarized this “self-referring circularity”: “Here it is itself the state protects, nobody else.”

2-The 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 complaint about the humiliating behavior of professional soldiers of the Colombian army at a security checkpoint sheds light on the logic behind this discretionary power very well: “The problem is, they

¹⁰¹ Michel Foucault, “Governmentality,” in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Colin Gordon, and Peter Miller (Chicago: Chicago University Press, 1991), p. 95.

¹⁰² Anthony Giddens, *A Contemporary Critique of Historical Materialism. Vol.2, the Nation-State and Violence* (Cambridge: Polity Press, 1985), 59.

believe they can do whatever they want, because they can.”¹⁰³ That’s to say, it is the fact of not being delimited by anything that defines the sovereign. That’s why Foucault defines the sovereign as the one who enjoys “the right to *take* life or *let* live.”¹⁰⁴ 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”¹⁰⁵ as it wishes.

The very practices of the gendarmerie and later the army and special police teams after 1984 in *Hakkâri* and the Kurdish region in general exemplify how large the range of arbitrariness the “security forces” enjoyed as sovereigns. In these practices the lines between criminals and the security forces have frequently become blurred. Killing, torturing, beating, degradation of citizens, confiscation of their property and animals by armed forces of the state have been the rule, not the exceptions, in *Hakkâri*.

3-Collective punishment must also be identified as an invariable part of the infrastructurally weak despotic power. 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.”¹⁰⁶ Three things, which are not separable, take place through collective punishment. First of all, it is a totalizing way the sovereign adopts in eliminating a threat given that the infrastructural power of the state does not allow the sovereign to individualize and break the threat into its elements. Furthermore, those who are collectively punished are a worthless mass in the eyes of punishers, just as Kurds were in the eyes of the Turkish state as discussed below, meaning that the punishment of “innocents” along with “criminals” does not

¹⁰³ Victoria 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: School of American Research Press 2004), 253.

¹⁰⁴ Michel Foucault, *The History of Sexuality* (New York: Vintage Books, 1988), 136.

¹⁰⁵ Carl 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).

¹⁰⁶ Leslie 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.

pose a considerable ethical problem for the sovereign. Collective punishment is also an act oriented to the “conduct of conduct”¹⁰⁷ of the subjects, thereby ensuring self-discipline at a community level given that the infrastructural power of the state is not enough to ensure self-discipline at an individual level.¹⁰⁸ One can see some of the most striking examples of collective punishment of modern times in European colonies where collective punishment was not only a part of counter-insurgency operations, as can most clearly be seen in British counter-insurgency operations against *Mau Mau* uprisings in Kenya in 1952,¹⁰⁹ but also an ordinary instrument of the legal system used to ensure public order, as can be seen in Collective Punishment Ordinances in Nigeria, Kenya, Northern Rhodesia, Nyasaland, Somaliland, etc.¹¹⁰

Village evacuations during the first half of the 1990s were the most obvious example of collective punishment in *Hakkâri* and in the Kurdish region. Thousands of rural settlements were brutally depopulated throughout the Kurdish region to make it harder for rebels to propagate a guerilla war. Establishing border areas as forbidden zones as a measure against smuggling beginning in 1956 was another example of collective punishment. Forbidden zones meant for the people living in settlements within and around border areas the restriction of goods they can take into the settlement, the necessity to attain permission each time when entering the settlements, ban on grazing in forbidden zones, facing constant gendarmerie pressure as suspects, etc.

¹⁰⁷ Mitchell Dean, *Governmentality : Power and Rule in Modern Society* (London ; Thousand Oaks, Calif.: Sage, 1999), 20.

¹⁰⁸ Douglas D Heckathorn, "Collective Sanctions and the Creation of Prisoner's Dilemma Norms," *American Journal of Sociology* 94, no. 3 (1988).

¹⁰⁹ See Huw Bennett, "The Mau Mau Emergency as Part of the British Army's Post-War Counter-Insurgency Experience," *Defense & Security Analysis* 23, no. 2 (2007); David French, *The British Way in Counter-Insurgency, 1945-1967* (Oxford ; New York: Oxford University Press, 2011), 105-37.

¹¹⁰ Shane Darcy, *Collective Responsibility and Accountability under International Law* (Ardsley, NY: Transnational Publishers, 2007), 57.

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 high-point 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 attempting to thwart the logistics of guerilla warfare.

A ban on uplands was another instance of collective punishment. Beginning from the late 1980s, the Turkish state started to forbid villagers in *Hakkâri* from using uplands. The goal was to deprive the PKK guerillas of the opportunity of easy access to food and shelter.

Security checkpoints should also be named as instances of collective punishment. During the 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 three or four security checkpoints where, especially during the 1990s, passengers used to be interrogated, arrested, and insulted.

To sum up, collective punishment was not so much the totalizing outcome of a hatred and exclusionary stance towards Kurds, yet was not totally independent of the image ascribed to Kurds described below. It was rather a method of eliminating a threat and forcing people to practice self-discipline given that the individualizing capacity of the state was extremely poor.

2.3 Sovereign Violence and Official Discourse on Kurds: Dehumanization of Kurds

We should proceed further and address the question of how the Turkish state reconciled its claim to be a modern state obeying the rule of law with “pre-modern” sovereign violence-collective punishment, punishment of innocents along with “criminals” and the systematic violation of basic human rights. The answer to this question would help us to have a better understanding of the sovereign violence employed by the state and hence the nature of state-

Kurd relations between 1923 and the 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.¹¹¹

Building on Chakrabarty's argument, it can be said that dehumanization is inherent to modern cruelty.¹¹² For a modern subject to lead the 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 which, according to Herbert C. Kelman, refers to having identity/independent will and also being a member of a community.¹¹³

My argument is that if one face of collective punishment of Kurds by the Turkish state was the state's insufficient disciplinary capacity to individualize, its other face was the official nationalist discourse between 1925 and the 1990s that dehumanized, albeit implicitly, and thus devalued Kurds as people short of full human beings. The usual official discourse on Kurds did not attribute to Kurdishness any community status and also always saw Kurds as slaves of feudal landlords and sheiks, not as individuals having some personal authority, choices and agency.

According 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

¹¹¹ Chakrabarty, *Provincializing Europe: Postcolonial Thought and Historical Difference*, 119.

¹¹² Zygmunt Bauman, *Modernity and the Holocaust* (Ithaca, N.Y.: Cornell University Press, 1989), 102-04.

¹¹³ Herbert C Kelman, "Violence without Moral Restraint: Reflections on the Dehumanization of Victims and Victimizers," *Journal of Social Issues* 29, no. 4 (1973).

Persians and Arabs, and hegemony of sheiks and feudal landlords, it was claimed, Kurds somehow have fallen away from the Turkish nation.¹¹⁴ What was implied but not explicitly declared in this discourse was that Kurds as Kurds embodied no more than a case of degeneration and Kurdishness was a worthless amalgam of Turkishness with those designated by Turkish nationalism as its “Other”: Arabic, Islamic, feudal cultures, etc. The Kurdishness of Kurds was not recognized as a positive entity and a separate ethnicity and thus deprived of any national status.

To continue with the image of Kurd in the official discourse until the 1990s, the reduction of Kurdishness to some sort of degeneration simultaneously meant that Kurdish individuals were deprived of full human status. Look at the lines below written by a Kemalist, *Naşit Hakkı*, after the *Dersim* massacre in 1938. In this passage, which should be seen as exceptional with respect to its outspokenness, Kurd is even likened to grass and hence reduced to a 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.¹¹⁵

To adopt Kelman’s perspective defining dehumanization with discourses and practices depriving the individual of identity and community, it is evident that the usual Turkish approach towards Kurds was a dehumanizing one. Yet, one also needs to add, unlike some explicitly racist cases of dehumanization as can be seen in the portrayal of the Japanese as rats in the US media during WWII¹¹⁶ or the description of Tutsis as cockroaches during the

¹¹⁴ M. Şerif Fırat, *Doğu İlleri Ve Varto Tarihi* (Ankara: Türk Kültürünü Araştırma Enstitüsü, 1981).

¹¹⁵ Naşit Hakkı, *Derebeyi Ve Dersim* (Ankara: Hakimiyet-i Milliye Matbaası, 1939), 17.

¹¹⁶ Ben-Ami Shillony, "The Flourishing Demon: Japan in the Role of the Jews," in *Demonizing the Other : Antisemitism, Racism and Xenophobia*, ed. Robert S. Wistrich (Amsterdam: Harwood Academic, 1999), 293-308.

genocide in Rwanda,¹¹⁷ the difference of Kurds, the Kurdishness of Kurds, was almost never underlined and belittled in Turkish public. The Kurdishness of Kurds was rather something Turkish nationalism had a clear, negative idea about but preferred remaining silent on as if such a thing did not exist. In fact, the Turkish nationalist conviction that Kurds form a degenerated community below human society was not the single conviction of Turkish nationalism concerning Kurds. According to Turkish nationalism, the degeneration did not go so far to terminate the potential and original Turkishness of Kurds to render them into incorrigible degenerates. In other words, Turkish nationalism put its emphasis not on degeneration (Kurdishness of Kurds), and thus the necessity of deportation or annihilation of Kurds, but rather on the lack (still recoverable Turkishness of Kurds), and thus the necessity of assimilation of Kurds into Turkishness. The duty of Turkish nationalism was, therefore, to emancipate Kurds from the traces of Middle Eastern culture and remind them of their somehow forgotten Turkishness. This optimistic aspect of this official approach to Kurds as “future Turks”¹¹⁸ is best seen in the title of the memoirs of *Sıdıka Avar*, a teacher who worked as a Turkish missionary after the *Dersim* massacre to gather Kurdish girls for boarding schools. The name of the memoirs is “My Mountain Flowers.”¹¹⁹ 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 Kurds by official Turkish nationalism did not go beyond bare life, being grass to be cut and being mountain flowers to be cultivated and refined. Kurd as Kurd was a degeneration to be eliminated and Kurd as future Turks was a

¹¹⁷ Scott Straus, *The Order of Genocide : Race, Power, and War in Rwanda* (Ithaca: Cornell University Press, 2006), 157-60.

¹¹⁸ Mesut Yeğen, *Müstakbel Türk'ten Sözde Vatandaş: Cumhuriyet Ve Kürtler* (Cağaloğlu, İstanbul: İletişim, 2006).

¹¹⁹ Sıdıka Avar, *Dağ Çiçeklerim, Anılar* (Ankara: Öğretmen Yayınları, 1986).

potential to be educated and disciplined. In no cases was the Kurd in his actuality considered worthy of recognition. It is this unworthiness of Kurds that normalized collective punishment, made it ideologically tolerable and even desirable in the eyes of the state agents.

2.4 Sovereign Violence in Hakkâri

As mentioned above, despite all the assimilationist rhetoric, the years passing under military rule were too repetitive to be described by 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 a constant search for the establishment, maintenance and defense of itself. Collective punishment of Hakkârians for the enforcement of the border against illegal border trade and the fight against the PKK was the main manifestation of the sovereign violence characterized by this self-referring circularity. Below I flesh out the history of collective punishment in *Hakkâri* in the pre-AK Party period.

2.4.1 Collective Punishment in *Hakkâri* or Rendering All Citizens into Suspects

“Illegal and unreasonable gendarmerie oppression must be abolished.”¹²⁰ 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 to the petition from the Prime Minister's Office, the petitioners were informed that “all authorities were warned to correct the false impression that [gendarmerie] stations are places of torture and beating.”¹²¹

To be sure, gendarmerie oppression in *Hakkâri* was far beyond being a false impression that could be corrected easily. The systematic use of violence has been the norm in *Hakkâri* throughout the whole Republican period. Extraordinary forms of rule in *Hakkâri* began in 1925 when the government promulgated the Law for the Restoration of Order (1925-1927) against the *Sheikh Said* Revolt in the Kurdish region. Establishment of the First General

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

¹²¹ *Ibid.*

Inspectorate in 1927 followed the Law. Its task was to integrate the Kurdish region into the nation-state in terms of economy, culture, security, transportation, language, etc. The First General Inspectorate was *de facto* abolished by the CHP (Cumhuriyet Halk Partisi, Republican People's Party) in 1947 when Turkish politics had already acquired a competitive character with the foundation of DP (*Demokrat Parti*, Democratic Party) 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 and Iran border were ordinarily exposed to 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 methods of rule in which basic rights of the people were systematically suspended. In 1979 *Hakkâri* was added to the list of those thirteen provinces ruled under martial law. Authoritarian doses of martial law increased when the military came to power in 1980 and extended martial law to the whole country. Rule under martial law lasted until 1987, the year when emergency rule replaced martial law.

No period in the history of the Kurdish region and of *Hakkâri* during the Republican period, except perhaps the period of the General Inspectorate, can be compared to the emergency rule with respect to the degradation of lives, that is, reduction of people to disposable bare life through village evacuations, thirty day detention periods in which suspects were systematically tortured, murders of political opponents by the Gendarmerie Intelligence (*JITEM*) and special police forces, degrading behaviors and arbitrary detentions in military checkpoints, complete suspension of the right of assembly and free speech, etc.

Above all, sovereign violence in *Hakkâri* took the form of collective punishment. To repeat, collective punishment has two functions: given that infrastructural power of the state lacks the

capacity to individualize, collective punishment works both as a method of eliminating the threat even roughly and in a totalizing manner and also a disciplinary technology forcing self-discipline at a community level. Below I analyze two forms of collective punishment of Hakkârians. First, I focus on the use of collective punishment as a measure against the illegal border trade. Then I go on to analyze the technologies of collective punishment employed against the Kurdish insurgency led by the *PKK*.

2.4.1.1 Illegal Border Trade and Collective Punishment of Border People

Illegal border trade in the 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 into the national market, lacked the capacity to police the border, and the people have not had any difficulty in establishing cross-border connections on the other side of the border due to their kinship networks, illegal cross-border trade has frequently been both the sole economic way of accessing basic convenience goods and also a somewhat profitable enterprise.

According to the nationalist elites, illegal cross-border trade was not an ordinary crime. It has been rather a huge problem concerning the assimilation of Kurds to Turkishness. That's why the Minister of the Interior *Şükrü Kaya* told *İbrahim Tali Bey*, first head of the First General Inspectorate, in 1931 that smugglers must be regarded as traitors and the struggle against smuggling must be regarded as a national struggle.¹²² It was not accidental that the 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 key elements. The nationalist plan to integrate the region into the Turkish economy by cutting cross-border

¹²² Hüseyin Koca, *Yakın Tarihten Günümüze Hükümetlerin Doğu-Güneydoğu Anadolu Politikaları* (Konya: Mikro Basım-Yayım-Dağıtım, 1998), 323.

links of the region has been threatened by illegal border trade. The fight against illegal border trade was a fight over gaining the loyalty of the people. In a classified report submitted to the Prime Minister *İsmet İnönü* in 1931, the Minister of the Interior *Şükrü Kaya* said that:

It is our right to demand the deportation from border zone of the people who are occupied with both political banditry and smuggling, like Dashnak leaders and smugglers in Qamishli... They both threat 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.¹²³

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 circular on illegal border trade written by the gendarmerie, it was mentioned that “destructive and divisive ideologies” were imported by smugglers who inevitably had contact with “armed anarchists”.¹²⁴

The second danger to the Turkish nation-state posed by illegal border trade 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 percent of each herd as tax to let smugglers pass through with their herds.¹²⁵ According to a report submitted to *Van* Gendarmerie Command of Public Security in 1999, the *PKK* used to raise 1.5 trillion TL annually from animal smuggling.¹²⁶

As for *Hakkâri*, as a province with districts all situated along border zones, illegal border trade has always been one of major economic activities. Due to the large share of animal

¹²³ *BCA BMGMK*, [Catalog Number: 030 10/ 180 244 6].

¹²⁴ *Hakkâri*, 27 January 1983.

¹²⁵ Aliza Marcus, *Kan Ve İnanc: Pkk Ve Kürt Hareketi*, trans. Ayten Alkan (İstanbul: İletişim Yayınları, 2009), 246-47.

¹²⁶ Erdal Sarızeybek, *Şemdinli’de Sınırı Aşmak* (İstanbul: Pozitif, 2011), 95.

husbandry in the economy of *Hakkâri*, livestock have been the preferred item of illegal border trade. In 1940, for instance, it was decided by the Ministry of Finance to reward the governor of *Hakkâri* with a letter of appreciation due to his successful struggle in cooperation with his colleagues in *Mosul* and *Erbil* against the illegal border trade of livestock.¹²⁷ In local newspapers of *Hakkâri* of the 1960-70s, one can see countless cases of armed conflict between gendarmes and livestock smugglers. During the conflict-ridden 1980s and 1990s, illegal border trade of livestock continued unabated. The volume of illegal border trade of livestock during the 1990s was so widespread that such illegally imported livestock used to be carried by trucks.¹²⁸

Illegal border trade in *Hakkâri* has never been limited to the livestock trade, despite its considerable and invariable share in the total volume of illegal border trade in *Hakkâri*. In *Şemdinli*, for instance, the illegal border trade of tobacco always had an important place in household economies.¹²⁹ 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 the trade. The illegal border trade of fuel in *Hakkâri*, especially in its former district *Başkale*, is at such a level that thousands of people directly and indirectly subsist on this trade. The volume of illegal border trade of daily consumption items like sugar, tea and cigarettes in *Hakkâri* has been massive as well. Illegally imported cigarette boxes are sold in streets of *Hakkâri* without any police intervention.

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 the Department of Anti-Smuggling and Organized Crime. According to the 2011 report which ranked provinces in terms of the amount of illegally imported items seized by police, *Hakkâri* ranked third with

¹²⁷ *BCA BMGMK*, [Catalog Number: 030 10/ 230 548 10].

¹²⁸ Sarızeybek, *Şemdinli'de Sınırı Aşmak*, 94-97.

¹²⁹ Erdost, *Şemdinli Röportajı*, 185-86.

4.163.652 cigarette boxes, first with 1.110.336 kilos of tea, second with 13.900 kilos of meat and third with 430 kilos of heroin.¹³⁰

As an infrastructurally weak sovereign entity incapable of individualizing, the way the Turkish state responded to illegal border trade was to render all border people into suspects. During the rule by the General Inspectorate between 1927 and 1946, the violent character of the totalizing view of border people was apparent. The massacre of thirty three peasants, accused of being livestock smugglers, 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.¹³¹ The massacre was an exemplary punishment and message to the larger Kurdish community earning their livelihood with illegal border trade concerning the consequences they may face if they continued smuggling.

With the transition to a multi-party period and the *DP*'s taking over of power from the *CHP* in 1950, border people relaxed to 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 virtue of the law the government was authorized to declare security zones on border areas, nationalize lands in security zones, and also deport and settle those settled in security zones to other regions.¹³²

In its meeting in November 1956, the Council of Ministries prescribed the border areas of *Hatay*, *Gaziantep*, *Urfa*, *Mardin*, and *Hakkâri* as security zones. In another meeting of the

¹³⁰ KOM Department, *Turkish Report of Anti-Smuggling and Organized Crime 2011* (Ankara: KOM Publication, 2012), 10-35.

¹³¹ See İsmail Beşikçi, *Orgeneral Mustafa Muğlalı Olayı* (İstanbul: Belge-Uluslararası Yayıncılık, 1991).

¹³² Republic of Turkey, *T.C Resmi Gazete*, no. 9401, 7 September 1956.

Council of Ministries held three weeks later the items subject to permission were specified. Taking the following items into the security zone could not be done without the permission of the units authorized by the Ministry of the Interior and the Ministry of Customs and Monopolies: Sheep, goats, cows; all sort of animal and vegetable oil; cotton seed, sesame; leather, wool, goat hair, intestines, egg; wheat, barley, rye, rice, pistachio, cotton; oak gall, wood coal.¹³³ The citizens living in security zones were not allowed to stockpile these items more than an amount exceeding their half yearly needs.¹³⁴

Taking the practice of the decision into account, a new and more realistic notice was issued in November 1957. With the new notice, the security zone and list of items subject to permission were divided into two. In the area, between zero and ten kilometers from the border, the strict policy of the previous notice was maintained and tightened further. While in the previous notice the citizens in the security zone were allowed to stockpile the items at stake until 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. As for the area ranging from ten kilometers inside to twenty five kilometers inside, a more moderate policy was adopted. The items subject to the permission of the governor and to declaration was restricted for this area only to sheep, goats and cows.¹³⁵

On December 1962 the Council of Ministries took a new decision concerning security zones. In the new decision, the security zone was redefined and narrowed. The area ranging from the borderline to five kilometers inside was designated as the security zone. The next five kilometers was designated as a precaution zone. In the security zone the restrictions prescribed in the previous regulations were maintained. The citizens in the security zone were not allowed to stockpile the items subject to permission. As for the precaution zone, a

¹³³ *T.C Resmi Gazete*, no. 9495, 28 December 1956.

¹³⁴ *T.C Resmi Gazete*, no. 9529, 7 February 1957.

¹³⁵ *T.C Resmi Gazete*, no. 9763, 22 November 1957.

smuggling commission to be formed would be authorized to impose the same sanctions imposed in security zone in the precaution zone if necessary.¹³⁶

The last regulation concerning the security zone was enacted in March 1981 during military rule. Following the decision of the Council of Ministries, the security zone was broadened to ten kilometers, and the term “precaution zone” was annulled. Those living in the security zone were still not allowed to have those items addressed in the previous regulations and the ones to be fixed by the Provincial Commission of Smuggling, above an amount to be fixed by the Provincial Commission of Smuggling.¹³⁷

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 gendarmes. One of major manifestations of the tension between border people and border gendarmerie troops centered on the livestock grazing in the security zone. It was stated, for instance, in *Hakkâri Sesi* on June 1977 that “there are at least fifteen or twenty villages which are fifty meters close to the border and subsist wholly on animal husbandry...Gendarmerie troops do not let livestock of the citizens graze in the forbidden zone. What should then the peasants who live on border do?”¹³⁸ According to *Hakkâri Sesi*, most of the citizens’ uplands and pastures were in the security zone and the peasants had no alternative but to graze their livestock in the security zone because of the difficulty of finding available pastures.¹³⁹

Apart from the issue of grazing, the border people of *Hakkâri*, especially those of *Çukurca*, suffered from the bureaucratic procedures concerning the declaration of items they bought from *Hakkâri* city, the provincial capital. In issues of *Hakkâri Sesi* one can read numerous

¹³⁶ *T.C Resmi Gazete*, no. 11330, 9 February 1963.

¹³⁷ *T.C Resmi Gazete*, no. 17303, 7 April 1981.

¹³⁸ *Hakkâri Sesi*, 27 June 1977.

¹³⁹ *Hakkâri Sesi*, 10 January 1975.

complaints concerning the necessity to attain permission for the items restricted 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 citizens have to take permission from the authorized units to take a pouch of flour and sugar into *Çukurca*.”¹⁴⁰ There was also some complaint in November 1974 that “the local people [of *Çukurca*] cannot take even the three monthly, half yearly or yearly needs of their children into [*Çukurca*] without any permission from the governorship or district governorship.”¹⁴¹

Another manifestation of the conflicts between the border people of *Hakkâri* and gendarmes was that the border people of *Hakkâri* used to be exposed to gendarmerie violence in the security zone. *Mikail İlçin*, the deputy of *Hakkâri*, described the gendarmerie violence in the security zone with such words in the Assembly:

It is a fact that by the decision no. 10 issued in 1956 smuggling could not be prevented. 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.¹⁴²

Referring to the cases of gendarmerie violence in the security zone, *İlçin* asked the Minister of the Interior: “What are the measures taken to prevent gendarmes on duty along the border from implementing the law of the jungle anymore?”¹⁴³

2.4.1.2 Collective Punishment as Emergency Rule

To leave military forbidden zones, security zone, and usual patterns of gendarmerie violence aside, officially there was no extra-ordinary form of rule in *Hakkâri* between 1950 and 1979. However, following the *Alevi* pogrom in *Kahramanmaraş* by ultra-nationalist militants in

¹⁴⁰ *Hakkâri Sesi*, 1 February 1975.

¹⁴¹ *Hakkâri Sesi*, 23 November 1974.

¹⁴² Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 4, session 132, volume. 20, 14 September 1976.

¹⁴³ *Ibid.*

December 1978, one of the high points of polarization during the 1970s, martial law was proclaimed first in thirteen provinces, where political tensions were intense, and later in Kurdish provinces including *Hakkâri*, despite the fact that there was no considerable political polarization in the province.¹⁴⁴ Martial law was extended to the whole country after the coup d'état in September 1980. Yet while it was gradually annulled in Western provinces of the country in parallel with the pacification of the socialist movement, it was replaced by the 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. *Hakkâri* was ruled by Emergency Governorship until July 2002.

Between 1979 and 2002, especially after 1984, Hakkârians were the target of collective punishment methods employed by the state against the threat posed by the PKK guerillas. As an infrastructurally weak entity which neither was able to individualize, to distinguish “terrorist” from “normal citizens,” nor to police and control hundreds of scattered rural settlements, the Turkish state refashioned sovereign technologies of power which had been already in use.

The most comprehensive instances of collective punishment methods employed in *Hakkâri* and the Kurdish region were the village evacuations which intensified in the first half of the 1990s as part of the army's counter-insurgency strategy. Until 1993 the Turkish army lacked any well-defined counter-insurgency strategy that can be followed against guerilla forces relying on the facilities and logistics enabled by thousands of dispersed and weakly controlled rural settlements on a largely mountainous landscape. In this period, the PKK completed the

¹⁴⁴ Zafer Üskül, *Siyaset Ve Asker: Cumhuriyet Döneminde Sıkıyönetim Uygulamaları* (Ankara: İmge Kitapevi, 1997), 276.

stage of strategic defense and moved towards the stage of strategic balance, which meant establishing liberated zones.¹⁴⁵

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. According to Jongerden, “[t]he 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).”¹⁴⁶ Village evacuations were one of the most decisive policies of the ‘field domination doctrine.’ In his speech delivered to military officers, *Osman Pamukoğlu*, the commander of the *Hakkâri* Mountain and Commando Brigade between 1993 and 1995, 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 main settlements.”¹⁴⁷ As is apparent in the words of *Pamukoğlu*, what was aimed by village evacuations was to render guerilla tactics logistically difficult.

By the start of the village evacuation policy, peasants were forced to make an ultimate choice between fighting against the PKK as paramilitary village guardians and leaving their villages. At the end of 1995, the peak year of village evacuations in *Hakkâri*, most of the villages of *Hakkâri* city and of *Çukurca* and some villages of *Yüksekova* and *Şemdinli* were evacuated.

¹⁴⁵ Ümit Özdağ, *Türk Ordusu Pkk’yı Nasıl Yendi?: Türkiye Pkk’ya Nasıl Teslim Oluyor* (Ankara: Kripto, 2010), 81.

¹⁴⁶ Joost Jongerden, *The Settlement Issue in Turkey and the Kurds : An Analysis of Spatial Policies, Modernity and War* (Leiden ; Boston: Brill, 2007), 91.

¹⁴⁷ Osman Pamukoğlu, *Unutulanlar Dışında Yeni Bir Şey Yok: Hakkari Ve Kuzey Irak Dağlarındaki Askerler* (İstanbul: Harmoni, 2004), 59-60. Quoted and translated by Jongerden, *The Settlement Issue in Turkey and the Kurds : An Analysis of Spatial Policies, Modernity and War*, 43.

The following is the list prepared by an activist of the *Hakkâri* Provincial Branch of the Human Rights Association. It exhibits the status of the villages of *Hakkâri* city by 1995.

Table 6.The Status of Villages of *Hakkâri* 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	Nispas		X	
Gecinli	Rumtik		X	
Gecitli	Peyanis	X		
Isik	Nisê	X		
Isikdar	Pirkanis		X	
Konak	Kocanis		X	
Kavakli	Marînus		X	
Kaval	Qewal		X	
Kaymakli	Simûrînîs		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 effects of village evacuations in *Çukurca* can be traced in the statistics provided by the SSI. The rural population of *Çukurca* declined from 14,271 in 1990 to 3609 in 2000.¹⁴⁸

Another instance of collective punishment in *Hakkâri* and the Kurdish region was the treatment of all citizens as potential terrorists. 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. There were three reasons for this “failure”. First and foremost, the state lacked the infrastructural capacity to individualize and to distinguish “terrorists” from “normal citizens”. Secondly, the PKK attained such organizational power that there were objective limits to the isolation of PKK affiliates from the non-PKK affiliates. Thirdly, the members of special police teams working in the region and in *Hakkâri* were mostly militants of ultra-nationalist parties like MHP (*Milliyetçi Hareket Partisi*, Nationalist Action Party) and BBP (*Büyük Birlik Partisi*, Big Union Party). They were ideologically biased against Kurds and tolerated by the governments with the expectation that their militancy could be used against the PKK. All three factors resulted in the rendering of all Hakkârians 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 parliamentary question asked by *Cumhur Keskin* to the Minister of the Interior concerning the murder of a child in a village of *Çukurca* in June 1988 by the armed forces shows that this murder was an ordinary symptom of the terrorizing, totalizing gaze of the armed forces towards the people:

¹⁴⁸ Devlet İstatistik Enstitüsü (State Statistical Institute), 2000 *Genel Nüfus Sayımı: Nüfusun Sosyal ve Ekonomik Nitelikleri*, *Hakkari*.

On the night of 30.06.1988 *Ramazan Dağ*, who was a thirteen-year-old child, was shot dead by the gendarmerie in *Uzundere* village of *Çukurca* district of *Hakkâri* while he was returning from a neighbor's home to the house where he lived with his father... Is it true that curfew is imposed in the provinces under emergency rule and that it has become almost a rule that the citizens who do not obey the curfew are arbitrarily fired upon ...? It is obvious that *Ramazan Dağ* was a thirteen-year-old child, used to live in *Uzundere* village and was shot dead without any warning to stop being made. What questions have been raised so far about those who prepared the official reports which showed him as a "PKK militant captured dead at the end of the collision"?...When will arbitrary searches, detentions and the practices that humiliate human dignity come to an end in the region?¹⁴⁹

The massacre of three peasants from *Yoncalı* village in July 1989 by a commando troop was another tragic result of the totalizing gaze of the state. According to *Keskin*, on the day of the massacre a group of peasants were mowing grass. Due to a feud issue, they had arms with them. When they noticed a group of soldiers in search of a PKK group approaching the place they were mowing, they tried to hide the arms in panic. Yet the soldiers, upon the order of their senior major, fired at the peasants with rockets, automatic guns and howitzer without any summons. At the end, three peasants were killed and their corpses were burnt. Later it was announced that three PKK militants had been captured dead.¹⁵⁰

Examples can be multiplied: *Hakkârians* were not allowed to walk together in groups in the streets. When they did so as more than three or four individuals, they would be humiliated and beaten by members of special police teams. Moreover, special police teams would arbitrarily fire for hours without any target in streets throughout the nights until the morning. They would also raid weddings so as not to allow local singers to sing Kurdish songs. It was routine that *Hakkârians* had to wait for hours in more than seven or eight security check points on the *Van-Hakkâri* road where they had to show their IDs, open their luggage and bags, and answer the roughly-asked questions in a proper way. To put it succinctly, all *Hakkârians*, except

¹⁴⁹ Republic of Turkey, *T.B.M.M Tutanak Dergisi*, term 18, session 6, volume. 14, 29 September 1988.

¹⁵⁰ *T.B.M.M Tutanak Dergisi*, term 18, session 27, volume. 33, 7 November 1989.

village guardians, were treated as potential terrorists and PKK affiliates during the emergency rule.

Another form of collective punishment, widespread both in the Kurdish region in general and in *Hakkâri* at the height of the armed conflict between the PKK and the army, was the imposition of a food embargo 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. Given that the state was incapable of identifying and capturing which villagers gave support to the PKK, it was not surprising that it considered all villagers as suspects, as potential PKK affiliates. To show how this “controlled food transfer” was implemented in *Hakkâri*; I quote the words of a grocer in *Hakkâri* city, who was a child during the early 1990s when the food embargo was strictly implemented by the armed forces. This is what he said:

During the 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 ten flour sacks?”

The words of a taxi-driver who was listening to my conversation with the grocer confirm how strictly the food embargo policy was implemented in *Hakkâri* in these years:

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

Exclusion from uplands was another instance of pre-emptive collective punishment. Just as villages in the Kurdish region were largely outside the control of the armed forces, so too

were the uplands of the Kurdish region. In the uplands, PKK guerillas used to produce propaganda freely and could also 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 the uplands throughout the Kurdish region from the late 1980s. This exclusion from the uplands persisted even after the abolition of 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, the numbers of banned uplands and meadows in *Hakkâri* between 2008 and 2011 were as follows:

Table 7.Number of Banned Uplands and Meadows in *Hakkâri*

	<i>Hakkâri</i> city	<i>Yüksekova</i>	<i>Çukurca</i>	<i>Şemdinli</i>	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

This form of collective punishment of Hakkârians had real and dramatic consequences on the economy of *Hakkâri* where animal husbandry has always been the primary economic activity and transhumance activity an invariable part of life.

2.5 Conclusion

This chapter has provided a thorough examination of sovereign violence in *Hakkâri* in the pre-AK party period. It argued that despite the whole rhetoric of the Turkish state's assimilation programs, what the weak state apparatus could produce in the Kurdish region and especially in *Hakkâri* in the pre-AK party period was no more than sovereign violence. The state's incapacity to penetrate deep into everyday lives of Hakkârians, reinforce the border and prevent illegal border trade, and distinguish "innocents" from PKK affiliates led it to treat all Hakkârians, who were already less than full human beings in its eyes, as suspects and

potential criminals. In practice, that meant the collective punishment of Hakkârians through enforcement of security zones, forced displacement of villagers, imposing food embargo on villagers, exclusion from uplands, systematic terrorization of civilians, etc.

CHAPTER 3: Indirect State Racism, Healthcare Provision and Hakkâri

My wife was pregnant, and she was about to give birth prematurely. 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 decided to transfer her to *Van*. Yet we waited for the ambulance for hours. It was 9:00 a.m. when the [doctor] decided to transfer her. My wife was pregnant with twins, and it was the seventh month of her pregnancy. It was a case of premature birth. She was in labor for hours. But no ambulance was available. At the end she gave birth here. Immediately after the birth one of the twins died. The other was still alive and needed to be 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. By the time the ambulance arrived in *Van*, the door [of the ambulance] had been opened at least six times [by soldiers]. They checked 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 1:00 a.m. we managed to arrive at *Van Yüzüncü Yıl* Research Hospital.

My naive question follows:

Q: Could not you say to the soldiers, “Do not open the door?”

A: Was it possible then? We were living in the emergency region. Frankly, it was a period when specialist Sergeants were like Generals...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. At the time, I was a civil servant in the provincial directorate of health.

This is a passage from the interview I conducted with the head of a branch of the provincial Directorate of Health. 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).

The reason why I start this chapter—which focuses on state-citizen relations in *Hakkâri* in the pre-AK Party period through the analysis of healthcare provision—with this passage is clear: it reveals in a very striking manner the fact that by 1996, the state's attitude towards omissions, shortages, shortcomings, and problems with possible serious life-threatening effects in *Hakkâri* was simply one of indifference. The passage is very illustrative of the fact that the “omissions” and “shortages” leading to the babies' deaths were too many and too structural to be accounted for as mere “omissions” and “shortages. More concretely put, these babies most probably could have been saved if *Hakkâri* Public Hospital had been adequately equipped and staffed to perform medical interventions on time, making the transfer unnecessary. Likewise, they could also have been saved if fully-equipped ambulances capable of activating incubators and other necessary medical devices had been available and in sufficient numbers to meet the actual need on time without any delay, if the road connecting *Hakkâri* to *Van* had been better, and if Hakkârians had not been criminalized as suspects and potential terrorists so as to lead the soldiers at security check points to stop the ambulance at each security check point and to repeatedly open its door to check whether the ambulance carried terrorists instead of patients, thus exposing the already suffering baby to the cold air, etc.

Inspired by Foucault's “state racism”, I call the huge gap in the pre-AK party period between resources and cadres reserved for *Hakkâri* and resources and cadres required for satisfaction of Hakkârians' actual needs “indirect state racism”. By this I mean “the fact of exposing

someone to death, increasing the risk of death for some people”¹⁵¹ by avoidance, for whatever reason, of expending sufficient effort, care and resources to eliminate or undermine sources of risk that threatens lives. Below, first of all, I further clarify the meaning I give to the term “indirect state racism”. Secondly, I show quantitative indicators of indirect state racism towards *Hakkâri* through comparative analysis of public investment made in *Hakkâri* in the pre-AK Party period. Finally, I pass to the analysis of indirect state racism towards *Hakkâri* by focusing on the poverty of healthcare provision in the pre-AK Party period.

3.1 The Concept “Indirect State Racism”

Foucault first formulated the concept of “state racism” in the lectures compiled in “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 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?¹⁵²

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.¹⁵³

¹⁵¹ Michel 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.

¹⁵² Ibid., 22.

¹⁵³ Ibid., 255.

According to Foucault, National Socialism and Soviet Socialism were two perfect examples of state racism, albeit with entirely opposite discourses. Both regimes defined their enemies in economic and biological terms. Enemies of each regime were conceived of burdens on the resources and economies of the countries and as threats to the biological well-being of the nation.¹⁵⁴

It may justifiably be argued that state racism does not precisely describe the Turkish state's experience with Kurds and *Hakkâri*. Even when Kurds posed a threat to the Turkish state via numerous rebellions, these rebellions were not primarily conceived of as threats to the welfare and wellbeing of the nation, at least until the mid-1990s when the economic burden of the war in the Kurdish region on the treasury and economy started to be discussed. These rebellions were, rather, approached as threats to the sovereignty of the state. This means that state racism as defined by Foucault—approaching the “Other” as a biological-economical threat to be eliminated for the sake and welfare of the nation—does not fit the Turkish stance towards the Kurds and hence Hakkârians.

Yet the term “state racism” can still be suggestive. If state racism means the elimination, for the strength of the nation, of some groups supposed to be economically harmful to it, then the state's withdrawal from reserving resources necessary for the 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.¹⁵⁵

¹⁵⁴ D. J. K. Peukert, *Inside Nazi Germany: Conformity Opposition and Racism in Everyday Life* (London: Batsford, 1987), 208-36.

¹⁵⁵ Foucault, *Society Must Be Defended : Lectures at the Collège De France, 1975-76*, 256.

This covert form of state racism expends insufficient efforts to counter deprivation and poverty threatening lives regarded as not economically productive and promising. To distinguish it from overt forms 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 “indirect state racism” and the latter “direct state racism.”

In “indirect state racism”, an economic perspective is implicitly present. The “Other” appears in “direct state racism” as exploiter and parasite, and directly harmful to the national body. However, in “indirect state racism” the “Other” appears as high opportunity-cost: a not-so-necessary burden on resources that can be used more efficiently.¹⁵⁶ The restriction of public resources reserved for unproductive pensioners, the disabled population, and the unemployed can be taken as examples of “indirect state racism.”

Last but not least, I would like to clarify the necessity leading me to produce the concept by comparing it with “structural violence” as described by Paul Farmer. In fact, the large-scale social, political and economic inequalities and hierarchies making Hakkârians more vulnerable to life-threatening risks on a daily basis could very well be described as “structural violence.”¹⁵⁷ This concept as used by Farmer refers precisely to what I would like to underline by “indirect state racism”: stances and processes that devalue the lives of the disadvantaged in implicit but by no means less harmful ways, that violate disadvantaged people’s right to survive, not openly by the suspension of their civil rights with recourse to sovereign violence, but indirectly, by depriving them of the protective shield of social and economic rights. The difference between “indirect state racism” and “structural violence” resides not in the referents of the concepts but rather in the center of gravity of their emphases. The main

¹⁵⁶ For an article elaborating on state racism, see Zeynep Gambetti, “Yönetimsellikten Irkçılığa,” *Dipnot*, no. 6 (2011).

¹⁵⁷ See Paul Farmer, *Pathologies of Power : Health, Human Rights, and the New War on the Poor* (Berkeley, Calif. ; London: University of California Press, 2005).

emphasis of “structural violence” is on causality and effects. “Structural violence” sheds light on causality between social, economic and political policies which are not violent (that is, life-threatening in their immediacy) and their life-threatening effects, especially in the middle- and long-term, on those systematically experiencing the effects of these policies. The main emphasis of “indirect state racism” is, on the other hand, on political subjectivity and agency. From the perspective of “indirect state racism,” that the violent/life-threatening effects of social, economic and political policies on some sections of society occur in indirect ways and after some time does not cancel the issue of agency and make this violence a “structural” one. Centering on the issue of political subjectivity and agency, indirect state racism urges us to see the social, economic and political policies involved in the production and reproduction of inequalities and hierarchies—which in turn produce life-threatening effects on some sections of society in the middle- and long-term—as symptoms of a coherent bio-political stance that does not attribute much value to the lives of these sections of society.

3.2 Indirect State Racism towards Hakkâri: Not an Ethnic Policy

It has now been made clear that “racism” in “indirect state racism” does not refer to hatred related to the biological stigmatization of certain human societies as inferior races. Rather, it refers to the indifference towards the needs, even vital ones, of groups (not necessarily ethnic groups) regarded as not economically contributory to the welfare of the nation. Underlining this point once again, I argue that Hakkârians fell victim to indirect state racism in the pre-AK Party period, not because of their Kurdishness, but because investment preferences of Turkish governments were almost as a rule determined by economic concerns such as fast growth and economic development. At the same time, the peripheralization and isolation that *Hakkâri* had undergone in its contact with capitalism and the nation-state required a public investment policy based on geographically balanced growth.

One of dynamics of the peripheralization of *Hakkâri* can be traced back to the sixteenth century. With the emergence of a European world economy and geographical explorations, the significance of the historic Silk Road connecting India and China to Europe deteriorated considerably. The Atlantic economy and ports flourished, at the cost of Mediterranean economies and ports.¹⁵⁸ Although port cities of the Ottoman Empire like *İstanbul*, *Salonika* and *İzmir* could incorporate the new international division of labor throughout the nineteenth century, becoming locations for the export of raw materials and the import of manufactured goods,¹⁵⁹ Eastern and Interior Anatolia could not compensate for the decline resulting from the essential shift in main trade routes. Connecting these areas to port cities could have offered a partial counterbalance to the decline of the former beneficiaries of the 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 a colonial tree scheme—that is, a railroad system linking hinterlands to port cities for the sake of import and export processes.¹⁶⁰

Worse, the formation of the nation-state and all concomitant nation-state practices—notably the institution of national borders, deportation of non-national elements, and counter-insurgency measures taken to terminate threats to the nation-state—reinforced the peripheralization of the region and especially border provinces like *Hakkâri*. Put otherwise, attempts to incorporate the region as national one in fact substantially deepened its peripheralization. The deportation and massacre of non-Muslim populations, especially in the process beginning with WWI led to a big decline in the region's productive capacity. The

¹⁵⁸ Immanuel Maurice Wallerstein, *The Modern World System 1: Capitalist Agriculture and the Origins of the European World-Economy in the Sixteenth Century* (Berkeley, Calif. ; London: University of California Press, 2011).

¹⁵⁹ See Edhem Eldem, Daniel Goffman, and Bruce Alan Masters, *The Ottoman City between East and West : Aleppo, Izmir, and Istanbul* (Cambridge: Cambridge University Press, 1999); Şevket Pamuk, *The Ottoman Empire and European Capitalism, 1820-1913: Trade, Investment, and Production* (Cambridge; New York: Cambridge University Press, 1987).

¹⁶⁰ İlhan Tekeli, *Türkiye'de Bölgesel Eşitsizlik Ve Bölge Planlama Yazıları* (İstanbul: Tarih Vakfı, 2008), 46-52.

massacres and forced deportations, mostly of Armenians in the Kurdish region and heretic Assyrians in *Hakkâri* specifically, resulted in considerable losses with respect to the skilled population.¹⁶¹ National borders, meanwhile, uncoupled Eastern Anatolia from its immediate economic milieu. The economy of the region became largely disconnected from the Aleppo-centered economic network in the south of the region and the economic network of Caucasia and Russia in the east.¹⁶² Consequently, transhumance practices of many nomadic tribes, who subsisted on animal husbandry and were thus going back and forth between “Iraq”, “Iran” and uplands of *Hakkâri*, were hit hard by the establishment of national borders.¹⁶³ For *İhsan Çölemerikli*, a local intellectual known for his historical studies of the province, that led to a serious decline in animal husbandry in the Republican period while *Hakkâri* was one of main providers of meat consumed in Mosul and Iraqi Kurdistan in the Ottoman period. The decline of animal husbandry—by far the main economic activity in *Hakkâri*—by the formation of national borders was accelerated further by the depopulation of rural areas and exclusions from uplands in the Kurdish region during counter-insurgency operations against the PKK in 1990s. That was especially so in *Hakkâri* where, as I demonstrated, the extent of village evacuations and bans from uplands was massive. For instance, number of sheep in *Hakkâri* declined drastically—from 698,170 to 307,240—between 1990 and 1995.¹⁶⁴

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*. Foucault defines bio-politics as “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”.¹⁶⁵ As I showed above, the state attempted to diminish

¹⁶¹ Servet Mutlu, *Doğu Sorununun Kökenleri: Ekonomik Açıdan* (İstanbul: Ötüken, 2002), 188-91.

¹⁶² Tekeli, *Türkiye’de Bölgesel Eşitsizlik Ve Bölge Planlama Yazıları*, 66.

¹⁶³ Sırrı Erinç, *Doğu Anadolu Coğrafyası* (İstanbul: Sucuoğlu Matbaası, 1953), 58.

¹⁶⁴ See Devlet İstatistik Enstitüsü (State Statistical Institute), *Tarımsal Yapı Ve Üretim 1990* (Ankara: DİE, 1993); *Tarımsal Yapı: Üretim, Fiyat, Değer, 1995* (Ankara: DİE, 1997).

¹⁶⁵ Foucault, *Security, Territory, Population : Lectures at the Collège De France, 1977-78*, 18.

“bad” circulation, that is, circulation of people and goods supposed to be harmful to the national body. However, on the other hand, it failed to maximize the “good” circulation; it could not or did not compensate for what the province and the region had lost during their experiences with capitalism and the nation-state.

The reason was simple: the logic guiding Turkey’s public investment policy was almost as a rule an economic one, according to which “resources should be invested in the most productive areas, and... projects in the backward regions should be preferred over others only if they were at least as good as the others with respect to economic investment criteria.”¹⁶⁶ All development plans between 1963 and 2000 “have either explicitly or implicitly professed this criterion.”¹⁶⁷ According to *Servet Mutlu*, one of main development economists in Turkey, “this was reasonable in the light of the backwardness of the country as a whole which necessitated that the resources be put to the best use”¹⁶⁸ but also deepened regional developmental imbalances, inherited from the Ottoman Empire, between more urbanized and infrastructurally and economically more developed Western regions and more rural Eastern Anatolia, poorly linked to the rest of the country.¹⁶⁹

The statistics below, which I constructed by using official public investment data, indicate the share *Hakkâri* received from public investment¹⁷⁰ between 1946 and 2002, the year when the *AK Party* came to the power. In addition to *Hakkâri*, I also analyzed relevant data for four big provinces of Eastern Anatolia, *Van*, *Diyarbakır*, *Kars* and *Erzurum*, and also Turkey, to shed light on to the nature of indirect state racism suffered by *Hakkâri*. Taking *Van* and *Diyarbakır*, two big Kurdish provinces of Eastern Anatolia, as a single unit, and *Kars* and

¹⁶⁶Servet Mutlu, "Economic Bases of Ethnic Separatism in Turkey: An Evaluation of Claims and Counterclaims," *Middle Eastern Studies* 37, no. 4 (2001): 110.

¹⁶⁷ Ibid.

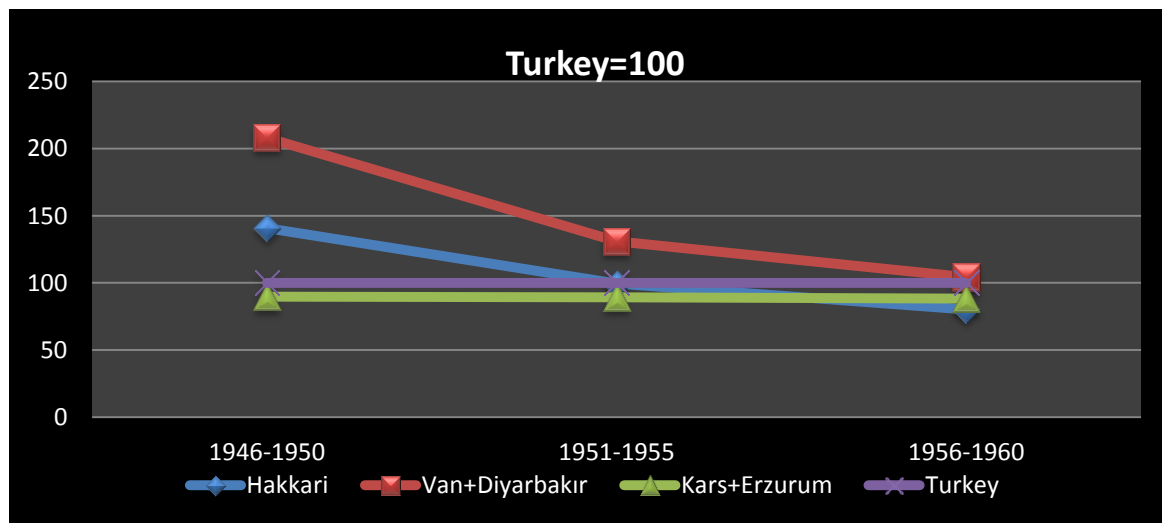
¹⁶⁸ Ibid.

¹⁶⁹ *Doğu Sorununun Kökenleri: Ekonomik Açıdan*, 379-413.

¹⁷⁰ Because the data of public investment are not available for the period between 1946 and 1960, I used the data of public expenditures of these years calculated by *Sait Aşgın*.

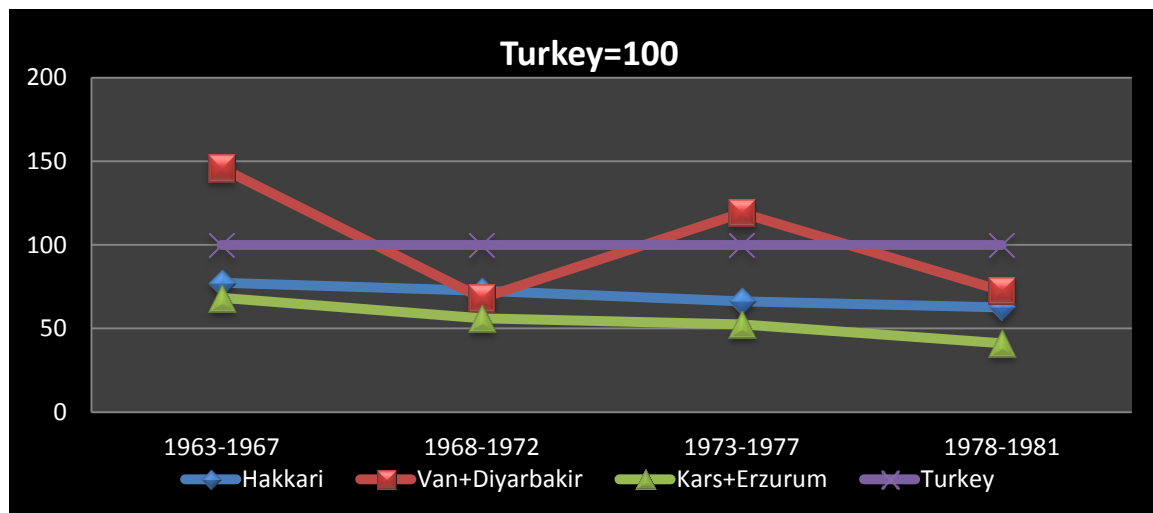
Erzurum, two big non-Kurdish provinces of the Eastern Anatolia,¹⁷¹ as another single unit, I tried to figure out from a comparative perspective the extent of indirect state racism which *Hakkâri* suffered from. I also attempted to assess whether or not that indirect state racism had an ethnic aspect.

Figure 3.Public Expenditure 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*¹⁷²

Figure 4.Public Investment per Capita between 1963 and 1981

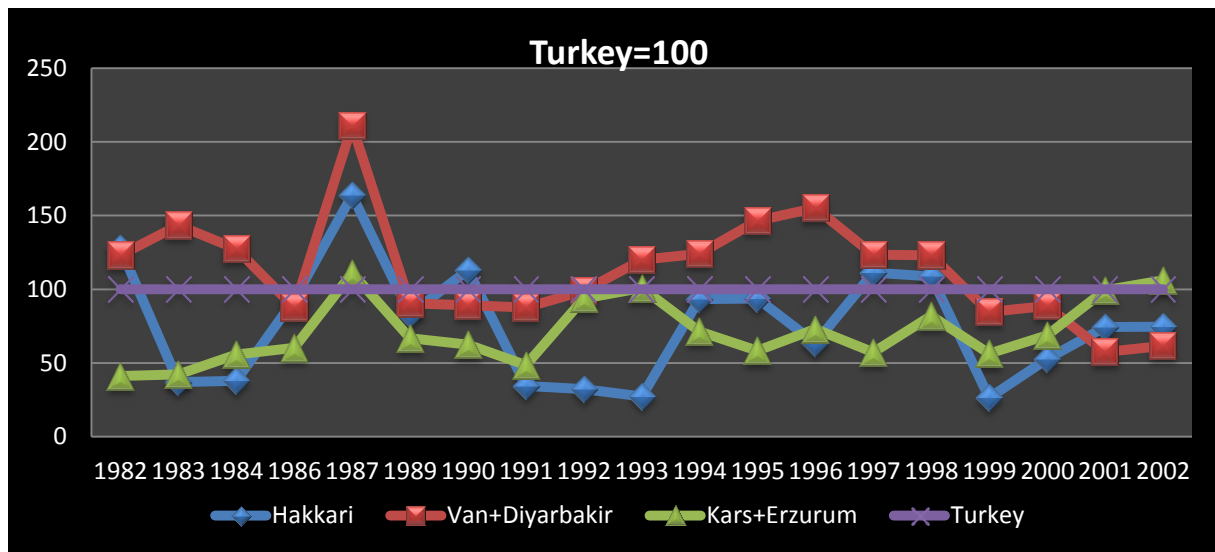


Source: Constructed by the author based on the data provided in *Kamu Yatırımlarının Kalkınmada Öncelikli İller ve Yörelere ve Diğer İller İtibariyle Dağılımı (1963-1981)*¹⁷³

¹⁷¹ Although there are Kurdish districts in *Erzurum* and *Kars*, Kurds do not form the majority of the population in these provinces.

¹⁷² Sait 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 1982 and 2002



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

*Calculated based on allocations in the budget program.

*Public investment which by nature cannot be classified into provinces is not included.

As the figures show, public investment per capita in *Hakkâri* was almost always considerably below the average of Turkey. Yet the figures also prevent us from deriving a conclusion that the systematic neglect of *Hakkâri* by the state proves a discriminatory stance taken against the Kurds. Public investment per capita in non-Kurdish *Kars+Erzurum* was even lower than investment per capita in *Hakkâri* between 1946 and 1981, with the single exception of 1956-1960, and was certainly no better between 1982 and 2002. In addition, public investment per capita in Kurdish *Van+Diyarbakır* was very slightly higher than the Turkish average, though by no means so much higher as to allow us to speak of positive discrimination towards *Van-Diyarbakır*. These findings seem to confirm my argument that the discriminatory stance of the state towards *Hakkâri* with respect to public investment in the pre-AK party era was economic in character and should be taken as a part of indirect state racism posed towards Eastern Anatolia as a whole regardless of the ethnic composition of the provinces in the region.

¹⁷³ Cemil Kutbay, *Kamu Yatırımlarının Kalkınmada Öncelikli Yörelere Ve Diğer İller İtibariyle Dağılımı: 1963-1981* (Ankara: Devlet Planlama Teşkilatı, 1982).

3.3 Poverty of Healthcare Provision as Indirect State Racism towards Hakkâri

However one defines Hakkârians' experience with the Turkish state in the pre-AK Party period, it is evident that the quality of life of Hakkârians on the eve of millennium was undisputedly very low. In a report prepared by the United Nations Development Programme (UNDP) in 1998, *Hakkâri* was seventy fifth in the rank among seventy eight provinces with 0.450 on the Human Development Index, placing it in the category of low human development.¹⁷⁴ Unsurprisingly, life expectancy in the province was 60.7 years.¹⁷⁵ In another report prepared by the UNDP in 2001, *Hakkâri* ranked seventy seventh out of seventy eight provinces in the Human Poverty Index.¹⁷⁶

In what follows, I show through my archival and ethnographic findings that the poverty of healthcare provision in the province was one of main factors causing life to be classified by the term “low human development”, and that the poverty of healthcare provision in *Hakkâri* in the pre-AK Party period reflected an established lack of will to find ways of ensuring that Hakkârians received resources, cadres and care sufficient to keep them healthy and alive.

3.3.1 Health Workforce in Hakkâri

Health workforce in *Hakkâri* has been characterized by two facts throughout the history of the Republic. The more important of these is the insufficiency of medical personnel, especially GPs and specialists, as can be seen in the table indicating below the quantitative state of health workforce in *Hakkâri* between 1953 and 2005. The table shows a very slow improvement in the state of *Hakkâri*'s health workforce, beginning in the mid-1960s before which it is impossible to speak of even a poor presence of medical cadres in the province.

¹⁷⁴ UNDP, 13 April 1998, “Human Development Report: Turkey 1998,” available online at <<http://www.tr.undp.org/content/turkey/tr/home/library/national-hdrs/nhdr-1998.html>> [15 October 2013].

¹⁷⁵ Ibid.

¹⁷⁶ UNDP, 22 April 2001, “Human Development Report: Turkey 2001,” available online at <<http://www.tr.undp.org/content/dam/turkey/docs/Publications/nhdrs/NHDR2001.pdf>> [13 May 2013].

Table 8.The State of Health Workforce in *Hakkâri* between 1953 and 2005

Year	Specialists	GPs	Dentists	Nurses	Midwife	Health Clerks	Pharmacists	Other
1953	0	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
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 SSI

The only problem pertaining to health workforce in *Hakkâri* has not been the insufficiency of medical personnel: health workforce in *Hakkâri* has always been in constant rotation. Specialists especially, but also GPs, could be employed in *Hakkâri* only temporarily, either on temporary assignment for a few months or in compulsory service for a longer but still

temporary period. The weakness of the engagement of health staff with the province has reinforced and reproduced the massive, chronic problems of the health institutions in the province already suffering from the insufficiency of medical personnel.

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

Healthcare provision in small provinces and towns of Anatolia and the Kurdish region was more or less the same until the 1960s. In each district there was a government doctor, on paper at least, who was responsible primarily for preventing the spread of contagious diseases and for constructing statistical tables concerning deaths and births in the area. Curative services were of secondary importance and provided only on some days and at some hours of the week in small Treatment and Examination Houses. Given that it used to take days and weeks to arrive in the towns from the villages where the majority of the population then dwelt, due to the lack of roads, villagers were in practice out of the scope of healthcare services provided by government doctors. Only when a contagious disease occurred or when health clerks travelled from village to village on the back of a mule a few times in a year were villagers able to see a government doctor or health clerk. Hospitals, which were operated by provincial special administrations until 1954 and then transferred to Ministry of Health and Social Assistance (MHSA), were only in provincial centers and not in all. In addition, curative services were not free of charge; unless a patient submitted an official paper to the hospital documenting that he or she was poor, he or she would be charged.¹⁷⁷

With regard to medical personnel, when compared to the general situation, healthcare provision in *Hakkâri* until the 1960s was not exceptional but was nevertheless rather extreme. As can be seen in the table above, until the socialization of the health system in *Hakkâri* in 1963—that is, until the opening of health posts in each district and some big villages of

¹⁷⁷ For 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.

Hakkâri—healthcare was provided by a few GPs and health clerks. Until the mid-1960s, according to state records, no civil specialists worked in *Hakkâri*, since there was no hospital providing curative service until 1968.

As well as an absolute shortage of medical personnel, there was also a lack of pharmacists in *Hakkâri* until 1968. The only way for patients to access medicine until the 1960s was to buy from the medicine cabinet of government doctors, provided that there was a government doctor in their district. *Selahattin Şimşek*, an idealistic primary school supervisor working in *Hakkâri* in these years, wrote in his memoir that the first question he heard in villages was “*derman hene?*”¹⁷⁸ Peasants who went towards him, supposing him to be a doctor, would then slowly leave when they realized that he was not a doctor and did not have any *derman*.

3.3.1.2 From the mid-1960s to 1981: The Era of Socialization and Rotations of Specialists

One needs to address the period ranging from the mid-1960s to 1981 as a separate period in the history of the health workforce in *Hakkâri*. In this period, the socialization of health services began, and resulted in a considerable increase in health staff in Hakkâri. The socialization of health services was a policy reflecting the petty-bourgeois radicalism of lower rank military officers who took power in 27 May 1960 by a coup d'état. Aiming to establish access to healthcare provision as a citizenship right, the essence of the policy was to overcome the massive unevenness between urban and rural, West and East, rich and poor with respect to access to healthcare provision.¹⁷⁹ To achieve this goal, it was decided that health posts and health stations were to be opened throughout the country, beginning with Eastern Anatolia. Health stations staffed with a midwife would be responsible for basic medical affairs like the maternal and child health of small rural settlements with a population of no more than 2500-3000. Health posts staffed with a GP, a midwife, a nurse, a health clerk, a

¹⁷⁸ “Do you have medicine?”

¹⁷⁹ Gunal, “Health and Citizenship in Republican Turkey: An Analysis of the Socialization of Health Services in Republican Historical Context,” 258.

medical secretary and a driver would be responsible for 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 high enough to lead a flow of the health workforce from developed to underdeveloped areas.¹⁸⁰

Between the mid-1960s and 1981, in parallel to both the socialization of health system and the opening of the hospital, the number of medical personnel in *Hakkâri* increased. The numbers given by the Minister of Health and Social Assistance in 1971 confirm the improvement over this period. In *Hakkâri*, while there were no specialists, five GPs, no dentists, three health clerks, one nurse, one nurse assistant and seventeen midwives in 1963, there were eight GPs, one specialist, two dentists, eighteen health clerks, four nurses, seven nurse assistants and twenty five midwives in 1970.¹⁸¹

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 those years. Due to the failure of the socialization policy and the fact that nothing changed fundamentally in *Hakkâri* to make it attractive to health personnel, the big health staff deficit of *Hakkâri* persisted throughout those years as well. According to 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.¹⁸²

The local newspapers of the period were full of complaints concerning the absence of doctors in health posts in different parts of *Hakkâri*. The following quotation from *Hakkâri Sesi*

¹⁸⁰ Ibid., 262.

¹⁸¹ Republic of Turkey, *Cumhuriyet Senatosu Tutanak Dergisi*, term 1, session 33, volume. 63, 31 January 1971.

¹⁸² *Hakkâri Sesi*, 6 February 1973.

documents the fact that the shortage of doctors in health posts persisted as a large problem in the period at stake:

There have been 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 number of doctors in our province does not exceed four. That means that the number of patients per doctor is over 35000 in *Hakkâri* while it is 2000 in *Ankara*, *Istanbul* and *Izmir*.¹⁸³

Table 9.Health Staff of the Public Health Organization in *Hakkâri* in 1973

	Doctors	Dentists	Health Clerk	Nurses	Midwife
Provincial Directorate	1		2		
Public Hospital	1	1	1	4	
Central Health Post	2		2		2
Üzümlü 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
Böğücek Health Station					
Çukurca Health Post			2		1
Güdeş Health Station					1
Uzundere Health Station					
Şemdinli Health Post	1		2		1
Günyazı Health Station					
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		
Sum	8	1	2	1	1

Source: *Cumhuriyetin 50. Yılında Hakkari: 1973 İl Yıllığı*¹⁸⁴

¹⁸³ *Hakkâri Sesi*, 19 August 1975.

¹⁸⁴ Hakkari Valiliği (Governorship of Hakkari), *Cumhuriyetin 50. Yılında Hakkari: 1973 İl Yıllığı* (İstanbul: Pera Basımevi, 1974), 126.

The table above 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 fourteen health stations and no GPs in three of eight health posts in 1973.

As for specialists, it was only with the opening of the public hospital in the provincial center in 1968 that the specialists began to come and work in *Hakkâri*. According to table 8, which indicates the number of cadres assigned to *Hakkâri* on paper, until 1981, the year when the law on compulsory service was issued, the number of specialists gradually increased. While there was only one specialist in *Hakkâri* in 1968, in 1980 there were seven specialists, at least on paper.

Despite the gradual increase in the number of specialists, the insufficiency of specialists in *Hakkâri* remained 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 five or six months in *Hakkâri* Public Hospital in these years. 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:

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 survive entirely by chance. Because specialists and surgeons are absent there, the fittest survive and the weak die [in these places].¹⁸⁵

According 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.¹⁸⁶

¹⁸⁵ *Hakkâri Sesi*, 6 February 1973.

¹⁸⁶ *Ibid.*

A law on compulsory service was not issued between 1960s and 1980, but instead a rotation system, a short-term version of compulsory service, was adopted and one surgeon and one or two, but no more, specialists were appointed to *Hakkâri* city for a few months in the period.¹⁸⁷ Yet even the rotation system did not work well and the MHSA sometimes could not send any specialists or 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 1977.¹⁸⁸ In these periods when the rotation system failed, patients were taken to other provinces even for simple medical operations if their families could afford to do it:

Our province is, on 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 in 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 specialist in the public hospital, which is equipped with fifty beds. Where is socialization and where is social justice?¹⁸⁹

The rotation system was a palliative solution to the shortage of specialists in *Hakkâri*, but on the other hand, it reproduced indirect state racism as well. Because specialists appointed to *Hakkâri* for a few months lacked any attachment to the *Hakkâri* city and the hospital, they did not expend much effort on the chronic problems and shortages of the hospital, such as the lack of medical equipment, education of personnel, ensuring hygiene, establishing systems and order, etc.:

Now the biggest problem ahead is to find for our well-constructed hospital a surgeon and internist who are ready to work for one or two years. By the appointment of experienced people to our public hospital, the hospital could operate in an orderly and systematic way 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

¹⁸⁷ Fahamettin Altun, *Hakkari İl Yıllığı, 1967* (Ankara: Gürsoy Matbaacılık Sanayi, 1972), 95.

¹⁸⁸ *Hakkâri Sesi*, 29 March 1977.

¹⁸⁹ *Hakkâri Sesi*, 4 March 1977.

found due to other reasons. If specialists are appointed to here for two years, such things will not occur. Work concerning the hygiene of the hospital, refurbishment of the building and administration is now carried out in an arbitrary way...¹⁹⁰

To summarize, there was a relative increase in the number of health staff in *Hakkâri* in the mid-1960s-1980 when compared to the earlier period. The socialization of health system, opening of health posts, and the opening of a public hospital in *Hakkâri* city played a role in this increase. It was in this period that civil specialists and surgeons came and worked in *Hakkâri* for the first time. Yet both the persisting insufficiency of health staff and the problems resulting from the palliative character of rotation system—the single way of appointing specialists and surgeons to *Hakkâri* in these years—persisted.

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

A committee of the SPO (*Devlet Planlama Teşkilatı*, State Planning Organization) offered the following snapshot of the health workforce in the Kurdish region and *Hakkâri* in 1981:

The major problems of healthcare provision in the provinces visited by us are the insufficiency of medical personnel, especially doctors, and the lack of fully equipped hospitals. Some provinces have [equipped] hospitals but insufficient doctors, and others have neither satisfactory hospitals nor sufficient doctors. It seems that the two-monthly rotation system employed to send doctors to provincial centers is far from bringing a solution to the problem.

It was tried, via health stations and health posts, to provide healthcare to rural areas, but this failed. In many of these [health stations and health posts] even allied health personnel are missing.¹⁹¹

The suggestion made by the committee in the face of the shortage of doctors and the uselessness of the rotation system was to impose compulsory service for doctors:

¹⁹⁰ *Hakkâri Sesi*, 1 August 1974.

¹⁹¹ Devlet Planlama Teşkilatı (State Planning Organization), *Kalkınmada Öncelikli İller İnceleme Raporu* (Ankara: DPT, 1981), 9.

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. Staffing these regions... by appointment of some groups of qualified personnel via compulsory service [law] should be considered.¹⁹²

The suggestion reflected the point of view of the military regime as well. The compulsory service law, which was often discussed in the 1960s and 1970s but could not be enacted due to the political climate of the era, was enacted in 1981 by the military regime with special reference to the shortage of doctors in the Kurdish region.¹⁹³ Newly-qualified GPs and specialists were obliged by the law to do compulsory service for a few years in remote areas of the country.

In the period ranging from the enactment of the compulsory service law in 1981 to its annulment in 1995, Hakkârians, especially those located in *Hakkâri* city, could find those specialists whom they most needed, such as gynecologists, internists, general surgeons, pediatricians, etc. According to the numbers given by the SPO specialists, the gap between *Hakkâri* and the rest of Turkey in terms of patients per doctor declined considerably during these years. The ratio of patients per doctor in Turkey to patients per doctor in *Hakkâri* was approximately 1:2 in 1991,¹⁹⁴ while it was 1:6 in 1985.¹⁹⁵ Somewhat tragically, one of the administrators of *Hakkâri* Public Hospital during the late 1980s told me with a remarkable sense of pride that he remembers quite well that there were eleven specialists in *Hakkâri* Public Hospital in 1989.

The optimistic atmosphere arising from the relative abundance of doctors in *Hakkâri* as a result of the compulsory service law can be followed in local newspaper reports of the period.

For instance, it was said in *Hakkâri Halkın Sesi* in January 1984 that: “the specialists

¹⁹² Ibid., 48.

¹⁹³ *Milliyet*, 22 October 1981.

¹⁹⁴ Devlet Planlama Teşkilatı (State Planning Organization), *Kalkınmada Öncelikli Yörelere Ve Türkiye İçin Seçilmiş Göstergeler 1991* (Ankara: Devlet Planlama Teşkilatı, Kalkınmada Öncelikli Yörelere ve Bölgesel Kalkınma Genel Müdürlüğü, 1991), 61-62.

¹⁹⁵ *Kalkınmada Öncelikli Yörelere Raporu 1985* (Ankara: DPT, 1985), 3.

appointed to our province in 1983 rendered the public hospital a house of healing; it became a source of hope to the patients and emancipated them from the necessity of going to neighboring provinces.”¹⁹⁶ It was in this period that the relative abundance of doctors led people to question, for the first time, the lack of an otolaryngologist and an orthopedist.¹⁹⁷ In earlier years only the appointment of surgeons, internists or gynecologists was demanded from the MHSA.

It should be borne in mind that, even in this “golden age” of the health workforce, 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 year” of the hospital was only five.¹⁹⁸ At the time, the population of *Hakkâri* city in 1985 was approximately 44.000: 23.000 in the villages and 21.000 in the city. In addition, there were no hospitals in *Çukurca*, *Yüksekova*, *Beytüşşebap*, *Uludere* or *Şemdinli* in 1985.

These few specialists took advantage of the opportunity of being the sole civil specialist in their field in the province in order to develop private practices. This seriously decreased the potential contribution they could have put into healthcare provision. For instance, they would treat fewer patients than they were able to do, and instead reserved some of their working time to see patients in their private clinics:

Doctors are granted the legal 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 10:00 or 11:00 a.m. when they are obliged to start working early on a morning... We ask the doctors and specialists of the public hospital to take ownership of the hospital and to serve more efficiently. It is necessary to remind the specialists of the

¹⁹⁶ *Hakkâri Halkın Sesi*, 2 January 1984.

¹⁹⁷ *Hakkâri Halkın Sesi*, 9 January 1986.

¹⁹⁸ *Hakkâri Halkın Sesi*, 11 July 1985.

necessity to pay attention to the hospital at least as much they pay attention to their private clinics.¹⁹⁹

To summarize, the period 1981-1995 was a golden era for the health workforce 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.

3.3.1.4 Back to Rotation System: 1995-2001

When the insistent demands and struggles of doctors ultimately resulted in the suspension of the compulsory service law in 1995, the necessity that pushed doctors towards *Hakkâri* disappeared. Unsurprisingly, a serious fall occurred in the number of doctors serving in the province, as can be followed in table 8. According to the table, between 1995 and 2001 the number of specialists decreased from nineteen to nine, and the number of GPs from sixty eight to fifty.

The solution brought to the crisis was to adopt the old, palliative rotation system and to appoint doctors rotationally for a few months. Yet *Hakkâri*'s health needs were too big to be met by any palliative solution. The head of the non-infectious diseases branch, who worked for years in *Hakkâri* as a health clerk, offered a dire image of the state of the health workforce during the period:

Health posts used to work at an occupancy rate of 20-30 percent. Most of the time we could not find any doctors [there]. Sometimes there were two doctors serving in the health post in *Hakkâri* city, yet health posts and health stations in villages suffered seriously from lack of health staff....Most of the time we could not find specialists of even the most important categories. They would come by rotation from other provinces and hospitals for fifty or sixty days. However, most of the time those doctors appointed by rotation would report as sick immediately

¹⁹⁹ *Hakkâri Halkın Sesi*, 13 May 1986.

after their arrival, spend forty five days on sick leave and then return back to their home town...
80-90 percent of patients used to be transferred to the neighboring provinces, mostly to *Van*.

Q-Which specialists used to come through the rotation system?

A-Only those of major branches: gynecologists, internists, general surgeons.

Q-How many doctors could one find in [*Hakkâri*] public hospital in late 1990s, at best?

A-We could find five doctors at best.

Q-At the worst?

A-No more than one or two. 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.

Due to the lack of specialists and GPs, hospitals in Orumieh in Iran were often the first places Hakkârians resorted to in this period. Indeed, Hakkârians used to cross the border to get treatment in Iraq or Iran throughout the history of the Republic. A famous Turkish journalist reported the poverty of the health workforce in *Hakkâri* in 2000 and the Orumieh traffic of Hakkârians thus:

There are four specialists in *Hakkâri* Public Hospital and three specialists in *Yüksekova* Public Hospital. As for *Şemdinli* Public Hospital, there have been no any specialists for a long time and there is only a newly-qualified GP. There is even not a public hospital in *Çukurca*..., let alone doctors. Only eleven of thirty health posts are open, and thirteen GPs working in these [eleven] health posts try to ease the specialists' burden. The state cannot send doctors here. Today, the number of patients per doctor [in *Hakkâri*] is 35.000.

Every day, 300 Hakkârians pass through the *Esendere* border gate to go to Orumieh in Iran to get treatment. The first choices of those people going to Orumieh are the state-owned *Imam Khomeini* and private Azerbaijan hospitals. Fees for all kinds of examinations are one million, which represents one-tenth of the fees charged in Turkey.

Although there are twenty two specialist cadres assigned to *Hakkâri* public hospital, only four doctors are actually working and trying to create medical miracles. Those patients who cannot be treated [in the hospital] 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].²⁰⁰

Likewise, a SPO report prepared by a committee following inspections in Kurdish provinces, having emphasized that there were only three specialists in the province in spite of the twenty five cadres assigned, suggested that an extra payment be granted to doctors employed in the region in order to attract doctors to *Hakkâri* and thus remove the necessity for Hakkârians to go to Iran and to other provinces to get treatment.²⁰¹

In addition to the shortage of doctors, Hakkârians also faced the problem of finding doctors with a full-time attachment to their institutions. According to a local nurse who had started to work in the hospital in the late 1990s, that situation resulted in some ethical problems. As she recounted it, all regular specialists in *Hakkâri* Public Hospital had private clinics and directed patients to their clinics by seriously limiting the daily treatment quota in the hospital:

Q- Were there ethical issues?

Sometimes yes... They [specialists] used to say that: “We will not examine more than twenty patients.” Yet the demand was too much. When I compare [those days] with present, I think that a real injustice was done to the people.

3.3.2 Medical Equipment and Infrastructure in Hakkâri

Apart from health workforce, a further major aspect of healthcare provision that needs to be addressed in light of the indirect state racism experienced by *Hakkâri* is the issue of medical equipment and infrastructure. Until the construction of two modern hospitals, one in *Hakkâri* city and the other in *Yüksekova*, in 2008, and the endowment of these hospitals with modern devices and machinery, hospitals in *Hakkâri* were no more than big health posts with regard to the number of beds, technology, comfort and so on.

²⁰⁰ *Milliyet*, 17 September 2000.

²⁰¹ Devlet Planlama Teşkilatı (State Planning Organization), *İl İncelemeleri (Batman, Bingöl, Bitlis, Diyarbakır, Elazığ, Hakkâri, Mardin, Muş, Siirt, Şırnak, Tunceli, Van) Ön Raporu* (Ankara: DPT, 2000), 36.

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 other than simple surgical operations for years. Below, I describe the poverty of healthcare providers in *Hakkâri* with respect to medical equipment and infrastructure by focusing on the history of the development of curative institutions in *Hakkâri*.

3.3.2.1 Curative Institutions in Hakkâri and the Poverty of Medical Equipment and Infrastructure

The first curative institution built in *Hakkâri* was the five-bed *Çölemerik* Examination and Treatment House (*ETH*) in *Hakkâri* city, about which little is known.²⁰² Considering that the opening of *ETHs* was decided in 1924 and that it did not require much investment, one can speculate that the *ETH* in *Hakkâri* city was opened in the second half of the 1920s.

ETHs were opened in districts and placed under the 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 to give some treatment if necessary free of charge. In small settlements which lacked any hospital, the *ETH* was the single institution providing curative services, mostly with very poor facilities.

Neither in *Hakkâri* city nor in any of its districts was any hospital constructed during the Imperial period. If a patient had an urgent health problem that could not be treated in the *ETH*, she had no alternative but to go to *Van* Maternity and Children's Hospital or *Van Memleket* Hospital, provided that the roads were not closed by snow and provided that the patient's health allowed her to endure days of travel under terrible conditions. Moreover, unless the patient could report their poverty by a document (*fakirlik mazbatası*) issued by head of their neighborhood, and the report was accepted by the head doctors of the hospitals, the patient

²⁰² Birinci Genel Müfettişlik, *Güney Doğu / Birinci Genel Müfettişlik Bölgesi* (İstanbul: Cumhuriyet Matbaası, 1939), 361.

had to pay for treatment. There was neither a national nor private health insurance scheme in those years. *İbrahim Arvas*, a member of the Assembly in the single party period 1925-1946,²⁰³ as deputy of *Van* and *Hakkâri*, paid attention in one of his speeches to this helpless situation of Hakkârians:

Hakkâri has four districts. Along with the *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 [of Health and Social Assistance] to reserve some resources from the Allocation for the Development of Eastern Provinces for the construction of even a small hospital [in *Hakkâri*], not a big one. People who get sick go to Iraq because they are not given treatment [in *Hakkâri*] and neither can they go to *Van*.²⁰⁴

The second institution built to provide curative service in *Hakkâri* was the health center.²⁰⁵ The construction of the building was completed in 1955 and it was officially opened in 1962 with the delay being due to a lack of equipment and doctors. According to *Aydın Bilgiç*, who was in *Hakkâri* as a military doctor between 1955 and 1957, the health center was closed during these years and did not host any patients.²⁰⁶ Therefore, he remembers, he could not direct someone suffering from a serious case of typhoid to the health center. Instead, he had to treat him on an unrolled mattress down in the entrance of a small hotel.²⁰⁷ The statistics concerning the health center's performance during its early years verify its insufficiency. Between 1956 and 1963, no laboratory or x-ray examination was made in *Hakkâri* Health Center. The health center was so non-operational that the building was used as accommodation by reserve officers. Referring to the medicines "which were rotting for years"

²⁰³ *İbrahim Arvas, Tarihi Hakikatler: İbrahim Arvas'ın Hatıratı* (Ankara: Yargıçoğlu Matbaası, 1964).

²⁰⁴ Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 8, session 54, volume. 24, 23 February 1950.

²⁰⁵ 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 ten or twenty 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. See Erdem Aydın, *Türkiye'de Sağlık Teşkilatlanması Tarihi* (Ankara: Naturel, 2002), 46-66.

²⁰⁶ Aydın Bilgiç, *Yaslı Gittim Şen Geldim: 1955-1957 Hakkari Anıları* (Ankara: Özsan Matbaacılık, 1999), 52.

²⁰⁷ *Ibid.*, 53.

in the storehouses of the health center and the personnel “who were paid for nothing”, local newspapers demanded the fully-fledged activation of the health center as soon as possible.²⁰⁸

The health center was opened in 1962 and served with twenty beds until 1968 when it was transformed into *Hakkâri* Public Hospital with the addition of a further twenty beds.²⁰⁹ When the fourteen years of the health center are analyzed, it is impossible to say that it worked as a real health center, as defined by the MHSA. Health centers were intended to provide both curative and preventive services in an integrative manner as small, town hospitals where some simple surgical operations were expected to be carried out. At *Hakkâri* health center, even in 1963, eight years after its construction, not even small surgical operations could be performed due to the lack of equipment and surgeons. Patients in need of surgical operations were transferred to *Van*, which was hours and sometimes days away.²¹⁰ That was not surprising since the health center still lacked fundamental equipment such as an ambulance, x-ray machines and a generator in 1962 when it was officially opened.²¹¹ *Sabri Öztürk*, who worked in *Hakkâri* for two years during the 1960s as a GP and then became deputy for *CHP*, described the wretchedness of the health center in the Assembly very strikingly:

I stayed two years in *Hakkâri*. None of the acute appendicitis cases, and none of the transverse arrest cases, could be saved. None of the ileus cases could be saved. All died.²¹²

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 be better followed in the table below, which I constructed using the statistics released by the MHSA.

²⁰⁸ *Hakkâri*, 19 January 1962.

²⁰⁹ With the start of the socialization of the 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 turned into hospitals with small renovations. The public health work of the health centers was taken over by the health posts.

²¹⁰ *Hakkâri*, 22 August 1963.

²¹¹ *Hakkâri*, 13 August 1962.

²¹² Republic of Turkey, *Millet Meclisi Tutanak Dergisi*, term 5, session 115, volume. 4, 24 February 1978.

Table 10. Work Performance of *Hakkâri* 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 prepared by the MHSA

Hakkâri health center could not provide a healthcare service that was quantitatively and qualitatively fit for purpose: 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 curative institution of a province with 80,000 people, on a yearly basis it could not give treatment to 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 which occurred in the health center, the patient profile of the center was not composed of those in need of 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 far from meeting the need is an indicator of the poor quality of healthcare services provided by *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, a slight improvement occurred throughout the 1970s in the healthcare service provided by the hospital. Thanks to the medical

equipment purchased and to the surgeons and specialists appointed, simple surgery such as hernia operations and appendectomies could be performed in the 1970s.

The improvement, however, was minimal and slow. The insufficiency of both medical personnel and medical equipment placed fundamental limits on the hospital's healthcare provision throughout the 1970s. For instance, in July 1974, the hospital still lacked, along with regular surgeons, any x-ray machine and personnel able to use it. It also lacked a dental unit and certain medicines and surgery equipment.²¹³ The missing x-ray machine was sent to the hospital within the same year, 1974, yet it could be installed only in April 1975, this delay highlighting the potentially tragic consequences of interruptions resulting from the lack of educated personnel in the hospital.²¹⁴ To cite another example of problems resulting from lack of equipment, we read in *Hakkâri Sesi* of July 1972 that because the autoclave machine was out of order, many people died during surgery.²¹⁵

The performance of *Hakkâri* Public Hospital during the 1970s can be followed in the table below. The table shows that in parallel with the appointment of rotating doctors, a considerable increase occurred in out-patients during the 1970s, from 1000-2000 to over 10,000. There was also an increase in in-patients, albeit at a negligible rate. When considered alongside the death rates for the hospital and the consistently low bed occupation rates, the very limited increase of in-patients shows that the patient profile of the hospital continued to be composed of those not suffering from serious diseases requiring comprehensive treatment and major surgery.

²¹³ *Hakkâri Sesi*, 9 July 1974.

²¹⁴ *Hakkâri Sesi*, 12 April 1975.

²¹⁵ *Hakkâri Sesi*, 12 July 1972.

Table 11. Work Performance of *Hakkâri* 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 statistic yearbooks prepared by the MHSA

In addition to the insufficiency of both medical personnel and medical equipment, problems stemming from insufficient coverage and hierarchical structure of national health insurance system must also be addressed when speaking about the capacity and quality of curative services in *Hakkâri*. The rural population, shopkeepers, and workers employed in informal sector, that is, most Hakkârians, were not covered by any health insurance schemes during the 1950s, 1960s and 1970s. Only civil servants (from 1949, by the Retirement Fund) and workers employed in formal sector (from 1945, by the Social Insurance Institution) were insured.²¹⁶ Moreover, workers insured by the Social Insurance Institution were not allowed to use MoH hospitals, and hence *Hakkâri* Public Hospital. Therefore, the overwhelming part of Hakkârians could access to healthcare provided by the poorly equipped and staffed *Hakkâri* Public Hospital in case they had a poverty record accepted by the head of the hospital, or

²¹⁶ Nadir Özbek, *Cumhuriyet Türkiye'sinde Sosyal Güvenlik Ve Sosyal Politikalar* (İstanbul: Emeklilik Gözetim Merkezi : Tarih Vakfı, 2006), 251-314.

made payment for the services given, or used, either by toleration of or by deceiving doctors, health insurance card of a relative working in government service.

Table 12. Work Performance of *Hakkâri* Public Hospital

Years	Number of Beds	Out-Patients	In-Patients	Deaths in Hospital	Bed Occupation Rate	Major Surgeries	Medium Surgeries	Minor Surgeries
1981	50	12251	1121	26	30	N/a	N/a	N/a
1983	50	11468	1605	41	55.9	87	144	121
1984	55	14160	2154	51	67.7	167	194	216
1985	55	19351	2370	61	83.1	121	222	196
1986	65	18915	2188	49	46.7	98	133	187
1987	100	25964	3253	52	44.7	106	148	238
1988	100	23796	3052	47	41.7	91	324	201
1989	100	35002	3834	23	46.4	115	272	190
1990	97	34572	2971	59	44.5	257	317	99
1991	100	40031	3108	114	50.3	233	333	116
1992	100	49779	2928	57	39.1	256	360	88
1993	100	120525	2855	65	35.4	323	401	86
1994	100	52570	3321	51	35.5	271	356	194
1995	100	53694	2865	35	29	163	220	108
1996	100	19964	2358	N/a	23.8	256	265	144
1997	100	61642	3605	20	33.8	208	333	152
1998	100	80103	3596	18	31.9	140	296	211
1999	100	75309	4213	26	36.1	174	264	190
2000	100	63614	4110	26	39.3	63	307	123
2001	107	27606	4502	24	47.8	18	331	30
2002	104	73460	N/a	N/a	50.9	92	505	32

Source: Constructed by the author based on health statistic yearbooks prepared by the MoH

As for the working performance of *Hakkâri* Public Hospital during the 1980s and 1990s, we cannot observe enough progress to speak of a radical break from the gradually-improving but still poor performance of the 1970s. The progress taking place over these years was based on the rising number of specialists and practitioners employed in the hospital (albeit very poorly and in a fluctuating manner) and not on modernization of medical infrastructure. In other words, as can be seen in the table 12, progress in the working performance of *Hakkâri* Public Hospital in the period was not so strong as to result in a qualitative change in the patient

profile of the hospital. From 1981 to 2002, the number of in-patients increased from 1121, which was already very low, to 4502; deaths in the hospital remained almost the same at an insignificant level; bed occupation rates were 30-40 percent on average despite the very limited bed capacity; and an increase in the number of major and medium-risk surgeries was definitely not sufficient enough to let us conclude that *Hakkâri* Public Hospital started to give treatment to seriously ill patients. The single remarkable change in the period is the six-fold increase in the number of out-patients between 1981 and 2002. This confirms that the improvement in the working performance of *Hakkâri* Public Hospital in the period was more or less limited by a considerable increase in the capacity of the first aid and diagnosis service.

The first institution built to provide curative services in *Yüksekova* was the health center which became operative in 1974. However, the service provided by this health center was so poor that it would be more historically accurate to begin the history of the curative services in *Yüksekova* with the opening of fifteen-bed *Yüksekova* Public Hospital in 1987. However, even the hospital was not sufficiently staffed and equipped at the end of the 1990s to provide proper health services capable of meeting the needs of seriously ill patients in need of comprehensive in-patient treatment and major surgery. In 1995, for instance, the hospital had thirty four beds, with a 12.9 percent bed occupation rate for 362 in-patients. Major and medium-risk operations performed in the hospital in 1995 numbered seventeen and seventeen, respectively.²¹⁷

In *Şemdinli*, no curative institution offered in-patient treatment until *Şemdinli* Public Hospital became active and started to accept patients in 1999. In 1999, the hospital started to function, albeit very poorly due to a chronic lack of specialists and medical equipment. However, it still could not offer in-patient treatment until 2005. Bed occupation rate in *Şemdinli* Public

²¹⁷ Sağlık Bakanlığı (Ministry of Health), *Yataklı Tedavi Kurumları İstatistik Yıllığı 1995* (Ankara: Sağlık Bakanlığı Tedavi Hizmetleri Genel Müdürlüğü, 2001), 179.

Hospital in 2003 was still 2.1 percent,²¹⁸ and the first surgical operation in the hospital, which was a minor one, was made in 2006.²¹⁹ The state of the hospital in 2002, as described by the director of health of the *Şemdinli* district, was as follows:

The generator of the hospital is 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 candlelight. That is not a healthy method of treatment, of course.²²⁰

Fully-fledged assessment of curative services in *Hakkâri* during the 1980s and 1990s requires us to address the state of health insurance system in those years. During the 1980s and 1990s, problems stemming from insufficiency of health insurance coverage and the hierarchical structure of the health insurance system persisted. For instance, as we read from *Hakkâri Halkın Sesi*, sometimes administrators of *Hakkâri* Public Hospital might not accept the poverty records submitted by those not covered by any health insurance schemes, who formed the majority of the population as the rural population was not covered by any health insurance schemes in these years, and asked the poor to make payment for services provided.²²¹ Likewise, the hierarchical structure of the health insurance system produced discriminations. In 1987, because workers insured by the Social Insurance Institution were still not allowed to use MoH hospitals, and hence *Hakkâri* Public Hospital, 3000 workers and their dependents had to go to *Van* even for minor surgery and x-rays.²²² However, two important developments occurred in health insurance coverage in these years. *Bağ-Kur*, the Social Security Institution of Craftsmen, Tradesmen and Other Self-Employed Workers, which was founded in 1971, started to meet the health expenses of its members as of 1985.²²³ Much more importantly,

²¹⁸ *Yataklı Tedavi Kurumları İstatistik Yıllığı 2003* (Ankara: Sağlık Bakanlığı Tedavi Hizmetleri Genel Müdürlüğü, 2004), n.p.

²¹⁹ *Yataklı Tedavi Kurumları İstatistik Yıllığı 2006* (Ankara: Sağlık Bakanlığı Tedavi Hizmetleri Genel Müdürlüğü, 2007), 87.

²²⁰ *Hakkâri Ekspres*, 1 February 2002.

²²¹ *Hakkâri Halkın Sesi*, 3 January 1986.

²²² *Hakkâri Halkın Sesi*, 13 February 1987.

²²³ See Özbek, *Cumhuriyet Türkiye'sinde Sosyal Güvenlik Ve Sosyal Politikalar*, 315-24.

poor households not covered by any health insurance schemes and whose income per member was less than one third of the net minimum wage were given Green Cards in 1992. Even though Green Card covered only inpatient treatment, not medications, tests and consultations related to outpatient treatment, it freed the poor not covered by any health insurance schemes from the necessity to convince hospital administrators of their poverty in order to receive inpatient treatment free of charge.²²⁴ In 2000, 66,064 Hakkârians (28 percent of the whole population) were Green Card holders and could freely have inpatient treatment in *Hakkâri* Public Hospital and *Yüksekova* Public Hospital.²²⁵

3.3.3 Public Health

An infantile immunization campaign was on its way. I was very tired. I went to *İstanbul* to see my family. However, I got a call from the Ministry. When I went there, I noticed that it was the Minister who had me called. “Doctor,” he said, “a smallpox epidemic has occurred in India and the World Health Organization has informed us that it has also spread to Iran. If it spreads to us, they [the World Health Organization] will put the entire country into quarantine and cut all our links to Europe. This means disaster for us. All the governors and teams are under your command. Go and do whatever you can do to stop the spread of the epidemic...” We immediately arrived at the Iranian border. It was a big vaccination campaign... Home by home; one by one... I got Kurdish khutba delivered when necessary. We made Kurdish announcements. I was authorized to do it. We spoke the language that the citizens speak... The women of the region, especially, did not know Turkish and we had to reach them. We achieved many goals, but when a commander in the border region informed me about the Kurdish tribes settled on the 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 wanted to get them vaccinated by my team in a place which would be determined by consensus. The answer coming from these tribes reflected their great mistrust: “Will the doctor gather us in a place with the pretext of vaccination and then hand us over to the gendarmerie?” I negotiated this issue with the governor and the military authorities. Then I decided on a location close to the region and declared to the leaders of these tribes that this

²²⁴ Gunal, “Health and Citizenship in Republican Turkey: An Analysis of the Socialization of Health Services in Republican Historical Context,” 431.

²²⁵ *Milliyet*, 20 August 2000.

place was demilitarized and that I was the guarantor of their security. They checked the region for a while and then they got in touch with me when they realized that the region was really demilitarized... I warned all the 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 a way that you only see in films... We got all of them vaccinated without exception. The state withdrew from the border during the vaccination... We stopped the epidemic at the border.”²²⁶

This success story tells *Neşet Adnan Zentürk*’s attempt to stop the spread of a dangerous smallpox epidemic at Turkish-Iran border of *Hakkâri* in the early 1960s. The reason for beginning this section with a success story is its unique depiction of the fact that a success story in public health services in *Hakkâri* depended on the complete suspension of the ordinary realities of *Hakkâri*. Following the “exception confirms the rule” principle, I argue that the success story sheds light on why public health in *Hakkâri* was a failure story throughout the pre-AK Party period.

Listing item by item the conditions that enabled this exceptional success story allows us to see the usual insufficiencies of *Hakkâri* which resulted in the general failure story. Medical teams, normally missing in *Hakkâri*, were sent in sufficient number. A systematic and comprehensive vaccination program, normally missing in *Hakkâri*, was carried out. The official ban on the Kurdish language was suspended and Kurdish was used systematically and officially to reach the people. The cross-border tribes’ distrust of the whole state apparatus—which resulted 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 smallpox epidemic to Turkey.

²²⁶ Ardan Zentürk, 6 March 2009, “Bir Salgını Önlemek,” available online at <<http://www.sdplatform.com/Dergi/224/Bir-salgini-onlemek.aspx>> [1 May 2013]

This list surely does not uncover all shortcomings behind the failure of public health services in *Hakkâri*, such as infrastructural problems, undernutrition and malnutrition, but it still clearly shows the strong link between the poverty of public health in *Hakkâri* in the pre-AK Party period and the everyday life of *Hakkâri* which was characterized by sovereign violence and indirect state racism.

In what follows, I first show the poverty of public health in *Hakkâri* in the pre-AK Party period with reference to high infant and child mortality rates in the province. Then I focus on the factors behind the poverty of public health in the province to illustrate the fact that it cannot be thought independently of the nature of state-citizen relations in *Hakkâri* characterized by sovereign violence and indirect state racism.

3.3.3.1 Poverty of Public Health in *Hakkâri*: Results

To indicate the extent of the poverty of public health services in *Hakkâri*, I would like to use two criteria often used in public health scholarship to test the quality of services in a location: infant mortality rate (ratio of mortality among children under one during a given year to the number of live births in the same year) and child mortality rate (ratio of mortality among children under five 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 the pre-2000 period, I had no option 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 numbers of infant deaths and total live births reported were totally unreliable. As acknowledged by the *SSI* in the 1970s, in rural areas of the Eastern Region, village roads were closed by snow for months and this—coupled with insufficient staff—made the proper collection of statistical data concerning births and deaths, especially infant deaths, a very difficult task. At the end of the research conducted in the villages of “Eastern region”, the experts of the Medical Statistics Department of the MHSA and members of the

SSI realized that the birth rates in villages where midwives were present were reported as being around 40-45 percent, while these rates decreased to 25-30 percent for other villages simply because midwives did not have much control there.²²⁷ The same fact applied for death statistics as well. Mortality rates were reported as being much higher in villages with a midwife than in villages beyond the reach of midwives.²²⁸

Most children in *Hakkâri* used to be delivered with the help of traditional midwives: generally older women who had experience of numerous births. Among the 2002 births reported by midwives in 1967, 1122 infants were delivered without any help from certificated health staff.²²⁹ According to *Lale Yalçın-Heckmann*, who carried out a field study in a *Hakkâri* village between 1980 and 1982, official and educated midwives located in big villages were called to help only when a serious complication or an unpredicted problem occurred.²³⁰

In addition to material hardships, people's unwillingness to register babies' birth and deaths made the proper gathering of birth and death statistics almost impossible. According to *Yalçın-Heckmann*, many new-born babies delivered without help of official midwives—especially female babies—would not be registered by their parents for a long time.²³¹

To overcome the impossibility of obtaining precise knowledge about infant and child births and mortalities in *Hakkâri*, I did not try to search for absolutely precise figures in order to construct infant and child mortality rates. Instead, I used the mortality statistics of urban settlements given in statistical yearbooks prepared by the SSI. Using the age-based classification of officially-recorded mortalities²³² in *Hakkâri*, for each year I calculated the

²²⁷ Devlet İstatistik Enstitüsü (State Statistical Institute), *Sosyalizasyon Bölgelerinden Derlenen Doğum İstatistikleri 1972* (Ankara: DİE, 1977), 3.

²²⁸ *Sosyalizasyon Bölgelerinden Derlenen Ölüm İstatistikleri, 1973-74-75* (Ankara: DİE, 1978), 3.

²²⁹ Sağlık ve Sosyal Yardım Bakanlığı (Ministry of Health and Social Assistance), *Sağlık İstatistik Yıllığı 1964-67* (Ankara: Güneş Matbaacılık, 1971), 316.

²³⁰ Lale Yalçın-Heckmann, *Tribe and Kinship among the Kurds* (Frankfurt am Main: P. Lang, 1991), 86.

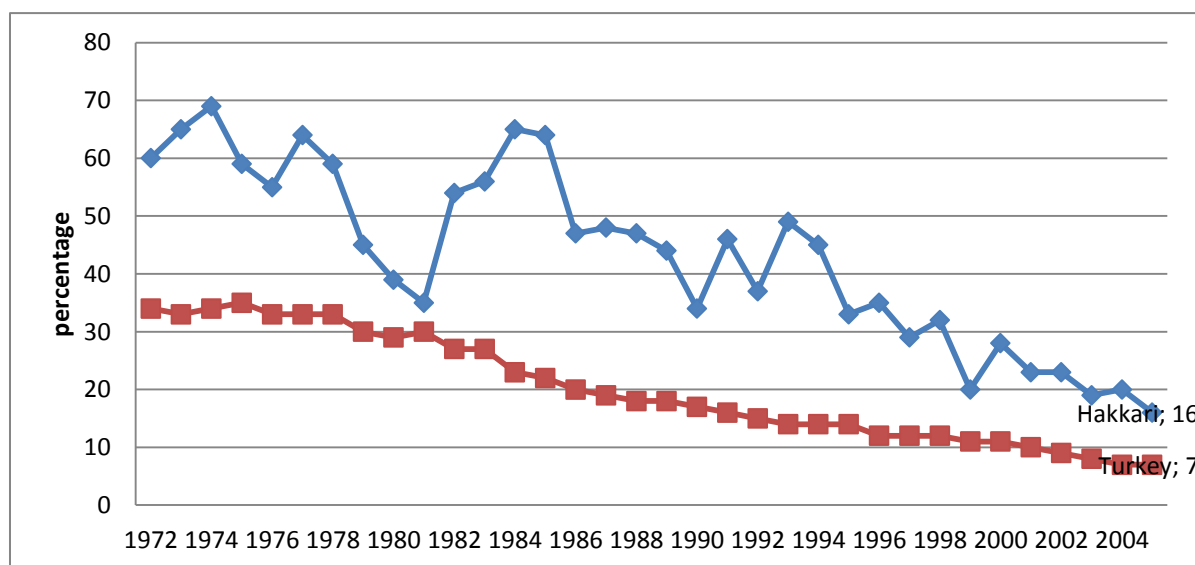
²³¹ *Ibid.*, 82.

²³² Mortality 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.

share of mortalities occurring in the 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.

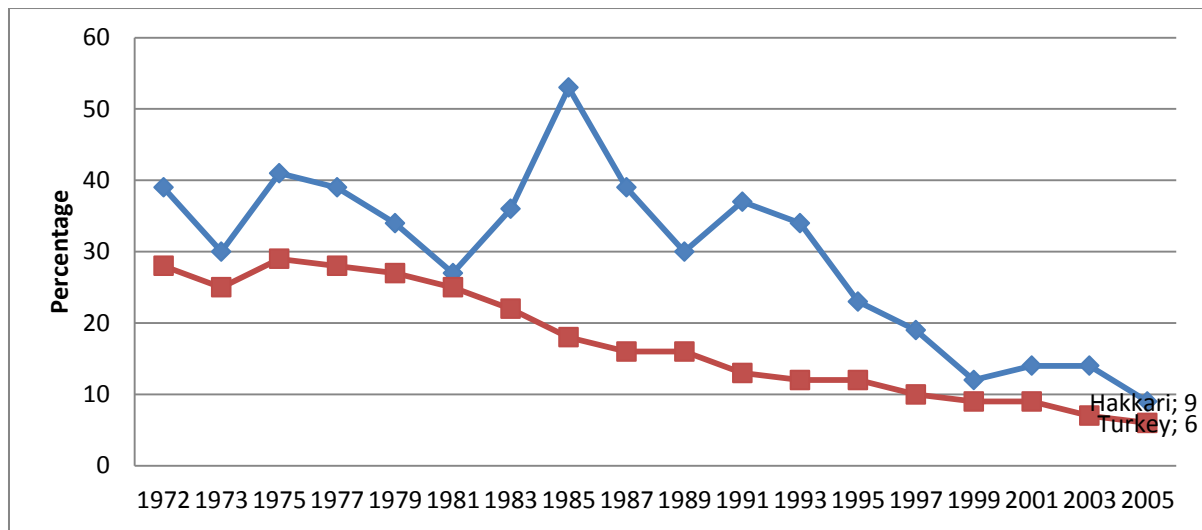
For the period analyzed, the number of officially-recorded mortalities in a year in urban settlements in *Hakkâri* never exceeded 200. It was mostly around 120-130 and 28 at the minimum. This means that only a fraction of all mortalities in urban areas of *Hakkâri* could be recorded. Yet, assuming that it is more difficult to conceal infant and child mortalities from the official authorities in urban contexts than it is in rural contexts, 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 added that the actual gap between the rates of *Hakkâri* and those of Turkey was, in fact, most probably greater than is depicted below, due to the lack of sufficient personnel in *Hakkâri* and the unwillingness of Hakkârians to register babies' births and deaths. These two facts did not apply in the rest of the country in the same way as they did in *Hakkâri*.

Figure 6. The Ratio 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 SSI

Figure 7.The Ratio 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 SSI

As can be seen from the two sets of statistics, both infant mortality and child mortality rates in *Hakkâri* were considerably higher than the Turkish average in the pre-AK Party period, though the gap has gradually declined over the last thirty years. It is understood that 0-4 age group mortalities formed no less than 60 percent of all mortalities occurring in *Hakkâri* until the mid-1980s, and 0-1 age group mortalities formed almost half of all mortalities occurring there in the same period. These continued to form one-fifth of all mortalities until the end of the 1990s.

3.3.3.2 Poverty of Public Health in *Hakkâri*: Reasons

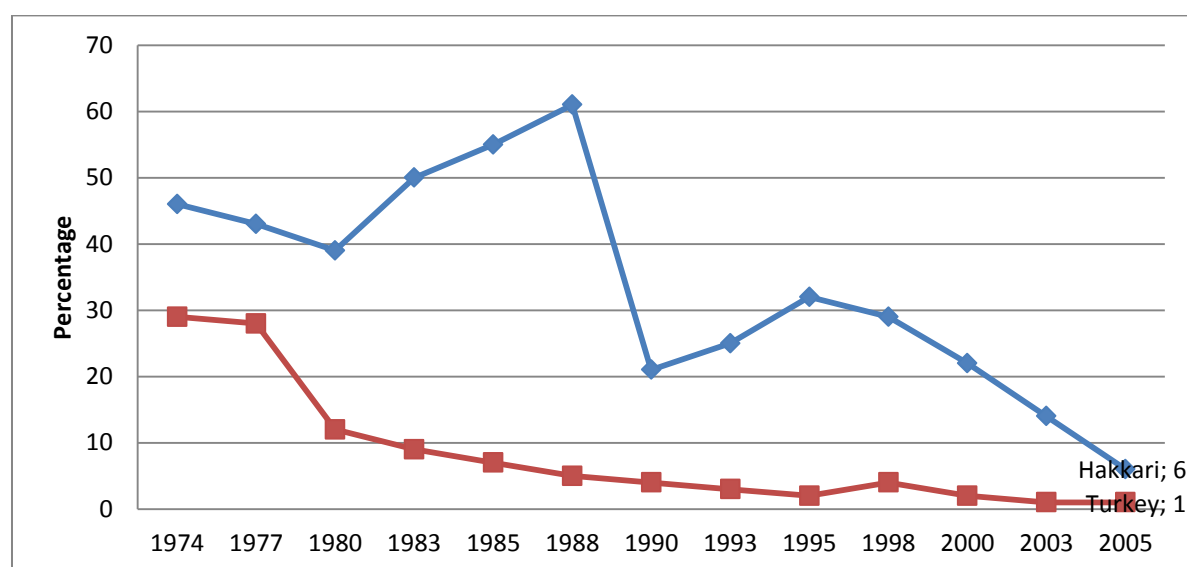
The intensity of infant and child mortalities evidently indicates the poverty of public health services. As is related in the “*Hakkâri*” article in the *Yurt Encyclopedia*, which remains an invaluable source of information on *Hakkâri*, the usual extent of infant and child mortalities in *Hakkâri* was the result of undernutrition and malnutrition, insufficient immunization, unfavorable environmental conditions, insufficiency of healthcare provision, and the low cultural and educational level of the people.²³³ To proceed with a closer examination of the

²³³ “Hakkari,” 3242.

social, economic and political causes of infant and child mortality rates that were much higher than averages of Turkey and Western countries—and which I therefore define in terms of indirect state racism—I begin with an analysis of the causes of the mortalities in *Hakkâri*.

Checking the yearly-published mortality statistics for urban settlements, which classify mortalities in each province by their fifty main causes, I found the five major causes of mortality in *Hakkâri* between 1977 and 2005. In order of intensity, these were: heart disease, pneumonia, birth-related issues, cancer, and enteritis and other diarrheal diseases. Their ratios were 25 percent, 15 percent, 11 percent, 7 percent and 7 percent, respectively. The most striking fact manifested by these numbers is that among the leading causes of mortalities in *Hakkâri*, especially until the 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 figure below, these diseases together made up around half of all mortalities in *Hakkâri* until the late 1980s and continued to make up more than one-fifth of all mortalities until the late 1990s.

Figure 8. The Ratio of Mortalities from Pneumonia, Enteritis and Other Diarrheal Diseases, and Perinatal Mortalities to All Mortalities in *Hakkâri* (Urban Settlements of *Hakkâri*)



Source: Constructed by the author based on Mortality Statistics of Urban Settlements prepared by SSI

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,”²³⁴ one may ask what this graph tells us about the social reality of *Hakkâri*. To begin with pneumonia and perinatal mortalities, these two leading causes of death in *Hakkâri* take us to the poverty of maternal and infant health services and preventive services. The inadequacy of these services had objective and subjective reasons. Leaving aside objective factors such as insufficient health personnel, vehicles and health posts, poor winter service and scattered rural settlement (which I largely discussed above), I would like to address the subjective factor: Hakkârians’ unwillingness to cooperate with health staff providing maternal and infant health services and preventive services. This was due to their reasonable distrust of the state which, in their eyes, did not ascribe any value to their lives and rather represented a mere repressive apparatus.

The stance taken by Hakkârians against the family planning works carried out in the province after 1965²³⁵ is a good example of this distrust. In “Designing a Family Planning Program for Hakkâri Province”, a thesis submitted to the Institute of Population Studies of the *Hacettepe* University (the best in its field in Turkey), it was argued that:

According to the data for 1972, there are 17190 married women in *Hakkâri* province. It can be predicted that 15000 of these women are still in the reproductive age group. According to the administrators of the General Directorate of Family Planning of the MHSA, in 1970 mobile teams could insert intrauterine contraceptive devices (IUCDs) into only seventy five of the married women who were still in reproductive age group. In 1971, 1972 and 1973 no women were given IUCDs, and also in these years, the delivery of condoms and contraceptives did not occur. In fact, to take a look at the goal set for *Hakkâri* by the General Directorate of Family

²³⁴ Nancy 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.

²³⁵ The family planning program started in 1965. This program was not peculiar to Kurdish provinces. It was rather a manifestation of a transition to an anti-natalist policy from the pro-natalist policy which had been employed since the beginning of the Republic to compensate for the massive population loss during the turmoil of the WWI.

Planning, each month one needs to insert IUCDs into fifty one women in the reproductive age group.²³⁶

The author of this thesis observed such a level of distrust that, according to him, the most appropriate tactic for the first year of his proposed five-year family planning program was to do nothing about family planning, and instead gain people's trust via public health work:

The first year is the most critical stage when it comes to gaining the trust of the people. Even a small act of misconduct or a false word from team members may lead people to develop prejudices towards the future works of the team. This may put at risk all the work that is to be carried out and all the efforts to draw people in and hence the success of the program.

In the first year, concepts like contraception, family planning, and limiting numbers of children would be forgotten and only public health issues would be addressed. This is because, due to ethnic issues, the local people may regard family planning as a conspiracy aiming to lessen their population and thus strength.²³⁷

A GP who worked in a health post in *Hakkâri* city between 1983 and 1988 also confirmed this interpretation. She told me that although she was trained and capable of inserting IUCDs, she could only provide IUCDs for very few women when she was in *Hakkâri*. According to her, there was a strong resistance to IUCDs and the women suspected that the state intended to control them by inserting these devices into their uterus.

The same distrust persisted in the 1990s as well, and women avoided cooperating with maternal and infant health workers. The best evidence of the reluctance to cooperate can be seen in the low tetanus toxoid (TT) vaccination coverage in women of reproductive age. In 1994, the MoH started a country-wide Maternal and Neonatal Tetanus Elimination program 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

²³⁶ Tolga Hakan, "Bir Aile Planlaması Program Denemesi Hakkari İli İçin" (MA thesis, Hacettepe Üniversitesi, 1976), 30.

²³⁷ Ibid., 37.

women, not only in *Hakkâri* but also in other Kurdish provinces, refused in massive numbers to be vaccinated against TT, arguing that the vaccines sterilized women.

Table 13. TT Vaccination Coverage for *Hakkâri* and for Turkey

	1996		1997		1998		1999		2000	
	TT1	TT2	TT1	TT2	TT1	TT2	TT1	TT2	TT1	TT2
<i>Hakkâri</i>	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>

The resistance to health staff visiting villages and neighborhoods to vaccinate infants and ensure their immunization against basic diseases like measles and polio was also a manifestation of distrust towards the state. I was told by a *Hakkârian* nurse who worked for a polio immunization program at the end of 1990s that villagers from a village of *Yüksekova* did not let them step into the village, arguing that they planned to sterilize the children. Looking at the coverage of measles vaccinations,²³⁸ we can see the poor immunization performance of the medical establishment. In addition to objective shortcomings of the medical establishment, this had much to do with distrust towards the state.

Table 14. Measles Vaccination Coverage for *Hakkâri* and for Turkey

Years	<i>Hakkari</i>	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>

²³⁸ GPs who worked in *Hakkâri* in the 1980s and 1990s told me that most pneumonia-related deaths in *Hakkâri* occurred as a complication of measles.

The cases of enteritis and other diarrheal diseases, one of the leading causes of mortality in *Hakkâri*, shed light on a different aspect of the poverty of public health services in *Hakkâri*. Deaths from typhoid, cholera and infantile diarrhea have not yet been consigned to history in *Hakkâri*. The last case of typhoid fever was seen in March 2007, most probably because sewage seeped through cracks and into the city's water supply.²³⁹ This is not surprising given that neither *Hakkâri* city nor its districts have ever had an adequate sewage system. There was no sewage system in *Hakkâri* province until 1986, when construction of a system was begun in *Hakkâri* city. The formation of new neighborhoods in the mid-1990s, following the village evacuations, deepened the problem. In 2009, only 40 percent of *Hakkâri* city had a sewage system. *Yüksekova*, a district with 70000 people, still has no sewage system. In *Şemdinli* and *Çukurca*, small districts of *Hakkâri*, the sewage systems are far from meeting actual needs. According to statistics prepared by TurkStat (*Türkiye İstatistik Kurumu*, Turkish Statistical Institute) in 2010, the ratio of the population served by a sewage system to the whole population was 55 percent in *Çukurca* and 54 percent in *Şemdinli*.²⁴⁰

3.4 Conclusion

In this chapter, I focused on healthcare provision in *Hakkâri* in the pre-AK Party period in order to shed light on the nature of state-citizen relations during that period. Using anecdotes, local newspapers, observations, interviews, official reports and statistical tables, the chapter revealed that healthcare provision in *Hakkâri* in the pre-AK Party period was always too far from meeting the needs, even the vital ones, of Hakkârians. This was due to the lack of sufficient medical personnel, medical infrastructure, urban infrastructure, and cooperation and trust between the state and Hakkârians.

²³⁹ Rahmi 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.

²⁴⁰ Türkiye İstatistik Kurumu (Turkish Statistical Institute), *Seçilmiş Göstergelerle Hakkari 2012*, 136.

My focus on these chronic insufficiencies of healthcare provision in *Hakkâri* led me to put forward the concept of “indirect state racism”. By this, I mean the distribution of public resources amongst groups of people according to their productivity and contribution to the economy, and not primarily according to their needs and constitutional social rights. Healthcare provision in *Hakkâri* in the pre-AK Party period, just as for all public services in the province in that period, was always too problem-ridden and insufficient to be defined with the language of “omissions.” One cannot fail to notice the political stance underpinning the lack of change in *Hakkâri*. There was no established will to expend sufficient effort and reserve sufficient resources to increase the quality of public services in this province whose needs and demands were never placed at the top of governments’ to-do lists. Government priorities were instead largely shaped by the imperative of fast development, and not by the requirements of balanced regional development.

CHAPTER 4: The AK Party's Turkish Nationalism, the Kurdish Question and Hakkâri: Discourses and Practices

This chapter provides an analysis of the way in which the AK Party deals with the Kurdish issue, paying special attention to Hakkârians' experience with the AK Party. The analysis consists of two parts. In the first part, it is shown that the AK Party has a coherent Kurdish strategy reflecting its general ideo-political orientation glorifying "politics of service" at the cost of "politics of identity" and making no concessions on the usual Kemalist principle of one, indivisible nation. This means a strategy based on the embrace of Kurds as living beings/service-beneficiaries and Turkish citizens, albeit ethnically different ones, on the one hand, and criminalization and suppression of Kurdishness as a basis for ethno-political claims, on the other hand. The second part of the chapter is devoted to the analysis of governmental practices in *Hakkâri*. It demonstrates that these manifest the general Kurdish strategy pursued by the AK Party and thus comprise the simultaneous use of benevolent and coercive elements for the containment of Kurdish unrest. The chapter concludes by emphasizing that the intense use of coercion countervails the message, sent by the improvement of healthcare provision, that Hakkârians' lives are worthy of care in the eyes of the state.

4.1 The AK Party: From Conservative Democracy to Authoritarian Conservatism

The AK Party was founded in 2001 by a splinter group from the Islamist FP (*Fazilet Partisi*, Virtue Party). The group was led by *Recep Tayyip Erdoğan*, a former mayor of *İstanbul* Metropolitan Municipality, yet the emergence of the group as a separate political party had clear ideological motives which went beyond the personal charisma of *Erdoğan*. Unlike the Islamist FP, the AK Party was not Islamist and was not opposed to the EU and Western modernity; it was "conservative democrat."²⁴¹ Another difference of the AK Party from the

²⁴¹ See 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,

Islamist FP was its stance towards the free market and neo-liberalism. While the Islamist FP emphasized the role of the state in the economy, the *AK Party* adopted a neo-liberal language, emphasizing the importance of integration into global markets and defending the retreat of the state from the economy.²⁴²

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 great resentment of the masses towards other big parties in the wake of the 2001 financial crisis. With a success unprecedented in the history of Turkish electoral democracy, the *AK Party* went on to win all of the subsequent elections after 2002: municipal elections in 2004, general elections in 2007, municipal elections in 2009, general elections in 2011, and municipal elections in 2014.

One can distinguish two periods of the *AK Party* years. The first period refers to the years between 2002 and 2007. This was a period when the *AK Party* did not hold power in the full sense of the term. With the IMF program already put into practice by the preceding coalition government, the *AK Party* had little room for maneuver in the economic field. As for the political sphere, until 2006 the *AK Party* continued the ongoing EU membership process enthusiastically both because EU values were in accord with those defended in the party program and because its commitment to the EU process was also a source of legitimacy. This legitimacy was much-needed by the party in the early years of its power, when its alleged real intentions and hidden agenda were questioned by Kemalists still present in positions of power in the juridical mechanisms, the army and the mainstream media.²⁴³

"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.

²⁴² Simten 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.

²⁴³ Erhan Doğan, "The Historical and Discursive Roots of the Justice and Development Party's Eu Stance," *Turkish Studies* 6, no. 3 (2005): 421-37.

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, the government's decision in 2008 not to resume the stand-by agreement with the IMF, and also high growth rates achieved between 2002 and 2007, granted the government some autonomy in the economic sphere.²⁴⁴ This resulted in a certain increase in the resources reserved for social assistance and public expenditures, which partially explains the persistence of the AK Party's electoral success.²⁴⁵ The AK Party's capacity to act autonomously increased in the political sphere from 2007, the year in which it achieved its second general election victory and managed to get its candidate chosen as President despite the resistance of the Kemalist Constitutional Court and the Turkish Armed Forces.

Given the disappearance of international impetus behind the AK Party's reformism—due to the strong anti-Turkey stance of the conservative right in the EU and especially in France and Germany—the increase in its capacity to act as an autonomous power led the AK Party towards alternative paths. This was a period when the AK Party's reformism lost momentum and the party increasingly retreated to its Islamist origins, refusing “Western Christian civilization.” The assertion that conservative Sunni Muslims form the core of the nation has been adopted in a majoritarian style,²⁴⁶ and political power has been increasingly used to create a new group of loyal capitalists.²⁴⁷ The objections from the rest of the society to the authoritarian orientation of the AK Party have started to become delegitimized as non-national and marginal, and are sometimes violently suppressed. The *Gezi* uprising in 2013, against the

²⁴⁴ For an analysis of the economic performance of the AK Party, see Şevket Pamuk, *Türkiye'nin 200 Yıllık İktisadi Tarihi* (İstanbul: Türkiye İş Bankası Kültür Yayınları, 2014), 285-97.

²⁴⁵ Ziya Öniş, "The Triumph of Conservative Globalism: The Political Economy of the Akp Era," *Turkish Studies* 13, no. 2 (2012): 141-42.

²⁴⁶ Ergun Özbudun, "Akp at the Crossroads: Erdoğan's Majoritarian Drift," *South European Society and Politics* 19, no. 2 (2014).

²⁴⁷ See Ayşe Buğra and Osman Savaşkan, "Politics and Class: The Turkish Business Environment in the Neoliberal Age," *New Perspectives on Turkey* 46 (2012).

government's decision to construct a shopping center on *Gezi* Park in *Taksim* square, was the peak point of the tension that the suppression of the secular masses' anti-authoritarian demands gave rise to.²⁴⁸

4.2 The AK Party and the Kurdish Question

On the afternoon of 29 December 2011, I had been studying for hours in the archive of the *Çapa* Medical Faculty when a message arrived on my mobile phone. It came from an unregistered number and invited everyone to *Taksim* Square to protest against a massacre committed by the armed forces in *Uludere*, a former district of *Hakkâri* and current district of *Şırnak*. I thought that the message was an invitation to the commemoration of the victims of the brutal military operations carried out by the state in *Şırnak* in 1992, and thus continued my archival work, assuming that this was an ordinary invitation to one of the many similar demonstrations taking place in the *Taksim* Square. When I turned on the television hours later, I learnt with shock that aircraft had bombed the villagers from *Uludere* while they were crossing the border the previous night to conduct the usual illegal border trade. Being “supposed” as PKK guerillas, thirty five villagers were thus brutally killed.

I do not begin the section on the AK Party's Kurdish policy with this brief anecdote in order to underline the continuity between the pre-AK Party period and the AK Party period with regard to the approach towards Kurds. The reverse is true: the AK Party's way of handling the Kurdish question over the last ten years led me to think that collective punishment was no longer the basic ruling instrument in the Kurdish issue; hence my supposition that the massacre mentioned in the message had taken place twenty years ago, and not in 2011. Learning the truth did not lead me to think that I was fooled by the AK Party. Rather, it led me

²⁴⁸ Erdem Yörük and Murat Yüksel, "Class and Politics in Turkey's Gezi Protests," *New Left Review*, no. 89 (2014): 120-22.

towards a critical rethinking of what had led me to misunderstand the message and to attribute the current massacre to the past.

This rethinking took me to what I call the bio-political turn of the Kurdish question. As argued in Chapter 2, the usual Turkish policy in the Kurdish region was to rely on collective punishment of Kurds for the establishment of the Turkish sovereignty. Despite the assimilationist rhetoric, weak infrastructural power of the state, especially in *Hakkâri*, did not allow it to put the rhetoric into practice in an effective way. My argument is that the Kurdish policy of the AK Party is driven by Turkish state-nationalism which, as it is going to be shown below, is not limited to repressive techniques of a despotic power. Sovereign, disciplinary, and bio-political technologies of power are deployed simultaneously by the AK Party to liquidate the Kurdish movement and ensure the oneness of the nation. As the evidence from the last ten years reveals, bio-political technologies of power working through social policy, public investment, and political discourses and practices centered on the duality of “politics of service” and “politics of identity” are central to this state-nationalist strategy.

4.3 The AK Party’s Turkish Nationalism

4.3.1 The AK Party’s Turkish Nationalism as a Productive Power

4.3.1.1 Kurds as Living-Beings, the Kurdish Question as an Economic Burden and Kurdish Parties as Troublemakers

The AK Party’s Kurdish policy is derivative of its larger political and ideological orientation. One of the best expressions of this orientation is the distinction made between “politics of service” and “politics of identity.” According to *Erdoğan*, the AK Party employs politics of service, by which he means all policies which treat citizens as service-beneficiaries and at the level of their biological existence, such as construction of roads, airports and hospitals, improvement of social services, etc. The concept of “politics of identity” refers to the unfruitful discussions and empty rhetoric 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 inherited from center/conservative-right tradition of Turkish politics.²⁴⁹ The politics of identity/ideology is, according to *Erdoğan*, what ultra-nationalist *MHP*, Western-minded and secular *CHP*, and Kurdish parties, now *HDP*, have been doing.

The distinction reflects the depoliticizing language of managerialism,²⁵⁰ itself related to an engagement with neo-liberal, conservative, and pragmatic understandings of politics. These relate to *Erdoğan*’s municipal working experience in *İstanbul* as former mayor of the city, to the center-right tradition of Turkish politics as it defines itself in opposition to the center-left’s pedagogical politics, and also to bio-politics of developmentalism traceable to the national-developmental orientation of the Islamist parties preceding the *AK Party*.²⁵¹ However, it is evident that the distinction pertains mostly to bio-politics of developmentalism. The politics of identity and the politics of service should be seen first and foremost as keywords of a nation-building discursive strategy. This strategy aims to overcome the fragmentary effects of identities (Turk-Kurd) and ideologies (left-right) by devaluing politics of identity/ideology and embracing all as bare life, refashioning the nation as a community of service-beneficiaries satisfied with the ever-increasing quality of life built on economic growth and development.

The reflection of this bio-political orientation in the Kurdish issue has been a form of state-nationalism seeking to contain Kurdish unrest by addressing Kurds first and foremost as living-beings/service-beneficiaries with needs hitherto ignored but deserving of satisfaction as needs of, in *Erdoğan*’s words, “first-class citizens of Turkey.” This state-nationalism has been

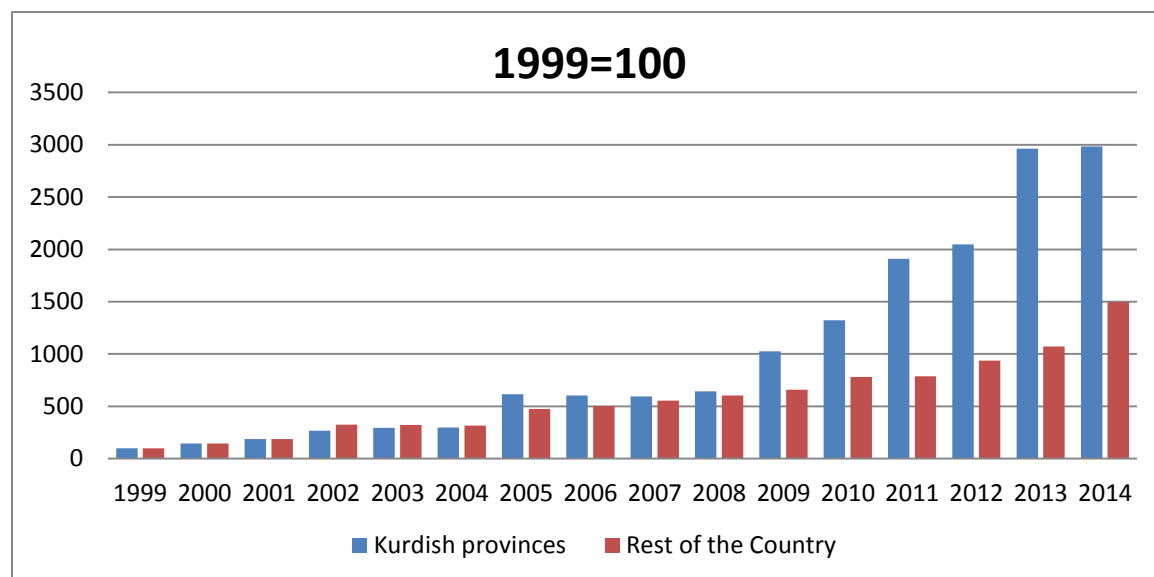
²⁴⁹ Tanıl Bora, “Türk Sağı: Siyasal Düşünce Tarihi Açısından Bir Çerçeve Denemesi,” in *Türk Sağı: Mitler, Fetişler, Düşman İmgeleri*, ed. İnci Özkan Kerestecioğlu and Güven Gürkan Öztan (Cağaloğlu, İstanbul: İletişim, 2012), 14-18.

²⁵⁰ See John Clarke and Janet Newman, *The Managerial State : Power, Politics and Ideology in the Remaking of Social Welfare* (London ; Thousand Oaks, Calif.: SAGE Publications, 1997).

²⁵¹ Ömer Turan, “Kudretli Devlet, Manevi Kalkınma, Ağır Sanayii: Türk Sağı Ve Kalkınma,” in *Türk Sağı: Mitler, Fetişler, Düşman İmgeleri*, ed. İnci Özkan Kerestecioğlu and Güven Gürkan Öztan (Cağaloğlu, İstanbul: İletişim, 2012), 459-508.

evident in the increase of public investment in Kurdish provinces, signifying a clear positive discrimination towards Kurds. As can be seen in the statistics below, nominal public investment in Kurdish provinces increased tenfold between 2003 and 2014²⁵² while nominal public investment in the rest of the country in the same period increased only fivefold. Unsurprisingly, most of this increase occurred between 2009-2014 when the growth of the Kurdish movement forced the AK Party to intensify its efforts and to use benevolent strategies, along with violent ones, to undermine the mass support of the movement.

Figure 9.Public Investment in Kurdish Provinces and in the Rest of the Country



Source: Constructed by the author based on data available on web site of the Ministry of Development, <http://www2.kalkinma.gov.tr/kamuyat/ilozet.html>

*Calculated based on allocations in the budget program.

*Public investment which by nature cannot be classified into provinces is not included

*Kurdish provinces: Ağrı, Bingöl, Bitlis, Diyarbakır, Hakkâri, Mardin, Muş, Siirt, Tunceli, Van, Batman, Şırnak

One can identify the same positive discrimination towards the Kurdish population in the social assistance provided by the central government. Through a regression analysis of social assistance provided during the rule of the AK Party, via the General Directorate of Social

²⁵² The total population of Kurdish provinces increased slightly from 5.974.517 to 6.802.018 between 2000 and 2014.

Assistance and Solidarity, *Erdem Yörük* shows that: “social assistance programs in Turkey are disproportionately directed towards the Kurdish minority and to the Kurdish region on an ethnic basis.”²⁵³

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: “The Democratic Opening Process with Questions and Answers: The Project of National Unity and Brotherhood,” released by the AK Party in January 2010 to convince the Turkish masses that the ongoing reform process in the Kurdish issue, known as “Kurdish Opening” or “Democratic Opening”, would not result in the disintegration of Turkey. This brochure, which is composed of thirty questions that an ordinary Turkish individual may ask about the reform process together with their answers, is the single, publicly-available document in which the AK Party delineates in detail its strategy, its promises and its limits in respect of the Kurdish issue. The first question asked in the brochure is: “What is the Democratic Opening Process and What Purpose does It Serve?” Paralleling the implications contained in the question, we see in the answer that democratization in the Kurdish issue is not an end itself, but rather is 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 that of economic development. Turkey has built its strong economy and respectable foreign policy on the steps taken towards democracy in the last seven years. Today discourses such as: “Let’s have a strong economy at the cost of the restriction of liberties”; “Let’s be active in foreign politics at the cost of postponing contemporary democratic reforms”, and: “Let’s live in a secure country at the cost of concessions on democracy,” are not promising any more... The more Turkey becomes democratized and improves its democratic standards, the stronger it will be in the international community... The Project of National Unity and Brotherhood aims at the advancement, development and growth of our country and the rise

²⁵³ Erdem Yörük, "Welfare Provision as Political Containment the Politics of Social Assistance and the Kurdish Conflict in Turkey," *Politics & Society* 40, no. 4 (2012): 535.

of its national and international prestige, as well as the increase of the welfare and peace of our nation...”²⁵⁴

It is evident that these words manifest a mentality that regards the Kurdish question primarily as a barrier to economic and imperial take-off, and the democratic reforms as tools by which to eliminate these barriers. The Kurdish question does not appear in the brochure as a primarily ethical problem pertaining to the recognition of an ethnic difference so far brutally denied.

When the Kurdish question is perceived as a barrier to economic take-off, it is not surprising that the pro-Kurdish parties and the PKK are defined merely as troublemakers by the AK Party. Referring to public investment in the Kurdish region, *Erdoğan* compares and contrasts “politics of service”—“real nationalism”—with the pro-Kurdish parties’ “politics of identity” which, according to *Erdoğan*, leads to nothing but the worsening of living conditions among the Kurdish people. According to the AK Party, these parties are used to exploiting the identity of the people and are not interested in the quality of the living conditions of those subject to this political exploitation. Put in terms of *Erdoğan*’s bio-politics: “You [BDP] are looking for Kurds. We are looking for human beings.”²⁵⁵

One can distinguish two discursive strategies used to present the Kurdish movement as economically detrimental to the Kurds. One of these strategies dates back to the 1990s, when calculations concerning the economic cost of the military struggle against the PKK began to be made.²⁵⁶ In this discourse, the PKK has caused a waste of resources which could have been reserved for the Kurdish people, and has even been fed by the poverty of the people.

Therefore, the argument continues, the PKK does not want the enrichment of the people of the

²⁵⁴ AK Party, January 2010, “*Soruları ve Cevaplarıyla Demokratik Açılım Süreci: Milli Birlik ve Kardeşlik Broşürü*,” available online at <<http://www.akparti.org.tr>> [2 April 2012].

²⁵⁵ AK Party, 1 June 2011, “1 Haziran Diyarbakır Mitingi Konuşmasının Tam Metni,” available online at <<http://www.akparti.org.tr/site/haberler/1-haziran-diyarbakir-mitingi-konusmasinin-tam-metni/8230#>> [5 May 2012]

²⁵⁶ See Servet Mutlu, “The Economic Cost of Civil Conflict in Turkey,” *Middle Eastern Studies* 47, no. 1 (January 2011).

region. *Erdoğan's* frequent comparisons between the poor developmental performance of *Diyarbakır*, where the PKK is hegemonic, and the much better developmental performance of *Gaziantep*, where the Kurdish movement does not have similar mass support, constitute a typical and much pronounced example of this argument.²⁵⁷

The second discursive strategy resorted to by the AK Party is to criticize services provided by the municipalities governed by pro-Kurdish parties. In this discourse, the poverty of the municipal services provided in municipalities governed by the pro-Kurdish parties is illustrative of the political mentality that exploits the Kurdishness of the people but does not pay any attention to their living conditions and wellbeing. The following quotation is a typical example of this discourse:

BDP makes ideological politics and has nothing to do with service provision [to the people]. Let's look at *Hakkâri*. In the middle of the city, sewage flows. As for *Diyarbakır*, I cannot see any municipal services there. This is so because they make politics of ideology, not politics of service.²⁵⁸

To sum up, the AK Party's Kurdish policy has been strongly informed by a bio-political perspective which considers Kurds primarily as living-beings/service-beneficiaries. This is visible both in the positive discrimination towards Kurds with respect to public investment and social assistance, and also in the political language which devalues the identity-centered politics of the Kurdish movement by associating it with useless, ideological "politics of identity."

4.3.1.2 The AK Party and the Turkishness of the Nation

The AK Party's distinction between politics of service and politics of identity may seem to entail an all-embracing attitude in the Kurdish issue. It puts forth an identity-blind policy and

²⁵⁷ AK Party, 19 January 2013, "Terörden kurtulmak ortak amacımız," available online at <<http://www.akparti.org.tr/mobil/haberler/terorden-kurtulmak-ortak-amacimiz/36619>> [28 December 2013].

²⁵⁸ AK Party, 10 March 2014, "Başbakan Erdoğan'ın Ağrı Mitingi Konuşmasının Tam Metni," available online at <<http://www.akparti.org.tr/site/haberler/basbakan-erdoganin-agri-miting-konusmasinin-tam-metni/60582#1>> [9 May 2014].

seems to rely on an understanding of nation not defined by any identity. Put more precisely, the bio-political interest in bodies and the 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 Kurdish identity. *Erdoğan* often repeated that he was opposed to both Turkish and Kurdish nationalism:

Nobody ought to oppose us... in the name of Kurdishness or of Turkishness. We are a government that has trampled on all sorts of nationalisms. We do not accept vain nationalism. Do you know what there is in our understanding of nationalism? There is patriotism, humanism, taking the side of the poor, waifs and strays, making this beautiful country one of the top ten countries of the world.²⁵⁹

This sort of nationalism, which the AK Party sometimes calls “positive nationalism”, may be thought to have cancelled the earlier disciplinary aspects of official-Kemalist Turkish nationalism which imposes Turkishness as the norm. Yet this would be a hasty deduction, for, in addition to the distinction made between politics of identity and politics of service, another slogan is much repeated and practiced in the AK Party era: “One nation, one state, one flag, one land.” *Erdoğan* has repeated this slogan invariably in all his speeches. Let’s look at the definition of “one nation”, the source of other “ones”:

We say “one nation”... What is nation? The nation is not only composed of Turks. In the nation are Turks, Kurds, Laz, Circassians, Georgians, Arabs, Roma, and Bosnians. [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.²⁶⁰

In this passage, one of hundreds of similar speeches, *Erdoğan* takes back the basis of the oneness of the nation, flag, land and state to Islamic brotherhood, and not to a common ethnic origin. For the AK Party, it is not the common ethnic origin but rather the common culture,

²⁵⁹ *Hürriyet*, 18 February 2013.

²⁶⁰ AK Party, 1 December 2013, “Biz Türkiye partisiyiz,” available online at <<http://www.akparti.org.tr/mobil/haberler/biz-turkiye-partisiyiz1/56187>> [4 April 2014].

largely determined by Islamic belonging and Ottoman heritage, which forms the nation. Nationalism promoted by the AK Party is, then, also not immune to the politics of identity which the Party itself so often criticizes. The more one is religious, the more he or she is a part of the nation as imagined by the AK Party.

Yet one can assert that this Islamic understanding of nation should still be given credit because it embodies a clear break from the ethnic Turkish nationalism of Kemalism and at least does not pay attention to citizens' ethnic identities. This assertion mistakenly directs 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.²⁶¹ Once the oneness of the nation is posited, that oneness has to be represented. The function of representation can be assumed only by a particular element of the multiplicity that is being reduced to one. My argument is that Kemalist Turkish nationalism persists in the AK Party's silent acceptance of Turkishness as the privileged particular embodying this oneness.²⁶² The AK Party's Turkish nationalism consists mainly not of what it does, but rather of what it does not do, not of its slogans, but rather of its silence. In this regard, despite the fact that Kemalists emphasized Turkishness and the AK Party emphasized Islamic brotherhood as the bond uniting the nation, it is continuity rather than rupture that better defines the relation between conceptualizations of "nation" during the two periods.

To present the continuity between the two nationalisms in more theoretical terms, I employ a distinction between pragmatist and normative moments of Turkish nationalism, following the distinction made by Chatterjee between thematic and problematic levels of nationalist

²⁶¹ See Ernesto Laclau, *Emancipation(S)* (New York: Verso, 1996), 20-35.

²⁶² In the last draft submitted by the AK Party to the Constitutional Reconciliation Commission (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 a "Turkish nation." See <http://t24.com.tr/haber/iste-tbmm-anayasa-uzlasma-komisyonu-tutanaklarinin-tam-metni>, 245108.

ideology. Chatterjee defines the problematic level of nationalism in his famous *Nationalist Thought and the Colonial World* thus:

It [Problematic level] is the level...where nationalist discourse makes certain claims regarding the historical possibilities which it thinks are feasible; it also makes claims regarding the practical forms through which those possibilities could be realized. *Historical* possibilities, *practical* realization...It is at the level of the problematic then that we can fix the specifically historical and the specifically political character of nationalist discourse.....²⁶³

According to Chatterjee, the problematic level is not the only level of nationalist ideology. He also refers to the thematic level of nationalism:

But political-ideological discourse does not consist only of claims: those claims also have to be justified by appeal to logical, epistemological and above all ethical principles. In politics, people have to be persuaded about not only the feasibility but also the legitimacy and desirability of ends and means...It must present credible evidence in support of its political claims, build a logical structure of argument to show how that evidence supports the claims, and try to convince that the claims are morally justified.²⁶⁴

This distinction can be useful in the Turkish case without doing much violence to the terms of the distinction if the problematic level of nationalism is matched with what I call the pragmatist moment of Turkish nationalism and thematic level of nationalism with what I call the normative level of Turkish nationalism. By the pragmatist moment of Turkish nationalism, I mean the real-political aspect of Turkish nationalism which takes as a given—though not as an ideal—the circumstances in which it acts. As for the normative moment of Turkish nationalism, I mean its transformative aspect, which tries to change the nation through ideals and norms attached to the nation. Relying on this distinction, I argue that the pragmatist basis of the Kemalist understanding of the nation, Islamic brotherhood, is the normative basis of the AK Party's understanding of the nation, and the normative basis of the

²⁶³ Partha Chatterjee, *Nationalist Thought and the Colonial World : A Derivative Discourse?* (London: Zed for the United Nations University, 1986), 40-41.

²⁶⁴ *Ibid.*, 41.

Kemalist understanding of the nation, Turkishness, is the pragmatist basis of the AK Party's understanding of the nation.

Let me expand on the argument. As I mentioned above and in Chapter Two, it was Kemalists who first defined the nation according to Islamic brotherhood, albeit covertly. Although it was not openly declared, being Muslim was the required and minimum condition of eligibility for the nation of Kemalists. Yet, on the other hand, it is impossible to argue that this adoption of religious belonging as the constitutive criterion 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"²⁶⁵ in 1923 due to massacres, population exchanges and migrations, and Islam was the single common feature of different ethnicities making up the population. Excepting the speeches delivered during the national struggle, 1919-1922, including the one cited by *Erdoğan*, Kemalists remained silent when it came to the Islamic character of the nation.

While Islam was the unvoiced truth of the nation, Turkishness was claimed as the national norm by Kemalists, especially after the *Sheikh Said* rebellion in 1925. All ethnic differences in the nation were regarded as remnants of the Ottoman Empire, and the Turkification of the nation and elimination of the "remnants" were sought. Different instruments were employed to this end, such as the national education system, settlement and resettlement policies, Turkification of place names, the banning of non-Turkish languages from official use and sometimes even from daily use, and so on.

The limits of the transformative capacity of Kemalist Turkish nationalism were defined by the Islamic basis of the nation. Turkish nationalism, for instance, never went so far as to abandon Islam and to defend returning to pre-Islamic and shamanistic Turkish beliefs of Central Asia.

²⁶⁵ Zürcher, *Turkey : A Modern History*, 172.

Also, Kemalist Turkish nationalism never acquired an exclusionary stance towards non-Turkish Muslim ethnicities to the extent that they did not resist Turkification. They were welcomed to Turkishness via the famous motto of 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 Islam against the Turkish nationalism of Kemalism and frequently fell victim to the state’s discriminatory policies.

To understand the disciplinary aspect of the AK Party’s nationalism, the heritage of Kemalist Turkish nationalism must be taken into consideration. At the end of dozens of years of assimilation policies, the gap between the pragmatist and normative bases of Kemalist nationalism had closed, with the single exception of Kurds. The Turkish state managed to institute Turkishness as the supreme identity of the great majority of people and to reduce ethnic belonging, with the partial exception of Kurdishness, to the level of folkloric diversity posing no political challenge to Turkish sovereignty. Sociologically speaking, the nation had already acquired its Turkish character when the AK Party came to the power in 2002.²⁶⁶

To repeat, my argument is that the AK Party pragmatically and silently has preferred to build on the Turkishness of the nation, just as Kemalists built on Islam eighty years ago, rather than denying or problematizing it. Erdoğan rarely refers to the Turkishness of the nation and even sometimes condemns Turkish nationalism as a fundamentalism, yet Turkishness as the unvoiced basis of the nation sets the limit to the transformative capacity of the normative aspect of the AK Party nationalism, which seeks to shape the nation on Islamic brotherhood. More precisely, the AK Party’s Islamic revision of Kemalist Turkish nationalism does not go too far to destabilize the “one nation” narrative and to recognize Kurds as a separate national

²⁶⁶ According to a survey undertaken in July 2010 by *Konda*, one of the most prestigious public opinion research companies of Turkey, 76.7 percent of Turkish citizens define themselves as Turkish, 14.7 percent of Turkish citizens define themselves as Kurdish and 8.5 percent of Turkish citizens define themselves by other ethnic identities. See Konda, *Kürt Meselesi'nde Algı Ve Beklentiler*: (Cağaloğlu, İstanbul: İletişim, 2011), 87.

community existing alongside the Turkish nation. The silence of the AK Party on the Turkishness of the nation, and its rhetoric on Islamic brotherhood, should not lead us to conclude that Turkish nationalism is not an integral part of the AK Party nationalism.

A consideration of the AK Party reforms concerning the Kurdish issue between 2002 and 2013 may be a good lever from which to elaborate on and deepen my argument about the limits of AK Party reformism and the disciplinary aspect of the AK Party's nationalism. The main reforms among those listed in *The Silent Revolution*, a book on the reform performance of the AK Party released by the Undersecretariat of Public Order and Security, were as follows:

- lifting... the state of emergency.
- bans and limitations on...the languages to be used in associations' activities were abolished.
- legal limitations against broadcasting in different languages and dialects were eliminated...
- elimination of barriers against... citizens' naming their children with names of their choice.
- compensation for damages of terror victims.
- enabling convicts and detainees in prisons to speak to their kinsmen in their native language.
- ‘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 ...
- it was made possible to restore former names of settlement areas.
- it was ensured that political parties could make speeches in different languages and dialects spoken by...citizens during their election campaigns.
- important works of Kurdish language and literature such as “Mem-u Zin” were translated and published.
- through the “Law Amending Primary Education Law and Some Laws”, a gradual system was initiated in education... this legal amendment paved the way for choosing Kurdish as an elective course.
- TRT started broadcasting a Kurdish news site called ‘TRT XEBER.’
- granting a defendant the right to defend him/herself “in a language that s/he has stated to express himself/herself in a better manner.”²⁶⁷

²⁶⁷ Republic of Turkey Prime Ministry Undersecretariat of Public Order and Security, *The Silent Revolution: Turkey's Democratic Change and Transformation Inventory 2002-2012* (Ankara: Undersecretariat of Public Order and Security Publications, 2013), 169-257.

This 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 twelve years have been of unprecedented breadth. Moreover, for the first time in the history of the Republic, the leader of the Kurdish unrest has been implicitly recognized as a political actor. As part of the negotiation process known as “Democratic Opening”, the top cadres of the MİT (*Milli İstihbarat Teşkilatı*, National Intelligence Service) have periodically met with *Abdullah Öcalan* in prison since 2009.

Yet neither the reform list nor the democratic opening falsifies my argument concerning the AK Party’s Turkish nationalism. To repeat, in emphasizing the continuity between Kemalists and the AK Party with regard to persistence of Turkish nationalism, my argument is not to deny the partial emancipatory space opened by the interchange of Islam and Turkishness (i.e. Turkishness from norm to pragmatist basis and Islam from pragmatist basis to norm). Without the Islamic ontological premises of the AK Party nationalism for which ethnic differences as such do not embody a degeneration nor a threat to be eliminated,²⁶⁸ this series of reforms lifting bans on Kurdish identity—as well as the “democratic opening” process—would not have been possible. Yet, being ideologically more elastic to accommodate ethnic differences is one thing, but assuming a political stance actively working for recognition of ethnic differences is quite another. It is evident that the boundaries of the AK Party reformism regarding the Kurdish issue are drawn in bold lines of collective rights for Kurds as an ethno-political community. All reforms listed above grant individual rights to Kurds as individuals of a single, Turkish nation; the AK Party reformism is blind to Kurds as a collective entity. This is not only an abstraction that we can derive from the reform list of the AK Party; it is so

²⁶⁸ *Erdoğan* frequently repeats the thirteenth 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.”

deeply a part of the AK Party's stance towards Kurds that the Party did not refrain from openly mentioning it in the "Democratic Opening Process with Questions and Answers" document. It is said in the brochure that: "neither a discussion around our unitary structure, nor a concession on the principle of "one state, one nation, one land, one flag", is on the agenda." It is added that: "Turkish is the language of instruction and will remain so... no preparatory work is underway 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 for discussion and negotiation from the reformist point of view of the AK Party.

4.3.2 The AK Party's Turkish Nationalism as a Repressive Power

The bio-political turn of the Kurdish question, by which I mean a new approach to Kurds which addresses them primarily as biological lives, has not entailed the abandonment of practices and rhetoric pertaining to the moment of sovereignty of Turkish nationalism. The state machine has continued to manufacture certain Kurdish bodies as killable *homo sacer* not worthy of life. 1902 PKK guerillas were killed in military operations under AK Party rule between 2003 and 2014. In addition to 1902 PKK guerillas killed in military operations, hundreds of civilians, including dozens of children,²⁶⁹ were killed by security forces during street demonstrations between 2003 and 2014.

Table 15.PKK Guerillas Killed in Military Operations 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 form of sovereign violence employed against the cadres of the Kurdish

²⁶⁹ See İnsan Hakları Derneği Diyarbakır Şubesi (Diyarbakır Branch of Human Rights Association), "1988-2014 Yılları Arası Çatışmalı Süreçte Katledilen Çocuklar Raporu," available online at <http://www.ihddiyarbakir.org/> [25 November 2014].

movement by AK Party governments. The dominant form of sovereign violence in the Kurdish region during the AK Party years has rather been the 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 by the AK Party.

It is necessary to be familiar with the KCK in order to understand the nature of these operations. Before the capture of *Öcalan* 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.”²⁷⁰ Inspired by the writings of Murray Bookchin, *Öcalan* formulated a project of radical democracy. According 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.”²⁷¹ KCK, as the Association of Communities in Kurdistan, is the name the PKK gave to the umbrella organization of the self-governing local communities it has been trying to build since 2005.

Although it was said many times by *Öcalan* and the PKK leaders that the KCK was not based on a program committed to taking over state power,²⁷² the emphasis put on self-government was perceived as a threat to the sovereignty of the state by the AK Party government. According to *Yalçın Akdoğan*, the chief supervisor of *Erdoğan* who is claimed to be one of

²⁷⁰ Ahmet Hamdi Akkaya and Joost Jongerden, "Reassembling the Political: The Pkk and the Project of Radical Democracy," *European Journal of Turkish Studies* 14 (2012): 5.

²⁷¹ Abdullah Öcalan, *War and Peace in Kurdistan* (Cologne: International Initiative Freedom for Öcalan-Peace in Kurdistan, 2008), 32.

²⁷² See PKK, *Partiya Karkerên Kurdistan Pkk Yeniden İnşa Kongre Belgeleri* (İstanbul: Çetin Yayınları, 2005).

the masterminds of KCK operations, the KCK is a threat to the sovereignty of the state as a form of “parallel state”:

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’... Trying to institute its authority in the region, the organization exacts tribute from the people, waylays and abducts the people, takes statements from the people and judges them, and tries to institute field domination via Self-Defense Units.²⁷³

Akdoğan’s words show that the AK Party read the attempts of the Kurdish movement to reorganize itself around the principles of self-government as a refashioning of separatism. In other words, one of motives behind the KCK operations was to reinforce and fortify the state sovereignty which was thought to be under attack from the self-governmental attempts of the KCK.

Although KCK operations embodied a sovereign practice, these operations were completely different from the earlier sovereign practices in the Kurdish region which were characterized by collective punishment. Systematic torture and forced disappearances were not part of the KCK operations as a rule, and neither was collective punishment. The bio-political turn of the Kurdish question—valuing Kurds as biological lives and the advancement of the disciplinary capacity to individualize suspects—determined the form that KCK operations took. The majority of Kurds after village evacuations live in urban areas, which are constantly monitored through dozens of police cameras known as MOBESE, and Kurds have started to use modern communication channels which are open to police control. Therefore, the KCK operations were police operations which relied 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

²⁷³ *Yeni Şafak*, 7 October 2011.

cameras, and other audio-visual techniques.²⁷⁴ The KCK case files are full of photos of suspects taken while they were shouting slogans in a demonstration, talking with other suspects or entering the building of a pro-Kurdish institution, and also of transcriptions of telephone conversations between suspects. That is why many Hakkârians who were jailed during the KCK operations and later released in 2012-2013-2014 no longer use mobile phones. It also explains why the first targets of young protesters during big street clashes with the police are MOBESE cameras, which they attack with stones, bombs and guns.

Accusing the *KCK* of being a parallel state trying to establish its sovereignty by taxing and judging people by its own mechanisms, anti-terror police teams took thousands of Kurdish activists, including mayors, members of the BDP, academics, lawyers, journalists and trade unionists, into custody between April 2009 and 2012. According to 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 jailed.²⁷⁵ It would not be an exaggeration to conclude that the KCK operations deprived the Kurdish movement of the cadres who could carry out legal political activity.

4.4 The AK Party's Turkish Nationalism and Hakkâri

State-nationalism carried out by the *AK Party* towards the Kurdish population can be clearly followed in the policies put into practice in *Hakkâri*. As a province where the hegemony of the Kurdish movement is obvious, in *Hakkâri* both productive and repressive elements of Turkish nationalism have been employed effectively by the *AK Party* to narrow the domain of the Kurdish movement and deprive it of the mass support it enjoys.

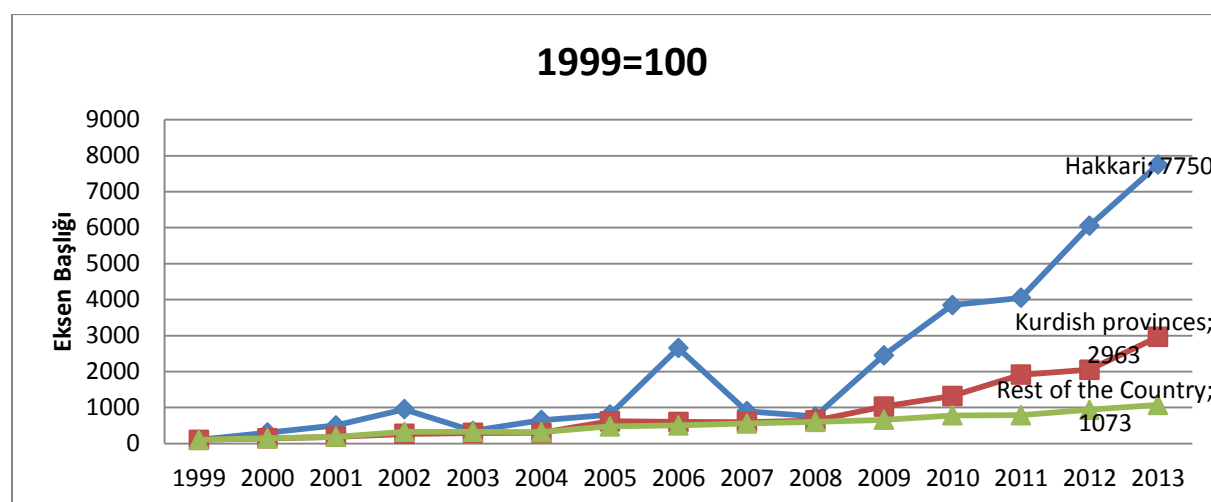
²⁷⁴ See İHOP, 15 December 2011, "Human Rights, the Rule of Law, and the Protection of Human Rights Defenders: Report on the Diyarbakır KCK Case," available online at <http://www.ihop.org.tr/dosya/diger/20110415_KCK_TR.pdf> [17 December 2012].

²⁷⁵ Meral Daniş Bektaş, 6 October 2011, "KCK Bilançosu: 7748 gözaltı, 3895 tutuklama," available online at <<http://www.ntv.com.tr/arsiv/id/25286086>> [13 March 2012].

4.4.1 The AK Party's Turkish Nationalism in Hakkâri as a Productive Power: Embracing Kurds as Bodies

As is shown above, the AK Party adopted a more generous stance towards the Kurdish provinces with respect to public investment. Nominal public investment in Kurdish provinces increased tenfold between 2003 and 2013 while nominal public investment in the rest of the country in the same period increased by only three times. The rate of increase of public health investment in *Hakkâri* between 2003 and 2013 was even more striking. In this period, nominal public investment in *Hakkâri* increased by twenty two times.

Figure 10. Public Investment in *Hakkâri*, the Kurdish Provinces and the Rest of the Country between 1999 and 2013



Source: Constructed by the author based on data available on the website of the Ministry of Development, <http://www2.kalkinma.gov.tr/kamuyat/ilozet.html>

*Calculated based on allocations in the budget program.

*Public investment which by nature cannot be classified into provinces is not included

This remarkable difference embodies what I call the bio-political turn of the Kurdish question. Kurds of Turkey have begun to be addressed as biological lives worthy of care during the AK Party rule, though their political and cultural being continues to suffer from the lack of an equivalent recognition and respect. This embrace of Kurds as bare life is materialized mostly in the striking improvement of healthcare provision in Kurdish provinces and especially in

Hakkâri: two modern public hospitals, one in *Hakkâri* city and the other in *Yüksekova*, were opened in 2008; a law on contract personnel was issued in 2003 to staff health institutions primarily in Kurdish region; a law on compulsory service was issued in 2005 to appoint newly-qualified specialists and GPs to primarily the Kurdish provinces; medical equipment and infrastructure of health institutions in *Hakkâri* was modernized and improved. Apart from these policies that aim directly at improving healthcare provision in Kurdish provinces and *Hakkâri*, some nation-wide policies also contributed much to the improvement of healthcare provision in the Kurdish region and *Hakkâri*. With the gradual replacement of the fragmented and hierarchical health insurance system by the General Health Insurance Scheme (GHIS) from 2003, the distinctions between different health schemes were eliminated. That meant that in 2003-2004 Green Card holders, who formed almost half of the population in Kurdish provinces and *Hakkâri* in 2003, thus had free access to consultations, tests and medications related to outpatient treatment, and were given the right to go to better staffed and equipped University hospitals. Also, conditional cash transfers and the transition to family practice ensured regular check-ups of babies, children and pregnant women and the considerable increase of vaccination rates.

The considerable improvement in hospitals' medical equipment must be put at the top of the list of transformations in the medical establishment in *Hakkâri*. According to the response to a request that I submitted to *Hakkâri* Public Hospital thanks to the Freedom of Information Act, very important medical devices, such as multifunctional surgery table and equipment, tomograph, color Doppler ultrasound, MRI scanner, mobile x-ray equipment, gastroscopy sets, colonoscopy sets, and endoscopic camera system, without which many operations could not be done, did not exist in *Hakkâri* Public Hospital before 2007.

Before this equipment was purchased, many critical operations could not be carried out, and patients in need of serious treatment used to be transferred to *Van*, *Ankara*, and *İstanbul* until

the mid-2000s. Thanks to the purchase of these devices; many medical operations, which could not be performed in the past, have now begun to be carried out. This can be best followed in the table below, which documents the number of operations performed in *Hakkâri* Public Hospital on a yearly basis according to the type of surgery performed.

Table 16.Categories of Surgical Operation Performed in *Hakkâri* Public Hospital between 1995 and 2013

Years	Major Surgery	Medium Surgery	Minor Surgery
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 the MoH and on data obtained from *Hakkâri* Public Hospital via the Freedom of Information Act

As can be seen, the total number of surgical operations performed in *Hakkâri* Public Hospital increased drastically, especially after the construction of a new hospital building in 2008. While ninety two major surgeries were performed in 2002, the year when the *AK* Party came to the power, the number of major surgeries in 2012 reached 4133, increasing more than forty times. The number of medium and minor surgeries also increased drastically. Both medium and minor surgeries increased by ten times between 2002 and 2012.

In addition to the surgery performance, some further indicators may be used to prove the undeniable advancement of the health services in *Hakkâri* during the AK Party years. Bed occupation rate, for instance, can be taken as a reliable indicator of these improvements. In the past, although hospital beds were restricted to no more than a few dozen, bed occupation rates were mostly around 20-30 percent. Seriously ill patients used to be transferred to better-equipped and staffed hospitals. During the AK Party rule, as treatment to seriously ill patients began to be given, bed occupation rates increased up to 86.5 percent in spite of the elevated bed capacity.

The increase in the number of deaths occurring in *Hakkâri* Public Hospital likewise confirms the improvement of health services in *Hakkâri*. Given that there was no intensive-care unit in the hospitals of *Hakkâri* and no treatment could be given to seriously-ill patients in the pre-AK Party period, deaths occurring in the hospitals amounted to only a very small rate of all deaths occurring in the province. Yet the opening of intensive care units and the treatment of seriously-ill patients inevitably resulted in an increase in the number of deaths occurred in *Hakkâri* Public Hospital. In other words, somewhat paradoxically at first sight, the increase in the number of patients dying in *Hakkâri* Public Hospital confirms the advancement of the hospital, and not the reverse.

A much more explicit expression of the improvement of health services in *Hakkâri* is the change in the number of users of *Hakkâri* Public Hospital. The appointment of specialists under the law on compulsory service, 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, the number of out-patients and in-patients increased by five and half times and four and half times respectively, while the population of *Hakkâri* province changed only slightly, from 236581 in 2000 to 279982 in 2012.

Table 17. Working Performance of *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 MoH and on data obtained from *Hakkâri* Public Hospital via the Freedom of Information Act

The improvement of the medical establishment in *Hakkâri* during the rule of the *AK* Party is not limited to the improvement of curative services. The basic indicators of preventive medicine also signify a striking improvement in preventive services and in maternal and child health services in *Hakkâri*, thanks to the conditional cash transfers employed since 2003 and to the transition to family practice made in October 2010.

Conditional cash transfers were introduced in Turkey for the first time in 2001, against the harsh consequences of the financial crisis, by the Social Assistance and Solidarity Foundation as part of the Social Risk Mitigation Project and with credit provided by the World Bank. In 2002, it was implemented in six provinces as a pilot scheme, was gradually generalized to the whole country after 2003, and has been provided since 2006 by the Social Assistance and

Solidarity Fund.²⁷⁶ 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 the Kurdish region and 3 percent of all households in Turkey have been provided with conditional cash transfers.²⁷⁷

Conditional cash transfers have led *Hakkâri*ans to start using preventive health services increasingly. This means high numbers of follow-ups per infant, child and pregnant woman, 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 years and ensuring regular check-ups of pregnant women and delivery in hospital.

Table 18. 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 Woman		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	1.2	1.7	2.7	41.89	
2007		6		1.6		3.1	20.3	
2008	5.6	6.4		1.6	4.2	3.3	30.4	
2009	6.6	6.8		1.6	4.8	3.6	21.7	9
2010	5.8	7.1		1.6	4	4.2	17.2	8
2011		8.1		2	2.1	4.3		6
2012		8.6		2.2	3.3	4.1		3
2013					4.2			2

Source: Constructed by the author based on data obtained from *Hakkâri* Provincial Directorate of Health and the MoH and on data available at the website of the MoH, <http://www.sb.gov.tr/TR/belge/1-2952/istatistik-yilliklari.html>

²⁷⁶ *Aile ve Sosyal Politikalar Bakanlığı* (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," available online at <http://www.sck.gov.tr/oecd/%C5%99ENT%20Program%C4%B1n%C4%B1n%20Etkisinin%20%C3%96l%C3%A7%C3%BClmesi%20Raporu.pdf> [15 June 2013]

²⁷⁷ 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.

As can be clearly seen from the table, beginning in 2004, the year when the conditional cash transfer program started to be effectively implemented, a leap occurred in the number of follow-ups per infant, child and pregnant woman, and a drastic fall occurred in the percentage of deliveries at home.

Vaccination rates in *Hakkâri* likewise confirm the massive improvement in preventive services and in maternal and child health services. In the 1980s and 1990s, routine immunization programs used to fail for two main reasons. First of all, families would not usually allow immunization teams to vaccinate children or women. Especially, vaccines given to children, and tetanus vaccines given to women between fifteen and forty nine, were declined by Hakkârians due to the largely-accepted rumors of a secret sterilization program by the Turkish state. The clashes between the PKK and the state also many times decreased the efficiency of routine immunization programs. A GP, who worked in a health post in *Yüksekova* between 1995 and 1996, the peak years of the war, told me that they would not undertake any fieldwork in the area under their responsibility. They used to vaccinate only those babies and children brought by their parents to the health post. Therefore, it is not surprising to see in the following table that BCG vaccinations, DTaP+OPV vaccinations, Measles vaccinations, and HBV vaccinations were very poorly performed until 2004. Conditional cash transfers employed in 2004, however, had a noticeable positive impact on vaccination rates, and Hakkârians' resistance to the immunization program 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 19.Immunization Rates in *Hakkâri* between 1996 and 2012

Years	BCG		DTaP+OPV 3		Measles		HBV 3 (Starts in 2001)	MMR (Starts in 2006)	Pentaxim (Starts in 2008)	PCV 3 (Starts in 2008)
	Hak	Tur	Hak	Tur	Hak	Tur				
1996	12	69	31	84	60	85				
1997	12	73	8	79	7	76				
1998	11	76	10	80	18	78				
1999	12	78	11	79	15	80				
2000	18	77	22	80	29	81				
2001	34	82	40	83	39	84	13			
2002	35	77	44	78	45	82	15			
2003	33	76	50	68	51	75	24			
2004	56	79	75	85	68	81	39			
2005	83		88		Replaced by MMR		75			
2006	76		87				84	80		
2007	66		73				68			
2008	105		Replaced by Pentaxim				87	92	74	
2009	94						93	101	98	92
2010	83						90	92	87	90
2011	90						95	104	95	95
2012	94						95	98	94	94

Source: Constructed by the author based on data obtained from *Hakkâri* Provincial Directorate of Health and on data available at the website of the MoH, <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 indicators of preventive medicine and maternal and child health services must also be addressed. The contribution made by family practice to preventive medicine and maternal and child health services in *Hakkâri* is twofold. First and foremost, family doctors are paid based on a negative performance system, which means that the final salary a family doctor is paid constitutes a remainder, after deductions automatically calculated based on the number of unperformed follow-ups and vaccinations that the doctor and his or her team were assigned to do. Therefore, family doctors are very eager to convince mothers to get their children vaccinated. In addition to the negative performance system, thanks to the high salaries paid to family doctors, new Hakkârian graduates of medical faculties tend to return 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 presence in *Hakkâri* plays a role in reinforcing patients' relationships with the family health centers.

4.4.2 The AK Party's Turkish Nationalism in *Hakkâri* as a Repressive Power: Excluding Kurds as Members of an Ethno-Political Community

If the improvement in healthcare provision is one face of the AK Party's Turkish nationalism in *Hakkâri*, the intense sovereign violence employed in the province is another. Between 2003 and 2013, ninety six Hakkârian PKK guerillas were killed in military operations. Also in the same period, dozens of civilians in *Hakkâri* were killed by security forces during street demonstrations.

Table 20.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 stated above, it has not been the murder of political opponents that has characterized the sovereign violence employed by the AK Party against the Kurdish movement. Rather, the arrest and detention of activists has emerged as the main kind of attempt made to contain Kurdish unrest. This was so especially between 2009 and 2012, when the KCK operations were carried out. As I show below, given the strong connections of the Kurdish movement with the masses, the 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, it resulted in the arrest and detention of thousands of Hakkârians and turned into the collective punishment of Hakkârians.

4.4.2.1 KCK Operations in Hakkâri

Hakkâri witnessed an intense arrest and detention campaign by the state between 2009 and 2012. Mayors, old and new, members and administrators of the provincial organization of the BDP, and members and administrators of the NGOs affiliated with the Kurdish movement were taken into custody and jailed during the KCK operations.

As operations carried out to reinforce Turkish sovereignty against the self-governmental attempts of the Kurdish movement by separating PKK affiliates from the masses, KCK operations were centrally-coordinated operations whose political character went 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 evidence *per se* that determined who was jailed and who was released:

I was jailed only because I took the corpses of some killed PKK guerillas from the rural area with the permission of the official authorities and handed them to their families. That was the single accusation leveled against me.

Q-How did the legal process proceed?

They took me to the police headquarters after I was taken into custody. Members of anti-terror police units told me that: “You are going to be jailed.” “How can you know it,” I responded, “are you the judge?” “It has been decided,” they said. They said that: “You and you and you are going to be jailed and you and you and you are going to be released.” When we were brought to the prosecution office, the police were proved right. In what can you trust? In the law?

Despite the rumors circulating about the total numbers taken into custody and arrested in *Hakkâri* during the KCK operations, I did not see statistics reliable enough to use in the research. When I asked *İsmail Akbulut* whether they prepared a report on KCK operations in *Hakkâri*, he told me that the computer of the association had been seized by the police during the operation.

Following this answer, I decided to try to get information from the *Hakkâri* Police Department 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 in relation to terror crimes. No response was forthcoming. I then called the *Hakkâri* Police Department to ask why my question had not been 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* and meet with the *Hakkâri* Police Chief to discuss the subject. I realized that a further insistence might be risky for me and did not obey the advice.

The only remaining alternative was to calculate the numbers I was seeking by myself, using the Human Rights Association’s annual reports on violations of human rights. In these reports, based on local and national media, all political detention cases in Turkey are 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 in relation to terror crimes. According to my calculations based on these reports, the number of those taken into custody in *Hakkâri* in those years due to PKK/KCK affiliations was 376, 470, 794 and 434, respectively.²⁷⁸ In sum, this amounts to 2074 people. In addition to those people taken into custody and jailed, many people, who learnt and guessed that they would be arrested, escaped to Iraqi Kurdistan. For instance, the former head of the *Şemdinli* branch of Human Rights Organization, who kindly shared his ideas with me, went to Iraqi Kurdistan to avoid being arrested and stayed there for two years.

²⁷⁸ *İnsan Hakları Derneği* (Human Rights Association), “İnsan Hakları İhlalleri Raporları,” available online at <<http://www.ihd.org.tr/index.php/raporlar-mainmenu-86/yk-raporlar-mainmenu-103.html>> [5 March 2013].

Given that extended family patterns are not exceptional, kinship relations are strong and the average size of households is around seven,²⁷⁹ it would be reasonable to argue that the operations directly affected the lives of not less than 20,000-30,000 people. It was impossible to target activists without inflicting a direct blow to the lives of almost one-tenth of the population. That surely has to do with the strong mass connections of the movement in *Hakkâri*. The Kurdish movement is so hegemonic a power in *Hakkâri* that attempts to make clear-cut distinctions between institutions and people with this or that level of contact with the PKK-KCK, and those with no such contact, have objective limits. This can also be seen in the criminalization of the traditional mechanism of *rîspî* (white-bearded). *Rîspî* refers to the intermediary role played by old, respectable men between sides in a dispute. Although it is a traditional way of settling disputes in *Hakkâri*, it was criminalized during KCK operations in *Hakkâri*. Let us take a look at the accusation leveled against 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 duties in the so-called Justice Commission brought into being by the KCK ...; he tries to settle legal disputes between the people of the region based on the non-legal authority of the armed terrorist organization PKK over the people...; 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 legal problems such as pecuniary causes, causing offence, female abduction; he processes applications, takes decisions and follows the implementation (enforcement) of these decisions,²⁸⁰

In fact, what was criminalized as a parallel court alternative to the courts of the state was not a process carried out secretly, behind closed doors. Once, when I went to the provincial organization of the BDP to conduct an interview with its head, 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

²⁷⁹ *Türkiye İstatistik Kurumu* (TurkStat), 31 January 2013, “Nüfus ve Konut Araştırması 2011,” available online at <<http://www.tuik.gov.tr/PreHaberBultenleri.do?id=15843>> [20 July 2013].

²⁸⁰ KCK 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.

in the settlement of a dispute. What the BDP did was no more than to refashion the old *rîspi* system led by leading figures of tribes and religious leaders, and to reinstitute the system under the guidance of the party administrators. Therefore, the defense of *Yıldırım* against the accusation can be taken as a precise description of the reality on the ground:

Hakkâri has some specific traditions and customs. It is not a true approach to attribute our efforts at reconciling disputing parties... to the KCK contract. The history of this sort of effort dates back hundreds of years. The people with disputes used go to the leaders of the tribes for settlement... Because issues like female abduction are shameful, no side of the dispute wants to bring such issues to the courts. Citizens trust the BDP... and apply to the BDP for the settlement of such disputes. This has nothing to do with the KCK contract. Sometimes, security forces cannot settle the dispute between two families. For instance, regarding a dispute mentioned in tape record forty seven, due to which a person was murdered, I was called by the governor to settle this dispute. Our efforts were expended so as not to let a new death occur.²⁸¹

4.5 The Limits of the AK Party's Turkish Nationalism in Hakkâri

One time when chatting with a Hakkârian dentist affiliated with the Kurdish movement, he told me that: “the 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 described the following case:

Recently, a woman came to my clinic in the company of her sister. She was complaining of an ache on the right side of her head. Before she came to me, she had visited a brain surgeon. The brain surgeon had told them that he had not seen anything to treat. Then they had visited a neurologist who could not see anything to treat either. Then they had visited an otolaryngologist. He had not seen anything to treat either 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 in a good way. After she saw him this way, she had such a headache.” I talked with her and learnt that one of her sons fell martyred as a guerilla, and two others are still in prison. If I were this woman, I would have had a headache as well.

²⁸¹ Ibid.

The case was striking and reminded me of a phenomenon which I heard of from many doctors I interviewed: women complaining of pains which are never relieved and whose particular location is unclear. According to some Hakkârian doctors, this kind of never-relieved general pain should be seen as symptomatic of post-traumatic stress disorder (PTSD), resulting from the continuing effects of the war. This assertion may or may not be true; I did not analyze the relationship in *Hakkâri* between the prevalence of this sort of pain and the human cost of the war. Yet, one thing is evident. The traumatic effects of fears, risks, and human losses caused by the intense use of sovereign violence in *Hakkâri* in the AK Party period make the improvement of healthcare provision seems somewhat voided and unworthy of mention even for those Hakkârians who experienced sovereign violence indirectly, as relatives, sisters and parents of the victims of sovereign violence.

This is also the main lesson of my meeting with eight Hakkârian women from the women's branch of the provincial organization of the pro-Kurdish BDP (supported by more than three-quarters of Hakkârians) in the party building. In the quoted dialogue below are answers given to my question as to why they still did not vote for the AK Party despite the striking improvement in healthcare provision in *Hakkâri*:

Q- *Erdoğan* thinks that he constructed a hospital in *Hakkâri* and sent doctors there but Hakkârians do not give their votes to him. Why do not you vote for *Erdoğan*?

The participant who first answered my question was a “forty-year-old” housewife:

My two children are in the mountains and my brother-in-law is in prison now. But what good does the hospital do to me? Even if you give all *Hakkâri* to me, it does not count.

She said that because her two children were constantly harassed by the police and threatened with arrest, they had to join the PKK guerillas in the mountains in the end, proving, to her, that: “Kurds have no friends but mountains.” Then *Ayşe*,²⁸² a twenty two-year-old woman

²⁸² Pseudonym.

employed in *Binevş* Women's Municipal Counseling Centre and whose brother was in prison, started to speak in a remarkably angry tone of voice:

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 the 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 forty years old. You are coming from the west. Please tell me whether a mother there, aged forty, looks like this. How old does she look? She looks as if she is sixty years old. Why? She has suffered too much at the hands of the state. We have all suffered at the hands of the state. I do not care whether it provides a service or not.

I was surprised when the mother said that she was forty years old because, as also *Ayşe* said, she really seemed no less than sixty. *Ayşe*'s reference to the woman's appearance proved that this unbelievable incongruity between her age and physical appearance did not have to do with my perception, but was rather a fact. To ask this physically collapsed woman the question in *Erdoğan*'s mind, which assumes that Hakkârians are valued by the state through hospital construction and the appointment of doctors, 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 the hospital do to me."

It was this "paradox", the use of sovereign violence and provision of healthcare simultaneously, that another participant, a housewife in her mid-30s, drew attention to:

Yes, the hospital has been constructed, but do you know how many corpses of soldiers and sons of the people, guerillas, have been brought 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 woman present in the meeting. One participant in her early forties, a teacher who said to have been expelled from the profession for political reasons,

added that: “Yet the corpses of his soldiers arrive at the hospital whole, while ours arrive in pieces.” Referring to the woman sitting beside her, who was around sixty five years old, the co-president of the provincial organization of the BDP joined the discussion:

The son of this mother fell martyred as a guerilla. Those killing him did not stop at killing him and detached his head from his body. She wanted to see her son last time when he was buried. How could we show him to his mother? Yet we had to show him, upon her insistence.

At that time, the woman referred to was looking at the ceiling of the room and tears were falling from her eyes.

I felt ashamed. Imagine that I was asking questions concerning the quality of state healthcare provision to women one of whose sons had been killed recently by armed forces in a brutal way, while one of another’s two sons had joined the PKK due to police threats, and also her brother-in-law was in prison for seven years. “Please forgive me if I have disturbed you by my questions,” I needed to say. I was told not to feel sadness: “We thus let off some steam.”

It is evident that the persistence of sovereign violence in *Hakkâri* has created physically or psychologically injured population group, such that talking with them even about the state’s healthcare provision, let alone about its quality and improvement, is offensive and has some serious ethical limits. I argue that, given the very high level of Hakkârians’ ethno-politicization, the mood of these women should be taken as illustrative of the mood of large numbers of Hakkârians and lead us to question the limits of the governmental strategy dividing Kurds into their bare and politically-qualified lives in order to embrace the former and punish the latter. These were precisely these limits that I was invited to recognize throughout the dialogues exchanged in the focus group study, but especially in the question that the former teacher posed immediately after my apology, and in the dialogue developed with the participation of the woman whose children were in the mountains:

Former teacher: I would like to put 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 one that can be performed by them.

Mother: A doctor cannot give treatment to me. No 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 imagine the grief of losing a child. You would not trade your child for the world. When he has a temperature, you cannot sleep till morning. My children have been in the mountains for three years. I cannot sleep a moment, thinking about 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. This is just too much.

Former teacher: Is a hospital enough to treat our injury?

4.6 Conclusion

To sum up, three things can be said about the state-nationalism of the *AK* Party. First of all, it is a Turkish nationalism aiming to contain Kurdish unrest through the simultaneous use of productive and repressive instruments of power. It embraces Kurds as individual citizens of the one nation, which is Turkish, and as bodies worthy of care, while criminalizing Kurdishness as the basis of a right to separate polity. The bio-political distinction made between “politics of service” and “politics of identity” and the slogan, “one nation, one state, one flag, one land”, are two mottos of the Turkish nationalism of the *AK* Party.

Secondly, the policy followed by the *AK* Party in *Hakkâri* has been informed by the general Kurdish policy of the party. In *Hakkâri*, the *AK* Party relied on both benevolent and coercive elements in its struggle against the Kurdish movement. The striking improvement of healthcare provision in *Hakkâri* has been the most striking manifestation of the bio-political orientation of the *AK* Party. Yet, on the other hand, the *AK* Party has not refrained from subjecting cadres and sympathizers of the Kurdish movement to intense sovereign violence.

In Hakkâri, thousands of people were taken into custody, especially during KCK operations, and hundreds of people were seriously injured or killed in either street demonstrations or military operations.

Finally, as the AK Party in *Hakkâri* has employed intense sovereign violence to separate “terrorists” from “normal citizens”, Hakkârians’ firmly-established conviction that their lives count for little in the eyes of the state has only been reinforced. This conviction made it difficult for Hakkârians to notice and to appreciate the bio-political turn of the state and the improvement of the medical establishment in the province. This can also be seen in the persistence of patient dissatisfaction in *Hakkâri*, which I closely analyze in the following chapter.

CHAPTER 5: Local Response to the Improvement of Healthcare Provision:

Persistence of Patient Dissatisfaction as a Mass Phenomenon

This chapter provides a thorough examination of one particular aspect of the responses elicited by the improvement of health services in *Hakkâri* in the last ten years: the widespread dissatisfaction of Hakkârians with healthcare provision. A considerable proportion of Hakkârians still complain about many aspects of healthcare provision in the province, as if nothing has substantially changed in this area.

This phenomenon may seem strange, given that Hakkârians previously lacked any healthcare provision worthy of mention, let alone a qualified one, and suffered from indirect state racism for years. One might logically expect to see citizens in *Hakkâri* naturally compare and contrast past and present healthcare provision in the province, realize the progress made, and thus appreciate the current quality of healthcare provision.

The chapter deals with this “strangeness”; it elucidates that the persistence of patient dissatisfaction in *Hakkâri* is less strange than it might appear upon first glance. Indeed, as the anthropology of policy teaches us, that service-beneficiaries respond to policy instruments in a way that is not predicted and required by political rationalities behind these policy instruments is not an exceptional state of affairs. As Gritt B. Nielsen argues, “...ethnographic explorations into people’s everyday lives often show that their subjectivities and their use of technologies are rarely as clear-cut and neat as is presented in a political rationality.”²⁸³ After all, locality, which is expected to respond to policy in a way designed by the political rationality of the policy employed, is not a clean slate onto which policy-makers can simply write anything at will.

²⁸³ Nielsen, "Peopling Policy: On Conflicting Subjectivities of Fee-Paying Students," 69.

The persistence of patient dissatisfaction in *Hakkâri*, despite the tangible progress in the quality of healthcare provision in the province, relates to the fact that issues pertaining to race, ethnicity and culture affect patient satisfaction in various complicated and unforeseen ways. Even after shortcomings concerning the access of minority groups to healthcare provision are improved, the dissatisfaction of these groups may still persist due to the cultural/political gap between different agents and actors involved in healthcare provision,²⁸⁴ just as this persistent patient dissatisfaction occurs in *Hakkâri* even after remarkable improvements to healthcare provision.

Succinctly put, the persistence of patient dissatisfaction in *Hakkâri* is an ethno-political issue. This chapter will elaborate on this argument. The chapter relates the persisting dissatisfaction of Hakkârians with the medical establishment to the wider political and historical context of state-citizen relations in *Hakkâri*, following the methodological suggestion of John D. O'Neil:

In situations in which a dominant ethnic group provides health care to a subordinate group, such as the one described here, the importance of relating wider issues of political economy, racism, and exploitation to individual medical encounters and patient satisfaction is apparent.²⁸⁵

Yet this chapter relates patient dissatisfaction in *Hakkâri* to the wider context of state-citizen relations in the province in a way fundamentally different than that offered in the growing literature examining how the ethnic/racial subordination of minority groups is played out in doctor-patient encounters in the clinical environment. The literature on ethnic/racial disparities in healthcare places a strong emphasis on the role of the weakness of healthcare providers' "cultural competency" in the dissatisfaction of oppressed minority groups with health services. Cultural competency, which refers to "a set of congruent behaviors, attitudes, and policies that come together in a system, agency or amongst professionals and enables that

²⁸⁴ Joseph R Betancourt et al., "Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care," *Public Health Reports* 118, no. 4 (2003): 294.

²⁸⁵ John D O'Neil, "The Cultural and Political Context of Patient Dissatisfaction in Cross-Cultural Clinical Encounters: A Canadian Inuit Study," *Medical Anthropology Quarterly* 3, no. 4 (1989): 327.

system, agency or those professionals to work effectively in cross-cultural situations,”²⁸⁶ is the keyword of this approach. This chapter does not deny that the less culturally competent the health institutions are to ensure conditions of a healthy cross-cultural contact during medical encounters, the less they are capable of bringing satisfactory solutions to the health problems of minority groups. The dissatisfaction brought under scrutiny in this chapter, however, reveals a different aspect of the complicated causality between ethnic subordination and patient dissatisfaction. The persisting dissatisfaction of Hakkârians goes beyond the issue of the cultural competency of health institutions and problems related to the absence of healthy cross-cultural contact in medical encounters; patient dissatisfaction in *Hakkâri* is first and foremost related to an ethno-political way of seeing based on some established convictions and sensibilities which have come into being at the end of years passed by violence, indirect state racism and resistance. That is to say, dissatisfaction with the medical establishment in *Hakkâri* is not a dissatisfaction that begins and ends with healthcare providers. It is rather a particular manifestation of a general dissatisfaction with state institutions, linked to a fundamental crisis in state-citizen relations pertaining to belonging and identity. Therefore, the chapter can be said to take a stance methodologically closer to Frantz Fanon, even if it does not completely subscribe to his division of whole social reality into two separate domains of colonizer and colonized. Fanon helps us notice that in societies where state authority-resident relations are characterized by alienation due to ethnic/racial subordination, patient dissatisfaction cannot be easily isolated from general discontent among residents, nor can the factors behind patient dissatisfaction be easily classified into medical, non-political factors and non-medical, political factors.²⁸⁷

²⁸⁶ T.L. Cross et al., *Towards a Culturally Competent System of Care: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed* (Washington, DC: CASSP Technical Assistance Center, Georgetown Univ. Child Development Center, 1992), 7.

²⁸⁷ See especially Frantz Fanon, *A Dying Colonialism* (New York: Monthly Review Press, 1965), 121-46.

This chapter identifies two main ethno-political factors which largely account for the persistence of patient dissatisfaction in *Hakkâri* as a mass phenomenon—despite the on-going improvement of healthcare provision in the province. The first factor is the established conviction on the part of large masses of Hakkârians that their lives are not so worthy of care in the eyes of the Turkish state. It entails a pessimistic way of seeing, in which negative aspects of healthcare provision (like persisting shortcomings, malfunctions and mistakes) are incomparably more visible than those positive aspects of healthcare provision (such as the increase in number of health staff and modernization of medical infrastructure). This conviction reflects the burden of the history of state-citizen relations in *Hakkâri*, which has been characterized by sovereign violence and indirect state racism. The second factor relates to the full and equal citizen status assumed by large masses of Hakkârians. The criterion used in *Hakkâri* to assess the quality of healthcare provision is often not the relative progress of healthcare provision over time, a criterion that can be employed by the citizen in the making of developmentalist/pedagogical narratives of nationalism. Rather, there is a strong inclination in *Hakkâri* to measure the quality of healthcare provision by comparing it to the quality of healthcare provision in other provinces, mainly developed Turkish ones, or by its capacity to meet the right to qualified healthcare provision promised by law and constitution to all Turkish citizens irrespective of their ethnic origins. The widespread desire to assume full and equal citizen status, a counter-move against the dehumanization and degradation which takes place through sovereign violence and indirect state racism, is an important factor at play in this issue.

The following sections expand these arguments, drawing on ethnographic evidence and a detailed analysis of the persisting patient dissatisfaction in *Hakkâri* as a mass phenomenon.

5.1 Dissatisfaction with Healthcare Provision in Hakkâri: A Mass Phenomenon

In spite of the undeniable improvement of healthcare provision in *Hakkâri* with regard to medical infrastructure and health workforce, the first things Hakkârians will tell you concerning healthcare provision would, in most cases, not be the replacement of 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 hundreds of specialists and GPs via compulsory service law and of thousands of nurses and midwives via contract system, the successes of some medical operations in *Hakkâri* (which could not be performed in *Hakkâri* in the past), or the emergency transfer of patients to *Van* via air ambulance. Instead, you will most probably hear complaints concerning the lack of doctors and the inadequacy of the facilities of the hospital. If one responds to these complaints by reminding these patients of the construction of the new hospital building, they would refute your argument with more criticism: “the building is good, but its inside is empty”, “it is a statue, it is no use.” If you object to their claims about the lack of doctors, and remind them that in the past sometimes a single specialist would serve the whole province, their complaints shift again: “They are inexperienced doctors, they are medical interns. They do their internship on our bodies and then leave here.” In all cases, you will realize that you witness a complex case of persisting dissatisfaction with healthcare provision despite some remarkable, tangible improvements in the service.

Patient dissatisfaction in *Hakkâri* is a mass phenomenon, symptomatic of an established way of seeing the state, and thus far from merely reflecting the perspective of some political extremists in the province. This is borne out in my questionnaire research, which I conducted in *Hakkâri* city to be able to present the level of patient dissatisfaction in the province in a quantitative form and thus make trends and counter-trends concerning patient satisfaction in *Hakkâri* more remarkable and explicit.

5.1.1 Methodology

My self-designed questionnaire consisted of fifteen questions designed to shed light on different aspects of patient satisfaction, alongside some other questions concerning the personal identity of the respondents. I limited the questions to those concerning *Hakkâri* Public Hospital, assuming that the level of patient satisfaction with *Hakkâri* Public Hospital, the biggest healthcare provider in *Hakkâri*, can be legitimately used as indicator of the overall patient satisfaction with the medical establishment in the province.

The sampling method I employed in the questionnaire research can be defined as purposive sampling. As defined by Alan Bryman,

[Purposive] sampling is conducted with reference to the goals of the research, so that units of analysis are selected in terms of criteria that will allow the research questions to be answered... Although a purposive sample is not a random sample, it is not a convenience sample either... A convenience sample is simply available by chance to the researcher, whereas in purposive sampling the researcher samples with his or her research goals in mind. In purposive sampling, sites, like organizations, and people (or whatever the unit of analysis is) within sites are selected because of their relevance to the research questions.²⁸⁸

My methodology for selecting my respondents was determined by the goal of having a sample allowing me to carry out a discussion on the basic trends and patterns of patient dissatisfaction in *Hakkâri*. Therefore, I employed the following selection criteria while sampling:

1. Considering the social, cultural and political homogeneity of districts of *Hakkâri*, I limited the questionnaire research to *Hakkâri* city.
2. Considering that the responses of patients to the questions may be biased by their immediate experiences if I implement the questionnaire in *Hakkâri* Public Hospital, I did not implement it in that venue. Instead I worked with patients going

²⁸⁸Alan Bryman, *Social Research Methods* (Oxford; New York: Oxford University Press, 2012), 418.

to family health centers which, as institutions providing healthcare free of charge, accept patients from all segments, professions, ages, sexes.

3. Considering the socio-economic and political differences between neighborhoods of *Hakkâri* city, I avoided limiting the questionnaire research to the patients of a single family health center. Questionnaire research was therefore done in five different family health centers in five different neighborhoods of *Hakkâri* city in May 2013: *Hakkâri* City Family Health Center No 1 in *Pehlivan* Neighborhood, *Hakkâri* City Family Health Center No 2 in *Biçer* Neighborhood, *Hakkâri* City Family Health Center No 3 in *Berçelan* Neighborhood, *Hakkâri* City Family Health Center No 4 in *Gazi* Neighborhood, *Hakkâri* City Family Health Center No 6 in *Merzan*.

I spent two days in each family health center. All visitors of the family health centers were asked to participate to the research without any pre-selection. They filled in the questionnaires while waiting in the queue or after they were seen by the doctor or the nurse. Most of the respondents preferred filling the questionnaires by themselves. A minority of respondents, most of who were illiterate elder women who did not know Turkish well, was not able to fill the questionnaire by themselves. I filled their questionnaires by interviewing them.

In total, I had 427 respondents. However, I did not take some of the completed questionnaires into consideration when making the final evaluation, in order to have a sample composed only of Hakkârian respondents living in *Hakkâri* city. Some questionnaires were completed by non-Hakkârian respondents like Turkish civil servants and some students of *Hakkâri* University, who were temporarily living in the city, and also by Hakkârian respondents living in villages and other districts of *Hakkâri*. Therefore, the results indicated below as graphs are based on the answers of 369 respondents.

5.1.2 Respondents

I had 181 male and 188 female respondents. Of these 369 respondents, 30 were between 15-18 years old, 183 were between 18-29 years old, 104 were between 30-44 years old, 40 were between 45-59 years old, 11 were over 60 years old, and 1 respondent did not mention his age. With regard to education level, 60 respondents were illiterate, 13 respondents were literate but not graduated from primary school, 141 respondents were primary and junior high school graduates, 99 respondents were high school graduates, 50 respondents were bachelors, 5 respondents were post-graduates, and 1 respondent did not mention any education. With regard to professions, 38 respondents were civil servants, 29 respondents were workers, 19 respondents were shopkeepers, 117 respondents were housewives,²⁸⁹ 25 respondents were unemployed, 103 respondents were students, 28 respondents were self-employed, 2 respondents were retired, 4 respondents were occupied with other professions, and 4 respondents did not mention any profession. With regard to origins, 175 respondents defined themselves as locals of *Hakkâri* city, 143 respondents were village evacuees, 30 respondents migrated from villages voluntarily, and 21 respondents came from other districts of *Hakkâri*. With regard to monthly income of the families of the respondents, 228 respondents declared that their monthly household income is less than 1000 YTL (400\$), 82 respondents declared that their monthly household income is between 1000-2000YTL (400-800\$), 33 respondents declared that their monthly household income is between 2000-3000 YTL (800-1200\$), 19 respondents declared that their monthly household income is more than 3000YTL (1200\$), and 7 respondents did not declare their monthly household income. With regard to social security coverage, while 172 respondents declared that they were Green Card holders, 172 respondents declared that they were insured as premium payers, 23 respondents declared that

²⁸⁹ Young unmarried girls, who are not employed and students, are in this group as well. These girls can be defined as hidden unemployed.

they were not covered by any scheme, and 2 respondents did not mention their social security status.

The composition of the sample shows that purposive sampling by picking ordinary users of family health centers in *Hakkâri* city achieved its purpose, and provided a workable sample. To begin with, as the table below shows, the gender composition of the sample is almost proportional to the gender composition of *Hakkâri* city. The overrepresentation of women in the sample is minimal and largely results from the fact that maternal and child health service is one of main services provided by family health centers.

Table 21. Gender Composition of the Sample and *Hakkâri* city

<i>Hakkâri</i> City	Percentages	
Gender	Sample	Universe
Male	49.05%	52.79%
Female	50.95%	47.21%

Source: Questionnaires and *Seçilmiş Göstergelerle Hakkari 2013*²⁹⁰

As for the composition of the sample with respect to age group, as the table below shows, it overwhelmingly reflects the age distribution of *Hakkâri* city. We can speak of some overrepresentation of 15-29 age group respondents to the cost of some underrepresentation of respondents over 45 and especially those over 60. This most probably results from two simple facts. First, high schools students in *Hakkâri*, as with their counterparts across Turkey, pay frequent visits to family health centers to obtain sick reports and thus have free time for studying the university entry exam or sitting make-up exams in the school. Secondly, as is evident, the health of older people often prevents them from travelling to family health centers as easily as younger people. When they do need to visit a health center, this is most often for

²⁹⁰ Türkiye İstatistik Kurumu (Turkish Statistical Institute), *Seçilmiş Göstergelerle Hakkari 2013*, 98.

serious diseases that can only be treated by specialists in hospitals. In all cases, under/overrepresentations are not so high as to damage the reliability of the sample with respect to age groups.

Table 22.Age Composition of the Sample and *Hakkâri* city

<i>Hakkâri</i> city	Percentages	
Age-Groups	Sample	Universe (Over 14)
15-29	57.88%	51.51%
30-44	28.26%	28.82%
45-59	10.86%	12.80%
60-	2.98%	6.85%

Source: Questionnaires and *Seçilmiş Göstergelerle Hakkari 2013*²⁹¹

To continue with the composition of the sample with respect to the education level of respondents, we see that the sample continues to mirror the universe. With the partial exception of an overrepresentation of “illiterate and those literate but without a complete school education”, the percentages are very close. This overrepresentation stems from the fact that the schooling of women, who are more inclined to use family health centers than men because of the maternal and child health services provided by these centers, has lagged far behind that of men until recent times, especially in the Kurdish region. Yet it is evident that this partial exception is not at a level to threaten the reliability of the sample with respect to education level of the population.

²⁹¹ Ibid.

Table 23. Educational Background of the Sample and *Hakkâri* city

<i>Hakkâri</i> city	Percentages	
Education Levels	Sample	Universe (Over 14)
Illiterate+Literate but without School Education	19.83%	15.70%
Primary and Junior High School Graduates	38.31%	41.48%
High School Graduates	26.90%	26.66%
Bachelors	13.58%	12.94%
Post-Graduates	1.35%	0.66%
Unknown	-----	2.53%

Source: Questionnaires and *Seçilmiş Göstergelerle Hakkari 2013*²⁹²

The sample is also workable because it reflects the socio-economic composition of the city. This is evident in the answers given by my respondents to the question concerning their health insurance status. In the General Health Insurance Scheme (GHIS), citizens employed in the formal sector and their dependents have full access to health services provided by hospitals of MoH, as well as some private hospitals thanks to premiums paid to the Social Security Institution (SSI). The premiums of the unemployed, or those employed in the informal sector and found incapable by the state of paying any such premiums, are paid either completely or partially, depending on the level of poverty of the poor, by the state. Therefore, there are two main groups of people with respect to the GHIS: those employed in the formal sector and capable of paying premiums, and those unemployed or employed in the informal sector and incapable of paying premiums. One can speak of a third category uncovered by the GHIS, composed of those who cannot pay the premiums they legally have to pay, such as self-employed people in the formal sector and those poor people who are expected to pay a certain part of their premiums.

²⁹² Ibid.

To distinguish between these groups, I asked my respondents, “are you a Green Card holder?”, even though Green Cards, which used to be delivered to those who were not employed in formal sector and also cannot afford to pay for health services, were annulled before the transition to the GHIS towards the end of 2011. The thinking behind this was that the overwhelming majority (approximately 80 percent)²⁹³ of former Green Card holders in *Hakkâri* have been identified as so poor that their premiums to the SSI are paid by the state, and thus nothing has practically changed for former Green Card holders other than the bureaucratic title of the new status ascribed to them by the GHIS. In addition, the poor are not concerned with the bureaucratic change of titles as much they are concerned with the fact that they are not expected to pay any fee while having treatment, which is what Green Card has signified since the early 1990s. Finally, and most importantly, the new status neither has a non-bureaucratic and concrete title to replace “Green Card Holder”, nor provides them a physical card like the Green Card to let them be aware of their titled status.

46.61 percent of my respondents defined themselves as “Green Card holder” and another 46.61 percent of my respondents declared that they were insured as premium payers. 6.23 percent of my respondents declared that they were not covered by any social security scheme. Two respondents did not answer the question. At first sight, these percentages do not seem to overlap with the reality on the ground in May 2013 when the questionnaire research was implemented. According to the records of the SSI, in May 2013 approximately 36 percent of Hakkârians were too poor to pay premiums, 4 percent of Hakkârians were poor but found capable at varying levels of paying a certain part of premiums, 57 percent of Hakkârians were insured as premium payers and 3 percent of Hakkârians were not covered by any scheme.²⁹⁴

²⁹³ This can be followed in the statistical yearbooks of the Social Security Institution.

²⁹⁴ Sosyal Güvenlik Kurumu (Social Security Institution), May 2013, “Aylık İstatistik Bültenleri,” available online at <http://www.sgk.gov.tr/wps/portal/tr/kurumsal/istatistikler/aylik_istatistik_bilgileri/> [11 June 2013]

Green Card holders and those not covered by any scheme seem to be overrepresented while those insured as premium payers seem to be underrepresented in the sample.

One point needs to be clarified before taking this divergence as evidence refuting the reliability of the sample. The respondents designated by the GHIS as dependents—that is, the respondents below eighteen and housewives whose coverage status depends on parents and husbands, respectively—were most often not completely sure about their current health insurance status. They inclined to answer the question as if they were being asked whether they had held a Green Card in the past before transitioning to the GHIS without being sure about their current health insurance status. Therefore, although approximately 20 percent of former Green Card holders in *Hakkâri* are now insured as premium payers, many dependents, who were former Green Card holders and are now insured as premium payers, probably responded to the question as if they were still Green Card holders. Indeed, the composition of the sample with respect to health insurance status (46.61 percent Green Card holder, 46.61 percent insured as premium payers, 6.23 percent not covered by any scheme) does not overlap with the reality on the ground in May 2013, but it does largely do so with the reality on the ground in December 2011, the last month when Green Card scheme was still valid. According to the monthly bulletin released by the SSI in December 2011 which detailed health coverage in *Hakkâri* on the eve of the transition to the GHIS in January 2012, Green Card holders formed 46.14 percent and those insured as premium payers formed 51.82 percent of the province while 2.03 percent of the people were not covered by any scheme.²⁹⁵

The reliability of the sample can also be tested by excluding dependents from the sample. When dependents, often unsure about their health insurance status, are excluded from the sample, the composition of the sample with respect to health insurance status becomes as

²⁹⁵ Sosyal Güvenlik Kurumu (Social Security Institution), December 2011, “Aylık İstatistik Bültenleri,” available online at <http://www.sgk.gov.tr/wps/portal/tr/kurumsal/istatistikler/aylik_istatistik_bilgileri/> [5 November 2012].

such: 35.42 percent Green Card holders, 57.39 percent insured as premium payers and 7.17 percent not covered by any scheme. These percentages largely overlap with the reality on the ground in May 2013 when approximately 36 percent of Hakkârians were too poor to pay premiums, 4 percent of Hakkârians were poor but found capable at varying levels of paying a certain part of premiums, 56.74 percent of Hakkârians were insured as premium payers and 3 percent of Hakkârians were not covered by GHIS.

To summarize, although the sampling deployed in the questionnaire research is not random, and does not authorize me to speak with complete confidence of the representativeness of the sample and its margin of error, it nevertheless provides a solid quantitative ground for me to speak about different aspects of patient satisfaction in *Hakkâri*.

5.1.3 Results

The results of the questionnaire research concerning the level of patient satisfaction in *Hakkâri* city are shown in the graphs below.

Figure 11. I'm fairly satisfied with healthcare provision of *Hakkâri* Public Hospital

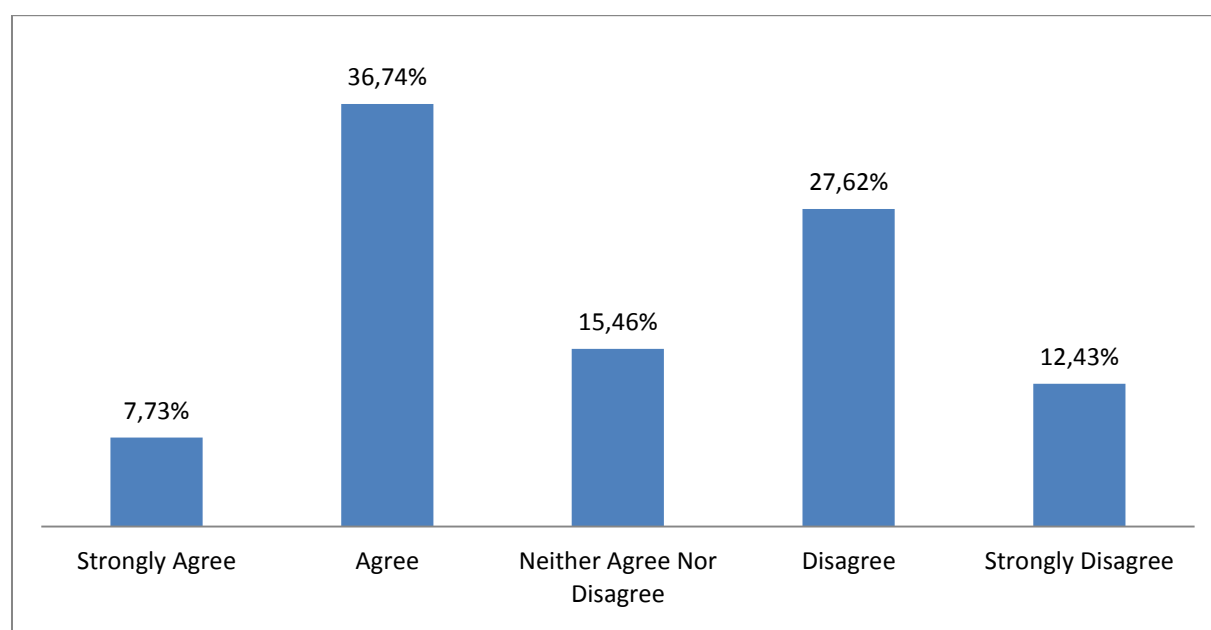
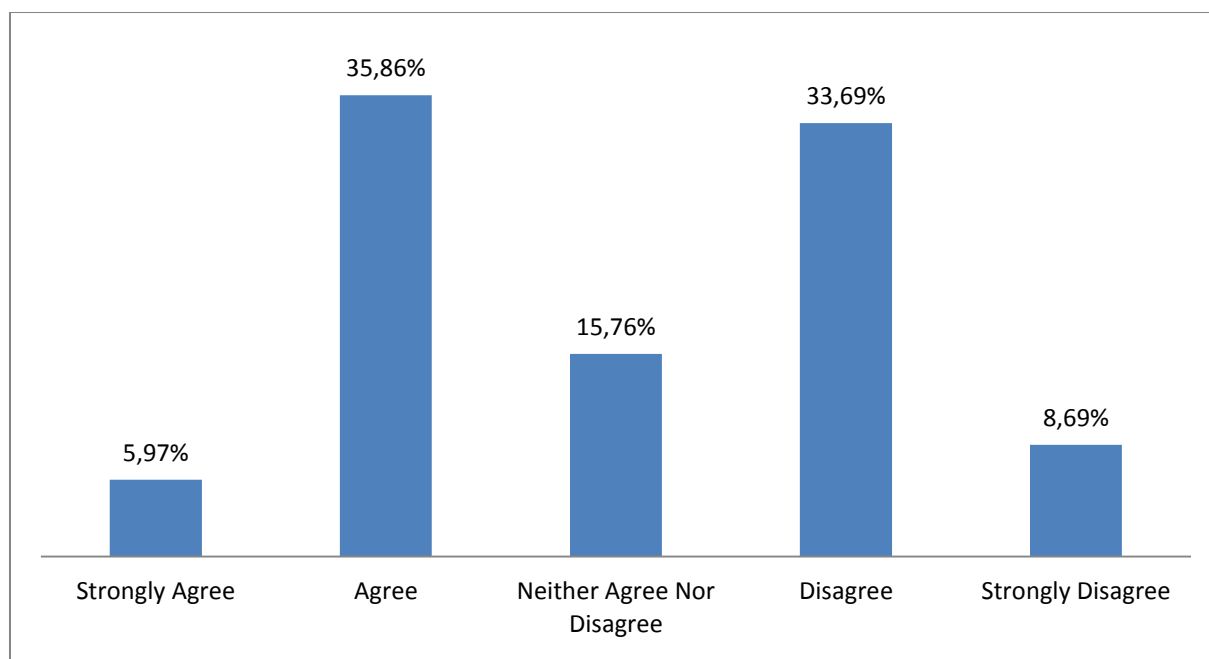


Figure 12. I do not have a considerable complaint concerning *Hakkâri* Public Hospital

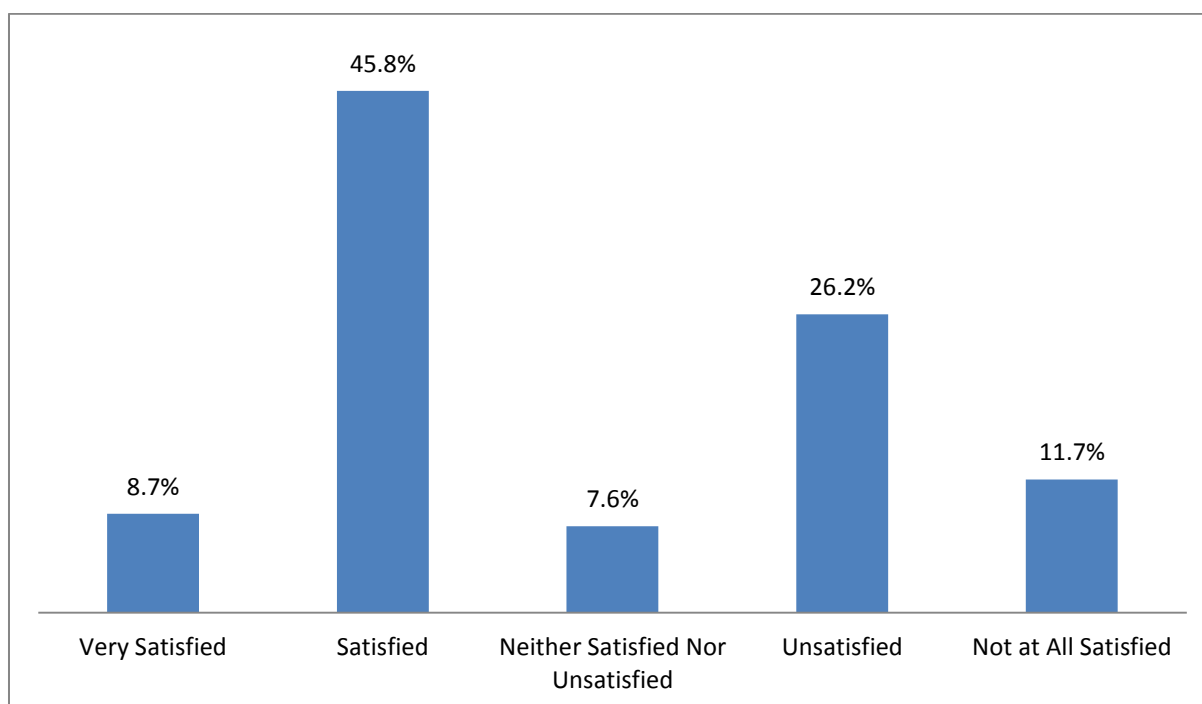


As can be seen, at least 40 percent of the respondents are either dissatisfied or not at all dissatisfied with healthcare provision of *Hakkâri* Public Hospital, which is the flagship center of the healthcare organization in *Hakkâri*. We also see that 15 percent of the respondents are neither satisfied nor unsatisfied with healthcare provision at *Hakkâri* Public Hospital. It means that almost 60 percent of the respondents are not sufficiently satisfied with the hospital to lead them to openly say that they are to this or that extent satisfied with it. Given the dimensions of the improvement of healthcare provision in *Hakkâri* in the last few years, this is a too notable scale of response to ignore.

The findings of the TurkStat's (*Türkiye İstatistik Kurumu*, Turkish Statistical Institute) life satisfaction survey of 2013 essentially confirm my findings, with a single exception resulting from the trade-off between those "satisfied" and those "neither satisfied nor unsatisfied." According to the survey, the province with the people least 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 percent, the rate of those satisfied with healthcare

provision in *Hakkâri* is only 54.5 percent. According to the survey, 7.6 percent of Hakkârians are neither satisfied nor unsatisfied, and 37.9 percent of Hakkârians are not satisfied with healthcare provision in *Hakkâri*.²⁹⁶ In sum, the experiences of 45.5 percent of Hakkârians with the medical establishment are not satisfactory enough to lead them to say that they are to this or that extent satisfied with healthcare provision in *Hakkâri*.

Figure 13. The Level of Satisfaction of Hakkârians with Healthcare Provision



Source: TurkStat, Life Satisfaction Survey, 2013

In all cases, it is evident that we are speaking of a mass phenomenon, not a marginal one, which pertains to almost 50 percent of the population according to the TurkStat survey and to almost 60 percent of the population according to my own findings. Below I provide an analysis of this mass phenomenon with regards to health workforce and medical infrastructure.

²⁹⁶ Türkiye İstatistik Kurumu (Turkish Statistical Institute), *Yaşam Memnuniyeti Araştırması 2013* (Ankara: TÜİK, 2014), 212-13.

5.2 The Analysis of Dissatisfaction with Healthcare Provision in *Hakkâri*

5.2.1 Dissatisfaction with Healthcare Provision as an Issue of Distrust

5.2.1.1 The Burden of History or the Problem of Trust

A scandal occurred on the last day of the biweekly “get together summer school” organized in 2011 for the research assistants of the University of *Hakkâri*, most of who were students at other Turkish universities where they were writing their postgraduate theses then. Organizing summer school for research assistants was the idea of the rector. His goal was to make research assistants, who were obliged to return to the University of *Hakkâri* and fulfill compulsory service at the end of their postgraduate study, familiar with *Hakkâri*. The rector hoped that the more familiar the research assistants became with *Hakkâri*, the more likely it was that they would return to the province. His concern was valid; the most popular topic of conversation between the research assistants during the summer school concerned the legal ways of avoiding the obligation to return to *Hakkâri* without having to pay any compensation.

On the evening of the last day of the summer school, a closing dinner was organized in the courtyard of the *Çölemerik* Vocational School. The vice chancellor of the University of *Hakkâri* attended, and was expected to deliver a short speech. Yet nobody expected to hear a speech so full of insults instead of good wishes. When he took the microphone, his anger was already noticeable: “You always complain. You even avoid filling in the questionnaire.” It was understood that he was angry with research assistants avoiding filling in the questionnaire designed to measure the satisfaction of the participants of the summer school. He continued: “If we had not recruited you, you all would have gone astray (*hepiniz kötü yola düşerdiniz*).” Everybody was shocked. 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 least talented graduates who cannot find any jobs anywhere else in Turkey accept work in *Hakkâri*.

It is evident that *Hakkâri* has become an emblem of inferiority and been identified in everyday Turkish culture as the worst place in the country following years of sovereign violence and indirect state racism. However striking the words of the vice chancellor, they are by no means exceptional. There are several daily phrases about the inferiority of *Hakkâri* in Turkish that naturalize and reproduce the stigmatization of *Hakkâri* as the place of the worst. 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 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 by highlighting their investment “even in *Hakkâri*.” Most popular among these phrases is “to exile someone to *Hakkâri*.” The phrase refers to the much resorted Turkish state tradition of forcing leftist, negligent and corrupt civil servants to resign by appointing them to *Hakkâri*.

I began this section devoted to the analysis of patient dissatisfaction in *Hakkâri* with a specific event and a series of phrases demonstrating that *Hakkâri* has become the emblem of inferiority in Turkey so as to draw attention to the strong causality between the historical context informing Hakkârians’ experience with the medical establishment and the persistence of patient dissatisfaction in the province as a mass phenomenon. It is not just the actual quality of health services Hakkârians use to assess the quality of healthcare provision in *Hakkâri*; the history of state-citizen relations in *Hakkâri*, which has rendered *Hakkâri* into an emblem of inferiority, also plays a key role in this assessment process. To make sense of how

the history of state-citizen relations in *Hakkâri* affects the assessment process, I would like to introduce the term “sighting of the state”:

...the sightings of the state that poorer people make are never straightforward or unitary. None of us sees the state... in a direct and unmediated fashion. We always see the state through the eyes of others, and with close regard for past memories, accounts that circulate in the public sphere, and how we see other people getting on or being treated.²⁹⁷

My argument is that the history of state-citizen relations in *Hakkâri* appears as a burden and imposes a certain way of seeing the state and its services, including health services, on Hakkârians, who are affected by this burden in varying degrees. The persisting dissatisfaction of Hakkârians with the medical establishment as a mass phenomenon is closely linked to that way of seeing the state and its health services.

To elucidate how the way of seeing the state brought about by past experiences with the state becomes a factor of patient dissatisfaction in *Hakkâri*, I would like to proceed with an interesting case. This case takes us to a conversation between me and the head of a branch of the provincial directorate of health, during which I shared my observations about Hakkârians' dissatisfaction with healthcare provision. He did not agree with my observations and told me that “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 *Hakkâri* Public Hospital. In these surveys, he continued, patients seemed quite satisfied with the healthcare provision offered by *Hakkâri* Public Hospital.

Upon his objection to my observation, I went to the quality management unit of *Hakkâri* Public Hospital. The unit, as all quality management units in other public hospitals of Turkey, measures the level of patient satisfaction on a monthly basis, using standard questionnaires prepared by the MoH. There are three standard questionnaires, one for in-patients, one for

²⁹⁷ Stuart Corbridge, *Seeing the State : Governance and Governmentality in India* (Cambridge ; New York: Cambridge University Press, 2005), 8.

out-patients, and the third for ER patients, each of which is answered by fifteen 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 *Hakkâri* Public Hospital was surprisingly high. Bearing in mind that the results were largely similar each month, I now present the survey on out-patient satisfaction from 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 on 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 were 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		

Source: The Quality Management Unit of *Hakkâri* Public Hospital

What do these results signify? Do they refute my and TurkStat findings? I would suggest that they do not. They rather signify 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 are designed as if the history of patients' experience with the medical

establishment and the state and the way of seeing entailed by that history have no any decisive impact on patient satisfaction with the medical establishment, and patient satisfaction pertains exclusively to the objective factors (cleaning, waiting time, respect to privacy, etc.) of the immediate experience with the healthcare provider.

Asserting the blindness of the questionnaires to the potentially negative impacts on patient satisfaction of the issues pertaining to the wider context of state-citizen relations in *Hakkâri*, I do not refer to a deliberate ethnic (Turkish) blindness of the questionnaires to the complicated relationship between Kurdish question and patient dissatisfaction. The issue I address is rather one that pertains to the general insufficiency of the standard patient satisfaction questionnaires to measure patient satisfaction in contexts informed by ethnic/racial/colonial hegemony. As Annette Jo Browne argues in her ethnographic research on how health services given to Canadian Aboriginal women are characterized by colonial and ethnic relations of power:

A particular methodological implication warrants mention...This relates to the current use of patient satisfaction surveys/questionnaires in quality assurance programs...Patient satisfaction questionnaires, based on the assumption that health care interactions involve neutral players and are inherently apolitical, tap into surface level information. This results in a fairly narrow understanding of how patients experience health care, and overlooks the complexities and contexts that influence patients' experiences, interpretations and expectations.²⁹⁸

Suffering from this insufficiency, the questionnaires deployed in *Hakkâri* do not by any means take into account that the stance of many Hakkârians towards the state has been structured by their conviction based on their first-hand knowledge that their Kurdish lives count for little in the eyes of the Turkish state. As expressed by a SPO 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 province.”²⁹⁹ To see how

²⁹⁸ Annette Jo Browne, "First Nations Women and Health Care Services: The Sociopolitical Context of Encounters with Nurses" (Ph.D.thesis, University of British Columbia, 2003), 207-08.

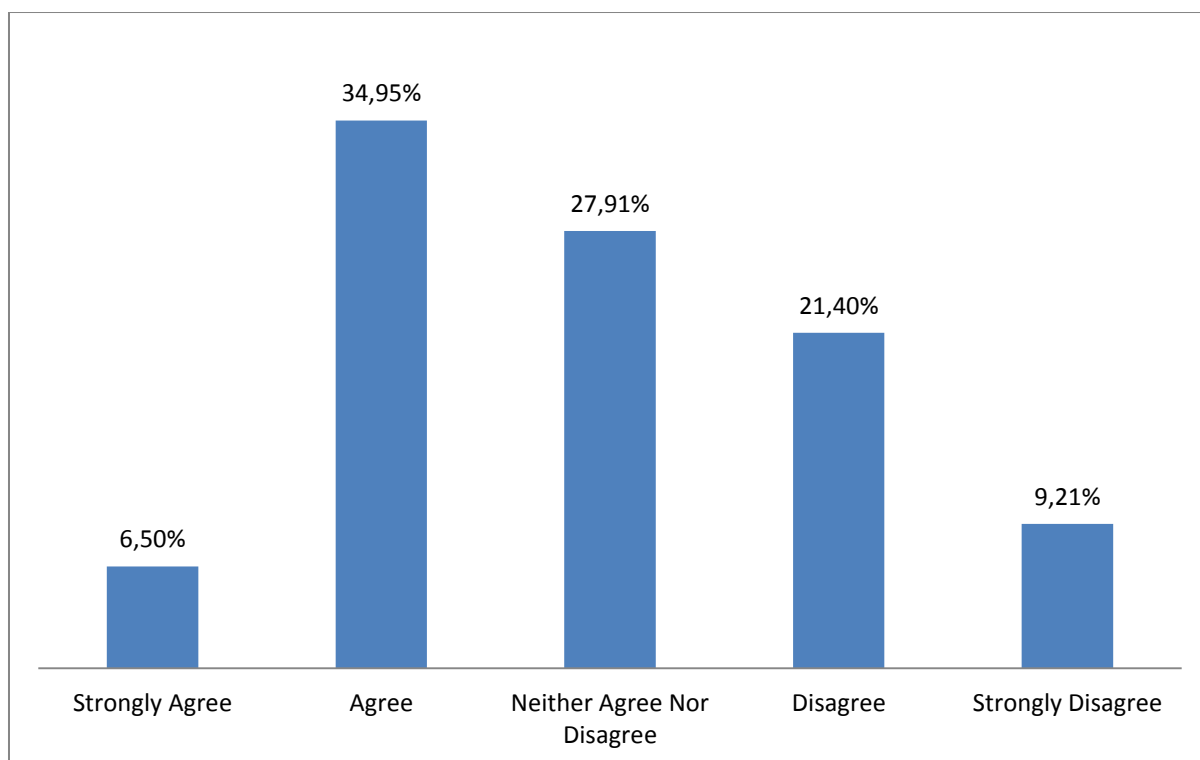
²⁹⁹ İsmail Karaman, *Hakkari Raporu* (Ankara: DPT, 1978), 1.

widespread this conviction among Hakkârians is, one needs to look at the everyday language of Hakkârians. 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 an 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 Hakkârians make sense of state policies and services.

What do I mean then by my claim that the questionnaires are not locally sensitive, and that they do not take into account the perception amongst locals that their lives count for little in the eyes of the state? Simply put, the questionnaire asks whether doctors reserve sufficient time to patients and approach them in a respectful manner, yet it is not asked 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 public hospitals in *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 questionnaire leaves a fundamental issue pertaining to patient satisfaction in *Hakkâri* unaddressed, especially given the prevalence of the discourses of citizens that “the state does not send us experienced doctors. Doctors appointed here are new graduates.”

If the issue of trust, which is one of the most important factors of patient satisfaction in *Hakkâri*, had been included in the questionnaires, it would have been seen that there is a very serious problem in Hakkârians’ trust in doctors. As the results of my questionnaire research clearly illustrate, only 41 percent of my respondents trust the diagnosis made by the doctors in *Hakkâri* Public Hospital while 31 percent of respondents do not have such trust by any means, and 28 percent of respondents still have some doubts about the diagnosis made by the doctors in *Hakkâri* Public Hospital.

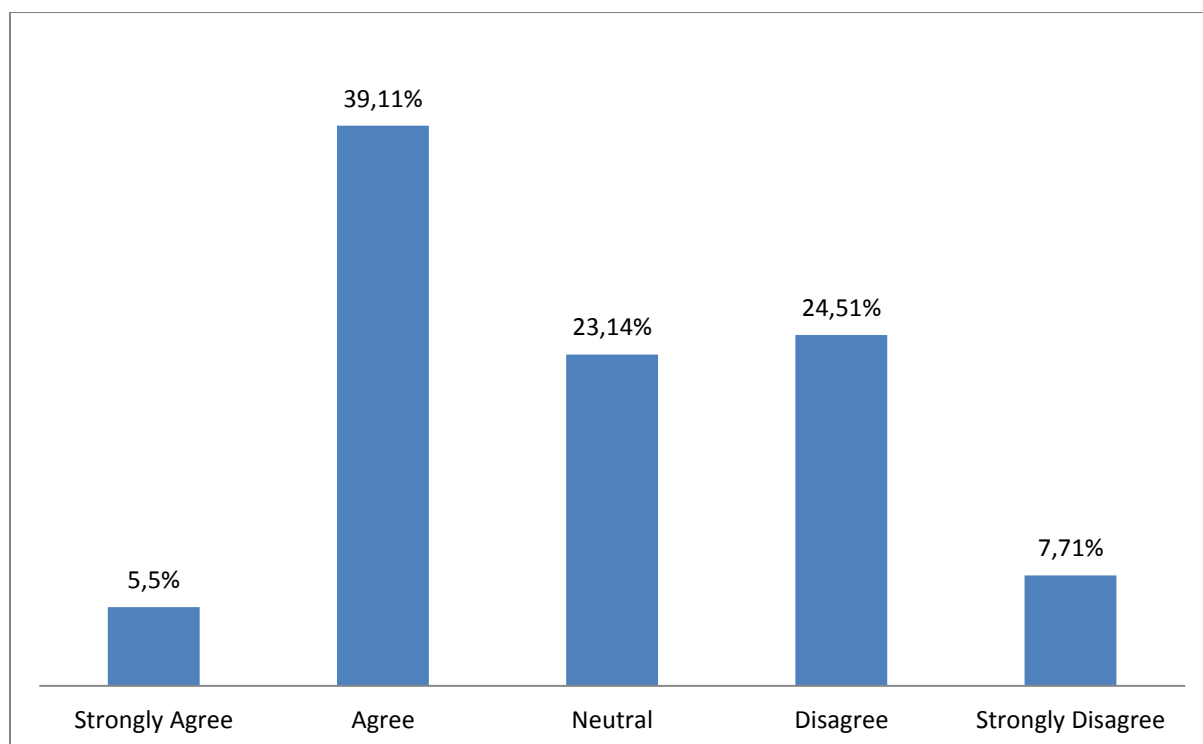
Figure 14.I trust the diagnosis made by the doctors in *Hakkâri* Public Hospital



The weakness of Hakkârians' trust in the medical capabilities of doctors in *Hakkâri* is not the single issue unaddressed and unmeasured by the questionnaires, which are not locally-sensitive. The questionnaires also do not take into account patient mistrust in *Hakkâri* with regards to the results of medical tests and analysis, and seem to suggest that the only problems concerning medical tests and analysis that could occur are long queues and the efficiency of the laboratory processes.

As can be seen in the figure below, only 45 percent of my respondents trust the results of tests and X-Ray, Ultrasound and MR imaging, 23 percent of the respondents are in-between and 32 percent of the respondents do not trust the results of medical tests and analysis.

Figure 15. I always trust the results of tests and X-Ray, Ultrasound and MR imaging



One can ask why patients responding to the questionnaires of the hospital 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” if they really do not trust the medical capabilities of doctors and results of medical tests and analysis. The answer is not a complex one: They say so, because they have no feasible alternative.³⁰⁰ *Hakkâri* Public Hospital is the single hospital of *Hakkâri* city, and the hospitals in *Van*, which are the closest alternatives, are 200 kilometers far away. To put the answer in Pierre Bourdieu’s words,

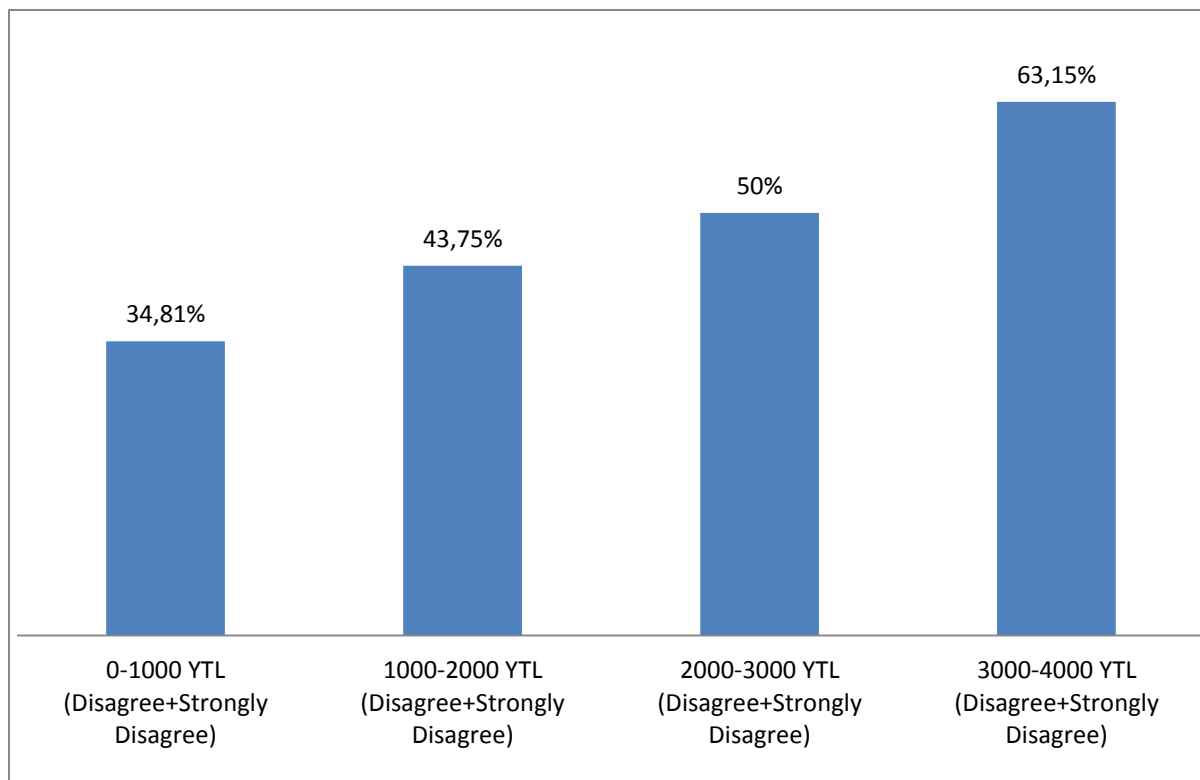
Because the dispositions durably inculcated by objective conditions... engender aspirations and practices objectively compatible with those objective requirements, the most improbable practices are excluded, either totally without examination, as *unthinkable*, or at the cost of the

³⁰⁰ As the coordinator of the quality management unit who is responsible for implementing the questionnaires confessed, because the questions concerning hospital preferences of patients “do not fit the medical reality of *Hakkâri* where there are no alternatives” she could not implement them in a proper way.

double negation which inclines agents to make a virtue of necessity, that is, to refuse what is anyway refused and to love the inevitable.³⁰¹

In other words, the sense of inevitability pushes, albeit not strictly requires, people to learn to satisfy with and rationalize what is inevitable. This notion is demonstrated in Figure 16, which reveals that the higher the income of my respondents, the greater their dissatisfaction with health services provided by *Hakkâri* Public Hospital. That is to say, the more they can afford to go to other provinces and visit other hospitals, the less they are inclined to be satisfied with healthcare provision in *Hakkâri*.

Figure 16. I am fairly satisfied with the healthcare provision of *Hakkâri* Public Hospital

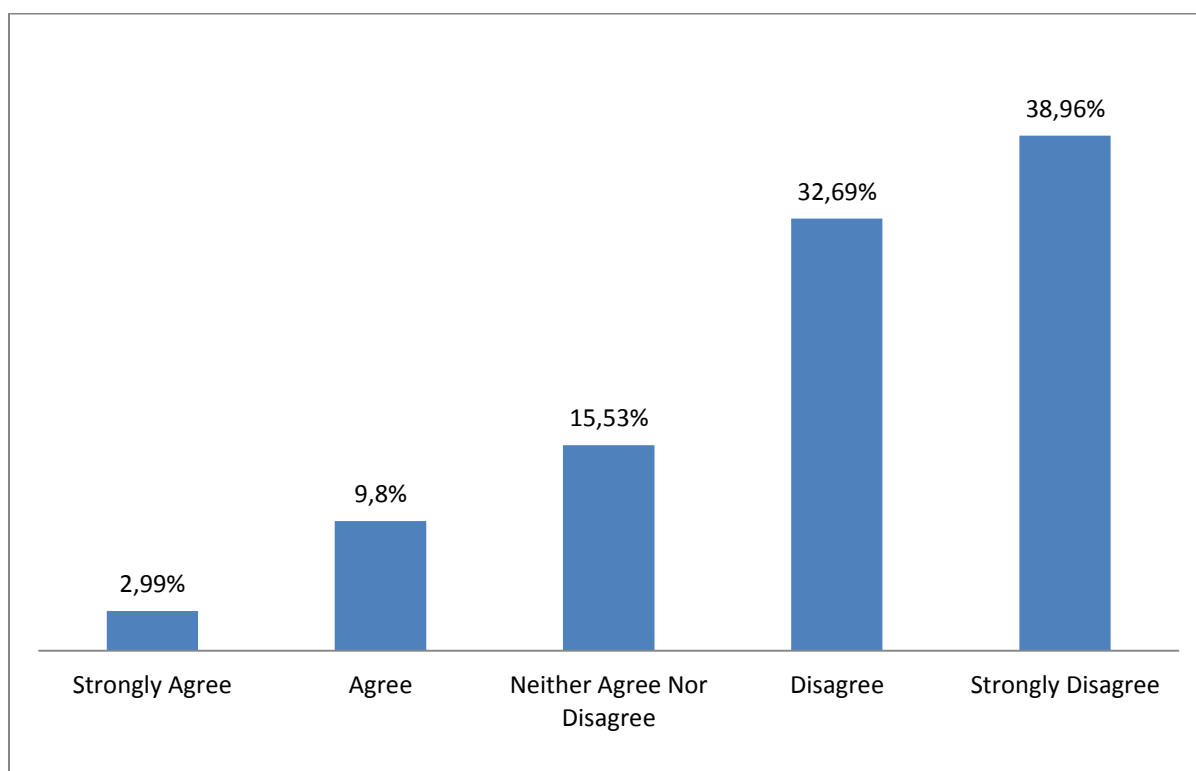


In other words, when patients in *Hakkâri* city go to *Hakkâri* Public Hospital, they do not do it because they prefer *Hakkâri* Public Hospital over other private or public hospitals, or because *Hakkâri* Public Hospital was suggested to them by their friends or neighbors. If we reword the

³⁰¹ Pierre Bourdieu, *Outline of a Theory of Practice* (Cambridge ; New York: Cambridge University Press, 1977), 77.

question in the questionnaires about their preference and recommendation in the following ways (in a way that takes the issue of trust and the issue of an absence of alternatives into account), it is clear that *Hakkâri* Public Hospital is certainly not a hospital preferred and suggested by Hakkârians.

Figure 17.I undergo risky surgery in *Hakkâri* Public Hospital without any considerable worry.

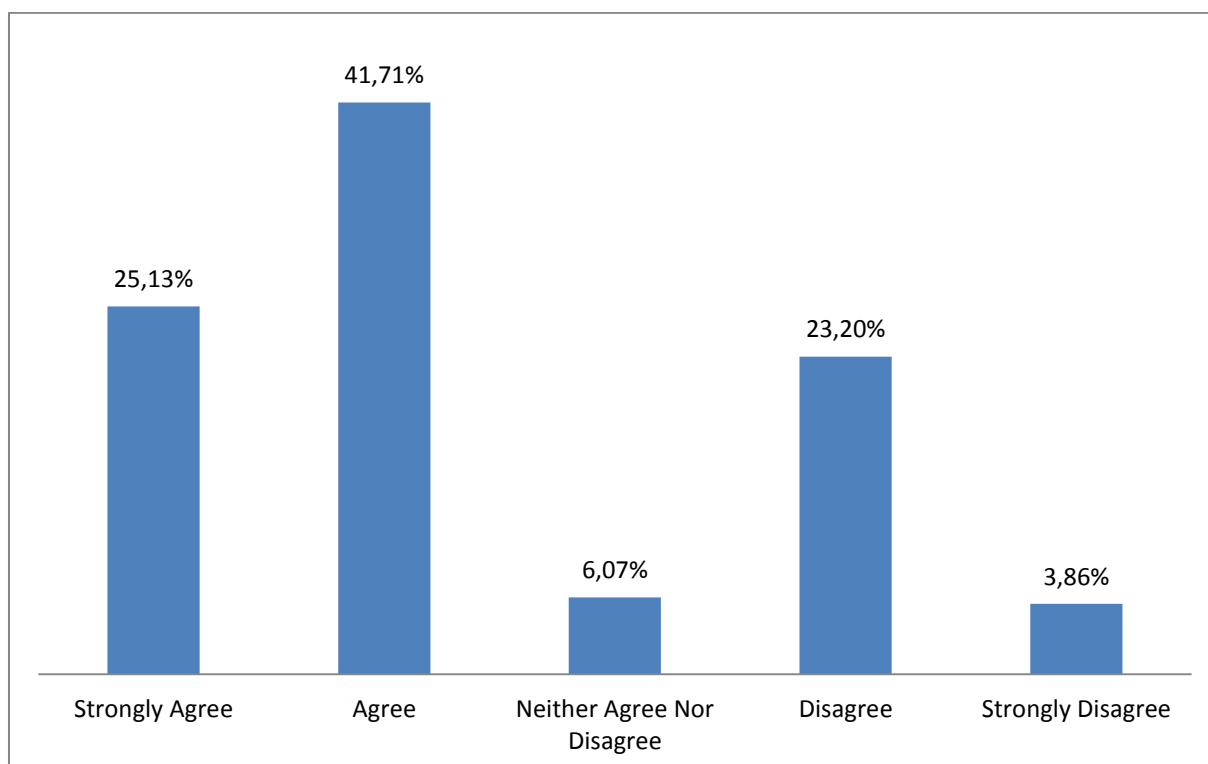


As this graph demonstrates, my respondents do not prefer *Hakkâri* Public Hospital when facing risky and serious surgery. 70 percent of the respondents say that they would not undergo a risky surgery in *Hakkâri* Public Hospital without any considerable worry, and only 13 percent of the respondents say they can undergo such surgery in *Hakkâri* Public Hospital lightheartedly.

One may justifiably claim that the expression “undergoing *risky* surgery in *Hakkâri* Public Hospital *without any considerable worry*” is too a sharp expression to measure the nuances of improvement in patients’ trust in *Hakkâri* Public Hospital. Yet even when we reformulate the

question in a more balanced and nuanced way, as below, a few things change. The level of patients' trust in *Hakkâri* Public Hospital is so low that almost 70 percent of my respondents say that they do not go there except for the treatment of simple diseases if they have sufficient money and time. Only 27 percent of the respondents said that if alternatives did exist, they would still continue to go to *Hakkâri* Public Hospital—even in serious cases.

Figure 18. I do not go to *Hakkâri* Public Hospital except for simple diseases if I have sufficient money and time.



To conclude, we can speak of a serious trust problem as an important determinant of my respondents' experience with healthcare provision in *Hakkâri*. The majority of respondents, which can be projected up to 60-70 percent of the sample, have serious doubts about the fundamentals of healthcare provision in *Hakkâri*, such as the medical capabilities of doctors and the accuracy of medical tests and analysis. These doubts considerably determine the level of patient satisfaction. This is illustrated in the following section of this chapter.

5.2.1.2 Distrust at Work

The belief amongst Hakkârians that their lives are insufficiently valued by the state guides their experiences with the medical establishment as a constitutive prejudgment.³⁰² This is, I argue, the first reason for the persistence of Hakkârians' dissatisfaction with their healthcare provision, despite (and, indeed, irrelevant to) some remarkable improvements in this area. Let me call two witnesses, the former a specialist who had been working for months in *Hakkâri* Public Hospital when we met and the latter a member of staff, also local, who once worked in patient rights unit of the hospital and hence was familiar with the patients' psychology. They both confirm the fragility of patients and the underlying trust problem.

Specialist, *Hakkâri* Public Hospital:

Hakkârians have a problem. They have a prejudice: "The state does not send doctors to us; it does not like us, etc." Therefore, one should avoid approaching them in a rough manner. I can even say that if you are nervous on a day, they may suspect that an ethnic problem lies behind your manner and actions. They are very fragile. The first thing the patients need is to feel they are appreciated. 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. 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:

The people used to get health services under very difficult conditions. They used to be transferred [to other provinces]. Sometimes five or six patients would be transferred by a single ambulance. Following the construction of the new building and the appointment of its doctors, we now have an unprecedented number of doctors [in *Hakkâri*]. Starting with the arrival of these doctors, the infrastructure [of the hospital] has begun to change. In this transition period, some citizens still hold onto 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. 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. Attempts are being made to solve the shortcomings. During the process of the removal

³⁰² I.e., not a groundless prejudice, but rather a sort of inclination to see and respond to (thus prejudge) things as conditioned by a ready understanding based on past experiences; c.f., Bourdieu's "habitus" theory. See *ibid.*

of these shortcomings, there may still be patients who cannot overcome their prejudices resulting from their past [experiences] and who say that: “what can one expect from the services provided here?”

Due to their entrenched prejudgments built on past experiences with the medical establishment and the state, patients often 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. Leaving minor diseases aside, hospitals of *Hakkâri*, in the eyes of many patients, are not places where they expect to receive qualified treatment for their diseases. This devaluation of hospitals and doctors in *Hakkâri* by Hakkârians is manifest in the lack of their philanthropic contribution to these hospitals.

There is a panel on the wall of the ground floor of *Hakkâri* Public Hospital. The top of the panel reads, “The Philanthropists Making Donations to Our Hospital.” Given the importance of making donations to hospitals in the philanthropic tradition of Turkey, it is not surprising to see such a panel on the wall of a hospital. What is surprising about the panel is something different. One might justifiably expect to see the names of at least eight or ten 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 some donations made to the hospital, like wheelchairs donated by a rotary club from *İstanbul*, but Hakkârians capable of making donations to the hospital refrain from doing so.³⁰³ The same situation applies to *Yüksekova* Public Hospital also. When I invoked the Freedom of Information Act to ask about this, I discovered nobody has made any donation to *Yüksekova* Public Hospital to date.

³⁰³ In 2013, the names of *Yavuz Yüce* and *Niyazi Ediş* were added on the panel. To a provincial director of health, the motive for these donations was the friendship between the general secretary of the *Hakkâri* Public Hospitals Union and these businessmen. That 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.

Given that “it is through philanthropy that people affirm what they believe is in the public good and what they think contributes to it,”³⁰⁴ we can conclude that the lack of Hakkârians’ philanthropic contribution to the public hospitals of *Hakkâri* should be taken as a strong signifier of how worthless institutions public hospitals are in the eyes of many Hakkârians. In the end, who donates to an institution which is regarded as useless? In the words of a middle-aged Hakkârian trade-unionist, who is born and bred in *Hakkâri* city,

Here no patient’s companion has any hope that his patient will recover when he takes his patient to the hospital ... So many go to the hospital for headache or flu, yet I have never seen a patient expecting to have a real treatment for a more serious disease in *Hakkâri* Public Hospital. In the case of a surgical operation, we instantly begin to think of alternatives like *Ankara* or *Van*... Let’s assume that I am a rich man and my child is sick. If he undergoes an operation here and recovers, furnishing a [hospital] room may come to my mind. Yet because I do not have any such expectation from the hospital, furnishing a [hospital] room does not come to my mind.

Figure 19. “The Philanthropists Making Donations to Our Hospital”



³⁰⁴ Robert L. Payton and Michael P. Moody, *Understanding Philanthropy : Its Meaning and Mission*, Philanthropy and Nonprofit Studies (Bloomington: Indiana University Press, 2008), 60.

This low expectation of obtaining quality treatment in the hospitals of *Hakkâri* causes many responses during medical encounters; the most frequent form of these are 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, going to the hospital and getting examined by specialists in *Hakkâri* is no more than the first step of the bureaucratic procedure of being transferred to other provinces. Almost all specialists I met in *Hakkâri*, *Yüksekova* and *Şemdinli* Public Hospitals complained about the insistent transfer demands of patients, and about the difficulty of convincing patients that treatment can be given just as well in *Hakkâri* with the available facilities and staff. The following two quotations from two specialists should be regarded as a reflection of the experiences 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 clear cases of need. They act as if I am not able to do anything myself, and exist just to transfer the patients to *Van* where, they think, everything is going to be better and they will recover. In this respect, I have a problem convincing the patients.

Specialist, *Hakkâri* Public Hospital:

... It is the city which is decisive [in their evaluation of health care provision]. That they are in *Hakkâri* and are examined in a hospital in *Hakkâri* to a large extent decreases patient satisfaction. According to them, the state either does not provide qualified healthcare to *Hakkâri* or does so reluctantly, yet the service provided in *Ankara* and *Istanbul* is very qualified... There is such 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* for the same reason dies despite all necessary treatment being given. You try to improve the conditions of the intense care unit, bring mechanical ventilators, try to ensure sanitation, improve the conditions of the operating room, etc. Yet it is very difficult to change the prejudice of the people.

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 the case of a shortage of technical facilities.

The intensity of the transfer demands can be better realized when one considers the case recounted by the vice director of the provincial directorate of Social Security Institution. The vice director testifies as to the extent of the prejudgment of the patients and pressure on the doctors:

When patients are transferred, we fund the expenses arising from transportation, the needs of the patient's companion and the patient's outpatient treatment. One of the specialists [in *Hakkâri* Public Hospital] would never mention the reasons for the transfers in the transfer reports of the patients he transferred to other provinces. We called him and informed that unless he gives reasons for 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 suggested he should in those cases enter the reason of the transfer as "data analysis and treatment."

As can be seen, patients in *Hakkâri* insist on being transferred to other provinces for their diseases which indeed can be treated in hospitals in *Hakkâri*. It is not an objective evaluation of positive and negative aspects of the current state of medical facilities and health workforce of the hospitals of *Hakkâri*, but rather the images built on the past experiences with the medical establishment, that guide patients' preferences. Many patients do not have any hope that they will ever receive qualified treatment in hospitals in *Hakkâri* that compares to the quality of treatment they would receive in hospitals in western provinces of the country.

Insistent transfer demands are maybe the most striking but not the only manifestation of patients' distrust of 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 these hospitals in other ways also. The following examples show how knowledge originating from the pessimistic convictions of *Hakkârians* fills the void left by a lack of knowledge about actual medical procedures, and thus produces (and reproduces)

this dissatisfaction. Let's take the lack of knowledge of the patients concerning the speed of the medical procedures. Although medical procedures, from tests to appointments for MR, tomography, etc. and time spent to be examined by medical specialists, take a far shorter time in the hospitals of *Hakkâri* than they do in the crowded hospitals of Turkish metropolises, patients may still routinely complain about the speed of the procedures and still adopt a demanding stance rather than a satisfied response. The case below, which is recounted by a medical specialist from *Hakkâri* Public Hospital who also worked as administrator for some months, exemplifies this demanding stance.

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 for BT. She came back to my examination room, saying that "I am student. I was told 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.

Complaints concerning the speed of procedures in the cardiology unit are another instance of this demanding stance. The frustration, bewilderment even, of this next doctor is apparent.

Specialist, Administrator, *Hakkâri* Public Hospital:

We have the facilities of big hospitals in cardiology. We have ECG, an 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 *Istanbul* for several months. In *Istanbul* 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 constant dissatisfaction. We're not appreciated in spite of all our efforts.

It may be argued that the complaints may not be based on prejudice, and rather result from a lack of knowledge on the part of the patients concerning the speed of the same procedures in *Istanbul* 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, leads the patients to feel that they are being neglected.

The last example I would like to cite concerning patients' prejudgment of the speed of medical procedures is a very interesting case, and one which 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.³⁰⁵ To put this more clearly, unless the conviction of the patients, that their lives are not so worthy of care in the eyes of the state, changes, facts confirming the reverse of this conviction can be still taken as evidence by citizens confirming their convictions. What leads me to suggest this is a dialogue between me and a Hakkârian which took 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 questionnaire 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 *Hakkâri* Public Hospital. Unlike many respondents biased by their prejudgments, he was aware of the fact that medical tests and procedures are carried out in a shorter time in *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

³⁰⁵ This is an argument made by Slavoj Žižek in his discussion on the complicated relationship between fact and symbolic order-ideology:

"...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 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.

he gave to other questions of the questionnaire) did not stop there 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 a shorter time in *Hakkâri* was, for him, not counter evidence confuting his conviction, but rather an additional proof reinforcing his conviction. Put otherwise, that something is done better or faster in *Hakkâri* than in western provinces is far beyond the imagination and understanding of many Hakkârians.

Patients’ lack of knowledge concerning medical procedures produces constant dissatisfaction, not only with the speed of medical procedures and tests but also with entirely ordinary aspects of medical procedures when combined with the entrenched prejudgments of patients. Patients may, even in the ordinary functioning of medical procedures, find some things offensive and degrading. The complaint by the owner of a small-scale grocery from *Hakkâri* city about the “inexperienced” doctors of *Hakkâri* Public Hospital provides a good example of this. After he complained about the doctors of *Hakkâri* Public Hospital, who “just prescribe medicine and then brush patients off”, he turned to the inexperienced doctors of the ER of *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 the specialist on standby duty, inform him/her about the patient and ask to get his/her advice in less serious cases, or immediately invite him/her to the ER in more serious cases to make necessary medical interventions for the patient. An ER doctor cannot be expected to give fully-fledged treatment to all emergency patients on his or her own, due to the quantity and patient profile of those admitted to ER. Yet, in the eyes of the shopkeeper, the ER doctor calling his colleague reinforces the notion that inexperienced doctors are appointed to *Hakkâri* Public Hospital.

The following case also exemplifies how, in the absence of sufficient knowledge about medical procedures, patients can be easily led by their pessimistic convictions that their lives are not regarded so worthy of care and respect by the state.

Specialist, *Hakkâri* Public Hospital:

A consultation was demanded from the ER for a patient who was injured on his leg. His relative directly came to my room and told me that, “you have to go and examine this patient.” I was already about to go to the patient. Because I was the single orthopedist examining patients, I told him, “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.”

In this instance, the doctor’s promise to examine the patient in the ER within a few minutes is not regarded as convincing by the patient’s companion, and is instead perceived as an excuse used to avoid examining the patient. The patient’s companion acts as if the doctor is not willing to examine his patient, as if the doctors’ examination of patients is an issue of negotiation in which threatening doctors may be a valid and successful means of forcing the issue.

Such pessimistic knowledge reproduces dissatisfaction not only by filling the void left by patients’ lack of knowledge about medical procedures, but also by paving the way for certain misunderstandings between Turkish-speaking health staff and Kurdish-speaking patients. It is not unusual for doctors and nurses to deliver medical advice in a loud voice to ensure patients realize the importance of the advice or requirements, yet such communication styles can be perceived as shouting by patients.³⁰⁶ Let us now take a look at the experience of a medical specialist from *Şemdinli*, where a considerable part of the population has a poor command of Turkish:

³⁰⁶ It is probable that “medical” warnings announced in a loud voice may not be innocent all time. This is an issue pertaining to what I term below as implicit forms of being discriminated against.

Specialist, *Şemdinli* Public Hospital:

Here the 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 had a heart attack or stroke”, he may misunderstand it. He perceives it as “the doctor shouts me”. It needs to be translated into Kurdish... and told the patient that it is for [your health] that the doctor speaks so.

The experience of a non-local nurse from *Yüksekova* Public Hospital provides another example of such a misunderstanding.

Nurse, *Yüksekova* Public Hospital:

Once when I told the companion of a patient that “get your file and then see me (*dosya çıkart gel*),” he interpreted it as “I expel you from the hospital (*seni hastaneden çıkarıyorum*)”, and this caused some trouble for me.

This misunderstanding was due to the patient’s poor command of Turkish, which resulted in his inability to distinguish one meaning of the verb *çıkartmak*, issuance (form, 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 have ever thought that he was being expelled by a nurse from the hospital without any reason. Developing and progressing the general argument put forward in this section, I argue that what takes this individual beyond being simply a patient who “does not understand” a Turkish speaking nurse to the position of a Kurdish patient who “misunderstands” a Turkish state employee is probably linked to the conviction of Hakkârians concerning their unworthiness in the eyes of the state and its agents.

5.2.1.3 The Intricate Relationship between Lack of Trust, Kurdish Identity and Dissatisfaction with Healthcare Provision

I have so far shown how the conviction of patients that their lives count for little in the eyes of the state structures patients' relationships with, and (re)produces dissatisfaction with, the medical establishment. I will now illustrate how the Kurdish issue mediates this relationship and dissatisfaction. In the eyes of Hakkârians, those acts which they regard as disrespect/respect towards their bodies are not always clearly distinguishable from disrespect/respect towards their Kurdishness. It is highly possible in *Hakkâri* that, when asked about healthcare provision in the province, your informant would start discussing the human cost of the usual state violence in the province to make his or her point about the unworthiness of lives of Hakkârians in the eyes of the state—just as the patient in the family health center in *Merzan*, upon my question concerning patient satisfaction with the health services of *Hakkâri* Public Hospital, took out his wallet and showed me a headshot photo of his deceased father, a shepherd executed by soldiers in *Çukurca* in the late 1980s. The inseparability, in the eyes of many Hakkârians, of respect shown to their identities and bodies is best manifest in that, for many Hakkârians I met, the newly-constructed modern building of *Hakkâri* Public Hospital functions as a metaphor for the reformist Kurdish policies of the AK Party. The terms and words used to criticize *Hakkâri* Public Hospital (“the hospital is a good building, yet its inside is empty”) are precisely the same of those used to question the sincerity and intentions of the government's reformist Kurdish policy, known as the Kurdish Opening: “it [Kurdish Opening] sounds well, yet its inside is empty.” Through the distinction between the appearance/building of the hospital, which is thought to be good, and its inside/usefulness, which is thought to be bad, Hakkârians express their well-established belief that nothing but words and appearances has substantially changed about the unworthy place of Hakkârians/Kurds in the eyes of the state.

A dialogue which took place between me and the first rector of the University of *Hakkâri* is a good point of departure to start elaborating this argument. The first rector of the University was closely concerned with the problems of *Hakkâri*, and hence paid attention to my research examining one of the weightiest problems of the province. One time, during a social activity organized by the University, he called me to his side to hear about my findings and talk over them. I shared with him the experiences of a medical specialist from *Şemdinli* Public Hospital.

Specialist, *Şemdinli* Public Hospital:

They [patients] are not aware with whom they are talking. 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 the patients think in this manner. He thinks that “she has come here; she is not a good [doctor] then. If she were so, she would have stayed in *Van* or *İstanbul*.” They have such logic, and are therefore opposed to us. Also they are ready to render all things into a problem...

Emphasizing the words of 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 somewhat mechanical, perhaps reflecting 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 that 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 ethno-political attachment to Kurdishness as a variable of the symbolic world by which patients make sense

of healthcare provision and other public services in *Hakkâri*. Put otherwise, the perception widely subscribed to by Hakkârians, that their lives are less valued by the state, leads them to read the shortcomings of healthcare provision in the province as more or less related to the political disrespect for their Kurdish identity. This is evident in the following conversation I shared with an agency worker in a public institution. Let me add that the following interviewee is not one who adheres to her Kurdish identity, and even avoids speaking Kurdish with her daughters in order to prevent her daughters failing 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 Hakkârians 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 Hakkârians are bad people.

As can be seen in her reference to the children who throw stones—often at the police forces in demonstrations—she sees as the root of the doctors' negligence the 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, marginal stance. An employee of the patient rights unit of X³⁰⁷ Public Hospital in *Hakkâri*, as a local who can be regarded as authority due to his/her familiarity with patient

³⁰⁷ I do not specify the hospital for the anonymity of the employee.

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 so nervous...Almost all complaints coming to me are 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 then brushed me off”, or “While I was about to enter the room, the doctor warned me to wait outside.” The doctor is right to do so because there is another patient in the room. Yet patients think that there is something being done in bad faith.

In the eyes of Hakkârians, the way that their bodies are treated by doctors is not so easily distinguishable from the way that their identities are 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 in which Hakkârians associate 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 this response: the perception is that, as extended arms of a state which does not have respect for the Kurdish identity, doctors deliberately do not pay attention to Hakkârians and are not concerned with their wellbeing. Patients thus identify doctors with the state and their bodies with their identity. This is, to refer to Fanon,³⁰⁸ the colonial moment

³⁰⁸ Fanon, *A Dying Colonialism*, 121-46.

of the doctor-patient encounter in *Hakkâri*: “the doctor always appears as a link in the colonialist network, as a spokesman for the occupying power.”³⁰⁹ In other words, in “You do this, because we are Kurdish”; here the doctor-patient encounter is more or less a replica of the encounter of colonizer and colonized in a different stage. The following case is a typical example of this response.

GP, *Hakkâri* Public Hospital, ER:

It was 10-11:00 p.m. I had examined more than 300 patients to that moment. I felt fuddled... Anyway, an old couple arrived. As far as I remember, the woman said that there was a pain in her arm. I asked her how long there had been a pain in her arm. She said that there was a pain for ten or fifteen days. I asked whether the pain lasting for fifteen 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 fifteen days?” Then her husband said me that “you oppress us because we are Kurdish.” I tried to explain that it had nothing to do with their Kurdishness; it had to do with my tiredness and work stress.

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 sees the violence exposed in this encounter as a manifestation of a general violence employed towards Kurds, and identifies the shouting GP with the Turkish state, and he and his wife with Kurdishness.

The following case, in which the father of the patient accuses doctors of collaborating with policemen, is another example of the patients’ openly manifest sense of being discriminated due to their Kurdish identity.

GP, *Yüksekova* Public Hospital, ER:

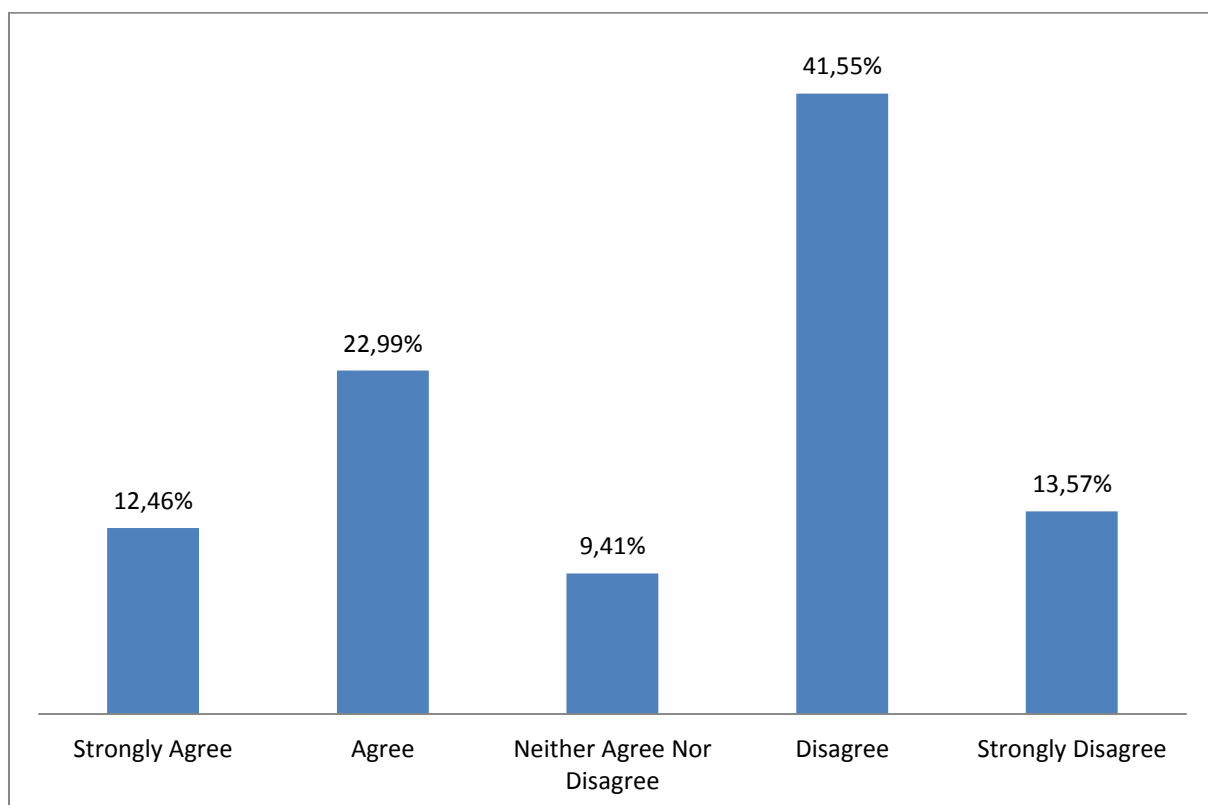
Q-Does the social tension in the city have any reflection on doctor-patient encounters?

³⁰⁹ Ibid., 131.

A-Usually patients are polite. Yet there are some patients... There was hematoma in the haunch of a 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.

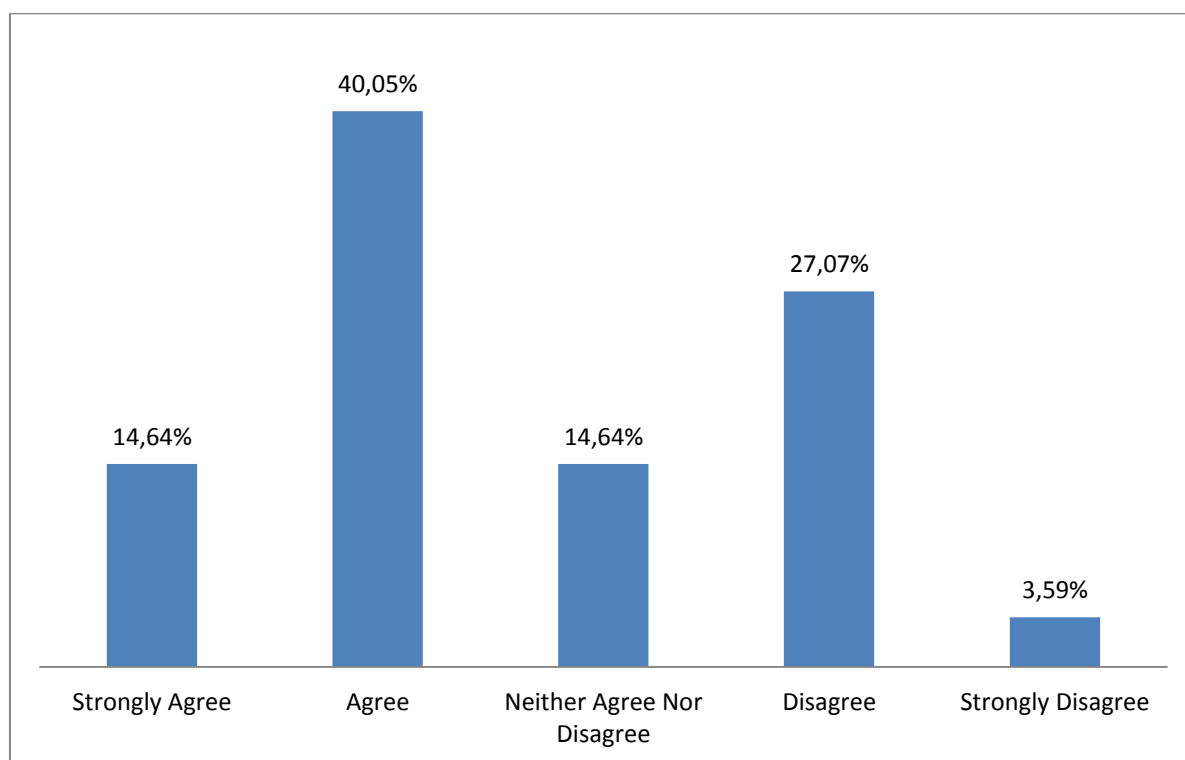
It must be added; however, that this is a minority group, and even this group of people only sometimes, in the crowded atmosphere of the ERs or during treatment and examination of injured or arrested activists, may be led by the idea that Turkish doctors render their anti-Kurdish or Turkish nationalist resentments into an active negative attitude towards patients, “collaborate with policemen” or shout at patients only because they are Kurdish. Figure 20 below illustrates to what extent my respondents agreed with the notion that “Some manners and acts of doctors and nurses in *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 *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 respondents, which is still too high a number to simply ignore, agreed with the expression. These numbers should be taken as confirmation of the fact that “you do this, because we are Kurdish” response is no longer 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 Kurdish Question during the *AK* Party rule. By this argument, I refer to the 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, to value and empower Kurds as biological lives and bodies and to 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. It means that the dominant form by which Hakkârians relate their dissatisfaction to Kurdishness is guided by the assumption that they do count in the eyes of the state, but not significantly so. 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 and demands concerning what he regards as second-class citizen treatment, responding to implicit forms of exclusion, not the total and deliberate deprivation of health services, direct insults and offenses. While, for instance, only one third of my respondents agreed with the sharp expression “Some manners and acts of doctors and nurses in *Hakkâri* Public Hospital sometimes lead me to think that I am not paid satisfactory attention because I am Kurdish”, those respondents who agree with the more nuanced expression “Doctors in *Hakkâri* Public Hospital approach to the patients whose Turkish is better in a remarkably better way” reaches 55 percent.

Figure 21. Doctors in *Hakkâri* Public Hospital approach to the patients whose Turkish is better in a remarkably better way.



Let us now take a look at the cases I discuss below as instances of this understanding. The patients complaining about health services with reference to their Kurdishness articulate their dissatisfaction with regard to relative terms, in comparison to health services provided to Turks, not in absolute terms.

The first quotation I cite is from the interview I conducted with a worker employed on minimum wage in the University of *Hakkâri*. As a member of a family of lower middle-class origin, my informant was born and raised in *Hakkâri* city, a high school graduate, culturally secular and a moderate supporter of the Kurdish movement. According to her, Kurds are no more deprived of health services or become objects of hostile acts of health staff due to their Kurdishness. Yet, on the other hand, she is strongly convinced that due to their Kurdish identity and language Kurds are still deprived of full-fledged attention which Turks or Turkish speaking patients enjoy.

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 woman. But still, if you speak Turkish without any accent, you get paid more attention. This is guaranteed. Or if you start a quarrel you get paid more attention. Yet if you wait quietly and without picking a quarrel with doctors or speak Kurdish, their attention decreases.

The complaint by another Hakkârian worker of the University of *Hakkâri* about what he perceives as discriminatory treatment is another manifestation of the protest against being reduced to the status of second-class citizen due to Kurdish identity. The informant is from a village of *Hakkâri* city inhabited by *Jirki* tribe, which cooperated with the state as paramilitaries against the PKK for long years, a moderate supporter of the Kurdish movement, used to work in restaurants in touristic centers like *Antalya* as waiter for years, and is now employed in the University of *Hakkâri* on minimum wage.

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 pediatrician in the hospital. The woman 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 recognize as Turkish.

Let me add that both these workers are not partisans of the Kurdish movement, although they do not conceal their sympathies towards the movement. While referring to Kurdishness when making sense of what they regard as second-class citizen treatment, they do not do so in a reductionist manner, contrary to the response one might expect 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 an interview conducted with her in the small place of the training center in a neighborhood of *Hakkâri* city, an area largely populated by village evacuees. My interviewee was a village evacuee also.

Handiwork Educator, Woman, Village Evacuee, Mid 40s:

Why do they send inexperienced doctors to *Hakkâri*? They send inexperienced doctors here; they become professors here and then leave. Why do we have to go to *Ankara* and *Van*?... There are too many cesarean deliveries in *Hakkâri*. Why do they make cesarean operation after second deliveries of the pregnant woman? My mother is eighty years old. Maybe she has gone to seventy 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. Arms of 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 [military] operations. His wife was pregnant. We went to the hospital with his wife. The doctor said her 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 a 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] simply just practice on our women. What would have been the case if the specialist’s wife was one of us?

As can be seen, the educator complains about what she regards as discriminatory treatment which values Turkish bodies while devaluing Kurdish bodies as a ground of practice and experiment. Up to that point, her testament follows the unsatisfied patients in the previous two examples who argue that, as Kurds, they have been given poor treatment and attention by doctors in comparison to Turkish patients. Yet the passage includes an additional insight, absent in the previous two passages, referring to the uneasy psychology of the educator. This

is manifest in her doubtful question, “Why do they make cesarean operation after second deliveries of the pregnant woman”, in the comparison she made between her mother’s performance as a traditional midwife and doctors’ poor performances resulting in the dislocation of arms and detachment of heads, and finally in the question, “Why do such things take place?”, referencing problems occurring during deliveries. These questions and comparisons include the pieces of doubt that Kurds’ lives are deliberately risked and damaged by the state and its 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. Furthermore, the educator did not seem to be particularly convinced that babies harmed in deliveries in hospitals were harmed by mistake, claiming that “[her mother] has gone to seventy deliveries so far and none of these babies had a health problem.”

This response may be likened to the “you do this, because we are Kurdish” response, yet it is different in that, in her response, 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. This perceived possibility is weak but still there as a doubt and a question mark not to be totally dismissed. I mean that those complaining about being given second-class citizen treatment in comparison to Turks due to their Kurdishness have necessarily more or less uneasy psychology. Ultimately, passive indifference to Kurdish bodies (the assumption upon which patients’ criticism of second-class citizen treatment is based) and an active disrespect for Kurdish bodies (the assumption upon which the “You do this, because we are Kurdish” response is based) are not two irreconcilably distant stances.

To proceed, I will continue with the statement of a Hakkârian midwife from *Yüksekova*, discussing resistance to a tetanus vaccine.

Health Post, *Yüksekova*, Midwife:

Q-Did you encounter a resistance to the tetanus vaccine?

A-That we are Kurdish has helped us. We are telling them 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 the 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 the tetanus vaccine, fearing that they would be sterilized, were convinced thanks to the personal efforts of the Kurdish health staff, who assured them that the tetanus vaccine is not a means of sterilization and is in fact done to benefit the health of mothers. Yet a single case of miscarriage by a woman who was vaccinated may suffice to reverse their conviction, and return them to their “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, and that the state can do something good for their health. Yet, on the other hand, this conviction is not irreversible, and is so fragile that even a single case of miscarriage, which is one of possibilities that may be expected to occur anyway during pregnancy, can easily dismantle it.

5.2.1.4 The Main Lesson: Dissatisfaction as an Issue of Distrust, and Distrust as Haunting Spectre

I now present two quotations, 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 this section.

Head of *Cilo* Nature Association, Worker in *Hakkâri* Provincial Directorate of Food, Agriculture and Livestock, from *Yüksekova*, Early 50s:

-When it comes to the state, it is a panzer attacking you with a flag on it, a specialist [Sergeant], and an armed special police team. That is to say, we learnt the state as a violent phenomenon. I remember that when gendarmes came to our village, we all would escape. Only two gendarmes were able to gather all villagers and humiliate them...Violence, violence, violence. However

you make sense of it, this last thirty or forty 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 facilities that I find here...What is missing 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.³¹⁰

What do these two passages tell us when read together in light of the insights enabled by the examples discussed in this chapter so far? To start with, if the head of *Cilo* Nature Association had been familiar with Žižek, and was asked to exemplify Žižek's argument on reality and specter with reference to the case of *Hakkâri*, he would have probably repeated his words above quoted. What can better define a specter than someone or something that did not in fact die, and may be revived, to come back and haunt those alive? Thus I posit that the role of patients' conviction concerning the perceived unworthiness of Kurdish lives in the eyes of the state in their dissatisfaction with health services provided in *Hakkâri* can be best understood

³¹⁰ Slavoj Žižek, "The Spectre of Ideology," in *Mapping Ideology*, ed. Slavoj Žižek (London ; New York: Verso, 1994), 21.

as a haunting specter.³¹¹ 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 not/did not succeed in burying, is 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”. This reflects the distinction I made between pragmatist and normative aspects of the AK Party nationalism: the AK Party pragmatically builds on the heritage of classic Turkish nationalism and thus originally has a relation to it, yet it does not give any place to classic Turkish nationalism in its symbolic mechanisms, in what I call the normative aspect of nationalism. The non-pronounced Turkish nationalism of the AK Party—which persists in the avoidance of discursive and practical condemnation of the classic Turkish nationalism and its crimes, in the on-going assimilationist policy carried out in public schools, and in the persisting criminalization of the PKK and the KCK—“returns in the guise of spectral apparitions.” In other words, because the violent image of the state established in the minds of Hakkârians has not dissipated completely by the period of AK Party rule, it therefore 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, and capabilities of the health staff is thus the “uncanny spectral supplement” of the health services, existing in a context in which the new bio-political emphasis put on the worthiness of the lives of Hakkârians is not manifest as the denial of Turkish nationalism. As the head of *Cilo* Nature Association admitted, “What is missing... right now is trust. That’s our biggest problem right now; we cannot trust [the state].”

³¹¹ For a perspective referring to the term “specter” while conceptualizing the fact that the horror of 1990s has not yet become a part of past in the political memory of Kurds, see *Nazan Üstündağ*, 26 April 2014, “1990’larda Kürtler ve Kürdistan Konferansı,” available online at <<https://www.youtube.com/watch?v=C3uIDIqHv20>> [5 June 2014].

5.2.2 Dissatisfaction as Equal Citizenship

My detailed examination of the persistence of patient dissatisfaction in *Hakkâri* as a mass phenomenon demonstrates that if one factor behind this dissatisfaction is widely-subscribed conviction that Hakkârians' lives count for little in the eyes of the state (brought into being by years of sovereign violence and indirect state racism), the other factor pertains to the political refusal of Hakkârians to be degraded by this sovereign violence or indirect state racism.

By the political refusal of being degraded by sovereign violence and indirect state racism, I refer to the fact that the ethno-political consciousness that has emerged in the last thirty years has made the dehumanization of Kurdishness increasingly intolerable in the eyes of many Hakkârians. That means that the identification of Kurdishness with backwardness or degeneration is no longer acceptable in the eyes of Hakkârians. In present-day *Hakkâri*, citizens are proud of their national identity. Babies are given Kurdish names by their parents; shopkeepers adopt Kurdish names for their shops; Kurdish colors, *kesk û sor û zer* (yellow, red, green), which were once forbidden by the state, are used everywhere, from bridal gowns to jerseys of the Kurdistan national team worn by teenagers while playing football; *Newroz*, a Kurdish national festival, is celebrated by tens of thousands of people wearing traditional Kurdish costumes; there is high demand for Kurdish courses taught by *Kurdi-Der*; even songs played in weddings are full of praise for the PKK guerillas and *Öcalan*; street walls are full of PKK slogans; guerillas are seen as heroes and thousands of people attend to their funerals; people massively vote for the pro-Kurdish party, etc.

We can suggest, without doing much violence to Antonio Negri's term, that Kurdishness has undergone a process of "self-valorization"³¹² under the leadership of the PKK in the last thirty

³¹² By self-valorization of labor, Negri refers to auto-determination of labor; that is, living labor's refusal to be reduced to value-producing dead labor by capital to realize its potentials. By self-valorization of Kurdishness, I refer to the auto-determination of Kurdishness; that is, Kurdishness' refusal to be reduced to mere degeneration by Turkish nationalism in order to realize its potentials. See Antonio Negri, *Time for Revolution* (New York ; London: Continuum, 2003).

years. This is best demonstrated by the fact that the images my informants recalled from the pre-PKK period to compare and contrast it with the period following the emergence of PKK are characterized by a total lack of self-confidence and full of fear and impotency. I was told countless times by different people that, in the pre-PKK period, “only two gendarmes” were capable of gathering all inhabitants of a village to line them up, torture and beat them. I was told numerous times that “only the boot prints of gendarmes” used to be enough to lead people to change their routes, and that gendarmes used to use people as horses to cross a river or a brook.

This mood and way of seeing, brought into being by the self-valorization of Kurdishness, causes in *Hakkâri* a form of patient dissatisfaction that I term ‘citizenly dissatisfaction’. The reason why I chose the term “citizenly” to qualify this form of patient dissatisfaction is not that those dissatisfied with healthcare provision in *Hakkâri* in a “citizenly” manner always refer to their citizenship status and citizenly right to healthcare, but that their dissatisfaction with services of healthcare providers in the province is built on a way of seeing which is inherent to citizenship. In other words, given that citizenship first and foremost refers to a community of equals, “full and equal membership in a political community,”³¹³ the self-valorization of Kurdishness bestows upon Hakkârians the self-confidence and sense of respectability to feel and act with, not despite, their ethnic differences as full and equal members of “Turkish” society. It thus leads them to a sense of full and equal entitlement to healthcare provision. Therefore, the level and quality of healthcare to which they perceive themselves entitled is the level and quality of healthcare provided in relatively-developed Turkish provinces in the west of the country, which more or less correspond to that constitutionally promised to all citizens. What leads me to define a cluster of cases of patient dissatisfaction in *Hakkâri* as a citizenly one is, then, the current incapacity of health services

³¹³ T. H. Marshall and T. Bottomore, *Citizenship and Social Class* (London: Pluto Press, 1992), 50-51.

in *Hakkâri* to lead many Hakkârians to think that they are given the qualified treatment that they believe they deserve as full and equal members of society.

It is possible to identify two forms of citizenly patient dissatisfaction in *Hakkâri*. These two forms are not always clearly separated from each other; one is less rhetorical, less abstract and more subaltern and the other is more rhetorical, more petit-bourgeois and informed by the formal language of obligations, entitlements and the rights of citizenship. Below I elaborate on these two forms of citizenly patient dissatisfaction with health services provided in *Hakkâri*.

5.2.2.1 Comparison in Space, not in Time

It is not occasional in *Hakkâri* that people dissatisfied with health services express this with reference to the quality of healthcare provision in *Ankara*, *İstanbul* and sometimes *Van*; via comparisons made between the experienced, “professor doctors” of *Ankara* and *İstanbul* and the inexperienced, “intern doctors” of *Hakkâri* “who cannot understand disease and put off” patients; by contrasting the fully-equipped hospitals of *Ankara*, *İstanbul*, *Van* and the hospitals of *Hakkâri*, “whose inside are empty”; by comparing failed surgery operations made in *Hakkâri* and successful treatments given in hospitals of Western provinces; with reference to the good humored and respectful health staff of hospitals of *Ankara*, *İstanbul* and the “airy, artist, big headed, shouting” health staff of hospitals of *Hakkâri*. That is to say, the plane in which dissatisfied Hakkârians compare the current level and quality of healthcare provision in *Hakkâri* is spatial rather than temporal. This means they do not compare the current situation of healthcare provision in *Hakkâri* with the poor services provided in the province in the past, but with the much better health services currently provided in other, especially western, provinces of the country—be this higher standard grounded in an experiential reality or an imaginative prejudgment.

What does this insight—that Hakkârians are dissatisfied with current state of health services in *Hakkâri* because they compare it with better health services currently provided in western provinces of Turkey, instead of remembering the misery of health services in *Hakkâri* in the past—tell us as scholars? More importantly, does this insight then merit further interrogation and analysis? The answer should be a clear yes if we are to subscribe to critical remarks on how central the denial of coevalness is linked to colonizing instincts of modern forms of power, and if we are to situate the comparative intolerance of Hakkârians to persisting (albeit gradually diminishing) shortcomings of healthcare provision in the tension between the anticolonial insistence on the “now” and “not yet” of historicism and narratives of becoming.³¹⁴

As Doreen Massey argues, the fundamental maneuver of modernity is to render “coexisting spatial heterogeneity as a single temporal series.”³¹⁵ By this maneuver, “coexisting heterogeneity is rendered as (reduced to) place in the historical queue”³¹⁶ or in the “waiting room of history.”³¹⁷ In other words, institutions of modernity, including the nation-state, are built on the “denial of coevalness”³¹⁸, that is, the denial of “contemporaneity yet the possibility of difference”³¹⁹ and the “affirmation of difference as distance”³²⁰ in time. Adopting comparisons in space instead of comparisons in time, my informants, then, can justifiably be said to occupy a position positing their coevalness with those living in Turkish metropolises served with more developed health institutions and more experienced health staff. More concretely put, by adopting comparisons in space, instead of comparisons in time, these Hakkârians refuse to be inserted into a place in the historical queue of a development

³¹⁴ Chakrabarty, *Provincializing Europe: Postcolonial Thought and Historical Difference*, 6-11.

³¹⁵ Doreen B. Massey, *For Space* (London ; Thousand Oaks, Calif.: SAGE, 2005), 68.

³¹⁶ *Ibid.*, 69.

³¹⁷ Chakrabarty, *Provincializing Europe: Postcolonial Thought and Historical Difference*, 6-11.

³¹⁸ Johannes Fabian, *Time and the Other : How Anthropology Makes Its Object* (New York: Columbia University Press, 1983), 37-70.

³¹⁹ Harry D. Harootunian, *Overcome by Modernity : History, Culture, and Community in Interwar Japan* (Princeton, N.J.: Princeton University Press, 2000), xvii.

³²⁰ Fabian, *Time and the Other : How Anthropology Makes Its Object*, 16.

narrative, and simply addressed as citizens in the making who should compare past and present, realize the progress and thus appreciate the current quality of healthcare provision by tolerating some persisting shortcomings. They rather appear as already citizens who *equally* and *now* have the right to qualified healthcare provision.

That this comparative perspective is facilitated by engagement with the idea of equal citizenship is evident in the following dialogue between two security guards, both Hakkârians, 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 an interview with these security guards. There was only one security guard, *Deniz*,³²¹ when I entered the room, and I started my interviews with *Deniz*. The position *Deniz* took was a critical one built on the idea of equal citizenship; it included criticisms and demands borne 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 part of that 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... Sometimes good doctors arrive as well, but in general we cannot trust the doctors. Personally, I don't trust the hospital... 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.

Towards the end of the interview, another security guard, *İsmail*,³²² entered the room. When I finished the interview, I asked him about the current state of healthcare provision in *Hakkâri*. *İsmail's* comments led to the following exchange between him and *Deniz*:

³²¹ Pseudonym.

³²² Pseudonym.

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 pediatrician.

İ- Are you crazy? It is good for here. It is good for *Hakkâri*.

D- Is *Hakkâri* not 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, as if the other security guard has just said something contrary to the commonsensical fact).

D- This is a different point of view. (*Deniz* withdrew from the dialogue)

İsmail's comparative point of view differed 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 within a development narrative as a citizen in the making, while *Deniz* appears already a full-fledged and equal citizen, asking "Is not *Hakkâri* a part of the country? Look at *Ankara*."

To repeat, by making comparison in space instead of in time, discontented patients like *Deniz* embody equal citizens who have the right to equal healthcare provision irrespective of their location. In the three quotations below, my interviewees embody equal citizens without directly using the term citizenship by regarding healthcare provision in *Hakkâri* as inadequate. This is achieved from the comparative perspective of equal citizenship ("this is a province as well") and the depiction of this inadequacy as a degrading attitude, as disrespect towards them ("we are not animals").

The first quotation is from an interview I conducted with a student of the University of *Hakkâri* in an empty classroom of the faculty building. He was living in a village in *Hakkâri*

city, from a lower class family whose health insurance premiums were paid by the state, and extremely angry with the persisting shortcomings of healthcare provision in *Hakkâri*.

Student of the University of *Hakkâri*, From a Village of *Hakkâri* City, 19 years old, Male:

Why does not the MoH send surgeons to *Hakkâri*? Why does it appoint bad doctors to *Hakkâri*? *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. After all, this is a public hospital and all devices must be available here. *A device in Ankara must be available in Hakkâri as well*. In all 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?

The second quotation is from an interview I conducted with taxi-drivers in a small shanty used as cab stand. The taxi driver, quoted below, was not covered by General Health Insurance Scheme when we met, as his colleagues were, because he could not afford to pay his premiums. According to him, *Hakkâri* was a province forgotten by all.

Taxi-Driver, Hakkârian, Mid 20s, Male:

There is no healthcare provision to be satisfied with. 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 a blood pressure patient. 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 a 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 which my interviewee complains about the appointment of inexperienced doctors to *Hakkâri*, the comparative perspective entailed by equal and full-citizen stance is not as explicit as in the two quotations above. Yet the approach that regards inequality as an issue of respect that is likewise entailed by equal and full-citizen stance is clearly explicit, as can be seen in the interviewee's reference to being used as guinea pigs by

inexperienced doctors. As discussed above, complaints about the appointment of inexperienced doctors to *Hakkâri* are closely connected to the historically-established and widely-shared conviction that the lives of Hakkârians are not so worthy of care in the eyes of the Turkish state. Yet, now, it must also be mentioned that this most popular complaint concerns an equal and full citizen's comparative perspective, assessing the quality of healthcare provision and the "intern doctors" in *Hakkâri* in comparison to quality of the health services provided and the "professor doctors" concentrated in western provinces of Turkey. If there were no engagement in *Hakkâri* to the idea of equal citizenship, and if these people did not have any comparative perspective, the appointment of newly qualified doctors to *Hakkâri* via compulsory service law would likely have led those convinced of the unworthiness of their lives in the eyes of the state to make a comparison in time and thus be grateful for what they lacked in the past (just as *İsmail* did above), without questioning the experience and quality of these doctors. Let's read the following quotation as dissatisfaction of a full and equal citizen.

Clerk in the Municipality of *Hakkâri city*, 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 a boot camp of GPs and newly graduated teachers. We have never seen in *Hakkâri* a teacher with six years' experience. Always new graduates come to get experienced here. It [*Hakkâri*] is seen as a boot camp.

The exile place of all negligent doctors and teachers is *Hakkâri*. This is a usual punishment method employed by all governments ever. We argue that *Hakkâri* should not be an exile place.

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.

Those taking a full and equal citizen stance do not limit their criticisms and demands concerning healthcare provision to a list that can be listed from a comparative point of view.

They go beyond this comparative perspective and formulate their demands based on the gap between what they regard as the actual needs of *Hakkâri* and the medical establishment's capacity to meet these needs. For instance, I was told 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* and to the incapacity of the public hospital to meet demand. The need for a separate children's hospital was much pronounced as well for the same reasons.

I would like to begin with demands of *Halil*,³²³ who was graduated from history department of *Muğla* University and is from a family which is politically influential in local Kurdish movement. He demands an additional public hospital for *Hakkâri* city.

Unemployed, Hakkârian, Late 20s, Male:

This [*Hakkâri*] is a province. Yet we still prefer going to *Van* to have a good heart treatment. In fact, we have to go to *Van*. Here we neither had sufficient specialists ever, nor did specialists stay here sufficiently. The hospital has never been at a level which meets the needs of this population with regard to treatment, operations, etc. We have a single hospital. It does not meet these expectations. *Why isn't a second hospital made? Why does a poor patient having a heart attack have to go and make payments to private Lokman Hekim Hospital in Van?*

The following words of a shopkeeper, who is born and bred in *Hakkâri* city and has a variety shop on the main road of *Hakkâri* city, also exemplify this demanding stance.

Owner of a Variety Shop, Hakkârian, Mid 50s, Male:

The people are used to going to *Van* or *Ankara* in the case of a surgery operation. My father had heart disease. We took him to *Ankara* to show him to a professor doctor. He had angiography there. If these facilities existed here, we would not have gone to *Van*, *Ankara*, and *İstanbul* and incurred 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.*

³²³ Pseudonym.

Any sense of gratefulness and indebtedness resulting from the improvement of healthcare provision was so lacking in these demanding patients that they did not hesitate to make further demands, even unfeasible ones like demanding the opening of a separate cardiology hospital in a province with a population that does not exceed over 280.000. As can be seen in the above quotations, this has partly to do with the persisting shortcomings of healthcare provision in *Hakkâri*, such as the lack of some medical technologies. It has also partly to do with the conviction that the lives of Hakkârians are insignificant in the eyes of the state, but mostly, as I argue here, is due to the fact that those making these demands are “already citizens” who believe they do not need to be grateful for services that they still regard as insufficient to their needs and rights.

5.2.2.2 Hakkârians as Rights-Bearing Citizens

Yüksekova Public Hospital serves around 200,000 people... 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 a functioning state. Expert personnel capable of intervening in such urgent patient cases must be employed in the hospital, and necessary inspections must also 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.

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*, *İstanbul* or *Van*. The answer to this question would exhibit that the *basic human right, the right to live*, was violated by the state institutions, that the *constitutional principle of equality* was violated in a way that directly threatens human life.

This long passage is taken from a petition written by *İrfan Sarı*, the head of *Yüksekova* Union of the Chambers of Artists and Artisans, appealing to the patient rights unit about the death of his brother in 2009. His brother 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.

In the petition, we see the usual comparative point of view of Hakkârians who criticize shortcomings of healthcare provision in *Hakkâri* with reference to superiority of health services provided in Turkish metropolises, as is evident in the following sentence: “I wonder whether my brother would have lost his life in a hospital in *Ankara*, *Istanbul* or *Van*.” Yet there is another emphasis in *Sarı*’s letter which is only implicitly present in the comparative dissatisfaction of Hakkârians with healthcare provision in *Hakkâri*. This is the explicit emphasis put on citizenship, the constitutional principle of equality, duties and responsibilities of the social state, the state’s responsibility to follow a basic human right, that is, the right to live, etc. *Sarı* explicitly assumes citizen status, “as a citizen and a brother,” which is only implicitly present in the comparative gesture. As a citizen of the social state endowed with rights, he condemns the shortages which led to his brother’s death as the state’s nonfulfillment of its duties and responsibilities towards its citizens, and ultimately the violation of the constitutional principle of equality and the right to live.

The criteria *Sarı* relies on, then, to criticize healthcare provision in *Hakkâri* are abstract principles concerning rights and duties which are manifest in and manifest by equal, full and social citizenship. His criticisms and demands are based on the gap between those constitutionally promised to citizens and the actual limits of healthcare provision in *Hakkâri*. *Sarı* does not tolerate this gap by taking geographical conditions and on-going war into account as excuses, but rather does the reverse to demand positive-discrimination: he refers to the specificity of the region, which can be seen in the first paragraph of the petition, to demand more, and to ensure the fulfillment of his demands as soon as possible.

The position assumed in the letter by *Sarı*, a right-bearing citizen referring to his rights and the duties of the state, is not a requirement of the rhetorical strategy used in order to be taken into consideration by the official addressees. The petition above is not 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 rhetorical strategy can offer anything anymore. It is rather a position assumed by many middle-class Hakkârians more or less actively affiliated with the Kurdish movement either as party administrators, NGO activists or trade unionists. They have been necessarily educated into the vocabulary of politics and the state at the end of years of struggle against the state. As a leading figurehead of *Yüksekova* who was arrested times and times during the 1990s, *Sarı* is only one among many others for whom the health investment of the government, as with other public investment, does not represent a favor of the government for which citizens should be thankful.

The head of the local branch of the Islamic-leaning *Mazlumder* (Association of Human Rights and Solidarity for Oppressed People) is another such figure. He is an Islamist, but is also so strongly attached to his Kurdish identity that he does not avoid telling leading cadres of *Haksöz*, a pro-government Islamic organization defending the Kurdish policy of the AK Party, that “we are not members of the same ummah.” His words are important particularly because they demonstrate a way of thinking that does not regard social policies as a counterpart of something that must somehow be returned, and as an issue of negotiation whose quality and quantity depends on the agreement between provider and beneficiary. Let me share a part of the interview I conducted with him in his office:

Q-How do you evaluate the construction of the hospital and other social assistance?

This kind of things must be provided. If you are a social state, then you must provide both a hospital and school to your citizens. You cannot flash these things around. You tax these people. While providing [these services], it is not right to flash these around. 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 them here.

Q-The prime minister said in his meeting in *Hakkâri* that the BDP makes politics of identity and the 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*. 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... The name of the country even can be changed. A federative system can be adopted...

According to the interviewee, health investment and social policy are not political issues. They are provided by the social state, not by the *AK* Party, to tax payers, to citizens as part of a legal requirement. Social policies are not things that beneficiaries need to be grateful for. The lack of the sense of gratefulness is materialized best, maybe more than in his call for positive discrimination for Kurdish region, in his demanding stance in Kurdish issue, and in his radical suggestions ranging from the change of the name of the country to the transition to a federal system.

To extend my argument on rights-bearing Hakkârian citizens’ dissatisfaction with healthcare provision, I would like to proceed with the words of *İlkay Şimşek*, who is a Hakkârian teacher in a primary school and also the head of the local branch of the left-wing and pro-Kurdish *Eğitim-Sen* (*Eğitim ve Bilim Emekçileri Sendikası*, Education and Science Workers’ Union). His following words exemplify the way of thinking shared also by other active members of the provincial branch of *Eğitim-Sen*:

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 return to the *Hakkâri* case, there was not considerable healthcare provision in *Hakkâri* until five or ten years ago. It had to exist, yet it was missing. Now a new physical setting was constructed and a new strategy was developed. Yet it has been presented to us as if it is a favor. That which belongs to us, which we have the right to has been presented to us as if it is a favor.

Şimşek's perspective neatly illustrates the thought processes that lead fully-fledged right-bearing citizens (who are fixated on human rights, the right to life, and to good healthcare) to their critical assessment of healthcare provision in *Hakkâri*: healthcare provision was missing in the pre-AK Party period, which was a violation of the right to healthcare provision. That health services have now been introduced in the AK Party period, albeit insufficiently, is thus the return of a right that was suspended in practice, not a favor from the AK Party. Therefore, it is the actual capacity of current healthcare provision to meet the right to healthcare provision, not that healthcare provision was missing in the past and is comparatively good in the present, which *Şimşek* and his colleagues use when evaluating current healthcare provision in *Hakkâri*.

5.2.2.3 The Main Lesson: Dissatisfaction as Citizenship versus Turkishness

My ethnographic examination of the persisting patient dissatisfaction in *Hakkâri* as a mass phenomenon led me to notice that patient dissatisfaction is related to an issue of trust, caused by the problematic legacy of state-citizen relations in the province. Yet this forms only one aspect of the phenomenon. Another aspect of patient dissatisfaction in the province consists of a cluster of cases of patient dissatisfaction which I define as citizenly patient dissatisfaction. Simply put, this refers to the incapacity of current health services in the province to meet expectations of those Hakkârians whose expectations are informed by their claim to full and equal membership of “Turkish” society. Those demanding Hakkârians are not content with health services that are in any way lacking compared to those offered in more developed Turkish provinces in the west of the country.

I distinguished two forms of the citizenly dissatisfaction of Hakkârians: an implicit form of citizenly dissatisfaction subscribed to by those Hakkârians who are not familiar with the vocabulary of official claim-making, and an explicit form of citizenly dissatisfaction mostly subscribed to by members of the political class of *Hakkâri*. The implicit form of citizenly

patient dissatisfaction refers to the dissatisfaction of Hakkârians who prefer comparing the quality and volume of health services currently provided in *Hakkâri* with the quality and volume of health services currently provided in developed Turkish provinces in the west of the country, rather than comparing current provisions with the misery of health services provided in the province in the pre-AK Party period. Adopting space instead of time as basis of comparison is a complex preference from which we can draw a number of insights. Hakkârians, who refuse to appear as citizens in the making, refuse to be merely concerned and satisfied with progress in time. Instead, they appear as full, and hence equal, citizens entitled to the same quality and volume of health services provided by better facilitated and staffed health institutions in the west of the country. Dissatisfaction here is first and foremost a call for recognition as equals deserving of respect and care. It is this emphasis on being recognized as equals, and on not being discriminated by any means, that leads me to class this form of dissatisfaction with healthcare provision as citizenly, despite the fact that there is rarely any open mention of “citizenship” status or “rights” in this form of dissatisfaction. As for the explicit form of citizenly dissatisfaction with healthcare provision in *Hakkâri*, this is usually seen among members of political class affiliated with the Kurdish movement and in formally educated sections of society. Adopting a language full of references to the duties and obligations of the state and citizenship rights, it builds on the gap between the state’s constitutional promise of delivering qualified healthcare to all its citizens and its actual capacity to meet its promise in *Hakkâri*.

Citizenly patient dissatisfaction in *Hakkâri* reveals a truth, also asserted by critical social policy scholars, in an unequivocal manner: citizenship is not necessarily a derivative of the nation-state; it does not inherently and always call for a nation-state when it appears. As shown above, Hakkârians’ claim to full and equal citizenship not only leads to their dissatisfaction with the current state of health services by making relative progress in time a

worthless criterion for assessment, but also thusly prevents them from subscribing to a transition narrative incorporating them in the Turkish nation-state as citizens in the making who were almost totally neglected in the past, and have now started to be embraced in the present and who are going to be completely satisfied in the future. Therefore, we can say at a level of higher abstraction that what is taking place through citizenly patient dissatisfaction is the unsettlement of “Turkish Citizenship” and deployment of Citizenship (legally endowed status of equality/being of nation) against Turkishness (political and national pedagogy/becoming of nation). The following lines which invite us not to be overwhelmed by the “persistent articulation of citizenship as a national question”³²⁴ should be read as a clear confirmation of the argument:

Citizenship has conventionally been viewed as embedded in, or articulated through, three key sets of institutional formations: the state (citizenship as a political status), the nation (citizenship as membership of a community), and the law (citizenship as a juridical status). It seems necessary to loosen these connections, treating them not as the foundational elements or ‘natural state’ of citizenship, but as contingent historical, political and cultural connections, inscribed in and following from different political projects.³²⁵

5.3 Conclusion

This chapter addressed a particular outcome of the improvement of health services in *Hakkâri* in recent years: the persistence of patient dissatisfaction as a mass phenomenon. Based on ethnographic evidence supported by a questionnaire research, it demonstrated that patient dissatisfaction in *Hakkâri* is primarily an ethno-political issue. The ethno-political character of patient dissatisfaction in *Hakkâri* does not refer only and mainly to the cultural incompetency of the healthcare providers, and hence their incapability of ensuring a healthy cross-cultural clinical environment. Ethno-political patient dissatisfaction in *Hakkâri* is a phenomenon which occurs largely independent of the medical environment provided by

³²⁴ John Clarke et al., *Disputing Citizenship* (Bristol: Policy Press, 2014), 107.

³²⁵ *Ibid.*, 57.

healthcare providers. It rather pertains to ways of seeing brought into being at the end of years characterized by indirect state racism, sovereign violence and resistance. What is taking place both in pessimist and claim-making forms of patient dissatisfaction in *Hakkâri* is, first and foremost, a historically determined objection to being incorporated within the narrative of “becoming of nation” which has been imposed by the political rationality of the state-nationalism of the AK Party.

CHAPTER 6: Compulsory Public Service of Doctors in Hakkâri:

Production of *Hakkâri* as Endurance

This chapter focuses on the compulsory public service of doctors (CPSD) in *Hakkâri*, 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 they never had desired to visit, CPSD has compulsorily inserted these doctors into a Kurdish reality which is alien to most of these doctors in terms of language, culture, politics, and geography. In other words, CPSD has paved the way for an experience of an encounter of the unfamiliar. 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 the experience of this 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?”³²⁶ Does the experience of this encounter pave the way for 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?”³²⁷ More explicitly, does this experience lead to a mutual recognition between different sides through which CPSD doctors can make sense of the persistence of patient dissatisfaction (a complex issue, as demonstrated in Chapter Five) and respond to it in an adequate way? In attempting to answer these questions, I arrive at a number of conclusions that inform my argument in the Conclusion on the limits of the assimilation strategy of the AK Party.

In this chapter, I argue that due to varying factors, such as the very design of the CPSD, the ideological background of doctors and the difficult living conditions in *Hakkâri*, the experience of doctors appointed to *Hakkâri* to perform compulsory service is marked by a

³²⁶ Mary Louise Pratt, *Imperial Eyes : Travel Writing and Transculturation* (London New York: Routledge, 2008), 8.

³²⁷ Ibid.

sense 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. This can, in turn, easily lead them to adopt some essentialist explanations and reproduce some discriminatory practices. In other words, Turkish doctors appointed to *Hakkâri* by the CPSD law form a fully-fledged expatriate community with respect to isolation from, and disengagement with, the host environment and elitism towards natives.³²⁸

6.1 CPSDs, Production of National Space and the Kurdish Question

It must be emphasized that neither geographical maldistribution nor compulsory public service of doctors is unique to Turkey. The geographical maldistribution of doctors is a world-wide phenomenon, which is mostly, but not exclusively, seen in underdeveloped contexts and known and discussed as rural-urban imbalance in the distribution of doctors. This is well-demonstrated in the following three cases from three continents. Half of the available health personnel of Nicaragua concentrate in Managua, the capital, while only one fifth of the whole population lives in the city. Likewise, while four metropolitan districts of Bangladesh have 35 percent of all doctors, they host only 14.5 percent of the country's population.³²⁹ Much more strikingly, in Ghana, in 1997, 66 percent of the population lived in the rural regions while 87.2 percent of the GPs were concentrated in the urban regions.³³⁰

Beginning from the first half of the twentieth century, compulsory public service has been a common policy adopted by states throughout the world as a cost-effective way of handling the problem. For example, Mexico initiated a compulsory medical service program in 1936, and medical students were obliged to perform a six-month rural service in order to obtain a

³²⁸ For a comprehensive account of the characteristics of expatriate communities, see Erik Cohen, "Expatriate Communities," *Current Sociology* 24, no. 3 (1977).

³²⁹ Pascal Zurn et al., "Imbalance in the Health Workforce," *Human Resources for Health* 2, no. 1 (2004): 8.

³³⁰ Gilles Dussault and Maria C Franceschini, "Not Enough There, Too Many Here: Understanding Geographical Imbalances in the Distribution of the Health Workforce," *Human Resources for Health* 4, no. 1 (2006): 2.

medical degree.³³¹ In 1970, Ecuador installed the *medicatura rural* to make a year of rural service obligatory for all graduates of the medical schools of the country.³³² Apart from Latin America countries, Thailand advocated compulsory medical service in 1968,³³³ and South Africa in 1998.³³⁴ Graduates of government-run medical colleges in India have also been obliged since 2007 to perform one-year compulsory rural service.³³⁵ These are but a few of the many examples of this practice being used by states across the world.

As for Turkey, 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 (and remain) concentrated in the major urban areas of the western region, like *İstanbul*, *Ankara*, and *İzmir*, 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);³³⁶ by 1975, these figures had decreased (but disproportionately) to 543 and 13,758 (c. 1:25);³³⁷ while by 2002, there was still no significant

³³¹ Rubel A.J., "Compulsory Medical Service and Primary Health Care: A Mexican Case Study," in *Anthropology and Primary Health Care*, ed. Jeannine Coreil and J. Dennis Mull (Boulder: Westview Press, 1990), 138.

³³² Anthony Cavender and Manuel Albán, "Compulsory Medical Service in Ecuador: The Physician's Perspective," *Social Science & Medicine* 47, no. 12 (1998): 1937.

³³³ Suwit Wibulpolprasert and Paichit Pengpaibon, "Integrated Strategies to Tackle the Inequitable Distribution of Doctors in Thailand: Four Decades of Experience," *Human Resources for Health* 1, no. 12 (2003): 12.

³³⁴ Steve Reid, "Community Service for Health Professionals: Human Resources," *South African Health Review* (2002): 136.

³³⁵ *The Hindu*, 18 Nov 2007.

³³⁶ Ragıp Üner and Nusret Fişek, *Sağlık Hizmetlerinin Sosyalleştirilmesi Ve Uygulama Planı Üzerinde Çalışmalar* (Ankara: SSB, 1961), 146.

³³⁷ Devlet İstatistik Enstitüsü (State Statistical Institute), *Türkiye İstatistik Yıllığı 1977* (Ankara: DİE, 1977), 86.

change in the striking 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).³³⁸

Just as with civil servants and teachers, 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 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 a government we must regard health services as the most effective political and economic measure.”³³⁹ 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;³⁴⁰ and thus it was also that the leader of the 1980 junta subsequently issued a CPSD law in 1981 to make “the presence of the state visible in all parts of the country”³⁴¹ 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 *AK Party* to the former and the *BDP*

³³⁸ Marko Vujicic, Susan Sparkes and Salih Mollahaliloglu, “Health Workforce Policy in Turkey: Recent Reforms and Issues for the Future,” (working paper, World Bank, Washington DC., 2009), <https://openknowledge.worldbank.org/handle/10986/13784>.

³³⁹ Serap Yeşiltuna, ed. *Atatürk Ve Kürtler: Resmi Kanun, Kararname, Rapor Ve Tutanaklarla* (İstanbul: İleri Yayınları, 2007), 481.

³⁴⁰ Gunal, “Health and Citizenship in Republican Turkey: An Analysis of the Socialization of Health Services in Republican Historical Context,” 220-28.

³⁴¹ *Milliyet*, 22 October 1981.

to the latter, after having listed, item by item, the improvements made to healthcare provision in the province.³⁴²

Healthcare provision in the Kurdish region has always been a key component in the production of national geography as a homogenous unit. Along with and as a part of other state employer techniques of compulsory service, including universal military service (*askerlik*), CPSD laws have been one of the prevalent methods of this production process. In varying forms, they have always been part of the government's 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 (2005–).

All CPSDs, including the current one, have functioned as a specific sort of social policy instrument by which national space has been (intended to be) produced. That is to say, the idea of a homogenous “being of nation” has sought to be realized by CPSDs in spatial terms, chiefly by sending doctors to the remotest parts of the country in order to prevent the unjust geographical distribution of doctors to threaten the idea of the unity of the nation. The present CPSD is no exception.

The assumption guiding all CPSD laws, including the current one, and related regulations has been that doctors avoid working in eastern Anatolia due to the hard living conditions which prevail in the region. Therefore, these laws and regulations, searching for a national space,

³⁴² AK Party, 21 May 2011, “21 Mayıs Hakkâri Mitingi Konusmasinin Tam Metni,” available online at <<http://www.akparti.org.tr/site/haberler/21-mayis-Hakkâri-mitingi-konusmasinin-tam-metni/7892#1>> [14 April 2012].

defined eastern Anatolia as an area of multiple deprivations. They set doctors' wages and the duration of their service in the region in a way to make it easier for doctors to endure the hardships of performing compulsory service in the region. In other words, somewhat paradoxically at the first sight, in search for production of eastern Anatolia as just another part of the homogenous national space ("being of nation"), CPSD laws and related regulations have constructed eastern Anatolia as an area of multiple deprivations to be endured (the region thus given a place in the hierarchical scale of "becoming of nation"), and thus pushed doctors in eastern Anatolia to produce the region as one understood and experienced through the prism of endurance. To proceed to the analysis of the current CPSD as a means of production of national space, it is therefore necessary to theoretically clarify the concepts of "production of space" and "production of space as endurance."

6.2 Unitary Theory of Space as a Key to Understanding CPSD Doctors in Hakkâri

Employed in this chapter as a guiding theoretical perspective, the "unitary theory of physical, mental and social space"³⁴³ as developed by Henry Lefebvre is a "unitary theory of space" arrived at through a dialectical criticism of Cartesian dualism of the external realm of the material and the internal realm of the human consciousness. Lefebvre, with his dialectical insistence on conceiving things in their totality, rejects this dualistic epistemology, which necessarily implies a refusal to take space as a "passive surface, a *tabula rasa* that enables things to 'take place' and action to ground itself somewhere."³⁴⁴

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

³⁴³ Henri Lefebvre, *The Production of Space* (Oxford ; Cambridge, Mass.: Blackwell, 1991), 21.

³⁴⁴ Andy Merrifield, *Henri Lefebvre : A Critical Introduction* (New York: Routledge, 2006), 107.

with a “spatial triad”³⁴⁵ referring to the “triple determination”³⁴⁶ 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, as “tied to the relations of production and to the ‘order’ which those relations impose...”³⁴⁷
- 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.
- iii) Lived space, referring to “space as directly lived through its associated images and symbols, and hence the space of “inhabitants” and “users”...”³⁴⁸, which is qualitative and affective, and under constant threat of assimilation into the first two determinations.

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.

6.3 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,”³⁴⁹ endurance evokes the idea of remaining unchanged and standing firm against an external and ultimately temporary hardship. What is

³⁴⁵ Ibid., 108.

³⁴⁶ Ibid., 111.

³⁴⁷ Lefebvre, *The Production of Space*, 33.

³⁴⁸ Ibid., 39.

³⁴⁹ “Endurance,” <http://www.merriam-webster.com/dictionary/endurance>

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 the fortification of the challenged subject-position via the defensive externalization of that challenge. Given that all subject-positions “depend on the differential system”³⁵⁰ of 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 Žizek: a structure which transposes the “inherent impossibility” of symbolic order³⁵¹ “into an external obstacle,”³⁵² 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 establish the idea of endurance as fantasy is that there is nothing unknown to the enduring subject. Everything has a place in the differential system secured by endurance fantasy. This means “the sense of discovering the other”³⁵³ 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 plays no part. This is my first main argument concerning the production of space as endurance.

As for the content of endurance fantasy, endurance is an instrumentalist fantasy, in the sense that what the enduring subject deals with are not ideological, political, or cultural problems.

³⁵⁰ Laclau, *Emancipation(S)*, 52.

³⁵¹ Symbolic 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.” Ibid.

³⁵² Judith Butler, Ernesto Laclau, and Slavoj Žižek, *Contingency, Hegemony, Universality : Contemporary Dialogues on the Left*, Phronesis (London: Verso, 2000), 100.

³⁵³ Jessica Benjamin, “An Outline of Intersubjectivity: The Development of Recognition,” *Psychoanalytic Psychology* 7, no. 5 (1990): 41.

They are 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. The enduring subject does not fight against difficulties. The sole thing they are 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 or fought against. This is my second main argument concerning the production of space as endurance.

The lack of place attachment stands at the center of production of space as endurance. To put the argument in a more explicit way and thus help the reader visualize it, one can focus on the ways by which expatriate communities, especially those in colonial contexts, relate to host societies. This provides us with one of the clearest examples of a lack of place attachment, and thus with an opportunity to reveal some of the decisive factors preventing inhabitants from developing any attachment to their environment.

Succinctly put, two distinguishing factors characterizing expatriate communities are “their transiency in the host society and their relatively privileged status in it.”³⁵⁴ The expatriate is first and foremost “a ‘transient’ who comes for a specific job or mission and will leave upon its completion.”³⁵⁵ It means that the expatriate’s “...presence in a foreign land is normally characterized by permanent impermanence.”³⁵⁶ Not surprisingly, “this transiency reduces the readiness and even the opportunity for adaptation to, and integration into, the host environment.”³⁵⁷ Furthermore, the sense of superiority on the part of ex-pats due to the cultural and economic gap between them and the host society reinforces their indifference to

³⁵⁴ Cohen, “Expatriate Communities,” 17.

³⁵⁵ *Ibid.*, 18.

³⁵⁶ *Ibid.*

³⁵⁷ *Ibid.*

the host environment. As Cohen maintains, “expatriate communities carve out for themselves... an ecological sub-system of their own which, though it is not necessarily a geographically separate area, still serves to segregate the expatriate community from the host society.”³⁵⁸

As this chapter will now demonstrate, these ideas concerning the production of space as endurance, alongside the specific characteristics of expatriate communities (such as transiency and the sense of superiority), tell us much about the nature of relationships that Turkish doctors establish with Hakkârians.

6.4 Production of Hakkâri as Endurance as the 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 twenty two years had revealed the impossibility of establishing a geographically balanced distribution of doctors by such a policy of compulsory duty. Instead, the government adopted the employment of contract doctors to overcome the shortage of doctors in deprived areas. However, 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 Anatolia, in June 2005 they modified the Basic Law on Health Services to make compulsory public service obligatory for newly-qualified specialists and practitioners.

The current CPSD law borrows the classification of the State Planning Organization which divides all districts into six groups, based on a socioeconomic development index,³⁵⁹ 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:

³⁵⁸ Ibid., 77.

³⁵⁹ Bülent Dincer and Metin Özaslan, *İlçelerin Sosyo-Ekonomik Gelişmişlik Sıralaması Araştırması* (Ankara: Devlet Planlama Teşkilatı, 2004).

In towns and villages in 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.³⁶⁰

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.³⁶¹

Yet it is not possible to conclude 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. It is not only conceived space itself, but rather the trialectical relationship of conceived, perceived, and lived spaces that produces space.

³⁶⁰ Republic of Turkey, *T.C Resmi Gazete*, no. 25866, 5 July 2005.

³⁶¹ It might be suggested that it is 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 paradox at 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).

What could have made sense had the whole country had certain minimum living-standard levels is in fact 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 in the same places 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 districts of *Hakkâri*. In the following sections of this chapter, 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 instead lead them to assume an instrumentalist stance towards the city.

6.4.1 Space as Perceived by Doctors

6.4.1.1 Hakkâri City as a Bundle of Problems and the Degradation of Doctors to Bare Life

Doctors appointed to *Hakkâri* city do not encounter a city developed according to its own dynamics and in relation to, however poorly, the needs and demands of its inhabitants, but rather a sort of panopticon structured by concerns of security. *Hakkâri* city is the result of a project executed in a very short time-span during the mid-1990s that pushed thousands of people from the rural settlements to a small town wholly surrounded by high mountains equipped with watch towers. The result has been huge problems resulting from the large gap, 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—to name but a few, the water reservoirs of the city cannot hold enough water to meet the actual needs of the population, with tap-water only available 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 percent of the city; 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 poor air quality in the winter, constant water and power cuts, the remoteness of the location, the uneasy atmosphere of everyday life, being deprived of Turkish middle-class consumption patterns, an unusual social environment and lifestyle, again, and more. The following examples reveal how these hardships are experienced by the doctors in their daily lives.

GP, Employed in the Provincial Directorate of Health:

There are no places to go. We only have Governorship Park. The municipality does not work. Everywhere is full of garbage. ...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.

GP, Employed in a Health Post in *Hakkâri* City:

I still remember quite well. One of the most powerful figures of the country, you can guess who he is, was saying in the TV that there are public housings reserved for doctors in *Hakkâri*. No, no. We did not have. I stayed in very bad places with mice.

This is almost a bare life, the quality of which does not extend much beyond than that defined by the term survival, 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*.³⁶²

That is to say, the perceived reality of *Hakkâri* city is so problematic that it reinforces the sense of endurance among doctors in *Hakkâri*. This makes it almost impossible for the doctors to notice and appreciate the details, if indeed there are any, which escape from and resist the “temporary hardship” category of the endurance fantasy constructed by the law. 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 very low.

Those told by a GP, a Hakkârian and provincial head of the *Van-Hakkâri* Medical Chamber for a period, confirm the low level of Turkish doctors’ civic engagement, and also reflect his anger towards these doctors’ unwillingness to unionize:

³⁶² *Milliyet*, 28 August 2010.

They are not willing to unionize. Professor *Çetin Kotan* and I went to the hospital to inform and unionize them. There were twenty or twenty five specialists sitting and chatting in the garden of the hospital in the lunch break. Even they did not stand up out of courtesy when they saw *Çetin Kotan*; he is a professor at the end. They did not listen to what he told them. They were just gawking. None of them listened to him.

Turkish doctors' indifference to Kurdish is another example of their lack of engagement with the city. 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, the total number of Turkish doctors attending the Kurdish lessons given by *Kurdi-Der* between 2010 and 2013 has not exceeded ten doctors (all of whom were already leftists or liberals). 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 Hakkârians, were expected to act as a translator between patients and specialists, even though they received no education on the ethics and requirements of this task. It is not uncommon that patients with a poor command of Turkish, mostly women and those over fifty years old, go to the hospital with one of their relatives, mostly their sons or daughters, who knows Turkish.

The socialization pattern of doctors also exemplifies doctors' disengagement with the city. They are not willing to meet new people beyond their immediate environment, typically made up only of their medical colleagues. They form a close community and their interaction with the wider city is negligible. The result is essentially an enclave of ex-pats. It is not surprising therefore that a specialist, who had just completed mandatory military duty when we met, talked 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 stroll, sit in the coffee houses, and do their shopping. When they leave their posts, they hand over their apartments, just as they had been initially handed over to them, complete with identical furniture, to newly arrived colleagues. They 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.³⁶³

In short, relations with the city and the people are to a large extent determined by the instrumentalist logic of day-counting, and not by any means by the sense of discovering the other. These were the words of a specialist interviewed alongside his Hakkârian friend *Salim*³⁶⁴:

- As long as you don't talk about politics, there is nobody you cannot communicate with. 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. 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.

³⁶³ Those GPs doing compulsory service do not have to complete the rest of compulsory service if they win the Medical Specialty Exam.

³⁶⁴ Pseudonym

- 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.

Salim: [Nods his head in agreement.]

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. Ultimately, he wishes to avoid 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”, he does not regard a change in his ideas about the Kurdish issue possible. He does not welcome possible criticisms from his friend. Put differently, production of space as endurance structurally reduces the interactional capacity of the relationships doctors establish with Hakkârians. To continue with the following words of 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.

Rising political tension uncovers the truth repressed for the sake of good relations between Hakkârians and the doctors: peaceful and positive contact depends on the silence of both sides on the Kurdish issue. For these contacts to persist, Kurdish issue, which is the main determinant of life in *Hakkâri*, must remain unspoken, and hence many essential issues must remain unaddressed. 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 Hakkârians when the political tension rises. What could have described the weakness of interactional moment in the relations doctors establish with Hakkârians better

than the opposition between fans in which stances are given and not open to any change and negotiation?

Apart from the form of relationships 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 in fact a common representation of *Hakkâri* amongst doctors. Let us look at two quotations below, typical of dozens of others:

GP, Health Post in *Hakkâri* City:

In general, I do not have a problem with Hakkârians, the personnel, the general atmosphere. Contrary to the general opinion and estimations, *Hakkâri* is not in the Stone Age. Except for eight or ten big cities, 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.

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. 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.

6.4.1.2 Hakkâri as a Dangerous and Uncanny Place

The failure of the doctors to move from the experience of *Hakkâri* as endurance, to move from the idea of “not such a bad place” to a construction of the city as a place to be discovered, has not only to do with degradation to almost 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.³⁶⁵

The real abstraction I am speaking about is a one that emerges through a lifetime spent in the predominance of the security discourse that constructs *Hakkâri* as a dangerous, fundamentally-foreign place, where the natives are unreliable and to be avoided when possible. It is this attitude that is evoked when a GP working in a health post in *Çukurca* describes the anxiety of his family: “There were thirty five missed calls from my wife, mother and friends on the day when cell phones didn’t work due to the dispatching of troops. My mother said that she nearly went nuts that day.”

What this chapter attempts 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. Instead, car-owners in the city

³⁶⁵ Alfred Sohn-Rethel, *Intellectual and Manual Labour : A Critique of Epistemology* (Atlantic Highlands, N.J.: Humanities Press, 1978), 21.

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 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 appointed to *Hakkâri* often feel obliged to accompany their sons and daughters, none of whom are less than twenty five years old. Hakkârians tend to classify all Turks arriving in *Hakkâri* according to one stereotype: as an individual who overlooks Kurds because of his/her prejudices. For new doctors, this means they mostly encounter 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 misguided representations of *Hakkâri* in mainstream Turkish media, and what good and hospitable people they really are. The extent of Hakkârians' 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 under the protection of the police, a fact that also reveals how the border between the media and the state practically ceases in *Hakkâri*.

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. The example pertains to the early days of my field study. One day while sitting and chatting with a group of Hakkârian acquaintances in the garden of Teachers' Guesthouse in *Hakkâri*, a new individual joined the group. My friends introduced him to me, and spoke of my research agenda. He was a Hakkârian employed in the municipality. He asked me where I was from. When I told him that I was from the Black Sea region, known in the last few decades for its anti-PKK stance, he asked me a yes/no question: "Do you agree that the violence must end at all costs?" I was of course against the violence, yet did not want

to give a simple yes/no answer. To clarify my position, I attempted to answer him: “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 would 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 one more individual, whether he is Turkish or Kurdish.” Although I completely agreed with his condemning stance towards the violence, I could not change his perception of myself 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 often more powerful than reality in *Hakkâri*.

It is not surprising that doctors inserted into such a situation have had similar such experiences. The following case was recounted by a GP who had been 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* shop open at 4:00 p.m. by chance and decided to eat a few *lahmacuns*. Yet, the shop keeper told us that his materials had run out. Then we said, “but you are making some *lahmacuns*³⁶⁶ right now and we won't eat more than four 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. In another case, my friend wanted to buy a cigarette but he was declined. He then asked for another blend, but he was declined again. But indeed, there were many boxes of the cigarettes that he had asked for. Then he asked the man why he declined him when there were many boxes of cigarette behind him. He said that all these boxes had been sold to the military. In short, he did not want to sell. He took a stance against him. The reason behind this attitude was the political ideas of his [my friend's] former colleague with whom he had

³⁶⁶ A sort of Turkish/Kurdish pizza.

worked. Because the people saw him [my friend] spending time with his former colleague, he was supposed to be sharing the same [nationalist] ideas.

Unavoidably, doctors' encounters with the people and *Hakkâri* are, to a considerable extent, structured by these abstractions generated by the accumulative effect of decades of Turkish nationalism. The very real abstractions prevent doctors from 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. These abstractions thus prevent doctors from meeting new people and hearing stories that could counter and thus resist criminalizing representations of *Hakkâri*, 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 a fixation of the native as an already-known object of the endurance fantasy, to recognition of him/her as "a separate and equivalent center of self."³⁶⁷ An example of this is demonstrated 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 occurred during his first trip to *Hakkâri*, and reflects the kind of tragicomedy these criminalizing abstractions may help construct. 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.

³⁶⁷ Benjamin, "An Outline of Intersubjectivity: The Development of Recognition," 35.

The following dialogue between me and a GP employed in tuberculosis dispensary also shows 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 had been extremely frightened and even cried due to this, and tried to get in contact with me through some other connections. They worried whether a misfortune had befallen on me. They check me every day to find out whether a misfortune has befallen 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, pay no attention to or get in contact with people other 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.

Yet, it would be wrong to suggest that these are just abstractions on the part of doctors that prevent them from discovering the city, or from relating to it in a way other than endurance. The 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 the place. This is also what I experienced during my own ethnographic research. To exemplify:

On an ordinary night, having studied my interview records in my room, I went downstairs to leave the faculty building. There were panzers, policemen, undercover officers carrying automatic guns, and three or four “scorpion” type armored police vehicles in front of the

building. Some children and young men were shouting *PKK* slogans behind a simple barricade 300 meters away. There were also twenty or thirty children on the left side of the faculty door watching the incident. I went back to my room to take my camera, before returning outside to take photos of the incident from two or three meters behind the children watching the incident. They turned to leave when the camera flash alerted them to my presence. I approached them and told them of my intentions: “Guys, please do not take it the wrong way. I will not take your photo.” They hesitated for a moment and looked at each other: “Why then do you take the photos?” The young man who spoke was standing two meters behind me. “I am research assistant in the University”, I replied. He continued his interrogation: “Does a research assistant do such things? What is your department?” I told him I was a research assistant in management. “Okay” he said, “then I will go to the rector and complain that you take photos [of the demonstrators].” I told him that “I take the photos of the policemen, not the children here” and asked what the problem with that was. Implicitly referring to the criminalizing representations of *Hakkâri* in the mainstream Turkish media, which focus on clashes and protests at the expense of the peaceful aspects and natural beauties of *Hakkâri*, he responded: “Why do you take the photos of policemen? Is there not something other than policemen? Take the photo of the uplands and beautiful places.” His tone was confrontational, and his style pedagogical. I had to explain further: “I am a sociologist. 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 grew to the point of threatening me: “How is it possible that you are member of *Eğitim-Sen*? One will waylay you. Do not get surprised if one waylays you.” I decided to proceed more aggressively: “Look, my name is *İlker*. What is yours?” He avoided saying his name. I continued: “I am a sociologist. If you know me, you would be sorry.” Then he tested me by

giving names of some instructors to see whether I knew them. Our discussion caught the attention of some policemen. They were looking at us. To end the discussion, I said, “Okay, I will not take photographs anymore.” Yet another child intervened: “You already have enough photos.” I told them that I would not use these photos, entered the building quickly and returned to my faculty room. I did not feel bold enough to walk back to my apartment. A few months later I saw the same young man in the office of the students’ association of the University of *Hakkâri*, where I had gone to conduct interviews with the students. It transpired that he 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, hoping to receive an apology for his rude behavior. Yet instead he took a cool stance and did not back down: “I thought that you were a police captain and tried to see whether you had a gun on your hip. If it were someone else instead of me, he might have acted in a way different than I did.”

One should not assume that the student’s interrogative style and threats on that night, or his later behavior, reflect an immature extremism of youth radicalism. He lost his relatives in the *Yoncalı* village massacre in 1989, when three villagers from *Yoncalı* village were brutally killed while mowing grass, 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, up to that point in his life, Turks had not been there to understand him, but rather to judge and punish him and his relatives. His response to me—on both occasions—was therefore understandable; he had been suspicious that I was a police captain documenting the identity of the protesters as—to him—this was a likely scenario.

However justifiable his attitude towards me was, it still does not invalidate the fact that the burden of history on our encounter forced me to stop my research on that occasion. This

problem also affects the few attempts by doctors to go beyond instrumentalism and construct *Hakkâri* beyond its location, as a real entity to be discovered and engaged with. The real risks posed by the either/or reality of *Hakkâri* may prevent them from relating to the city in a way other than through endurance, as can be seen in the failed attempt of a specialist to run a Scout group in *Hakkâri*:

I am a Scout master. Therefore I thought that I could do scouting here. I went to the Provincial Directorate of Youth and Sports and introduced myself. I told them that I was a Scout master and would like to do scouting. They looked at me like I was crazy. They do actually 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 to go camping in the military zone. It just wasn't possible to do scouting like this.

There are numerous such examples. A GP employed in a health post in *Hakkâri* city told me that he and his wife used to go to restaurants located at the entry to the city, in *Depin*, in the early weekend days of their arrival to *Hakkâri* city. However, they later refrained from going to these restaurants and other places outside the center after some policemen had been shot dead in *Depin*. The “security” issue can even limit doctors’ routine interventions in issues related to their profession. When asked whether they were concerned with, for instance, the fundamental healthcare (and illness prevention) concern of the sanitary conditions of the city, such as the absence of garbage containers, a specialist doctor replied: “It is said that such an issue has more to do with security concerns. Therefore we do not intervene in the affairs of the municipality.”³⁶⁸

³⁶⁸ It is claimed garbage containers are used for the placement of bombs.

6.4.2 Lived Space

6.4.2.1 Elitism towards Hakkârians

That the doctors cannot move beyond the endurance fantasy and face *Hakkâri* as an entity in its own right is also due to the subjective aspect of the production of space, with images and symbols that mediate doctors' lived experience of *Hakkâri*. In this aspect, one should initially refer to the historicist elitism of doctors. For many doctors in *Hakkâri*, *Hakkâri* is in the early phases of its transition to modernity. Therefore, they associate the historical difference and spatiality of *Hakkâri* with backwardness, and regard *Hakkâri* as a latecomer not worth knowing.³⁶⁹ These are the words of a specialist from *Hakkâri* Public Hospital:

Urbanization started in the western part thirty or forty years ago. We were nomads before that. What occurred in the west thirty years ago is only now taking place in *Hakkâri*. They are learning about urbanization and the western logic of collective life now. What was established in the west thirty years ago is just beginning to be established here. While earlier generations were shepherds in the mountains, the next generations became technicians, teachers, etc. This is a matter of generations. We are in a phase of transition. They resemble our situation of thirty years ago. They are a generation behind us.

According 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, many doctors in *Hakkâri* view the region as a place not worth discovering. This is because, 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

³⁶⁹ For 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 the Discourse in the Construction of Identities*, ed. Guido Rings and Anne Ife (Newcastle upon Tyne: Cambridge Scholars Publishing, 2008), 155-74.

knows the truth,” should be read as an instance of such elitism. Notice that the doctor quoted, demonstrating her elitist attitude towards Hakkârians, contrasts with the “Go there, do not attract attention, and come back” instrumentalism of others. Yet this doctor remains eager to avoid recognizing and appreciating the lifestyles of Hakkârians:

Specialist, *Hakkâri* Public Hospital:

I believe that just as there are flowers on the balcony of my apartment in *İstanbul*, so too they should be on the balconies of the apartments here. Some habits in *İstanbul* 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 *İstanbul*. When I spoke on the telephone with the father of a female specialist who had resigned after fifteen or twenty 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. *They should adapt to me because it is me, not they who knows the truth.*

Such historicist elitism in *Hakkâri* does not always appear so explicitly in doctors’ testimonies. A less explicit manifestation of the historicist indifference of doctors to the alterity of *Hakkâri* shows us that this is a stance adopted by a large majority of doctors in *Hakkâri*: The doctors I interviewed were frequently using words such as “ignorant” (*cahil*), “incognizant” (*bilinçsiz*), and “uneducated” (*eğitimsiz*) when speaking of Hakkârians. Some of my interviewees, those who otherwise adopted a cautious stance (by avoiding making judgments and simply paraphrasing the language and ideas of official brochures, regulations or laws), did not hesitate to make statements such as: “we need to *decrease* to the level of the people.” In the transcripts of my interviews with the doctors, the word “*bilinçsiz*” occurs twenty one times, “*cahil*” twenty eight times, “*cehalet*” four times, and, again, the phrase “*bilinçli değil*” occurs four times.

6.4.2.2 Hakkâri as an Open Prison

In addition to the role of elitism in the production of *Hakkâri* as an experience of endurance, one should also refer to the role of images and symbols engendered by the sense of deprivation and loss on the part of doctors who live in very specific geographical conditions in the province. Given the geographical isolation of *Hakkâri* from the rest of the country, the deprivations and shortcomings faced by the newly arriving doctors (who are obliged to stay in *Hakkâri* for no less than a year) often result in a sense of claustrophobia, as can be seen in the following statement from a specialist working at *Hakkâri* Public Hospital:

I already had got into contact with some people working here as teachers via one of my acquaintances before I arrived. They welcomed me in *Van* and took me to *Hakkâri*. It was evening when we arrived... 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.

This 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—especially as 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 here in the morning, work through all day, go back home, lock the door of our apartments and take a rest. We try not to go outside or to the bazaar as much as we can. We only go outside for shopping to buy vital needs and then go back to our 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, djturk... That's all... *It is precisely an open prison. Ours is nothing short of an open prison.*

The harsh geographical conditions of *Hakkâri* play a powerful role in the construction of this sense of confinement. That is to say, the mountainous landscape surrounding *Hakkâri* and its districts reinforces the sense of isolation felt by doctors. High mountains and deep valleys become metaphorical prison walls in the minds of the doctors. For example, a GP who worked both in *Çukurca* and *Hakkâri* city told me those following:

Frankly, the travel from *Van* to *Hakkâri* is very interesting. 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. Psychologically, I had started to motivate myself from fifteen days ago that “I am going to a problematic place where conditions are harsh. *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 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. The real problem started with my passage to Çukurca... Çukurca is a very small place. There are constant power cuts. Sometimes the mobile phone network collapses throughout the district for three days. You get depressed when you encounter power cuts five or six times a day. There I felt that I was in prison. Everywhere is surrounded by mountains. You cannot go elsewhere...*

One can justifiably claim that the sense of living in an open prison, and in particular the sense of claustrophobia and containment plays a powerful role in the production of space as an experience of endurance.

6.5 Essentialist and Discriminatory Discourses and Practices of the Doctors

The production of *Hakkâri* as endurance impacts significantly on doctor-patient encounters. Essentialist and discriminatory discourses and practices employed by Turkish doctors in *Hakkâri* cannot be conceived of without reference to the way of being of Turkish doctors in *Hakkâri*. This is not to say that doctor-patient encounters in *Hakkâri* are informed only by the expatriate background (or otherness) of Turkish doctors, and thus manifests itself only in

essentialist and discriminatory discourses and practices. My argument is simple: the persistence of essentialist and discriminatory discourses and practices employed by Turkish doctors is closely linked to the ways of seeing inherent to production of *Hakkâri* as endurance.

The following two quotations belong to two doctors, one from *Yüksekova* and the other from *Hakkâri city*:

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 the Kurdish people. All of the people here are PKK supporters. *Tayyip* nourishes the Kurds. He delivers money to the children.³⁷⁰ Why does he not deliver money to the children in the west?

Quotation 2:

A-In the past, I did not know, in such depth, the goals of the people here, the general characteristics of the Kurdish people. I was really ignorant of these. Now I think I understand the personal characteristics of [Kurds], the causes of Kurdish people and their real goals, better... My point of view changed. It is less artificial. It is different to the one that is 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 the people³⁷¹ whom they do not need.

The first, short quotation is from a GP working in a health post in *Yüksekova* who was planning to resign; the second, longer quotation is from a specialist from *Hakkâri Public*

³⁷⁰ She refers to the conditional cash transfers.

³⁷¹ She refers to the soldiers and policemen.

Hospital. Neither the GP nor the specialist was unusual in this attitude or experience. During my fieldwork, I encountered many doctors who voiced essentialist discourses on patients. Even those doctors not using essentialist terms to discuss patients did not pose counter-evidence automatically. As the vocabulary many of them used surrounding *Hakkâri* (“terrorism”, “terror region”, “PKK terrorism”, “ignorant”, “incognizant”, etc.) shows, their first-hand “experiencing” of *Hakkâri* did not elicit a considerable break in their mentalities, which were largely informed by the convictions of mainstream Turkish nationalism.

This is completely contrary to the assumption widely shared by critics of the role the Turkish mainstream media has played in the Kurdish issue, that if the Turkish people living in the western part of the country understood the reality of the Kurdish region, they would not have supported the violent-Turkish nationalist policies of the state. While this 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 may still sustain Turkish nationalist convictions; many of them may even go further, and do not refrain from sticking to some essentialist or racist stereotypes and stigmatizations.

According to Cohen, the tendency on the part of ex-pats to stick to stigmatizations and stereotypes about their hosts is mainly due to the fact that ex-pats have daily contact with only a very limited section of hosts who do not at all represent the whole host society. These meetings and connections are influenced by the superior status of ex-pats:

...despite his prolonged stay in the host country, the expatriate...is largely cut off from the social reality of the country of his sojourn, and often oblivious to it. The opinions and attitudes of expatriates to their hosts are in no small degree formulated from their contacts with a variety of subordinate service personnel, such as servants, chauffeurs and gardeners...No wonder, then, that their experiences not only do not change their old prejudices and stereotypes about the natives of the host country, but often give birth to new ones... Unsophisticated natives often

reinforce the stereotypes of the expatriates by submissive or servile behaviour, or by the uncritical acceptance of the superiority of the expatriates and emulation of their life-style, which sometimes assumes grotesque forms.³⁷²

Cohen's remarks shed light on important aspects of the issue. Yet his explanation is an apologetic one to the extent that it shifts the responsibility of ex-pats' stigmatization of hosts to the side of hosts. My suggestion is rather to remember the warnings of John Wallach Scott, chiefly that experiencing reality as such is not possible: "experience is a linguistic event (it does not happen outside established meanings)..."³⁷³ Scott refuses "a separation between "experience" and language" and instead emphasizes the "productive quality of discourse."³⁷⁴

In accordance with Scott's remark, I argue that the persistence of Turkish nationalist convictions by doctors in *Hakkâri* and the prevalence of essentialist discourses on patients are inherent to the production of *Hakkâri* as endurance. As I asserted above, there are two characteristics of the "production of space as endurance." First of all, *"the sense of discovering the other"* 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. Secondly, production of space as endurance entails instrumentalist rationality. 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 push doctors to adopt essentialist discourses on patients, and even sometimes employ discriminatory treatment to them. The following section identifies and analyzes two forms of these essentialist and discriminatory discourses and practices towards patients.

³⁷² Cohen, "Expatriate Communities," 69.

³⁷³ Joan W. Scott, "The Evidence of Experience," *Critical Inquiry* 17, no. 4 (1991): 793.

³⁷⁴ Ibid.

6.5.1 Discriminatory Treatment of Political Suspects

One outcome of the production of *Hakkâri* as endurance manifest in the doctor-patient encounter is the discriminatory treatment of political suspects. This can be clearly seen in the role played by doctors in the juridical process concerning those accused of affiliation with the PKK. As a legal requirement, all people taken into custody need to be taken to hospital immediately following their detainment in order to document whether detainees were ill-treated during the detainment process. This issue has always been a problem in Turkey; cases in which doctors were threatened or attacked by policemen merely because they wanted to document traces of torture on the detainee used to be reported in the media (especially before the late-1990s when torture of the political detainees was not an exception but the rule).

Turkish doctors in *Hakkâri*, just as in other Kurdish provinces, often fail to document the ill-treatment of political suspects during the detainment process. This is either because these doctors still hold a strong anti-PKK stance without any ideological break—which cannot be thought independently of the lack of an interest in discovering the other and openness to possible new identifications—or because they want to avoid any trouble with the police during their temporary presence in *Hakkâri*. This latter point surely again is entwined within the construction of *Hakkâri* as a bundle of problems to be passively managed for a certain period of time.³⁷⁵ In the following two cases, one can see examples of active and voluntary collusion between doctors and the police.

The first case pertains to ill-treatment of the still imprisoned cousin of one of my Hakkârian colleagues from the University of Hakkâri:

My cousin was a PKK guerilla. Although he gave himself over to the security forces with his own will last year, he was nevertheless tortured, to the extent that he should have been given a

³⁷⁵ M. Fayik Taşkın, ed. *Sağlık Kurultayı Belgeleri (3-4-5 Aralık 2010, Diyarbakır)* (Diyarbakır: Aram Yayınları, 2012), 92.

medical report documenting that he cannot do anything for five or six 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 told 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 it, they would not have done it.”

A statement from a Hakkârian GP based at *Yüksekova* Public Hospital also confirms that doctors pursuing their usual anti-PKK stance often actively collaborate with the police in the juridical processes concerning PKK suspects:

Q-Some doctors have told 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, they are judges and attorney generals, who are obliged to punish them, not policemen and doctors. 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, tell a child that “you speak too much, you are terrorists,” and this scenario 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 all people equally.

Turkish doctors do not always volunteer willingly to collaborate with the police in such cases. Often they do not want to have any trouble during their temporary stay in *Hakkâri*; and thus they are not willing to resist the illegal demands of the police. Those told by a Hakkârian nurse working in a health post in *Yüksekova* exemplifies such case:

The policemen broke the arm of a child during a demonstration two or three years ago. I was trainee then in a health post in *Hakkâri* [city]. 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 told

the doctors, “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 managed to arrange a clean bill of health for the child.

6.5.2 Paradigmatic Form of Essentialist Discourses on Patients: “Hungry Piranhas”

The production of *Hakkâri* as endurance produces essentialist discourses and discriminatory practices not merely 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 the essentialist discourses and discriminatory practices employed by the Turkish doctors. The main body of these discourses and practices rather has to do with the fact that enduring doctors cannot make sense of the dissatisfaction of the patients, predominantly because they are neither familiar with Hakkârians’ way of reasoning nor have any strong desire to be so. In this regard, the stigmatization of patients turns into a useful and easy way of both making sense of the “strange” dissatisfaction of patients and escaping from the burden of finding ways to overcome these dissatisfactions. According to a specialist from the *Hakkâri* Public Hospital:

Q-Does the social tension in the city have an effect on a 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 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 complain me. The people are malevolent towards us.

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 malevolent towards them. Do they use the medicine prescribed by us or not? For instance, when we say that surgery operation is required, patients still say: “Let me go to *Van*.” They do not trust us. They are malevolent towards us. I do not make a generalization, yet a few exceptions do not suffice to save us in case of a big social explosion.

As can be seen, he misinterprets all symptoms of the patients' conviction that their lives count for little in the eyes of the Turkish state as manifestations of the malevolence 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 engendered by their prior 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, to consider doctors in *Hakkâri* as too inexperienced to be trusted to use the medicine prescribed by them, and believe the hospitals in *Hakkâri* are not sufficiently equipped for surgical operations. Instead, the doctor, like many of his colleagues, willingly adheres to existing stereotypes to situate the responses of patients in an established discourse.

However, accusing patients of being in bad faith is not the dominant form of the essentialist responses given by doctors concerning the dissatisfaction of patients. 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 takes mainly this form is not accidental: Discouraged from any identification with and thus attachment to place, an average doctor doing compulsory service in *Hakkâri* is guided largely by an instrumentalist rationality of endurance. Their existence in the province is no more than an interruption in their personal career and a suspension of ordinary, “normal” life. For him/her, days in *Hakkâri* are something that is “passing/not passing”. This is a life characterized by the logic of day-counting. The instrumentalism of endurance is not only what s/he performs, but also, in the absence of any inter-subjectivity, most often the normative model according to which s/he judges the attitudes of patients. It is as if the misery of living conditions in *Hakkâri* prevents the option of living *Hakkâri* in terms other than those determined by endurance and survival.

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 Five, this sort of assessment is not the usual way that the patients evaluate healthcare provision in *Hakkâri*. The patients often do not make such comparisons between a “bad past” and the “good present.” Either they see the improvement too insufficient to lead them to a comparison between a “bad past” and the “good present” or compare the current situation of healthcare provision in *Hakkâri* with the much better health services currently provided in other, especially western, provinces of the country. Most of the time it is the current capacity of 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 used by Hakkârians in the assessment of the current quality of the healthcare provision in *Hakkâri*.

The projection of the instrumentalism of endurance onto the patients therefore usually results in essentialist discourses on the ungratefulness and greediness of patients; the persistence of widespread dissatisfaction with healthcare provision does not make sense to the doctors, for whom the improvement in the capacity to meet the healthcare needs is beyond dispute. They therefore believe 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 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 *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 the 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. 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 in the situation 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?

As we see, there is a clash of two different stances. The specialist takes the prevailing conditions as given; as the scope is missing, the number of ambulances is limited and the case is not urgent, what is to be done is clear to the specialist—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. They regard the absence of a 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. They therefore believe the state that must find a solution to its own shortcoming, not the victim of the shortcoming (the patient). 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 reaction to the initial refusal of this demand by 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 is counter to the medical necessities, is totally incomprehensible and looks childish. It is not surprising therefore to hear her say just two minutes after finishes the above story that she feels Hakkârians complain about everything, lack any sense of gratitude and exploit the medical establishment.

The second case pertains to the experience of a farmer from a village of *Hakkâri* city:

I took my child to *Hakkâri* Public Hospital to have him examined by a dermatologist. His appointment number was fifty. Yet we were a bit late, and I entered the doctor’s room to find out 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 ten and seventy 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 complain about everything. Even if your child dies, I will not look after him.”

To understand this case fully, one needs to clarify a point. Normally, patients are given an appointment via a telephone call or website, yet patients given an appointment may not arrive at the hospital at the required time. This happens frequently 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 may 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 someone looking at the screen showing the list of which patients have been accepted to the room might easily think that patients are accepted to the room randomly, not according to their places in the queue. As I discussed in detail in Chapter Five, patients in *Hakkâri*, where patients strongly believe that they are discriminated against and their lives are not regarded so worthy of care, are inclined to read the procedures they encounter through the prism of that pessimistic conviction. This patient’s repeated attempts to object to the queuing system cannot be understood independently of this grievance. On the

other hand, according to the doctor, who seems to be ignorant of the way the patient perceives the problem, the patient's objection is no more than an instance of the usual baseless dissatisfaction with the medical establishment by all Hakkârians, which can then be framed in the established discourse surrounding the essential insatiateness of Hakkârians who "complain about everything."

In this discourse, which emerges either as a misunderstanding of another misunderstanding, as can be seen in the latter case, or as inability to make sense of dissatisfaction arising from concerns about equal treatment as citizens, 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 and phrases like "ungratefulness," "exploitation," "spoiled" and "hungry piranhas" are generously expended:

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.

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 the 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 the provincial directors of health. Therefore, it should not be taken only as the

expression of a personal idea, but rather read as the expression of a view that is widely held at the top levels of the provincial directorate of health:

I myself have started to think, after I became an administrator, that the people we try to provide healthcare are 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 think that people should be educated in these issues. I've been feeling recently like they are hungry piranhas, and the more you give, the more they want. They're never satisfied.

These discourses accusing patients of being greedy and exploiting the state have real effects on the treatment of patients. One of former provincial directors of health told me that, in the past, although some patients were severely disabled, they were officially and deliberately assigned low disability ratings so as to make them ineligible for social assistance:

Q-It is said that there is a big demand for disability reports, that doctors are forced to give high disability ratings to 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 rating assigned by one of the members of the committee to ensure the overall disability rating remains below 90 percent. It is obvious that he regarded the money assigned to the claimants as detrimental to the state.

Another reflection of this prejudiced 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 *Hakkâri* Public Hospital (which has been serving since 2005). When I asked about the patient rights unit of *Hakkâri* Public Hospital (invoking the Freedom of Information Act), the number of patient complaints that were ultimately regarded as a case of

patient rights violation was zero, despite forty four complaints that were discussed in the patient rights committee in 2013, three quarters of which pertained to doctors. When we look at the overall state of the results of patient complaints submitted to the patient right units of all public hospitals in Turkey in 2013, we see that the ratio of patient complaints which were ultimately regarded as case of patient rights violation to all complaints was around 10 percent. In 2007, 2008, 2009, 2010, 2011, the rates were 11 percent, 18 percent, 13 percent, 11 percent and 12 percent, respectively.³⁷⁶

This can be partly explained by the solidarity of doctors who are guided by the sense of protecting their accused colleagues. According to the general secretary of the *Hakkâri* Public Hospitals Union, the patient rights units in *Hakkâri* had a poor performance because the doctors used to cover for each other. Given the weakness of the engagement of doctors with *Hakkâri*, the level of doctors' sympathy with patients is lower than elsewhere. Furthermore, doctors' professional solidarity with colleagues is also stronger in *Hakkâri* than it may be elsewhere. Yet, I think it still does not account for the extremeness of the case, for example why not even a single patient complaint among forty four complaints was regarded as a definite case of patient rights violation.

The secret of the extremeness of the case can be said to lie in the totalizing gesture, as in the case recounted by the provincial head of *SES* (Health and Social Services Employees' Union) employed in *Hakkâri* Public Hospital. He once told me that: "the deputy chief physician used to write on each patient complaint file as "cancelled." When I objected and said, "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,

³⁷⁶ *Sağlık Bakanlığı* (Ministry of Health), "Yıllara Göre Hasta Hakları İstatistikleri," available online at <<http://www.sb.gov.tr/Hastahaklari/belge/1-39073/hasta-haklari.html>> [13 January 2014].

beyond the requirements of professional solidarity: the belief and acceptance on the part of doctors of the unworthiness and groundlessness of the patient complaints in advance. This then returns 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.

6.6 Conclusion

This chapter examined the way of being of doctors in *Hakkâri* city, most of who are there to perform compulsory service, not as a career preference. Through the analysis of the way of being of doctors here, I show that doctors in *Hakkâri* experience this province first and foremost as an experience of endurance in which *Hakkâri* and Hakkârians do not exist as entities in their own rights deserving to be recognized and explored. This results in an unbridgeable gap between patients, who are often dissatisfied with healthcare provision 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 persistence of patient dissatisfaction with the medical establishment despite its remarkable progress in time. Doctors struggle to make sense of this dissatisfaction because they live as an expatriate community, socially and culturally isolated from the host environment; they cannot establish real relations with the patients and go beyond projecting their own way of being (that is, instrumentalist rationality of endurance) onto their patients. In other words, it is evident that, as a rule, the experience of *Hakkâri* as encounter does not create any kind of “contact zone” between the doctors and their hosts. In this chapter, I have shown that this gap is filled, not occasionally and contingently, by essentialist discourses accusing patients of being greedy, ungrateful and exploiting the medical establishment.

CHAPTER 7: DISCUSSION

The conclusion of this thesis avoids a mere summary of the arguments discussed in the chapters which have preceded it. Instead, it provides a discussion relating chapters to each other, in order to extend the arguments to their logical results. The discussion is carried out at two levels, as also asserted in the Introduction of the thesis. The first level primarily concerns scholars of Turkish and Kurdish studies. At that level of discussion, I reflect upon the research findings of the thesis in order to comprehend their implications for the limits of the AK Party's assimilative state-nationalism, which is based on the oneness of the nation and the biopolitical duality of politics of service and politics of identity. The second level of the discussion pertains to the global and comparative aspect of the thesis, which primarily concerns those scholars focusing on the dynamics of ethno-political challenges in multi-ethnic societies and the subsequent state strategies deployed to contain these challenges. At that level of discussion, I reflect upon the research findings of the thesis to formulate some generalizations concerning the rationality/irrationality of ethno-political challenges.

7.1 Patient Dissatisfaction and Essentialist Discourses as Limits of Turkish State-Nationalism

Let us return to the question posed in the Introduction of the dissertation: the limits of the new assimilation strategy employed by the AK Party. It can be argued that the dissatisfaction of patients with the current quality of healthcare provision in *Hakkâri*, and the essentialist and discriminatory discourses of the doctors on the ungratefulness and greediness of the patients, both shed light on the limits of this new assimilation strategy. Healthcare provision is not peculiar among benevolent policies employed in *Hakkâri* with regard to the dissatisfaction of Hakkârians with services, and indeed the disappointment on the part of the state agents with this 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 Hakkârians 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 Forestry 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.³⁷⁷

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 Kurds worthy of care and respect. Notice also the not-so-implicit pedagogical disappointment of the former governor. As we can see, just as the dissatisfaction with public services is not unique to a particular sector of public services delivered in *Hakkâri*, neither is 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 tangible improvement). Indeed, there is nothing especially surprising in this, given the homology between the doctors’ approach to the patients and the AK Party’s approach to Kurdish “service-beneficiaries.” The disappointment of the AK Party in its failure in *Hakkâri* replicates on a wide (managerial) scale the disappointment of the

³⁷⁷ *Star*, 30 August 2011.

doctors at the everyday (service provision) level, for both disappointments result from the inability to lead Hakkârians to compare the improvement in the present with the deprivations of the past, realize the transition, and appreciate the change. Both project the instrumental rationality of bare life onto Hakkârians. While the enduring doctors perform this as a projection of their own mode of being onto patients, the AK Party does so in addressing Hakkârians as citizens in the making of its development and transition fantasy. The speech delivered by *Erdoğan* in 2011 in *Hakkâri* city is revealing in that it reflects the 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 twenty four 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. 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. There were no 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 twenty dialyzers available. How many 112 [emergency ambulance] stations were there in *Hakkâri* before us? Only one. And now? Fourteen... Do you know how many ambulances there were in *Hakkâri*? One. And now? Twenty... 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 ten specialists before us and now it has risen to ninety six.³⁷⁸

Here *Erdoğan* projects the objective rationality of bare life onto Hakkârians. He tries to deprive Hakkârians of the subjective, of their experiences, histories, and ideologies, namely

³⁷⁸ "21 Mayıs Hakkâri Mitingi Konuşmasının Tam Metni," <http://www.akparti.org.tr/site/haberler/21-mayis-hakkari-mitingi-konusmasinin-tam-metni/7892>.

the “politics of identity,” which he believes prevents them from looking through the lens of objective rationality of bare life and from noticing the tangible, measureable improvement. Hakkârians addressed in the electoral speech are not addressed as subjects 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 has 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 upon in a pedagogical way to move away 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.³⁷⁹

In short, the place reserved for Hakkârians in this discourse is no more than a move from 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, to objects of the Anti-Terror Law, once again *homo sacer*, if they insist on pursuing 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 Hakkârians as objects of developmentalist pedagogy, achieved by dividing them into their bare and qualified lives, and then 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 patients’ persistent dissatisfaction, and also as the electoral failure of the AK Party shows, this limit should be taken seriously at least for the following two reasons.

³⁷⁹ Ibid.

First, full recognition of their Kurdishness is actually a prerequisite of any possible change in many Hakkârians' perception of, and approach to, public services. This is because they are convinced by their experiences that their Kurdish lives are viewed as less valuable in the eyes of the Turkish state. Consequently, being asked to make a choice between the politics of identity and the politics of service does not resonate with many of Hakkârians. They claim access to proper public services as an issue of being recognized as equals.

Secondly, this limit should be taken seriously because the citizen in the making, the single subject-position offered to Hakkârians by the developmentalist pedagogy in question, is in serious contradiction to the lived reality of many Hakkârians who appear as *already* citizens. The claim to qualified healthcare provision and other public services *now* and *equally* from the point of view of fully-fledged citizens is principally irreconcilable with the developmentalist pedagogy of *Erdoğan*, which calls Hakkârians to adhere to objective rationality of bare life and appreciate the positive change as citizens in the making.

In short, the limit of the current strategy is the limit reached in an attempt to carry out a sort of politics of redistribution which is not a moment of politics of full recognition—that is, a sort of politics of redistribution which tries to convince Hakkârians to be content with a condition that falls short of full respect to their identity and bodies.³⁸⁰ To elaborate on the argument, I would like to proceed with the famous conceptual distinction object-relations theorist Donald Woods Winnicott put forward between “object-relating” and “object-usage”.

³⁸⁰ To 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 Axel Honneth's arguments on the issue: Honneth argued 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.

As Winnicott argues, “object relating is an experience of the subject that can be described in terms of the subject as an isolate.”³⁸¹ In relating to an object, the object exists as “subjective object,” “projective entity,” “a bundle of projections”, to the extent that it means something only from the stance of the subject. It is just “a phenomenon of the subject”³⁸²; 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.”³⁸³ 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 subject's perception of the object as an external phenomenon, not as a projective entity, and in fact the recognition of it as an entity in its own right.”³⁸⁴

To proceed through this distinction, we can conclude that Hakkârians (Kurds) as imagined by *Erdoğan*/AK Party are perfect examples of “a bundle of projections” which lack lives of their own independently of the state; they owe their agency (which takes place between “being victims of the state violence” and “appreciating the positive change of the state”) completely to the state which has enabled their agency 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: the implicit degradation of “Kurdishness” by approaching Kurds as if they do not have a separate history independent of their relations with the Turkish state, as if the existence of Kurds counts only to the extent that 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.

³⁸¹ D. W. Winnicott, *Playing and Reality* (New York: Basic Books, 1971), 88.

³⁸² Ibid.

³⁸³ Ibid.

³⁸⁴ Ibid., 89.

The problem is that a considerable part of Hakkârians do not want to be projective entities of the Turkish nationalism of the *AK* Party. They do not want to be judged, advised or patronized, for they think they, as they are, already deserve full care and respect as entities in their own right. In other words, they demand to be recognized in the sense that recognition is first and foremost “to accept and respect the other as an end in herself such that controlling, dominating, and manipulating behaviors are inappropriate.”³⁸⁵ The implicit and explicit emphasis placed on equal and full citizenship by my informants should be read therefore in the first place as a desire to settle in a position which prevents anybody from addressing them from a superior position or from advising them to be content with anything short of full respect of their identities and bodies.

We can conclude, then, that the limit of the current strategy of the *AK* Party is, in the last instance, rooted in the unbridgeable gap between addressing the Kurd as an object, a projective entity of Turkish nationalist fantasy, and recognizing the Kurd as a subject in his own right, as someone who “has a separate and equivalent center of self.”³⁸⁶ More concretely put, 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 a hegemony in the face of the subjectivities of the citizens; the subjectivities and histories excluded from this narrative continue to haunt the pedagogical narrative in the very performance of citizenship in *Hakkâri*, played out in this instance as dissatisfaction with public services and thus, ultimately, dissatisfaction with the *AK* Party and its brand of Turkish nationalism.

³⁸⁵ Robert R. Williams, *Hegel's Ethics of Recognition* (Berkeley: University of California Press, 1997), 84.

³⁸⁶ Benjamin, "An Outline of Intersubjectivity: The Development of Recognition," 35.

7.2 *The Issue of the Rationality of Ethno-Political Challenges: Gains and Losses*

Beyond the issues of Turkish nationalism and Kurdish identity, what lessons can we generate from the failure of the AK Party's benevolent assimilation strategy in *Hakkâri* and in the whole of the Kurdish region? To which general theoretical discussions does the failure of the AK Party's benevolent assimilation strategy lead us? One might suggest many theoretical discussions, yet, in all cases the issue of the rationality/irrationality of ethno-political challenges comes to the fore. The failure of the AK Party's assimilation strategy is a striking objection to the commonsensical assertion that the more benevolent and the less violent an assimilative power is, the weaker the ethno-political discontent would be. A more benevolent, less violent politics has not prevented the Kurdish movement from reaching the peak of its strength both in *Hakkâri* and in other Kurdish provinces.

To assert that "the more benevolent and the less violent an assimilative power is, the weaker the ethno-political discontent would be" is to assert that ethno-political challenges are built on an instrumentally rational basis. What Tom Nairn did in *The Break-up of Britain* (while inviting us not to be fooled by irrational and passionate aspects of nationalism and notice the rational core of nationalism, that is, the response to uneven development) was to assert that argument in Marxist terms.³⁸⁷ A far more explicit manifestation of the argument can be found in Anthony H. Birch's works. According to him, "the extent to which ethnic and cultural minorities are content with their situation of political integration in a larger state depends on the balance of advantages in any particular period."³⁸⁸ This is why, according to Birch, minority nationalisms were weak in the first half of twentieth century when, for instance, most of citizens of "Quebec, Scotland, Wales, and Brittany believed that the benefits they derived from their membership of the Canadian, British, and French states outweighed the

³⁸⁷ Tom Nairn, *The Break-up of Britain : Crisis and Neo-Nationalism* (London: NLB, 1977).

³⁸⁸ Anthony H Birch, "Minority Nationalist Movements and Theories of Political Integration," *World Politics* 30, no. 03 (1978): 334.

cultural and other sacrifices involved”³⁸⁹, while these sort of minority nationalisms intensified in the post-war period when “the balance of advantage between the sizable multipurpose state and the small community has changed to the disadvantage of the sizable state.”³⁹⁰ This balance shifted due to the emergence of international organizations (IMF, World Bank, NATO, etc.) liberating ethnic groups of the necessity to tolerate cultural and political sacrifice in order to enjoy economic and military stability, security, and facilities enabled by membership to a larger state.³⁹¹ The arguments put forward by Michael Hechter also exemplify this approach. Hechter argues that “it stands to reason that the members of peripheral nations may be willing to sacrifice some self-determination to profit from inclusion in a larger, albeit multinational, state. This willingness undercuts the demand for sovereignty. The demand for sovereignty among peripheral nations, therefore, varies with its net benefit.”³⁹²

Citing new references at this stage would not help us express the argument of rationalist approach in a more incisive way. In the end, the argument is not a complicated one: the emergence and strength of ethno-political challenges depends on the calculus of advantages and disadvantages of being incorporated into a sizable state.

7.2.1 The Lessons of Hakkâri

It is clear that the findings of this study of *Hakkâri* do not confirm the belief that the more benevolent and the less violent an assimilative power is, the weaker the ethno-political discontent it experiences. The Kurdish movement has reached the peak of its power in *Hakkâri* and the wider Kurdish region during the period of AK Party rule when the usual state violence towards Kurds-Hakkârians is at its lowest point to date (albeit it is still too heavy),

³⁸⁹ Ibid.

³⁹⁰ Ibid., 335.

³⁹¹ Ibid. For a similar argument, see Michael Keating, "Nations without States: The Accommodation of Nationalism in the New State Order," in *Minority Nationalism and the Changing International Order*, ed. Michael Keating and John McGarry (Oxford ; New York: Oxford University Press, 2001), 19-43.

³⁹² Hechter, *Containing Nationalism*, 117.

and the state's capacity to meet the basic needs of Kurds-Hakkârians, which had been extremely poor in the past (as shown in Chapter Three), is markedly improved (albeit it still remains insufficient). If this evidence is not going to be regarded as another confirmation of the essential irrationality of nationalism as "a passionate assertion of the will,"³⁹³ then conversely the case of *Hakkâri* may help us in identifying some of the limitations of the rationalist approach.

The first issue that needs to be emphasized about the rationalist approach is that it retrospectively projects the concept of the nation backwards in history. This approach problematically suggests that nations are natural entities, and existed prior to the emergence of nationalist movements, or prior to the decision to form nationalist movements in case the advantages of secession/autonomy outweigh the advantages of political loyalty. The major drawback of this objectivist understanding of the nation is to lead us to ignore the subjective aspect of nation while making sense of the rationality/irrationality of ethno-political challenges. My research findings can thus help elucidate two particular manifestations of this drawback:

First, the above argument does not take into account that the ethno-political way of seeing is historically determined,³⁹⁴ as also revealed in my analysis of patient dissatisfaction in *Hakkâri* in Chapter Five. It thus does not allow an objective 'bird's eye' view from which to view the "advantages" or "disadvantages" of the situation as they really are. To remind the reader, the historically-established belief that their Kurdish lives are undervalued by the Turkish state leads Hakkârians to a pessimistic way of seeing the state, in which disadvantages are much more visible than advantages are. As shown in Chapter Five, this historically-determined way of seeing makes the rational calculation of advantages and disadvantages impossible, not only

³⁹³ Elie Kedourie, *Nationalism* (London: Hutchinson, 1961), 89.

³⁹⁴ See André Lecours, "Sub-State Nationalism in the Western World: Explaining Continued Appeal," *Ethnopolitics* 11, no. 3 (2012): 275-77.

by its selective biases but, also, albeit to a lesser extent, by its misperception of “advantages” as “disadvantages.”

Secondly, an ethno-political way of seeing may not permit an objective view of these “advantages” or “disadvantages” not just because of its historically-determined nature. The findings of the research remind us that as a specific and normative way of seeing the world, the ethno-political way of seeing is a substantive rationality that “appl[ies] certain criteria of ultimate ends... and measure the results of the action... against these scales of “value rationality” or “*substantive* goal rationality.”³⁹⁵ Given that the ultimate end of any ethno-political challenge is to institutionalize the ethno-political unit as an entity on its own right, albeit not necessarily in a secessionist form, it can be said that things appear advantageously to the substantially rational ethno-political gaze only to the extent that they confirm the ethno-political unit as an entity on its own right, and things become disadvantageous only to the extent that they deny that confirmation. To reiterate, if Hakkârians contented themselves with citizens in the making and thus adopted a comparison in time instead of a spatial comparison as their analytical framework and means of assessing the quality of healthcare provision, things that appear as disadvantages to them would, in all likelihood, have conversely appeared as advantages.

Can we conclude, then, that the rationality/irrationality of ethno-political challenges cannot be categorically discussed if the ethno-political way of seeing is not an objective way of seeing? Should we follow Béland and Lecours and agree with their conclusion that, as shown by ethno-political movements in Scotland and Quebec which demand further decentralization of social policy when they are net receivers of territorial transfers, ethno-political movements are

³⁹⁵ Max Weber, *Economy and Society: An Outline of Interpretive Sociology*, 2 vols, ed. Guenther Roth and Claus Wittich (Berkeley: University of California Press, 1978), p. 85-86.

driven and shaped primarily by autonomous logic of ethno-politics, not by gains/losses, interests and rationality?³⁹⁶

My research findings lead me to acknowledge the possibility to speak of room for calculus of advantages-disadvantages in the relationship between the state and a minority group in case this relationship is characterized by immense unevenness and dependency, as it is in *Hakkâri*, and as long as we avoid subscribing to some sort of discursive reductionism claiming that the dominant discursive framework informing a minority's way of seeing can be shaped independently of this unevenness and dependency. We should remember that ethno-political movements in Scotland and Quebec demand further decentralization of social policy despite the fact that they are net receivers of territorial transfers, yet they do not act dramatically "irrational" by doing so, given that transfers made between Canada and Quebec and between UK and Scotland are not too massive to redefine the relationship between the actors as one of dependency.

The findings of this thesis, however, show us that the way that benevolent, less violent politics impinges upon ethno-political discontent may be quite different than that predicted by the rationalist theory. One can follow this in the strangeness of the evidence gleaned from *Hakkâri* when it is viewed from a comparative perspective. More concretely, I refer to the hybrid nature of ethno-political discontent in *Hakkâri* with the Turkish state: I did not hear any of my Hakkârian informants, who were complaining about the insufficiencies of healthcare provision, suggesting that healthcare provision and other social services would be better if they had their own healthcare organization and policies independent or autonomous from the healthcare organization and policy of the central government. While their discontent with the political and cultural policies of the state may easily lead them to demand recognition by putting forward their ethnic differences and distinctiveness, their response against the

³⁹⁶ Béland and Lecours, *Nationalism and Social Policy : The Politics of Territorial Solidarity*, 139-40.

insufficiencies of state healthcare provision was rather to demand a more effective presence of the Turkish state by putting forward their citizenship status. Even though the use of social policy tools as instruments of political control was also subject to criticisms, these censures never progressed into demands for the financial or administrative decentralization of social policy. The total lack of demand for decentralization of social policy in the agenda of my informants applies to both local and central actors of the Kurdish movement. The Kurdish movement, which is especially strong in *Hakkâri*, has insistent demands for political and cultural autonomy, yet the decentralization of social policy is not even included at the bottom of the list of demands requested of the Turkish state.

That the dissatisfaction with healthcare provision and other social services does not lead to demands for the decentralization of social policy on the part of my informants and other such actors in the Kurdish movement distinguishes the Kurdish case from similar ethno-political challenges in European-American contexts. Dissatisfaction with social policy in multi-ethnic European-American contexts lead to ethno-political demands for the decentralization of social policy, just as has occurred in Scotland/UK, Quebec/Canada and Flanders/Belgium. The decentralization of social policy is one of the most important agendas of ethno-political movements in these contexts.³⁹⁷

Is it possible to account for this divergence with a suggestion that the crude, non-discursive reality of economic dependency, which is not experienced by Euro-American ethno-political movements, pierces the discursive framework of the Kurdish ethno-political vision, forces it to loosen its substantial rationality, and thus makes room for some sort of pragmatism? Is it possible to account for the assertion of citizenship status and the idea of Turkey instead of demands for decentralization of social policy/healthcare organization against the insufficiencies of healthcare provision in the province as a “not yet” issue or a rhetorical

³⁹⁷ Ibid.

maneuver used to ensure the demands being heard and responded by the state? The main problem with these explanations is their identification of ethno-political challenge with sub-state nationalism and thus classifying Kurdish case into a divergence/exception, given that sub-state nationalist movements are inherently inclined to “bring the mechanisms of solidarity within the boundaries of *their* national community”³⁹⁸ as movements in search of instituting the sovereignty (independence) of their nations. In addition to this theoretical reason, my research findings also prevent me from agreeing with these explanations. If the lack of demand for the decentralization of social policy/healthcare organization and the assertion of citizenship status and the idea of Turkey against the insufficiencies of healthcare provision pertained only to political discourse of Kurdish politicians calling out to the state, these explanations could have made some sense. However, those referring to their citizenship status and the idea of Turkey were not only Kurdish politicians calling out to the state, but also ordinary citizens informing me about the shortcomings of healthcare provision in the province. Even though they did not need to refer to their citizenship status or make comparisons with Turkish provinces to describe the shortcomings of healthcare provision in the province in a better way, they nevertheless articulated their dissatisfaction with healthcare provision with implicit and explicit references to their citizenship status and in comparison to healthcare provision in Turkish provinces. It means that the Hakkârian calling for more effective presence of the Turkish state in the field of social policy with reference to his/her citizenship status while, on the other hand, insistently demanding for political and cultural decentralization cannot be identified with ethno-political pragmatism.

Following William Roseberry’s following interpretation of hegemony; I suggest that we define this hybridity, articulating an ethno-political objection concerning insufficiency of

³⁹⁸ Ibid., 193.

healthcare provision with terms of citizenship and with reference to Turkish provinces, as a case of hegemony, not as an inconsistency or as a case of pragmatist concession:

I propose that we use the concept [hegemony] not to understand consent but to understand struggle, the ways in which the words, images, symbols, forms, organizations, institutions, and movements used by subordinate populations to talk about, understand, confront, accommodate themselves to, or resist their domination are shaped by the process of domination itself. What hegemony constructs...is not a shared ideology but a common material and meaningful framework for living through, talking about, and acting upon social orders characterized by domination...That common material and meaningful framework is, in part, discursive: a common language or way of talking about social relationships that sets out the central terms around which and in terms of which contestation and struggle can occur.³⁹⁹

Hegemony as defined by Roseberry refers neither to ideological domination nor to ideological consent. It rather refers to varying capacity of the dominant to inform the material reality of the dominated, that is, the “words, images, symbols, forms, organizations, institutions, and movements” of the dominated. Therefore, if we speak of some sort of hegemony of the dominant over the dominated, it is not unexpected that the challenge of the dominated, here ethno-political challenge, may call for some or most, depending on the level of hegemony, terms of the dominant, here citizenship and the idea of Turkey, spontaneously. This cannot be likened to the mechanism at work in the pragmatist concession on the principle of sovereignty of an otherwise nationalist/secessionist ethno-political challenge/view, for the language of the challenge of the dominated under hegemony is hybrid as a reflection of the hybridity of the own reality of the dominated (being Kurdish and citizen of Turkey at the same time), not as an issue of concession. According to the results of the survey study made in June 2010 by *Konda* (Perceptions and Expectations concerning the Kurdish Issue), one of the most prestigious public opinion research companies in Turkey, the percentages of Kurds declaring that it was either “important” or “very important” to be defined as *Türkiyeli* (Turkey National

³⁹⁹ William Roseberry, "Hegemony and the Language of Contention," in *Everyday Forms of State Formation: Revolution and the Negotiation of Rule in Modern Mexico*, ed. Gilbert M. Joseph and Daniel Nugent (Durham and London: Duke University Press, 1994), 360-61.

or From Turkey) and as citizens of the Republic of Turkey were 66.8 percent and 68.2 percent, respectively. For only 13-14 percent of Kurds, these identities were either “totally unimportant” or “unimportant”.⁴⁰⁰

The politics of more benevolence, less violence should be seen as essential to the construction of that hegemony. We can justifiably argue that even though public investment and social transfers to *Hakkâri* and other Kurdish provinces during the AK Party era have not sufficed to liquidate Kurdish ethno-political claims, they nevertheless have contributed to organizing a tangible world around the ideas of Turkey (not Turkishness) and citizenship (not “Turkish” citizenship), and thus helped these ideas establish in the everyday lives of Hakkârians/Kurds. Even though the persistence of patient dissatisfaction in *Hakkâri* after the considerable improvement of local healthcare providers is a failure of assimilationist goals of the Turkish state-nationalism, that the dissatisfaction with healthcare provision appears in the form of “patient dissatisfaction” and the dissatisfied Hakkârian as a “citizen” asking for better healthcare provision with implicit and explicit reference to “equal citizenship” should be seen as a success of the state’s benevolent policies, which especially intensified during the AK Party era.

To return to the issue of rationality/irrationality of ethno-political challenges, the evidence from *Hakkâri*, then, cannot be used to defend the indifference of ethno-political challenges to gains and losses, that is, to the politics of more benevolence, less violence. However, this evidence also leads us to conceive the way that gains and losses impinge upon the ethno-political challenge more as a sociological phenomenon taking place at the level of everyday reality than as a political phenomenon taking place through pragmatist calculation of extra-discursive gains and losses.

⁴⁰⁰ Konda, *Kürt Meselesi'nde Algı Ve Beklentiler*., 101.

To sum up, my research findings lead me to assert three reservations against the rationalist argument on an ethno-political challenge. First of all, we should pay attention to narratives situating the present of ethno-political challenge into a past-present-future story. The evidence from *Hakkâri* shows us that what looks advantageous or disadvantageous to the ethno-political gaze cannot be understood independently of the plot of this story. Secondly, ethno-political challenge refers to a discourse and a structure/order as much as to a narrative and a temporality. That is to say that, it puts forward truths and norms which confirm the ethno-political unit as an entity on its own right. As the research findings clearly prove, an ethno-political gaze can classify even those policies whose benefit to ethno-political unit looks self-evident into disadvantageous since they do not confirm ethno-political unit as an entity on its own right. Thirdly, the very ground on which the ethno-political gaze is shaped is not independent from relations of power. Therefore, ethno-political discontent may be informed by hegemony of the dominant over the dominated, as the references to citizenship status and comparisons made with Turkish provinces show. The evidence from *Hakkâri* signifies the possibility that the expression of ethno-political discontent with non-secessionist terms does not have to be a “not yet” issue and pragmatist concession; it may rather signify a case of hegemony.

It can be argued that these three reservations may help researchers studying the dynamics of ethno-political movements, especially, but not exclusively, those in underdeveloped contexts. They may help the researchers to make sense of unexpected responses and seemingly irrational preferences of ethno-political movements towards benevolent state-nationalist strategies.

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