POLITICAL DISCOURSE AND HEALTH COMMUNICATION DURING THE COVID-19 PANDEMIC IN TURKEY: A CRITICAL ANALYSIS

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DECLARATION OF ORIGINALITY

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ABSTRACT

Political Discourse and Health Communication During the COVID-19 Pandemic in Turkey: A Critical Analysis

When the COVID-19 pandemic hit, governments had to devise policies to respond to a novel situation with imperfect and uncertain information. Developing government discourses to make meaning out of these unprecedented circumstances has been a key component of the pandemic response. This thesis examines how the Turkish government discourses have constructed the relationship between the state and citizens in terms of their respective responsibilities during the pandemic. Focusing on the government discourses in two significant turning points during the pandemic in Turkey, the thesis applies Political Discourse Analysis to analyze 27 speeches delivered by President Erdoğan and Health Minister Koca. The thesis finds that these discourses have served political aims that go beyond the pandemic response. As political communication, these discourses have served political goals through its framing of the pandemic as a naturalized event outside of its control and the government as a strong and proactive leader in pandemic response with past healthcare reforms being treated as evidence for its current success. As health communication, government discourses were often evidence-based, informative, and persuasive. However, the limitations of the broader social policy environment have undermined the effectiveness of this otherwise successful health communication. In the context of the uneven and inadequate financial support for affected households that could facilitate their compliance with public health measures, these discourses have created a framework where individuals are "responsibilitized" in protecting their own and others' health regardless of their ability to do so.

ÖZET

COVID-19 Pandemisinde Türkiye'de Siyasi Söylem ve Sağlık İletişimi: Eleştirel Bir Analiz

COVID-19 pandemisi başladığında devletler noksan ve kesinliği test edilmemiş bilgiler kullanarak yeni koşullara cevap verecek politikalar geliştirmek durumunda kaldı. Bu yeni koşulları anlamlı kılacak hükümet söylemleri ortaya koymak pandemiye verilen tepkinin kilit bileşenlerinden biri olmuştur. Bu tezde Türkiye'de pandemi sürecinde üretilen hükümet söylemlerinin devlet ve vatandaş arasındaki ilişkiyi sorumluluklar çerçevesinde nasıl kurguladığı incelenmektedir. Türkiye'de pandemi sürecinin önemli iki dönüm noktasına odaklanan tezde Cumhurbaşkanı Recep Tayyip Erdoğan ve Sağlık Bakanı Fahrettin Koca'nın 27 konuşması Siyasi Söylem Analizi kullanılarak analiz edilmiştir. Söylemlerin yalnız pandemi ile doğrudan ilişkili politika amaçlarına değil, bunun ötesinde siyasi amaçlara da hizmet ettiği gözlemlenmiştir. Siyasal iletişim açışsından bu söylemler pandemiyi kontrol dışında gelişen doğallaştırılmış bir olay ve hükümeti de pandemiye yanıtta güçlü ve proaktif bir lider olarak çerçeveleyerek siyasi hedeflere hizmet etmiş ve geçmiş sağlık reformları da mevcut başarının kanıtı olarak sunulmuştur. Hükümet söylemleri sağlık iletişimi bağlamında genellikle kanıta dayalı, bilgilendirici ve ikna ediciydi. Bununla birlikte, sosyal politika ortamının daha geniş bağlamdaki sınırlılıkları, aslında başarılı olan bu sağlık iletişiminin etkinliğini baltalamıştır. Pandemiden etkilenen haneler için halk sağlığı önlemlerine uyumlarını kolaylaştırmak için sunulan mali desteğin eşitsiz ve yetersiz olmasıyla bu söylemler, bireylerin kendilerinin ve başkalarının sağlığını koruma konusunda mevcut olan yeterliklerine bağlı kalmaksızın "sorumlu kılındıkları" bir çerçeve oluşturmuştur.

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CHAPTER 1

INTRODUCTION

1.1 Politics, pandemics, and discourse

In 2004, the New York Times published an article on American President George W. Bush (Suskind, 2004). In an oft-repeated quote, a senior advisor to the president tells Suskind that people like the journalist are

> … "in what we call the reality-based community," which he defined as people who "believe that solutions emerge from your judicious study of discernible reality." … "That's not the way the world really works anymore," he continued. "We're an empire now, and when we act, we create our own reality." (Suskind, 2004)

During the debates in 2016, Justice Secretary Michael Gove followed a similar line of thought and refused to name economists supporting Brexit, stating that the "people in this country have had enough of experts" (Mance, 2016). That same year, "post-truth" was selected as the Word of the Year by Oxford Dictionaries (Oxford Languages, 2016). Although these concepts are by no means new to politics, fake news, media manipulation, and misinformation became hot issues over the past few years. With these more pernicious aspects of public communication becoming more and more visible, the role of discourse and narratives in politics has become more apparent and immediate.

Communication profoundly influences politics and policies. It plays an important role in agenda-setting and the construction of policy problems. Social problems, beliefs about them, and the recurring discourses they are couched in reinforce and reproduce each other (Edelman, 1977). Welfare states and health and social policies produce and work with categorizations of social problems and their solutions. These are discursive acts that frame and define both the problem at hand

and the impacted groups (Newman, 2016). Once a problem is defined, policies meant to address it are made through discursive practices where actors coordinate and communicate with each other (Schmidt, 2008); that is to say, policy actors communicate and coordinate with each other using language. Language is used to communicate with the public, and in this way is a source of power that organizes and coordinates action through the creation of consent (Habermas, 1987). Once the policy-making process is completed, this use can be helpful for the implementation of the policy by gaining public support and convincing them to comply with or enact policy measures (Edelman, 1977; Weber, Yang, & Shien, 2008). In other cases, like social awareness or public health campaigns, the use of communication can itself be the implementation of the policy.

The COVID-19 pandemic presented a set of novel challenges for policymakers. This novelty created a space in which the meaning of things can be defined, contested, and negotiated. This applies to practical concerns like policy choices and ontological questions on how the pandemic and ensuing crises should be understood and responded to. One manifestation of this is anti-vaxxers appropriating pro-choice slogans like “my body my choice” to protest vaccination campaigns. In this uncertain context, discourses are vitally important. How the pandemic and responses to it are defined is decisive in how both leaders and the public will act and react. More specifically, in the context of a public health crisis where policy measures require active and willing participation by the public, the presentation of measures and their necessity will be paramount to their success. The discursive space around the crisis is also a site of fierce contestation because it presents unique opportunities to gain political and ideological advantage by capitalizing on uncertainty and the heightened emotional response it elicits.

Despite what Suskind's source and Gove believe, the pandemic has shown that people (or at least some of them) do want facts and expertise. However, facts do not exist in a vacuum, nor are they presented or received in one. Bruner (1986) postulates that the human mind is equipped with two distinct modes of cognitive processing; the paradigmatic (or logico-scientific) mode which tries to explain relationships between observable variables using a process resembling what we recognize as the scientific method, and the narrative mode, which gives experiences meaning through stories which are about "human or humanlike intention and action and the vicissitudes and consequences that mark their course" (p. 13). Monbiot (2017) explains a similar concept more plainly: "People may hold *information* in the form of data and figures, but their *beliefs* about it are held entirely in the form of stories" (p. 2). The way people frame their actions and the results of their actions - in other words, the stories and arguments they construct with these facts - changes the way they are perceived.

This is particularly relevant for social and health policies. While COVID-19 is possibly a naturally occurring illness, the advent of a pandemic and the social, economic, and political fallout of the pandemic has transformed into a variety of interlinked crises. The actual "cause" of the crises is open to discussion. The COVID-19 virus turning into a pandemic was a function of the social. For instance, the ease and frequency of air travel and increasingly more crowded cities facilitated the spread of the virus (Connell, 2020). Another example is the progressive dismantlement of social security nets and protections over the past few decades, which made it more difficult to implement measures that necessitated 'pausing' social and economic activities, like social distancing in professions that were not amenable to working from home (Harvey, 2020). Factors like dependence on global

supply chains which function on a ‘just-in-time’ basis made it difficult to procure necessary things like face masks and other medical equipment, especially at the beginning of the pandemic (Jenny, 2020). Discourses establishing causality can veil such relationships by reducing complex phenomena to unidimensional representations (Matthewman & Huppatz, 2020). These representations will in turn influence the solutions presented for the constructed problem.

The choice of these solutions and the policy tools deployed to attain them are linked to material and institutional contexts; capacity and ability are strong determiners of which tools the state can deploy (Capano & Howlett, 2020). It is also linked to ideological frameworks. The rise of neoliberalism and its impact on public health infrastructures, social security nets, and healthcare provision shaped the context in which the COVID-19 pandemic occurred and the policy tools and approaches that were deemed necessary and acceptable in addressing it.

Many governments have relied on discursive public health measures in responding to the pandemic (Capano et al., 2020). The reliance on communication-based public health measures on a broad scale is tied to issues of capacity: strict enforcement of restrictive measures through force requires a large law enforcement force, a solely medical approach would almost certainly completely overrun healthcare systems, and most current economic systems require more than the bare minimum of social activity to sustain themselves. To understand the full picture, it is also necessary to look at the ideological aspects of this particular tool and its ties to evolving public health approaches. Depending on the policy context they complement, their design, and their intent, health communication messages can vary in how they construct the roles involved. In a neoliberal context, with its emphasis on personal responsibility and aversion to restriction of personal liberties, persuasive

public health communication as a policy tool can tidily slot into the framework of neoliberal citizenship and new public health.

The way the pandemic and responses to it are framed has implications for governments; they determine the extent of the responsibilities and duties they hold. The scope of responsibility also determines what is considered success or failure. This is especially relevant in democracies where the perception of results, rather than results themselves, is awarded. Voters, by necessity, grade on a curve. Our social, political, and economic systems are so complex and intricate that it is hard to tease out definitive, incontrovertible, and most importantly simple meanings, so the narratives used to make sense of these systems and the events that occur within them matter.

Crisis discourse can also be used to bolster or delegitimize other political claims. Both pandemic populism and the impact of the pandemic on populism have generated a vast (if not particularly deep) literature in a relatively short amount of time. This is not without reason: current events lend themselves well to populist discourses, and politicians have capitalized on them. The delivery of political messages packaged together with information or guidance related to the highly uncertain and frightening situation citizens found themselves in has made these messages particularly effective.

On a fundamental level, the framing of the pandemic will have long-lasting implications for how we understand our social and political systems moving forward. As a crisis, the COVID-19 pandemic has the potential to be a moment of rupture and an opportunity to reconstitute. Through this lens, the pandemic is an event occurring at the nexus of policy, politics, and social beliefs. The meanings created and circulated during the pandemic have social and political implications that could

potentially influence the post-pandemic world. Treichler (1999) writes that understanding the significations brought about by a pandemic is as important as understanding the medical aspects of it. Lupton (1992) argues that analyzing discourse "provides another means of resistance to cultural mythologies" (p. 149). Understanding how discourses produced during the pandemic have functioned as policy tools and political tools can provide insight into the cultural mythologies that governments are leaning on, specifically in regard to the social rights and individual liberties of citizens and their complementary duties and responsibilities.

1.2 Methodology

In this thesis, I use Political Discourse Analysis (PDA) as elaborated by Fairclough and Fairclough (2012) to analyze public speeches made by President Recep Tayyip Erdoğan and Minister of Health Fahrettin Koca during the first wave of the pandemic in Turkey. Erdoğan and Koca have been the most visible public figures during this period. To limit the amount of data to a manageable and feasible amount, I chose to select two significant turning points in the course of the pandemic in Turkey. The first is March 11th, 2020, the day the first instance of SARS-CoV-2 was recorded and announced in Turkey. The second is May 4th, 2020, when the plans for the return to a "new normal" and the easing of restrictions were announced. I chose these events because they can be thought of as bookending the 'first wave' of the pandemic. Additionally, I am acting on the instinct that in terms of the semiotic construction they represent opposing but complementary moments of the pandemic, with the former being when the pandemic was initially publicly defined and framed, and the latter when we can expect to see a shift in framing to explain the lifting of restrictions. The speakers themselves split the timeline into the first and second

stages of the struggle against COVID-19 before and after May 4th. I analyze speeches made within three weeks of both dates, between 11th - 31st March 2020 and 4th - 25th May 2020. A full list of the texts included in my dataset can be found in Appendix A. The original Turkish of the translated quotes used in the thesis can be found in Appendix B.

1.2.1 Political discourse analysis

PDA is a type of Critical Discourse Analysis (CDA) (Fairclough, 1995). CDA is a type of normative and explanatory critique that integrates the analysis of text, the analysis of the processes by which a text is produced, consumed, and distributed, and finally the sociocultural analysis of the discursive event. Fairclough (1992) conceptualizes each level as being a subset of the latter: texts are situated within discursive practices that determine their production, distribution, and consumption. Discursive practices in turn are a type of social practice, and they interact with other social practices which they shape and are shaped by. CDA incorporates analysis of the discursive and social practices to explain the social effects on and of the text in question (Fairclough, 1992; 1995).

Although doing discourse analysis is essentially an interpretive act, CDA is rooted in critical realism rather than interpretivism within the philosophical traditions of social sciences (Fairclough, 2013). Critical realism can be thought of as being positioned somewhere between positivist and interpretivist ontologies and epistemologies (Marsh & Furlong, 2002). Like positivism, it recognizes that the world and phenomena exist independently of our conceptions of them, and that causal statements can be made about them. Unlike positivism, it asserts that not all phenomena are directly observable; that although phenomena exist outside of our

understandings of them, these understandings have an impact on concrete phenomena and outcomes. Reality and appearance are understood to be related but not disparate things. To understand the world, we need to identify and understand both 'reality' and its 'appearance', or rather, our interpretation of it.

Political language offers insight into the worldview, motivations, and goals of the speaker. In the same way, the interpretation of this political language offers an understanding of the worldview of the persons doing the interpretation (Edelman, 1988). Interpretation is an intrinsically personal act. As Skinner (2012) writes, "It will never be possible simply to study what any writer has said … without bringing to bear our own expectations and prejudgments about what they must be saying" (p. 58). This is not to say that approaches that are based on interpretation are necessarily relativist; they are not (Bevir & Rhodes, 2015). But it is important to recognize how the presence of the researcher and their social, economic, and political positions shape the interpretation. This is not to say that discourse analysis is solipsistic or unfalsifiable; the explanatory power and coherence of explanations that account for the data at hand are benchmarks for the validity of discourse analyses (Fairclough & Fairclough, 2012). It also does not mean that interpretation is approached in a haphazard, arbitrary way. Analysts apply coherent and cohesive normative frameworks to texts to guide their analysis.

The relationship between CDA and critical realism has methodological and theoretical implications. In terms of methodology, it means that the analysis of the semiotic aspects alone is not sufficient to understand social phenomena. It is necessary to supplement the analysis of the texts with analyses of extra-discursive domains related to the object of study. It also means that, differently from some of the more linguistically oriented strands of discourse analysis, CDA avoids formalism

while still attributing causality to linguistics forms. The semantic content and social context of the linguistic form are seen as determining how effective it is. CDA treats discourse and what it represents as two dialectically related things; they are distinct, but not discrete. Discourses are a crucial but non-exhaustive element of social life. Theoretically, this distinction separates CDA from Foucauldian-inspired approaches to semiosis which are built around the "conflation of discourse and material practices" (Fairclough, Jessop, & Sayer, 2004, p. 27).

In establishing PDA as a distinct form of CDA, Fairclough and Fairclough (2012) contend that political discourse is essentially made up of practical argumentation. Political speech is primarily used to present arguments to decide what should be done and to convince others. These arguments tend to be composed of certain elements, although not all elements are present in every argument and the order in which they appear is not predetermined. These elements are "values", which designates the underlying concerns or value commitments of the speaker; "goal", the future state of affairs that the speaker is trying to attain; "circumstances", which is the context in which the speaker is acting; "means-goals", the presumption that action *A* is how the goal will be achieved; and finally "claim for action", which is the claim that action *A* should be taken. Figure 1.1. shows Fairclough and Fairclough's (2012) proposed structure of the practical argument. In this model, "the hypothesis that action *A* might enable the agent to reach his goals (*G*), starting from his circumstances I, and in accordance with certain values (*V*), leads to the presumptive claim that he ought to do *A*" (p. 44). Broadly speaking, the analyst will parse the text to reconstruct the argument it is making in terms similar to this model.

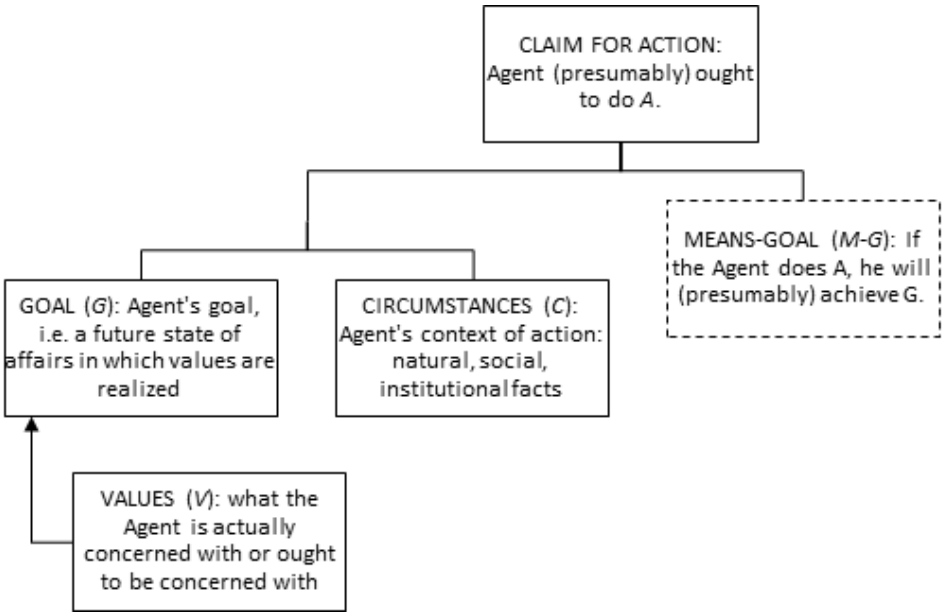

Figure 1. Structure of practical arguments, reproduced from Fairclough & Fairclough, 2012, p. 45

It should be noted that these elements refer to their function in the text, rather than their relation to external reality. When we refer to circumstances, for example, we are speaking of how the speaker represents and frames the facts they choose to present, which may be only a small portion of the facts that form the context of the issue.

While PDA posits the primacy of argumentation in political discourse, it does not argue that political discourse consists only of argumentation. Non-argumentative genres like narrative or description play significant roles but are embedded within arguments as part of the circumstances. This is because "the purpose of political discourse is ultimately not to describe the world but to underpin decision and action" (p. 13). Narrative sequences play key roles in political speech in general (Schubert, 2010), where they serve to shape disparate events, facts, and interpretations into a coherent, meaningful whole. In this sense, they help us understand political situations and ourselves as political actors within these situations and play a critical role in shaping political action (Patterson & Monroe, 1998). In the specific context of

policymaking, narratives serve the function of "underwriting and stabilizing the assumptions for policymaking in the face of the issue's uncertainty, complexity or polarization" (Roe, 1994, p. 3).

In these terms, the speeches can be understood as having two functions: they present a direct argument in favor of the current policy, and they present an indirect argument in favor of the current government. Selçuk (2016) argues that Erdoğan, regardless of whether or not it is election season, is constantly campaigning in his public speeches. Moving from this observation, I would like to propose the idea that while Erdoğan's speeches make an array of particular, more direct arguments, they come together in a cohesive overarching meta-argument defending his continued role in government. Much of this political work is done in the background, through the descriptive or narrative components making up the circumstances of arguments.

In their COVID-19 discourses, Koca and Erdoğan seek to legitimize both certain policy choices and the government as a whole. In this context, I find it useful to draw on the framework developed by Reyes (2011) to better understand the strategies used for legitimization. Building on van Leeuvwen's (1996, 2007, 2008) work within the scope of CDA, Reyes postulates five possible strategies of legitimization: legitimization through emotions, legitimization through a hypothetical future, legitimization through rationality, voices of expertise, and altruism. Reyes also argues that underlying legitimization as a whole "is a general strategy that prevails as a present and common move: the constant creation of two sides, groups, and perspectives that allows for the construction of 'otherness'" (p. 787).
Discourses play an essential role in times of crisis. They serve to make meaning out of the chaos and give the crisis a certain shape and significance. However, this shape and significance will depend on the political positions, aims, and needs of the

speaker. Representations of events are important arenas for political struggle and contestation by diverse actors. Crises present both political opportunity and challenge, especially for incumbent political actors who are tasked with managing them. Thus, the way a certain crisis is constructed and presented by these actors can give us insight into their politics, especially in the context of highly politicized crises like the COVID-19 pandemic.

Communication can be deployed in support of non-discursive policy measures, like announcing the steps that must be taken to apply for financial aid for affected households, or they can be a policy measure in and of themselves, like awareness-raising campaigns to stop smoking. During the pandemic, public health communication has been used widely to relay information regarding the pandemic and the response to it to the public. With these communications, the government was attempting to convince the population to act in a certain way, or to justify certain decisions that have been made about how the population must act. In many cases, these arguments have ideological components. They define the relationship between the state and the people, and the duties and rights of each party in this relationship. They determine what citizens have a right to expect from the government in extraordinary times, and what they are expected to do for themselves.

In light of this theoretical framework and the extant literature on discourse, communication, and politics in the context of the COVID-19 pandemic, I will analyze speeches made during the early period of the COVID-19 pandemic in Turkey by Recep Tayyip Erdoğan, President of the Republic of Turkey, and Fahrettin Koca, Minister of Health.

1.2.2 Limitations

No matter how many dimensions or elements are incorporated into analysis, the study of public political speech has some intrinsic limitations, first and foremost being the public nature of the object being studied. As Wodak (2009) observes, what we are studying in these instances is, in Goffman's (1959) terms, the front stage of politics. Here, actors put on a public face and present themselves in a certain way. This means we cannot assume that their speech reveals sincerely held truths or true motivations. However, it does reveal how they want to be perceived, or what they believe will be politically expedient. All uses of language require "choices about how to present things, and these choices are never neutral" (Zdenek & Johnstone, 2008, p. 25), but are always revelatory.

The material covered in this thesis is 27 speeches. This is a large dataset for the method being used. In general, discourse analysis involves a certain type of attention to the granular detail of language used, where the explanation of the implications of a single paragraph of text can fill an entire volume. No such study with such a rich source of data can include in-depth analysis and explication of every facet present, so certain choices must be made. Since my interests are in gaining a more scoping insight into the political construction of the pandemic, I will be mostly writing about how the pandemic and the challenges posed by it are framed in relation to the roles and responsibilities of the government and the citizenry.

Although voluminous, my data is still only a sliver of the communications produced during the pandemic. The complicated nature of the pandemic means that the government response involved practically all departments of the state. Including the speeches and announcements of other actors, like the Minister of Internal Affairs or the Minister of Economy, would have provided a more complete picture.

However, the constraints of what would be feasible for analysis and discussion, and my focus on social and health policy, led me to only include Erdoğan and Koca's speeches. More specifically, my attention is focused on how health communication intersects with political communication and how the roles and responsibilities of the state and citizens regarding their safety and security during the pandemic have been defined by the government. In this context, Koca and Erdoğan are the most relevant and decisive, and visible actors. Koca, as both a medical doctor and an appointed political figure, started the COVID-19 pandemic as a relatively unknown actor who was given more credibility and authority by virtue of his credentials and position, which lead to his early statements being treated as predominantly informative and factual rather than political. Erdoğan, on the other hand, is a strong career politician faced with fierce opposition, which means his statements tend to be read as political first and foremost. While there inescapably is overlap between the two functions, it can be said that Koca is primarily an agent of health communication while Erdoğan is one of political communication. Their speeches complement each other to present an (almost) complete picture of the government's response to the pandemic and the rationale behind it, making the communication of both actors relevant to the study.

1.3 Outline of the chapters

In the following chapter, I will elaborate on my theoretical framework and provide a brief review of the published literature on COVID-19, political discourse, and health communication. In Chapter 3, I will provide a summary of the responses to the COVID-19 pandemic in Turkey during the period under review and an overview of the political, social, and institutional context in which they occurred. In Chapters 4 and 5, I will analyze and discuss the backgrounds (values, goals, and circumstances)

and claim to actions of the speeches in my dataset. I will conclude with a discussion of public health communication as a political and policy tool, and attempt to make a broader argument about the difficulties of cohesively reconciling neoliberal politics and robust human rights.

CHAPTER 2

THEORETICAL FRAMEWORK

A comprehensive analysis of discourses related to the COVID-19 pandemic necessitates an eclectic theoretical and analytical framework as the phenomenon at hand is complex and cuts across disciplinary boundaries. Therefore, in my analysis, I will be drawing from a variety of different literatures ranging from the social scientific studies of power and political discourse to health communication and public health in a neoliberal context.

2.1 Power, meaning-making, and crisis

Power and discourse are intimately and inextricably related. There is a large body of work investigating the multifaceted relationship between the two (e.g., Bourdieu, 1991; Conley, O'Barr, & Riner, 2019; Fairclough, 1989; Mayr, 2008; van Dijk, 2008; Wodak, 1989). With my interest being limited to the speech of politicians in power, I will only be touching on a very small part of this fascinating literature.

Language is a tool used in the construction of reality as we understand it (Berger & Luckmann, 1966; Bourdieu, 1979). For politicians specifically, this instrument can be used in a variety of ways. As holders of institutional power, they can achieve direct control of action through legislative tools, threats, commands, or suggestions and recommendations (van Dijk, 2008). More importantly for this study, they frequently use discourses to naturalize their political goals (Fairclough, 2002). In this context, discourses play important roles in supporting and propagating hegemony and hegemonic projects (Joseph, 2002). As holders of symbolic capital

and institutional power, politicians in power have more control over public discourse and more opportunities to use discourse to promote their political goals and beliefs.

The information and opinions we have regarding politics and political actors are to a great extent acquired and transformed through the use of language (Edelman, 1977; van Dijk, 2002). We engage with the political world through the speeches of politicians, discussions with peers, protests, and other similar forms of discursive activity. We learn about current political events through the media. What we experience in many cases is the language about political events. Even the events that we experience directly are given meaning through the language used to describe, process, and analyze them. As far as the meaning of things is concerned, "political language is political reality" (Edelman, 1985, p. 10).

The political field is a site where language is action. The actors in this field continually perform a "labor of representation" by which they seek to impose their vision of the world or their social identity upon individuals they wish to mobilize (Bourdieu, 1991, p. 234). Governing is in large part an act of defining the situation about which decisions are being made (Hajer & Laws, 2006). The creation of meaning through constructing beliefs regarding events, problems, and policies is a critical maneuver for political advantage (Edelman, 1985). In this sense, politics is about social meanings and is substantially grounded in arguments about what the 'right' way to do things is, and thus centers discussions about controversial ideas and beliefs (Fischer, 2003).

Meaning-making becomes even more important and prominent in times of crisis. From a policymaking perspective, crisis conditions share properties with what Rittel & Webber (1973) called "wicked problems": they are hard to formulate definitively, their solutions are not true-or-false but right-or-wrong, they are all

essentially unique and do not tend to provide opportunities to learn by trial and error, and most importantly for political meaning-making, the way they are explained determines the way they will be resolved. They are “foggy” conditions (Hajer & Laws, 2006, p. 252) where neither the public, nor politicians, nor experts have a definite or definitive grasp on the situation. While the crisis is ongoing, leaders must make policy choices related implement them, monitor the situation, explain what is happening and why to the public, deal with complications such as economic fallout, and conduct the day to day affairs of the government that are not related to the crisis (Boin et al., 2005; Rosenthal & ‘t Hart, 1991).

The framing of crises has profound implications for all of these actions. Crises are a “breakdown of familiar symbolic frameworks legitimating the pre-existing socio-political order” (‘t Hart, 1993, p. 39), that is, a disruption of the social and political narratives we have constructed. Crisis can legitimize or delegitimize the power of political actors (Neüff, 2018), and at extreme ends, they can do the same for the entire sociopolitical system itself. Depending on their political needs, political actors will either try to exploit disruption or eliminate it. Defining the crisis means defining its resolution; in other words, determining the policies and policy tools that will be used to solve the problem ('t Hart, 1993), be that reform, revolution, or a quiet return to business as usual.

Defining the crisis, its origin and causality, and what is being done to deal with it are acts of meaning-making where the politician defines and frames the crisis and the proposed or planned solutions to it. Here, political leaders are in a privileged position. Politicians in power have privilege regarding the use of language for the creation of meaning because their political position gives them reach and authority (Neüff, 2018). This privilege is magnified during crises when the public will look to

political leaders as guides. Complementarily, the power and ability to identify, define and constitute crisis is an important source of state power (Hay, 1996).

Political actors use speech to try and gain public support for their platform, politics, and policies (Rottinghaus, 2006), and their rhetorical leadership is often a determinant factor of their success or failure (Medhurst, 2007). The same is true for crisis discourses. Leaders have a certain amount of latitude regarding how they frame the crisis and their response to it, but this is not unlimited. It is constrained by the material realities of the situation, the political conditions, the way the media will recontextualize and portray their discourse while transmitting it (Matthews, 2012), and the countervailing effect of competing narratives and frames used by other political actors (Lawlor & Crow, 2018). Political leaders are not capable of fully controlling or completely preventing others from sharing power derived from discourses (Pocock, 1973). Monopolizing discourses to the extent that they are exclusive to those in power is virtually impossible. Political discourses and narratives are almost always sites of contestation and debate, even if the limits of the debate are drawn by those in power. Although these spaces can be constrained or even driven underground by those in power the media, citizen protests, and social media are all spaces where it is possible to present alternative discourses and narratives.

Crisis discourses function on two levels: one is to create a shared understanding of the events at hand, and the other is to generate policy approval (Dow, 1989). Leaders must use discourse to try and gain support for their policies in times of crisis (Davis & Gardner, 2012), especially if alternative discourses are being circulated. Successful communication during a crisis can be the difference between obtaining or losing the permissive consensus needed by leaders in democracies (Boin et al., 2005). Additionally, being able to create and maintain a satisfactory discourse

during times of crisis is an important aspect of crisis management in and of itself. A government's handling of a crisis will be at least partially experienced by the public through discourses. If they are not satisfactory or acceptable to the people, even a successfully managed crisis can leave a bad impression (Xiao, 2008). Schmidt (2008) postulates that for a certain discourse to be successful, it must be addressed to the right audience at the right time and place, and the content must be "both convincing in cognitive terms (justifiable), and persuasive in normative terms (appropriate and/or legitimate)" (p. 313). While factors such as coherence, truth, or consistency are helpful, they are not strictly necessary if the discourse is convincing.

2.2 Health communication

Communication is central to health and healthcare provision (Harvey & Adolphs, 2012). Communication between patients and healthcare providers is necessary for diagnosis and treatment. When the patient must adopt new behaviors or beliefs, communication is the primary method of intervention (Kreps, 1988). Health communication is a term used to denote both all types of communicative activities related to health and healthcare and the interdisciplinary academic field that studies these activities (Berry, 2007; Schiavo, 2014).

Public health communication, a subset of health communication, can be defined as the use of communication to influence individuals, organizations, and populations to the end of promoting better human and environmental health (Maibach & Holtgrave, 1995; Ratzan, Payne, & Bishop, 1996). Communication is involved in almost every area of public health promotion, be it in the form of informing the public about the provision of free vaccinations, the reasons to get vaccinated, or how to incorporate dietary changes to support the immune system and

thus the effects of the vaccination. Moreover, the outcome of public health communication, that is "informing, educating and empowering people" (p. 14) is a vital public health service in and of itself (Parvanta, 2011a). Despite its importance, public health communication is understudied and undertheorized (Babrow & Kreuter, 2011; Salmon & Poorisat, 2020).

In general, it can be said that public health communication focuses on interventions to change individual behaviors using tools like public service announcements, social media, advertising, or public addresses. These interventions are recognized as occurring within the ecological model, which conceptualizes interconnected behavioral, social, political, and environmental factors influencing human health. This necessitates multilevel communication targeting not only the individual and their behaviors but also communities, policymakers, and the population at large for different aims and with different tools (Bernhardt, 2004; Parvanta, 2011b). However, the focus remains largely on individual behavioral change. This can be not only insufficient and ineffective because of its inability to address the root causes of the issue (Boler & Archer, 2008), but also have insidious political side effects. Insofar as they act on the assumption that people have control over the circumstances and choices in question, such approaches publically imply that the responsibility for health outcomes rests on the shoulders of the individuals in question (Guttman & Salmon, 2004). This individualistic focus is due to the nature of public health communication as a policy tool: because it is essentially an act of communicating information to change behaviors, it is focused on individual change[1]. The benign or malicious implications regarding individual responsibility are

[1] This is with the exception of policy advocacy, which some consider to to be part of public health communication (Parvanta, 2011a), but does not appear to be prevalently considered under the banner of public health communication in the much of the literature.

contingent on the institutional context in which health communication occurs, and to what extent individual behaviors are supported structurally.

Public health communication is politically fraught, especially when it assumes that it is the individuals that should take responsibility for their health. There are many reasons for this, ranging from the political nature of health and healthcare to the economically lucrative areas it deals with. Although public health is "the domain of positive knowledge par excellence" (p. 453) as the study of natural phenomena related to the collectivity of bodies using (mostly) empirical methodology, discursive acts play an important role within the field (Fassin, 2015). Health and healthcare, in general, are political (Bambra, Fox, & Scott-Samuel, 2005). They have specific political dynamics and properties (Carpenter, 2012), and public health is no exception to this. This is both because politics plays a crucial role in health affairs (Oliver, 2006), because the designation of issues as public health problems is a discursive act of meaning-making (Fassin, 2015), and making an issue the object of public health policy brings that issue into the field of politics and law (Kersh & Morone, 2005).

An important subdomain of public health communication is the communication of health emergencies and risks, which has long been left at the margins of the public health communication literature. This is expected to change with the outbreak of the COVID-19 pandemic. Communicating health emergencies and risks is difficult in general. The relevant data is uncertain, complex, and tends to be best approximations rather than certainties when it comes to risk assessment. Knowledge gaps make it more difficult to translate these data into terms legible to laypersons who are not well versed in statistics, medicine, epidemiology, or other related scientific fields. Additionally, many risk issues such as climate change or

sexually transmitted diseases are surrounded by an adversarial political climate (Covello, 1992; Cragin & Parvanta, 2011). In emergencies, these difficulties are exacerbated because these situations and our understanding of them tend to be constantly shifting. To be successful, emergency public health communications not only need to provide "accurate, credible and timely information" (Cragin & Parvanta, 2011, p. 337), but also make this information available in a form that is understandable to diverse populations.

2.3 Risk, responsibility, and public health

Designing policy and choosing the most appropriate instruments to implement this policy are not solely technical questions of what is best suited for the job. What constitutes the best tool for the job is "inherently about political values and conflicts" (Lodge & Wegrich, 2012, p. 118). Policy tools are both technical and social in nature (Lascoumes & Le Galès, 2007). They affect and are affected by the contexts they are deployed in. They also interact with the other tools that are in use (Capano & Howlett, 2020).

In its inception, public health as a discipline was primarily concerned with controlling external factors, particularly the filth of emerging industrial urban centers, which had a negative impact on public health (Rosen, 2015). Naturally, approaches to public health have evolved over the decades. In parallel to the advent of neoliberalism, an approach to public health labeled "new public health" emerged and proliferated (Burrows, Nettleton, & Bunton, 1995). Neoliberalism is a political project "aiming to remake the nexus of market, state, and citizenship from above" (Wacquant, 2010, p. 213) and is characterized by economic deregulation, retrenchment of the welfare state, a comprehensive penal system, and cultural

prominence of personal responsibility, gained prominence in governance during the 1970s and 80s. Neoliberalism came with its own rationality, described in five main tenets by Ericson et al. (2000): minimal intervention by the government, market fundamentalism, management of risk, individual responsibility, and the inevitable creation of inequalities as a product of personal, individual choices.

In Ashton and Seymour's (1988) conceptualization, new public health is a shift away from the biomedical focus on the individual and its physical environments towards a multi-faceted approach to health problems and an understanding of the environment which encompasses social and psychological aspects as well as the physical. Within this conception, lifestyle choices are seen as being an important cause of public health problems and public policies are needed to support the promotion of desirable health behaviors.

The new public health approach operates on the basic assumption that all individuals should work towards maximizing their health through behavior changes like consuming a better diet, not smoking, or exercising regularly and that this benefits both the individual and the society at large (Petersen & Lupton, 1996). These lifestyle- and behavior-focused approaches have been criticized for undoing the progress towards demoralizing illness and health that was achieved by etiological approaches, and reinstating morality and fault into relevant discourses (Crawford, 1980), enabling actors to ignore the social and political factors that determine health (Becker, 1993), and blocking necessary avenues of intervention focusing on these factors "by locating the source and treatment of problems in an individual" (Zola, 1975, p.182).

While it does not require the withdrawal of the state from healthcare or public health, new public health has been read as being mutually reinforcing with neoliberal

ideologies and neoliberal citizenship (Ayo, 2012) because of its mode of operation. Woolford and Nelund (2013) propose five characteristics to define the ideal neoliberal citizen: being engaged in productive work, prudently managing risk, not relying on the government or social security nets for survival, being capable of and seeking to maximize self-interest through competition, and being responsible and capable of good choices and self-governance. The final aspect, "the cultural trope of personal responsibility" (Wacquant, 2010, p. 200), is especially relevant to this framework. It refers to responsibility being placed on the individual, or what Ilcan (2009) calls privatized responsibility. In neoliberal contexts, the privatization of responsibility is tied to the retrenchment of the welfare state and increased marketization and privatization of the provision of services like healthcare, housing, and other needs. The responsibilization of citizens through new public health interventions aiming to engender behavioral change individualizes risk and responsibility. In this framework, the concept of inevitable inequalities arising as a consequence of free choice, a pillar of neoliberal rationality (Ericson et al., 2000), naturalizes health inequalities if not confronted by other means.

However, it is important to understand that, like public health communication, new public health interventions occur within an institutional context, and neither is inherently inegalitarian or malignant. Reliance on these methods in highly privatized and marketized societies where healthcare, housing, and food are commodified and difficult to access is different from the use of the same methods in contexts where people can meet their needs and easily access healthcare services. While the latter can be empowering for people, the former can lead to the naturalization of political problems and the erasure of state responsibility when it comes to healthcare and/or the social determinants of health.

2.4 Communication during the COVID-19 pandemic

In the uncertain circumstances of a global pandemic, communication by leaders becomes an important act. This communication has two interconnected functions: as an act of political communication, it serves the frame the events and give them meaning, and as an act of health communication, it provides information on the illness and what must be done for prevention.

2.4.1 Political communication and meaning-making

The framing of the pandemic reveals and reproduces attitudes and beliefs regarding who actors are and the roles they are meant to play. For instance, a common trend in the COVID-19 narrative appears to be the casting of healthcare workers as heroes, or even superheroes, by both governments and the public. While on the face of it this is public recognition of their labor, it also has pernicious aspects. It confers a kind of sanctified responsibility for the well-being of others onto these workers, who have had to accept increasing levels of risk and overwork as the pandemic unfolded (Einboden, 2020). Mohammed et al. (2021) argue that the hero discourse surrounding nurses in English-language texts portrays nurses who have had to work without the necessary protective equipment as moral model citizens who make (and at times themselves are) necessary sacrifices who are rewarded by their virtue and heroism. This narrative eliminated questions regarding the working conditions of healthcare workers and the systemic or political reasons that have led them to need to make sacrifices or be sacrificed in the crisis. It normalizes the risk healthcare workers are exposed to and renders invisible the responsibility that falls on the government in the creation or mitigation of the hardships they are facing.

This idea of heroes ties in with an even more prevalent trend: the use of war metaphors. Metaphors are linguistic tools that are frequently used to explain situations in ways that resonate emotionally with people. They are a shorthand that gets the desired story across quickly. They transmit both facts and ideas and attitudes about them (Lakoff & Johnson, 1980). War metaphors are frequently used in politics (Landau & Keefer, 2014). The idea of war evokes emotions of threat, panic, and fear (Flusberg, Matlock, & Thibodeau, 2018). They can be used to legitimize restrictions and sacrifices by evoking deep-rooted sentiments; the extraordinary exigencies required in war times, and the exalted heroism of those fulfilling them are familiar to most us of from history classes.

The framing of the pandemic as war was seen on traditional and social media (Adam, 2020; Wicke & Bolognesi, 2020; Wicke & Bolognesi, 2021), and in the political discourse of many political leaders, including in the United States (Chapman & Miller, 2020), Hungary (Molnár, Takács, & Harnos, 2020), France, England, Spain (Opillard, Palle, & Michelis, 2020), Malaysia, Singapore (Rajandran, 2020) and many others. In the context of COVID-19, war metaphors tend to tell a certain type of story: Semino (2021) argues that when applies to illness, war metaphors send the message that eradication is the only option, and that adaptation is out of the question. Complementarily to this argument, Will (2020) observes that the metaphors used in the United Kingdom shifted away from the militaristic and war-related toward natural disasters after lockdown began and populations were expected to adapt to a ‘new normal’.

Metaphors also function to create a normative understanding of the pandemic and necessary behaviors. A war-like situation that is understood as an occasion for public mobilization and sacrifice for the greater good leads to particular views

regarding mask-wearing as a necessary sacrifice and not wearing them as anti-social behavior. The creation of these types of norms acts to guide behavior in uncertain and novel circumstances (Rimal & Storey, 2020). The war metaphor is also a powerful tool for the creation of national sentiment and cohesion during hard times. For example, Sultan & Rapi (2020) argue that the Indonesian government used war metaphors and a variety of discursive tools and strategies to improve public morale and increase solidarity among citizens.

Another related discursive tendency is the assignment of blame and the use of it as a tool for political advantage. The United States of America is a prominent example of this. Certain diplomats and politicians in the United States and China raised allegations against each other that the virus was lab-grown (Al-Mwzaiji, 2021). Although this is an extreme end of the discursive spectrum that has (mostly) been treated as conspiracy, the terms US President Donald Trump used fairly consistently to refer to the virus (e.g. the China virus or the Wuhan virus) promoted a similar type of blame towards a foreign nation, which bled into a general xenophilia those who are of Asian descent. In the context of a framing where the nation is 'at war' with a virus that is 'attacking' America, this type of naming further aids the construction of the virus as a foreign enemy (Cheung, 2020) and the crisis as an externally caused event rather than something related to systemic flaws or mismanagement of available resources. In the specific context of the 2020 US Elections where Trump's management of the pandemic was being harshly criticized, such accusations serve as a tool to gain political trust both by passing on the blame to others and by portraying strong discursive stances and leadership (Harb & Serhan, 2020). These strategies can have broader fallout; extant psychological research suggests that linking the pandemic to certain groups in this way can activate

Sinophobic and anti-Asian attitudes in the public (Reny & Barreto, 2020), and the uptick in hate crimes committed against Asians, including 'heroic' healthcare workers, in the US since the beginning of the pandemic seems to prove these fears founded (Barr, McKay, & Doroshow, 2021; Gover, Harper, & Langton, 2020). Similar xenophobic or othering framing was also observed in Italy, where the disease was initially laughed off as being no worse than the flu, and later alternatively blamed on the 'unhygienic' relationship Chinese people had with animals or a conspiratorial cabal of hidden powerful groups pursuing their goals through lab-made viral weapons or 5G towers (de Rosa & Mannarini, 2020). In Serbia, the pandemic was initially minimized and even treated as a joke by elected political leaders, while government-friendly media outlets attempted to blame the concerns around the pandemic on the opposition, who were trying to depose the government through pandemic propaganda (Jovanović, 2020).

Assigning blame is not the only way discourse can be used during a crisis to gain political advantage. A different method was observed in Israel, where Prime Minister Benjamin Netanyahu cast himself not only as the hero of the pandemic but as the only leader who could lead the country through such a crisis. Lahav (2020) argues that Netenyahu's use of such discourse was an attempt at rebuilding his image as a political leader by centering himself in speeches and taking credit for being the decision-maker. The Greek government, on the other hand, delegated the responsibility of justifying public health measures to medical experts and limited their discourse to moral imperatives and dictates. Nikolopoulu and Psyllakou (2020) argue that this approach served to frame the measures taken against COVID-19 as purely scientific and thus render the lack of deliberation and accountability of the government during this time invisible.

2.4.2 Health communication

In response to the COVID-19 pandemic, states used a variety of policy tools depending on their past experiences, existing capacities, and level of preparedness. Public health communication aiming to inform and educate the public about the disease and prevention strategies was a prevalent policy tool used virtually across the board globally (Capano, et. al, 2020; Tabari et al., 2020). Some governments, like those in Pakistan (Iqbal et al., 2020) and Jordan (Alkhawaldeh, 2021) chose to use discourse to persuade, while others, like those in Kenya (Silas & Odhiambo, 2020) used a mode of communication that was more threatening than persuasive.

The severity and contagiousness of the virus, the possibility of asymptomatic transmission, the open-ended timeline, and the breakneck rate at which information changes complicated risk communication, which is a vital part of managing the pandemic (Paek & Hove, 2020; Rains et al., 2020). For communication to be effective, messages must be clear and consistent (Noar & Austin, 2020). This is not easy to do when the information being communicated is not. Because of the proliferation of information and communication technologies, much of the emerging information is instantly available and accessible to the population at large, either directly or through the media. This has led to the emergence of what has been called the "infodemic" (King & Lazard, 2020), an oversaturated public information environment. This makes it more difficult for people, especially non-experts, to sift through the vast amounts of outdated information and misinformation related to COVID-19 and prevention measures (Viswanath, Lee, & Pinnamaneni, 2020). It has also been found to create distress for the same reason (Porat et al., 2020). High levels of misinformation have been reported, especially in widely disseminated online sources (Roozenbeek et al., 2020). Conspiracy theories have flourished within this

environment, especially on social media platforms (Manganello, Bleakley, & Schumacher, 2020). The issue of misinformation is a problem that is related to risk communication specifically, both because it relates to how risk is communicated, and because it presents a risk itself by potentially warping public understanding (Krause et al., 2020). This misinformation is relevant not only to the conception of the pandemic (with narratives ranging from the apocalyptical to the conspiratorial being made readily available), but also to the uptake of preventive measures and, as we go forward, vaccination attempts (Langford, 2020).

Misinformation is not the only issue being encountered. Especially in the early stages of the pandemic, preprints rather than peer-reviewed publications appeared to be forming the basis of public discourse because of their rapid publication (Majumder & Mandl, 2020). Some have argued that scientists have an important responsibility and role to play in this process, underlining that they need to be mindful of the public uptake of published research and act not only as scientists but also as science communicators (Kalinich et al., 2020; Sattui et al., 2020). Mass media also plays a central role in disseminating accurate research findings and misinformation to the public (Malinverni & Brigagão, 2020), pointing to the necessity of factoring in the media and its function when designing public health communication strategies.

Political actors have also been important vehicles for the spread of information and misinformation. Harrison and Pardo (2020) argue that New York Governor Andrew Cuomo's public briefings introduced listeners to the basics of data-driven decision-making and scientific literacy. Other leaders have gone on the record as not performing so well: Brazilian President Jair Bolsonaro publicly ignored scientific and medical advice and consistently downplayed the pandemic (Duarte,

2020), and President Trump's supposedly 'sarcastic' remarks about using disinfectants as a treatment for COVID-19 resulted in hundreds of calls to hotlines about the consumption of such products (Karamouzian, 2020).

Both restrictive and proactive measures taken during the pandemic have become extremely politicized (Calvillo et al., 2020). For example, the United States saw many instances of contradictions between the attitude of and information offered by the President and those published by the Center for Disease Control and the Surgeon General, with the former choosing to downplay the pandemic and question the necessity of the measures and precautions suggested by the latter (Noar & Austin, 2020). These types of mixed and fractured messages from public authorities can lead to confusion and frustration in the public, which is looking for guidance in the face of a health crisis they are not well-equipped to understand.

To be successful, public health messages must be tailored to their purpose and audience. This means that the customs, beliefs, and cultural practices of the target audience must be considered when preparing messages. Practitioners and scholars emphasize the importance of collaboration and trust relationships with target communities in emergency health communication alongside target-appropriate messaging (Benski, Goto, Creative Health Teams, & Reich, 2020). Messaging needs to be appropriate for the literacy and health literacy levels of its audience, which is why infographics and other relatively simple visual representations like the food pyramid are preferred when trying to reach the widest audience possible. A study of English-language online resources providing COVID-19 information found that the readability of these texts generally exceeded the reading comprehension level of the average American citizen (Basch et al., 2020). Information that is presented incomprehensibly can do more harm than good, especially in contexts where

information is closely related to fear and anxiety. During the pandemic, the reach of messages has been limited and unequal, with upper socioeconomic groups acquiring information faster (Viswanath, Lee, & Pinnamaneni, 2020). It can be assumed that this informational inequality will deepen and exacerbate the already disproportionately large impact of COVID-19 on marginalized and minority communities due to the social determinants of health (Bambra et al., 2020).

2.5 Conclusion

Since an important part of our engagement with politics is realized through language and discursive practices, the uses of language have important political functions. Politicians can attempt to define situations, practices, and identities through discourse. This becomes more prominent in times of crisis and high uncertainty like the COVID-19 pandemic, where ideological and political stakes are high and there is more room for redefinition and contention. In such situations, discourses can function as both a political instrument and a policy tool. One such example is the use of public health communication during epidemics and pandemics, where informative and persuasive public health messaging are commonly used to try and influence individual and collective behavior to mitigate or prevent negative effects.

Public health communication is a valuable policy tool. Nevertheless, unless it is sufficiently underpinned by institutional and policy contexts that would make public health messages practicable for individuals, its use can serve to shift risk and blame to individuals and thus erase government responsibility. In this context, the way public health messages are constructed has ideological and political implications. They merit analysis within their institutional and material contexts to avoid the obfuscation of such political work.

While the politics of COVID-19 discourses and health communication during the COVID-19 pandemic has been fairly widely studied, critical approaches to health communication that situates it in the broader social policy framework are less common[2]. My thesis will contribute to this literature by critically examining the use of health communication as a dominant policy tool in response to the COVID-19 pandemic in the Turkish case. In doing so, I will explore how the limitations and significations of public health communication are shaped by the broader social, political, economic, and institutional context it is situated in.

The COVID-19 pandemic has elicited a wide range of discursive responses, both in terms of political discourse and health communication. This thesis contributes to the literature studying political communication during the COVID-19 by analyzing the Turkish case to understand how political communication within health communication is used in crises to strengthen political positions through definition and self-definition. It also contributes to the literature on contemporary Turkish politics with its analysis of how the government defines and presents itself to the public. In the following chapter, I will provide an overview of the national context in which the COVID-19 pandemic occurred and the government's response to the pandemic.

[2] Although they do not explicitly reference health communication, the papers by Akgüloğlu and Con Wright (2021) and Nygrena and Olofsson (2020) can be considered valuable exceptions to this.

CHAPTER 3

NEW TURKEY AND COVID-19

This chapter provides an overview of the COVID-19 response in Turkey from the onset of the pandemic to early June and summarizes the institutional, discursive, and political context that shaped this response. The first COVID-19 case in Turkey was reported on March 10th, 2020 (Kemahlıoğlu &Yeğen, 2021). This was followed by a rapid response that was initially recognized as being comprehensive and effective (V. Yılmaz, 2020). In this period, despite a high number of cases, reported death rates were relatively low, recovery rates were high, and less than 1% of reported cases were critical (Bakır, 2020). This was interpreted as the product of rapid decision-making and decisive implementation occurring in an institutional context with little-to-no pushback or opposition (Bakır, 2020).

3.1 New Turkey: social and political transformation

The context which shaped the response to the pandemic was created by the almost 20-year long the Justice and Development Party (JDP, *Adalet ve Kalkınma Partisi* in Turkish) government under the leadership of Recep Tayyip Erdoğan. The party was elected in 2002 on a platform synthesizing conservative and liberal elements (Keyman & Öniş, 2007). The following two decades have been a period of political, social, and economic transformation. While a full account of these transformations is too broad for the current study, understanding certain main points is necessary.

The first JDP government was credited with democratic improvement and liberalization (Çınar, 2006), despite concerns raised by secularists about the Islamist tendencies of the party and its leadership (Heper & Toktaş, 2003). Since then,

successive JDP governments have oscillated between conservative/Islamist and neoliberal priorities, tending steadily in a more conservative direction socially and politically while implementing neoliberal economic policies (Dinçşahin, 2012), with religion gaining prominence (Buğra & Savaşkan, 2014). Since the 2011 elections, the transformation has gained a new direction. Over the past decade, which Öniş (2019) labels the "late JDP era", the party has consolidated power behind the executive branch, and especially the office of first the prime minister and later the newly created presidency.

During its long tenure, JDP has constructed its own brand of nationalism in service of its hegemonic project redefining the nation and the people (Christofis, 2018). This new conceptualization is commonly known as "New Turkey", a term frequently used by the party. In this new conceptualization, Sunni Islam was given a more prominent role as a component of national identity (Saraçoğlu & Demirkol, 2015). The emphasis on religious identities is both a result of JDP gravitating towards a new cohesion ideology based around an ethnoreligious Sunni Turkish identity (Oran, 2016) and a hegemonic tool used to engender consent for the new conception of the Turkish nation and identity (Aktoprak, 2016).

Z. Yılmaz (2017) argues that the tradition of Turkish Islamist politics that JDP ascribes to has been marked by a sense of victimhood and discourse centering around social suffering. This discursive line tends to contend that secular Kemalist politics and politicians victimized and marginalized religious citizens. JDP and Erdoğan have capitalized on such victimhood claims to mobilize their public (Tokdoğan, 2020).

The growing prominence of religion in politics was justified in part by an anti-establishment, nationalist discourse that strongly questioned, and sometimes

outright villainized the politics and influence of the West concerning Turkey, painting certain nativist authoritarian practices as a valid response to outside pressures or meddling (Çınar, 2018). This type of construction regarding the Western world is also seen in JDP's approach to the European Union. Despite Turkey's long and previously peaceable relationship with the EU, Erdoğan has harshly criticized the organization with increasing frequency and presented it as an unwelcome, meddlesome intruder in domestic affairs (Aydın-Düzgit, 2016). This criticism also takes on religious tones at times, with the EU being constructed as a group of Christian countries excluding and at times discriminating against Turkey (H. Yılmaz, 2011).

Neoliberal restructuration has been an important aspect of JDP's two-decade rule. In a now inaccessible statement on the JDP website titled "AK Party and Conservative Democracy" the party argued that the state should be "confine[d] … to its essential functions, … small but dynamic and effective," (Yalman, 2012, p. 28). Despite its continued commitment to neoliberal policies, JDP has maintained a people-friendly rhetoric and image through the use of populist discourses (Bozkurt 2013). The social policies implemented under JDP have been designed to benefit the informal, unorganized working class who had previously been left out of the social security systems, thus ingratiating the party to a portion of the public that had been previously left to suffer significantly from neoliberalism while simultaneously weakening protections for formal workers, decreasing the structural power of labor and increasingly precaritizing working classes (Özdemir, 2020).

JDP's conservative politics fit in with neoliberal restructuration in two ways: the importance given to family, religion, and communities presents a natural alternative to the state in the provision of need satisfiers to alleviate the harmful

consequences of neoliberal policies, and the new brand of nationalism which subsumes identities like class, ethnicity, and gender under shared beliefs and traditions serves to veil social conflicts (Saraçoğlu, 2011).

JDP's neoliberal restructuring has been realized through the simultaneous weakening of public obligations in welfare policies and the implementation of policies that target the poorest sections of society (Bozkurt, 2013). This can be seen in the increased prevalence of nominally if not practically workfarist policies (Canbazer, 2021) and social assistance[3], which has been strongly criticized as a social policy tool (Kutlu, 2018), instead of robust welfare state functions (Köse & Bahçe, 2009). The increased involvement of private entities like NGOs and associations in welfare provision and the government subcontracting certain welfare provision functions to these entities (Eder, 2010) also points to these tendencies. Many of the reforms which were attempted or implemented over the past two decades have decidedly neoliberal or market-oriented aspects as well.

In 2003, JDP initiated a major healthcare system reform known as the Health Transformation Program. This reform unified the multiple social insurance schemes into a single compulsory insurance system, established an internal market for provision, incorporated New Public Management practices, and introduced different types of copayments and coinsurances to healthcare and medication access (V. Yılmaz, 2020). This has not only been one of the most well-received acts of the government (Özdemir, 2020), but was arguably one of the reasons JDP has been able

[3] It should be noted that although social assistance became a more prevalent policy choice during the JDP administrations, it does not represent a very large redistribution. In 2021, the amount spent on social assistance expenditures (including payments like the subsidization of health insurance) accounted for 1.74% of the GDP, including the increase caused by the pandemic (T.C. Aile ve Sosyal Hizmetler Bakanlığı, 2021).

to continually be reelected and has been a major success for the party, and has been consistently referred to as a defining accomplishment (V. Yılmaz, 2017).

The new compulsory insurance system expanded coverage and eased access to healthcare services (Atun et al., 2013), and was later ex post facto rebranded as an effort to achieve universal health coverage (Ağartan, 2021). Workers paid flat-rate contributions, which also covered their unemployed dependents, and means-tested coverage was extended to very poor individuals. The World Bank was influential in the reform (Ağartan, 2016; V. Yılmaz, 2017). The reforms followed a broader trend towards marketization, incentivizing increased private sector involvement in healthcare provision, as well as introducing supplementary private insurance options. Despite their market-oriented aspects especially in service provision, the reforms have increased state responsibility in terms of funding in the medium term by offering means-tested coverage for poor citizens and introducing a state contribution to the social health insurance fund on top of contributions of employees and employers (V. Yılmaz, 2017).

3.2 Unchecked presidentialism and consolidation of power: institutional transformation

Turkey's swift response to the COVID-19 pandemic was partially made possible, among other factors, by the consolidation of power in the office of the president (Bakır, 2020). The presidential system made rapid, unilateral decision-making and implementation possible (Turan & Hamza Çelikyay, 2020). The system itself is the culmination of years of political transformation in Turkey under JDP.

In the wake of the 2016 coup attempt, then-Prime Minister Erdoğan declared a state of emergency and was granted increased authority with less oversight,

extending his power to an unprecedented degree (Esen & Gümüşçü, 2018). Esen and Gümüşçü (2018) argue that the presidential system, which was accepted by popular vote in a referendum and made into law the following year, is the institutionalization of the transient regime established during this state of emergency. What was created was a Turkish-style presidency which has been described as "hyper-presidentialism" (Boyunsuz, 2016, p.70) or "a zero-sum game" where "the one-man executive (vice presidents and ministers are appointed by the president) … takes all" (B. Yılmaz, 2018, p.8). This is because power is concentrated in the office of the president, which is strengthened at the expense of the legislative branch (Esen & Gümüşçü, 2018).

Significant new presidential powers and competencies included the authority to appoint a certain number of members to the Council of Judges and Prosecutors; the power to declare and extend a state of emergency; the power to propose the budget; mutual dissolution of the parliament and the president; and the power to appoint senior public officials like ministers and vice presidents (Rita Scotti, 2017; B. Yılmaz, 2018). One of the most important extensions of the president's powers was the power to issue presidential decrees. The president is now able to issue decrees on all subjects except basic rights, individual rights and freedoms, political rights and freedoms, and issues regulated exclusively by law.

The presidential system has significant implications for policymaking. The consolidation of power, and especially the power of presidential decrees, means that policymaking in many areas is open to becoming a one-person matter where decisions can be made with little to no deliberation and only retroactive oversight. This can be a major advantage, especially in situations that require rapid responses, because it allows cutting through 'bureaucratic red tape'. However, it has obvious drawbacks, as it is open to abuse, and even in good faith implementations the

limitation of mandatory deliberation and oversight can lead to suboptimal policy responses, especially for communities who are marginalized, have specific needs, and are unable to politically influence the majority that confers legitimacy and empowers the president.

The power of presidential decree was used extensively during the COVID-19 pandemic. It, alongside the general policymaking and political climate set by the presidential system and the culture of loyalty, obedience, and commitment allowed for quick decision making and implementation in the face of rapidly shifting situations. This has been recognized as a facilitating factor in Turkey's successful policy approach during the early periods of the pandemic (Bakır, 2020).

It is, however, important to recognize that the COVID-19 pandemic presents a divergence from this hyperconsolidation in decisionmaking, with the Scientific Advisory Board and Ministry of Health being afforded greater inclusion in the policymaking process, if only in an advisory capacity, due to the novel and technical nature of the policy issue (Bakır, 2020). Despite this inclusion, as the pandemic went on actors like the Turkish Medical Association (TMA), a professional organization of which 88% of medical doctors in Turkey are members, became more vocal about their exclusion from the decision making (BBC News, 2020), and local governments being left out of decision making and forced to cease and desist when they tried to implement their own practices and policies (Aydın-Düzgit, Kutlay, & Keyman, 2021).

While the high degree of centralization offered advantages in terms of speed and allowed the government to undertake a robust early response, its pitfalls made themselves apparent before long. Bakır argues that despite its advantages, this political context provides "limited space for genuine policy feedback and instrument

calibration" (2020, p. 459), best evidenced in two prominent events from the early days of the pandemic. The first was the announcement of the first weekend-long curfew in metropolitan areas, which was only made hours before the curfew began, leading to large crowds coming together in stores and panic buying (Gülseven, 2021). This led to the resignation of Interior Minister Süleyman Soylu, who apologized for faulty crisis management, although his resignation was rejected by President Erdoğan. The other instance of failure was the government's ban on the sale of face masks and the implementation of a plan to distribute masks to citizens free of charge. This initiative quickly failed due to the incapacity of the national postal service to distribute the masks (Bakır, 2020), with the sales ban being lifted and replaced by a set price within weeks (V. Yılmaz, 2020).

3.3 COVID-19 and Turkey

Within this context, the Turkish government utilized a policy mix that included measures ranging from public health communication to strict lockdowns and curfews. The initial response to COVID-19 has been characterized as utilizing a preventive approach (Güner, Hasanoğlu & Aktaş, 2020). The four main goals as specified on the official website of the Presidency of the Turkish Republic were ensuring social distance, keeping the healthcare system functional, avoiding disruption in the supply and production chains of basic goods, and the continuation of public order (Turan & Hamza Çelikyay, 2020). This first phase lasted from the first recorded case in March to early May, when the second phase of the pandemic response, called "Controlled Social Life" began and precautionary measures were progressively loosened. There have since been oscillations between increased

restrictive preventive measures and their relaxation, depending on the severity of the case and death rates.

The pandemic response in Turkey began before March, with an advisory committee being convened on January 10th, and flights from countries deemed risky like China, Italy, and Iran were halted by February. Immediately after the first case was recorded, schools and universities were first put on break, then transitioned to online teaching, Friday prayers being conducted at mosques were banned, and restrictions were placed on international travel. Comprehensive contact tracing was implemented (Balta & Özel, 2020). In the first week of the pandemic, public venues such as concert halls, bars, nightclubs, spas, gyms, and cafes were closed until further notice. Over the following month, working hours were staggered, public transportation was made subject to new rules on vehicle capacity, travel to and from certain metropolitan areas was banned, and all artistic, cultural, and scientific activities were postponed indefinitely (Güner, Hasanoğlu & Aktaş, 2020; Güngör, 2020; Öztürk, Erkoç, & Doğan, 2020). Although the government was initially criticized for not implementing lockdown measures (Cagaptay & Yuksel, 2020), curfews were introduced, first indefinitely for those aged less than 20 or more than 65, and later for all citizens on weekends and evenings (Gülseven, 2021; Güngör, 2020).

Alongside these restrictive measures, certain economic and social policies were put into place. On March 18th, the government announced a package of policies including suspension of social security payments, reduced VAT on certain items, postponement on loan repayments, and increases to minimum pension payments. The qualifying conditions for the short-term working allowance were simplified and the process expedited. In April, termination of employment was banned and benefits for

workers who did not qualify for the short-term working allowance or who were on unpaid leave were put into place (V. Yılmaz et al., 2020). Furthermore, an additional two billion Turkish liras were earmarked for use for cash transfers for households living under the official poverty line. While a stimulus package totaling around two percent of the GDP was offered, the economic relief was mostly in the form of postponing or forgiving obligations such as insurance premiums or employment taxes, making the package largely beneficial to employers (Kemahlıoğlu & Yeğen, 2021). Access to loans and credit was facilitated as part of the stimulus package, leading to vulnerable households and small businesses becoming increasingly indebted (OECD, 2021). With significant portions of the stimulus package being allocated to the credit guarantee fund and capital injections to major banks, the amount of spending on social transfers or other means of direct social support was less than one percent of the GDP (UN Turkey, 2020). A timeline of implemented measures can be found in Appendix C.

The 2003 healthcare reforms have had a strong influence on the healthcare infrastructure and policy capacity with which Turkey faced the pandemic. In terms of policy capacity, despite being underfunded and understaffed (V. Yılmaz, 2020), Turkey's comparatively high number of hospital and ICU beds meant that the system was not overwhelmed as quickly as others (Balta & Özel, 2020). Bakır (2020) argues that the incentivization of private sector involvement in the provision of healthcare has been a significant contributing factor to this. Many private hospitals were transformed into "pandemic hospitals" which were meant to serve COVID-19 patients during the onset of the crisis. The government also announced that COVID-19 treatments would be free of charge at private institutions as well as public ones. The high coverage rate of the national health insurance scheme meant that people

were able to utilize the healthcare system without fear of high costs (Bakır, 2020), facilitating higher rates of testing and treatment.

The government also used public communication as a policy tool to influence the decisions and actions of the public (Bakır, 2020). The Ministry of Health has used a multi-modal health communication strategy, with both traditional and social media utilized. During the first month of the outbreak in Turkey, the number of Koca's Twitter followers increased by almost twelve times, with almost every other Turkish Twitter user following Koca's account (Bilgiç & Akyüz, 2020; Çobaner, 2021). High interaction rates on posts further widened the scope of Koca's social media reach (İşeri & Çapan Tekin, 2020). The minister used his social media accounts to share information about the disease, its transmission, and prevention. The posts, which sometimes incorporated humorous elements as well as audio visual components, used easily comprehensible language and clear statements (Kalçık & Bayraktar, 2020; İşeri & Çapan Tekin, 2020).

The Ministry of Health has been portrayed as being proactive and successful in its communications regarding the public health crisis (Güreşçi, 2020). Messaging between social media accounts, press conferences, public service announcements, and other materials produced by the government have been more or less coherent and continuous. It has been argued that Koca has gained the trust of the public in the first phase of the pandemic in Turkey with his frequent press conferences, active social media presence, and air of transparency (Saynur Derman, 2020; Somuncu, 2020), although later developments called into question the veracity and transparency of the information being shared and caused a significant loss in trust (V. Yılmaz, 2020).

Public health measures were rolled back gradually starting in May of 2020, starting with barbers and beauty salons reopening with restricted capacity. Curfews

were partially lifted, many of the travel restrictions were eased, and public venues began to reopen. The ban on termination continued during this period, as did previous income protection and replacement schemes. Additional measures to incentivize employment and extend benefits to informal workers were also put into place at the end of June (V. Yılmaz et al., 2020). However, the reopening was rolled back before most measures could be lifted due to increasing case numbers.

3.4 Conclusion

Since its election in 2002, JDP has fundamentally transformed the social, political, and institutional landscape of Turkey. In pursuit of a hegemonic nation-building project, JDP constructed its own brand of nationalism and national identity using populist and nativist discourses. This was closely tied to conservative beliefs, traditions, and religion. This social and political transformation was accompanied by significant changes to institutional structures.

JDP has pursued neoliberal policies, lessening public obligations for welfare provision, increasing private sector involvement in what were previously virtually exclusively public sector mandates such as healthcare and education, and weakening labor protections and entitlements for formal workers. This has been accompanied by an increase in social assistance targeting the poorest portions of society and informal workers, although the overall spending in this area remains relatively low. The 2003 healthcare reforms stand out as both a widely and wildly well-received policy choice that consolidated the previously fractured healthcare system, expanded healthcare coverage, and increased government spending on healthcare, and as a defining monument that JDP refers to proudly and frequently as a cornerstone of its legacy.

In 2017, the political regime was restructured through the implementation of "Turkish-type" presidentialism, where the office of the president was given a great degree of unchecked power and autonomy. This new system created an institutional setting that allowed for a quick decision-making process which was beneficial for the rapid early response to the pandemic, but also made it possible to exclude actors who could have provided necessary inputs, arguably to the detriment of the long-term pandemic response.

These conditions created the institutional and political context in which the COVID-19 response was crafted: a nation that has been constructed by the government along conservative lines, a centralized political structure allowing for rapid and exclusionary decision making, a social policy mix with neoliberal tendencies, and weakened labor protections, and a large and relatively robust healthcare system and large-scale health insurance coverage. In the following chapters, I will analyze how the discourses produced by the government during the COVID-19 pandemic reflect and interact with this context and attempt to provide some insight into why the auspicious early response devolved throughout the pandemic.

CHAPTER 4

GOVERNMENT RESPONSIBILITY

How the COVID-19 pandemic has been framed has important implications for how we understand the policy response. Defining the terms of the COVID-19 pandemic allows the government to define its liability for the ensuing crises, and what can and cannot be expected in response. The complementary roles of state and citizen are defined within the framework elaborated explicitly and implicitly in these discourses. While acknowledging the gravity of the situation, the Turkish government sought to naturalize the pandemic and thus connected economic and social issues as an inevitable, unforeseeable event. It has also defined its own role in facing the challenges brought by these crises as a predominantly passive facilitative and informative role. The contours of these definitions and their political and policy implications will be explored in this chapter.

4.1 Mise-en-scene and casting

When it comes to persuasion and political messaging, who delivers the message is as important as what is being said. This means that it is necessary to comment on Koca and Erdoğan and their identities as public figures to better understand the implications of their messages. Populations tend to be willing to make sacrifices in the face of crises if they believe it will help them emerge safely (Etienne, 2010). Public trust in actors who deliver relevant information and directions is an important factor in determining the willingness of the public to comply with any given policy. Alexander (2004) asserts that authenticity is another important factor deciding the success of public messaging. The choice of public speaker to deliver messages is

indicative of what is trying to be accomplished through this messaging and influences how messages are perceived and received.

Trust is particularly important in the context of crisis and disaster. Because citizens are faced with both an information deficit and information overload during these times, their trust in authority figures who relay information and instructions is an important determiner of how well they will comply with implemented responses (Tampere, Tampere & Luoma-Aho, 2016). Boin et al. (2005) argue that three factors decide the credibility of authorities during times of crisis: prior trust, initial crisis response, and timing.

During the first three weeks of the pandemic, Minister of Health Fahrettin Koca was at the center of the public pandemic response. While President Recep Tayyip Erdoğan is a prolific and highly visible public speaker, he did not make a public appearance until the 18th of March, a week after the first case was announced. During the three-week periods in question, he only made six speeches, two of which were extremely short, being less than 500 words long. Koca, who conducted nine press conferences with extended question and answer sessions afterward, was much more active in keeping the public abreast of developments and policies.

Koca's communication during this early period was initially met with praise from the public and analysts, as well as a certain degree of sympathy that is not common in discussions of established political figures. Part of this can be attributed to the authenticity that Koca brought to the role of public speaker. As a virtually unknown, unelected (directly appointed) minister, Koca was relatively disengaged from public electoral politics and did not have an overtly political characterization. His professional identity as a physician was emphasized over his role as a politician.

Although the latter was focalized, both of these professional identities function as sources of authority. His role as both the Minister of Health and as the state representative running the press conferences provides political and discursive authority, whereas his role as a medical professional imbues his messages with scientific authority. The emphasis on this role allows for his messages to be perceived as neutral and scientific rather than political, even when they have profoundly political subtexts. Although less polished than a career politician, his demeanor during these speeches is generally grave and business-like, adding to the image of a serious scientist, and thereby his credibility and authority. Additionally, his less polished and at times emotional manner of speaking, much unlike the carefully scripted and delivered political addresses people are used to, helped bolster his authenticity until discrepancies regarding reported data called his credibility into question.

Koca's role in delivering the majority of official government communications during the early period of the pandemic indicates a preference for scientific authority over political authority. This is representative of both the novel conditions of the pandemic, which as Bakır (2020) argues created a wider space for professionals and technocrats in policymaking and of the use of scientific and medical authority as a strategy of legitimization. Koca himself emphasizes his standing as a medical authority. For example, reporting the first death caused by COVID-19, he says:

> I would like to say this as a physician as well as the Minister of Health of this society. Today, for the first time I lost a patient in the struggle against the corona virus. Representing the society, I was among those who followed him the closest. (Koca, 17.03, Appendix B, 1)

Similarly, in instances where Koca responds to claims made by healthcare workers regarding their working conditions and insufficient personal protective equipment, Koca's identity is called upon to give his response more weight.

> They claim that our healthcare workers lack sufficient equipment, especially masks and gloves. Some insignificant examples are being intentionally generalized with this claim. The accurate information is this: all equipment is being supplied, and will continue to be supplied, to our university hospitals, to all our hospitals. (Koca, 23.03, Appendix B, 2)

While Koca is the central public figure during the initial outbreak, Erdoğan is much more active and prominent in the second half of my dataset, which covers the first three weeks of May 2020 and the tentative reopening. While Koca delivered nine of the fifteen official addresses in March, Erdoğan delivers nine out of twelve official addresses in May. The change in speaker is accompanied by a change in presentation as well. While almost all speeches in March are press conferences or pre-recorded Address the Nation speeches, in May the more common format was public speeches at events like the opening of a hospital (Erdoğan, 21.05) or the completion of a subway tunnel (Erdoğan, 10.05). In a way, these changes signify a return to a kind of normalcy. The number of construction and infrastructure projects being completed and opened, even in May of 2020 when restrictive policies were still in place in most sectors, creates a sense of business-as-usual, even when the public appearances are not quite as public as they used to be.

The content of speeches also changes significantly from March to May. COVID-19, how it spreads, and what must be done to prevent infection were the most prominent topics in March. Overtly political statements were mostly avoided or delivered in the background of more directly COVID-related topics. By May, direct political competition between parties and matters of day-to-day politics come back into prominence.

The decline in the frequency of Koca's appearances is also an indicator of a change in the approach to the pandemic response. While prevention and avoidance were the main focus in March, adaptation is much more clearly the goal by May.

Talk of reopening after lockdowns is frequently accompanied by mentions of the "New Normal" which will determine the changed boundaries of social life. While COVID-19 and public health measures are still prominent, Koca's gradual withdrawal from prominence implies a change in the government approach to the pandemic.

4.2 The role of the state

4.2.1 Inevitable crises and responsibility of prevention

During his initial public addresses, Koca frequently mentions the externality of the pandemic. The fact that the COVID-19 virus did not originate within Turkey is emphasized. As Koca repeatedly states during the first week, the first COVID case was contracted "through Europe":

> It is known that the patient contracted the virus via Europe (Koca, 11.03-1, Appendix B, 3)
>
> … our patient who contacted the virus from abroad … (Koca 13.03, Appendix B, 4)
>
> … after the first case contracted abroad... (Koca, 13.03, Appendix B, 5)
>
> … after the infection occurred in Europe. (Koca, 13.03, Appendix B, 6)

This is also reflected in Koca's summation of the government's actions:

> [The state] took strict precautions that will protect its citizens from the threat coming from the outside. (Koca, 27.03, Appendix B, 7)

and the slogan "The problem is global, the solution is national", which was used frequently during the first few weeks of the pandemic.

This is paired with a narrative claiming that the pandemic reaching Turkey was highly probable to the point of verging on inevitability. In both his addresses

regarding the first confirmed COVID-19 case on the 11th of March, Koca uses virtually identical verbiage to express this:

> This only means that the virus has now entered the country borders. There was a high probability [that it would happen] and it happened (Koca, 11.03-1, Appendix B, 8)
>
> Yesterday, we encountered a positive COVID-19 case. A single case or a few cases do not constitute an outbreak. This only means that the virus has now entered the country borders. There was a high probability [that it would happen] and it happened (Koca, 11.03-2, Appendix B, 9)

The reason for this is that Turkey cannot cut itself off from the outside world:

> If we had been able to completely sever our relationship with the world, I would not be talking to you now. (Koca, 11.03-1, Appendix B, 10)
>
> It is not possible to completely cut off our relationships with neither the world nor the rest of Europe. (Koca, 11.03-2, Appendix B, 11)
>
> It was not possible for Turkey, which has extensive relationships with the whole world, to completely isolate itself while humanity was in this situation. (Koca, 17.03, Appendix B, 12)

This same reason is later used to explain why the government cannot eradicate the virus, and why public health measures will continue to be necessary:

> Turkey's fight against the epidemic, which has focused on the principles of practicing physical distancing, keeping the health system strong, supplying food and hygiene, and public safety, continues successfully. However, it is not sufficient that we overcome the epidemic in Turkey; completely overcoming the threat of this epidemic, which is effective at the global level, is only possible by solving the problem all over the world. As a matter of fact, the epidemic has just gained momentum in some countries. As Turkey, we cannot completely close our borders for years, stop daily life completely and wait for the end of the epidemic. Hence, what we need to do is to rearrange our lives according to the reality of the epidemic. (Erdoğan, 18.05, Appendix B, 13)

This framing presents the pandemic as an extraordinary event outside of the bounds of feasible prevention and control. Establishing the pandemic as a phenomenon originating outside of national borders, and the transmission of COVID-19 onto Turkish soil as a virtually inevitable event contributes to a perception of the pandemic as something that is not only out of government control

but something that could not have realistically been expected to ever have been within its purview. The interconnected nature of global systems does make it hard to cut off all exchange and contact with the outside world. However, as seen in the examples of other countries that have done just that over longer periods, the government's inability to keep borders closed and lockdowns in place is overstated (FT Visual & Data Journalism Team, 2022). In an extreme example, New Zealand still has border restrictions in place as of the revision of this text on March 19th, 2022 (Immigration New Zealand, 2022).

This framing does not detract from the early response to the pandemic; the government responded swiftly and decisively in the short term. However, in the context of the way the government's actions and pandemic preparedness are spoken of in public addresses by Koca and Erdoğan, this framing sets the stage for a discourse where the state has a largely secondary and passive role in response to the pandemic, with more active roles and responsibilities being left to individuals.

Throughout this text, I refer to the COVID-19 response in terms of active or passive. These distinctions are made in line with how the roles and responsibilities of the government and the citizenry are constructed within the discourses that are analyzed. In other words, this classification is an expression of how the government represents these roles and responsibilities. This is an important distinction, as these representations do not always align well with the actual policy landscape. For example, it is not accurate to say that the Turkish government has been passive in its policymaking throughout the pandemic; particularly during the first few months, frequent lockdowns, mask mandates, travel bans and other similarly involved measures were implemented. However, as this chapter will argue, what the government publically expresses to be its active role during the pandemic is guidance

and facilitation of compliance with public health measures. Complementarily, the active role in and ownership of these measures have been delegated to the citizenry in discourse, as will be further explained in the following chapter.

4.2.2 Passive response

On November 17th, 2021, JDP posted a video on its YouTube channel titled "What we have done is the guarantee of what we will do" (AK Parti, 2021). The video is comprised of around 2 minutes and 30 seconds of a sped-up narration listing the accomplishments of the government. This is an excellent example of the prominence of services and accomplishments that Türk (2014) indicates as a fundamental dimension of JDP's approach to politics. The emphasis on the lifetime body of work appears as an occurring theme throughout the pandemic and is used to frame the boundaries of government responsibility.

Throughout the pandemic, developments that have occurred during the past 17 or 18 years of JDP's tenure are frequently referred to when speaking about pandemic preparedness and Turkey's relatively advantageous and safe condition. These references are used to establish the function and utility of these accomplishments in the context of pandemic preparedness:

> Thank God, Turkey has faced this period with the utmost preparation possible thanks to the large transformation realized in the basic services and infrastructure in our country, especially over the past 17 years. (Erdoğan, 18.03, Appendix B, 14)

> Over the past two months, we have once again seen the importance of the level we brought our country over the past 18 years with investments in basic services and infrastructure in education to healthcare, transportation to energy (Erdoğan, 10.05, Appendix B, 15)

As is to be expected, investments in the healthcare system are given prominence.

> Turkey has entered this process as the country which has, over the past 17 years, established the strongest health insurance with the highest coverage in the world, built the most modern hospitals in the world, and achieved the highest standard of service quality with its over one million health workers. (Erdoğan, 25.03, Appendix B, 16)

> Throughout this process, we can better see the importance of the place where we brought our country together as a result of the great efforts and struggles in the field of health for the past 18 years. We have built thousands of hospitals all over the country and equipped them with the most modern devices. We have increased the number of our healthcare workers to over one million. With the universal health insurance system, which is unique in the world, we have provided health services to all our citizens with contributions starting from 88 TL. (Erdoğan, 16.05, Appendix B, 17)

In a similar tone, the management of past crises by JDP governments is referred to as contributing positively to the management of the current crisis.

> Thanks to our struggle against the attacks targeting our economy in recent years, we have set our target there by developing a strong immune system, especially against global turbulences, and continued on our way. (Erdoğan, 18.03, Appendix B, 18)

These references identify these accomplishments as contributors to pandemic preparedness. They also establish the aspects of the current institutional landscape that can be ascribed to JDP as a political actor.

Comparisons are used very frequently by both Koca and Erdoğan in this context. These comparisons are essentially of two types: old Turkey vs. New Turkey; Turkey vs. other countries. In the first type, the conditions in Turkey under JDP governments are compared to past circumstances. These comparisons establish the services provided by and accomplishments of the state. They also solidify the self-definition of JDP through delineation from other parties or governments. The old and New Turkey, in other words, are compared with JDP being presented in a superior light.

> In the past, we were a country that sought help from the world in times of crisis. Today, 69 countries in the world have requested assistance from Turkey, and the necessary supplies within the realm of possibility have been sent to 17 countries. (Erdoğan, 26.03, Appendix B, 19)

> This is a new expansion for us, with this new expansion; Turkey will act as a health base at this point. As you know, in the past, they used to go to Cleveland from Turkey, but I believe they will come to Istanbul from now on, and we are already famous for our city hospitals, thank God. (Erdoğan, 10.05, Appendix B, 20)

These comparisons position JDP as the actor that has made the successful management of the pandemic possible by transforming the country before the pandemic hit.

Second, there are comparisons between Turkey and other countries. These frame Turkey and its response to the pandemic as superior to other countries. The COVID-19 prognosis in Turkey is presented to be more positive:

> We see the epidemic in most of the world. The case of Turkey is not identical to the other countries. Many countries have lost control. The number of new cases announced is in the hundreds. Now, the number of patients who lost their lives stands out rather than positive diagnoses. We are lucky compared to the overall picture. (Koca, 16.03, Appendix B, 21)

> Compared to Europe and America, Turkey is one of the countries closest to overcoming the spread of this disease. (Erdoğan, 30.03, Appendix B, 22)

This is explained by the superior approach and preparation of the government, and the tenacity and determination of the citizens in implementing policy measures.

> As Turkey, we had great success in this process. Neighboring countries, European countries, did not take the strict measures we did. On the other hand, our resilience in regards to the strategy and disciplined action plan against the virus has never decreased but increased exponentially (Koca, 11.03-1, Appendix B, 23)

> At times in which even most of the developed countries have experienced difficulty in controlling these issues, Turkey has put forward an exemplary struggle together with its state and nation. (Erdoğan, 04.05, Appendix B, 24)

Other significant facilitators of Turkey's success during the pandemic are technical capabilities, health infrastructure, and most importantly national self-sufficiency in these and other areas:

> We have developed and implemented our own unique models for the detection and treatment of the disease. In this way, we both kept the mortality rate very low and successfully blocked the spread of the disease. (Erdoğan, 04.05, Appendix B, 25)

> Since we can produce the products such as test kits, masks and gloves, which are important in the fight against the disease, we do not have any problems in this regard. There are those spread negative rumors about this, do not be deceived by them. (Erdoğan, 27.03, Appendix B, 26)

> As Turkey, beyond meeting our own needs, we supported our friends during the epidemic period, in which even the developed countries were helpless. (Erdoğan, 10.05, Appendix B, 27)

> The phrase "health comes first" includes everything that deteriorates in the face of the epidemic. Investments in health in our country are well-timed. Our health security, for which we are primarily responsible, is an eminent right. Health investments are the requirements of social welfare. (Koca, 20.05, Appendix B, 28)

In the context of the stated impossibility of Turkey isolating itself from the outside world, the focus on self-sufficiency can be seen as having three functions. First, it supports nativist narratives that have been increasingly prevalent during JDP's tenure in power. Second, in terms of their placement in speeches, the references to self-reliance tend to occur alongside mentions of JDP's services and actions. This strengthens the government's claim that JDP has transformed Turkey's infrastructure and capabilities to the degree where a global crisis can be weathered without relying on outside support. Third, it is a rebuke against domestic and foreign political criticisms of JDP for increasingly distancing Turkey from organizations like the EU and NATO.

Turkey's comparative success is pointed to as a source of international envy and interest, with the country now deemed a role model and benchmark.

> Turkey's success in managing the pandemic crisis has drawn everyone's attention, scientists' attention first and foremost. (Erdoğan, 11.05, Appendix B, 29)

> You should know that the world admires you in your fight against the coronavirus, which you were living with for the past eight weeks. Turkey is on the agenda of the world community with its strategy, innovation in treatment, and precautions since the beginning of the attack. With their success, scientists in Turkey are the focus of interest for scientists in the world from Italy to America. (Koca, 13.05, Appendix B, 30)

> Our low rate of patient mortality in the community, our system of controlling the spread of the disease through contact tracing, and our innovative treatment methods are highly appreciated. The successful work of our country on this issue has become accepted as a model worldwide. (Erdoğan, 18.05, Appendix B, 31)

This also serves to legitimize the pandemic response through an appeal to the authority of other governments and scientists.

There are also comparisons between Turkey and Western countries in terms of their approaches to social policy. These bolster the Turkish government's claim to moral superiority.

> The balanced policies implemented by our country support the production power of the private sector on the one hand and ensure that services in fields such as education, health, and social security continue in an uninterrupted manner with public guarantees on the other hand. However, Western countries have virtually abandoned their citizens by leaving all basic public services to the private sector for years, which was actually casting these services aside. Some European countries, which were the most fervent defenders of liberalism until a short time ago, have now started to nationalize hospitals and some other basic service institutions. We see that some countries, that are supposedly ardent human rights advocates, leave people to their own devices during the epidemic and act with the understanding that life goes on, whoever dies, dies and we will go on with the others. (Erdoğan, 18.03, Appendix B, 32)

It is worth noting that the comparison above is rather counterfactual: the lack of presence of Western governments in the provision of basic services is, at best, extremely overstated, and in some cases outright false. One relatively empirically grounded example given to substantiate this claim was made through the discourse around residential geriatric care centers.

> We never agree with the understanding of some European countries that have almost sacrificed the disadvantaged groups, especially the elderly. On the contrary, in our culture, cherishing our elders is considered one of the basic conditions of happiness in the world and the hereafter, and for this reason, we will protect and look after our elderly. (Erdoğan, 18.03, Appendix B, 33)

> During the corona virus pandemic, unfortunately, the biggest dramas have been observed in geriatric care facilities, especially in Western countries. As Turkey, we of course take care of our elderly just like all our solitary citizens. (Erdoğan, 11.05, Appendix B, 34)

They are positive comparisons to Western countries, affirming both the policy choices of the government and their underlying cultural justifications, which are closely related to JDP's image of Turkish national identity. What makes Turkey's regard for and treatment of the elderly during the pandemic superior to Europe, therefore, is not only that there are better funded or managed facilities or better-considered policies. It is worth noting here that in a report on long-term care in Turkey during the COVID-19 pandemic, Akkan and Canbazer (2020) found that the working conditions in care homes were far from ideal, with annual leave and resignations for staff being banned while workers were made to work 14-day live-in shifts. This points to a lack of sufficient funding and staffing in these facilities.

The family-focused cultural values championed by JDP have led to a policy framework where the elderly receive care at home from family members. The lack of extensive institutionalization of care work for the elderly is implied to be proven the best choice under these circumstances. In these quotes, the favorable comparison with developed Western countries is made based on the Turkish government's superior moral values and authentic Turkish and Muslim culture, as expressed by the government protecting and looking out for the elderly. This is reflective of JDP's conservative, family-oriented rhetoric, especially in its presentation as an imperative that is both cultural and religious. Not only are the policies of the government superior to those in other, mostly Western, countries but so are the values and lifestyle choices they reflect. This point is made especially potent by Erdoğan's references to European countries as "certain countries that claim sole ownership of human rights advocacy" (Erdoğan, 18.03, Appendix B, 35).

The frequent references to events spanning the entirety of JDP's tenure straddle an interesting line in how pandemic preparedness is conceptualized. In this

discourse, the duties of the government regarding the pandemic response are considered to be at least partially satisfied by the actions of the government regardless of their actual intended aims. Taking a long-term view of political, social, and economic developments and institutions while tallying the factors contributing to crisis preparedness and management is not unreasonable. Healthcare infrastructures and policy capacities have played an important role in determining how governments responded to the pandemic and how effective this response was (Capano et al., 2020). Long-term perspectives are important for planning sustainable emergency responses because purely reactive measures tend to be untenable if crises become extended. However, the ex-post-facto framing of healthcare reforms and investments as long-term pandemic preparedness is presenting a skewed image as none of the actions cited were done in the name of pandemic preparedness. While the kind of robust and resilient systems that are built through years of investment and planning are important components of crisis responses, conflating this type of infrastructure with specific preparatory measures and actions is misleading and can jeopardize both the day-to-day function of institutions and actual crisis responses by failing to distinguish between the two.

Healthcare reforms have been a keystone in JDP's discourse over the past two decades (V. Yılmaz, 2020). The focus on health policy has continued during the pandemic. One important example of this has been the emphasis on the value of city hospitals, which are integrated healthcare facilities that have been the subject of controversy over the past few years. Although many were later taken over by the state, these hospitals were initially planned as public-private partnerships (Pala, 2018). Upon their becoming operational, hospitals with an equivalent number of hospital beds in the same city are either shut down, moved to smaller facilities, or

their capacity is lessened in equal degree.[4] Opposition to city hospitals stems from a variety of reasons, with their extremely large size, complicated administrative structures, distance to residential areas, difficulty of access, and methods of financing being pointed to as main points of contention (Gün, 2019; Pala, 2018). Erdoğan has defended city hospitals against criticism from political actors and healthcare workers and professional organizations alike. The pandemic has created space for relitigation around the merits of the city hospital model.

> Our city hospitals are really very modern health facilities, our 600-bed Okmeydanı Hospital, which has especially high-quality standards, started to serve as of today. We had planned this facility as a Training and Research Hospital before, but it had such high quality that we said that we should transform this place into a city hospital rapidly, and today it was opened as a city hospital. We also put our Kartal Hospital, which has the status of a city hospital, with a capacity of 1,150 beds, into service a while ago. We are planning to open our İkitelli City Hospital in May with a bed capacity of 2,682, of which 520 are intensive care units. We are nearing the end of the construction of our 1,000-bed Göztepe City Hospital, which will be one of the most modern hospitals in our country, and hopefully, we will put it into service in September. Thus, Turkey further consolidates its already strong position in the health infrastructure (Erdoğan, 30.03, Appendix B, 36)

> The Başakşehir Çam and Sakura City Hospital which we are opening will make a big contribution to our struggle (Erdoğan, 21.05, Appendix B, 37)

City hospitals are portrayed as significant contributors to the hospital bed capacity, which has contributed to the strong early response. However, by design city hospitals do not increase the number of beds due to the policy of eliminating an equal number of beds from other hospitals in the area, in some cases leading to the complete closure of certain hospitals. It is opportune timing that the process of elimination had not been completed irrevocably when the pandemic began, allowing for the use of beds that would have been eliminated.

The ex post facto rebranding of city hospitals as pandemic preparation is indicative of the wide net cast by the government when deciding what constitutes

[4] The city hospitals opened during the pandemic have been exceptions to this.

preparation. Any investment related to the healthcare system (or, as seen throughout the quotes in this section, social policy in general) is treated as prescient measures against the pandemic. This too is not completely unreasonable; the foundation provided by the long-term investment and planning that goes into building robust healthcare and social security systems cannot be replaced by reactionary responses. However, in this instance, reference to long-term investments into these systems allows the government to avoid responsibility regarding proactive and reactive actions to mitigate harm. Through the focus on investments in the healthcare system, the government is argued to have satisfied its responsibility to its citizens by creating the necessary infrastructure.

4.2.3 Active response

The government framed its actual response to the pandemic as an agent of guidance and facilitation. The government is tasked with providing guidance and information to the public on how to act, while the public is the active agent in mitigating the impact of the pandemic:

> In this struggle, the state is a guide that has the power of sanction. It is the power organizing the struggle. Implementation depends on us [referring to the public and positioning himself as part of the public]. No health institution, no doctor can prevent the virus from infecting you. You can prevent this. (Koca, 25.03, Appendix B, 38)

The state is tasked with establishing and disseminating the public health measures that must be complied with:

> These days, our Ministry is taking initiatives for the uniform implementation of controlled social life. We have collaborated with the Ministry of Culture and Tourism, the Ministry of Industry and Technology, the Ministry of Commerce and the Ministry of Transport and Infrastructure, the Ministry of Justice, and the Ministry of Interior to set some standards for the new era regarding the pandemic and to prevent risks. (Koca, 20.05, Appendix B, 39)

This, of course, is a question of public health communication. While the tools used by the government in its public health communication will be examined in greater detail in the next chapter, some preliminary comments can be made here.

The basic preventive measures that must be taken by the public – social distancing, wearing masks, and staying home – are repeatedly and emphatically mentioned in virtually every public address by both Koca and Erdoğan throughout the first few months of the pandemic.

> Let's not go outside without wearing a mask (Koca, 11.03-2, Appendix B, 40)
>
> Mask use, maintaining physical distance, and attention to rules of hygiene will continue in crowded places. (Erdoğan, 04.05, Appendix B, 41)
>
> For this, we want to pay attention to social distancing, that is, to keep a distance that will not allow the disease to spread between us and other people. (Erdoğan, 26.03, Appendix B, 42)
>
> Masks and social […] distancing are two measures that complement each other. (Koca, 06.05, Appendix B, 43)

Other practices like frequent hand washing, general cleanliness, and avoiding crowded places are also mentioned. Koca is the main source of this type of information, particularly in the first days of the pandemic. These instructions are mostly communicated in straightforward, simple language. In his speeches, Koca tends to take a factual tone and uses definitive and simple statements when talking about the pandemic and public health measures.

Repetition is utilized frequently within, if not between, speeches. The "14-day rule" is repeated in a few speeches, and while it isn't brought up frequently as time moves on, it should be noted that it was used in other media disseminated by the Ministry of Health such as posters that were mandatory in establishments, creating continuity throughout different mediums of communication.

> As you know, our keyword regarding the measures is fourteen days (Koca, 11.03, Appendix B, 44)

> …you know we have a fourteen-day rule… (Koca, 13.03, Appendix B, 45)
>
> …we advised our citizens to follow the 14-day quarantine rule. (Erdoğan, 18.03-2, Appendix B, 46)

Similarly, slogans like "Stay home Turkey", "Life fits into home[5]", "The risk is tangible, the solution is simple", "The virus is not stronger than the precautions" are introduced and repeated, both in particular speeches and between speeches made by different actors. Although these phrases are not always used verbatim, the general form of the statement and/or the substantive content remains the same:

> The coronavirus is not stronger than our measures (Koca, 11.03-2, Appendix B, 47)
>
> The coronavirus is not stronger than the measures we will take (Koca, 13.03, Appendix B, 48)
>
> No virus is stronger than our unity, solidarity, and brotherhood (Erdoğan, 30.03, Appendix B, 49)

These short, simple phrases were also used as hashtags on Twitter, in advertisements, and public service announcements produced by private companies and the state, and "Life fits in the home" was also used as the name of the contact tracing app promoted by the Ministry of Health. These slogans and their constant repetition, both online, in speeches, and in physical space, serve to constantly remind people of the preventive measures that they are meant to be complying with.

While the uncertainty surrounding the situation is emphasized, the information that is known is presented with an air of calm and certainty. As previously established, the relatively optimistic state of the pandemic in Turkey is

[5] While this is the official translation used for the HES application, named after the slogan "Hayat Eve Sığar", I believe it lacks much of the affective subtance of the Turkish phrase, which is difficult to translate in a way that does not either drastically alter the phrase or lose some of its meaning. That being said, my personal interpretation would be something along the lines of "(Virtually) all of life can be carried out within the home", which can be understood as both a positive spin on the limitations on movement and as an indication towards a more conservative approach to public and private space which is present in AKP's general rhetoric.

emphasized, but these positive statements are paired with reminders of the necessity of public health measures to avoid deterioration.

> The way to prevent this disease, which is likely to turn into an epidemic in our country as well as in the world, and which includes serious risks, is to take precautions. (Koca, 13.03, Appendix B, 50)

This same strategy is followed when restrictions were being lifted in May. The success in controlling the spread of the disease and the need for continued caution during the return to a "new normal" were communicated simultaneously, with caution and the severity of the illness being heavily emphasized.

> Taking measures is mandatory. Because the threat continues. It is a big mistake to think that all people who carry the virus are in isolation in hospitals or at home. The virus will continue to circulate among us in this society, in the world, for a period that we cannot foresee at this time. The virus can appear where you are a guest, in the elevator you take, at the bus stop you wait, at the barbershop you go to, in the market where you shop, on the street where you mingle with the crowd. You cannot know this exactly. You can easily get the disease from a carrier you don't know. The epidemic has been brought under control, but the facts about the virus have not changed. Your home still remains the safest environment against the virus. This fact, of course, does not mean giving up the freedoms we have gained by fighting the virus. (Koca, 06.05, Appendix B, 51)

> Eight weeks is a short time in the fight against such an epidemic, which threatens life in one hundred and ninety-eight countries, which has infected four million three hundred seventy-three thousand people, which has caused the death of two hundred ninety-four thousand people, and which has brought down the social order in countries with very strong economies and high standards of living. We are now very confident that this attack is a great event that will go down in the history of the twenty-first century and will have a part in the story of humanity. An eight-week struggle in such a big event is not long and tiring. It is a struggle in which each day is critical, in which tomorrow is more important than today. (Koca, 13.05, Appendix B, 52)

This increased emphasis on individual caution and precaution while many of the public health measures put into place, like malls and other places of social congregation being closed, are being lifted seems contradictory but is actually to be expected and even arguably necessary; to the best of knowledge at the time, a return to any sort of "new normal" before the eradication of the disease or at least mass vaccination required strict adherence to social distancing and wearing masks.

However, it is possible to speak of a tension, if not an outright contradiction, between the way restrictions of social life were lifted, with some non-essential services like shopping malls and hairdressers being allowed to resume service before essential services like schools or other non-essential services like bars and the emphasis on keeping social life to a minimum where going out is on the basis of necessity:

> Those who go out without having truly imperative business, who create unnecessary crowds on the street, on public transportation, in open and enclosed spaces are feeding the virus with their own hands. (Erdoğan, 11.05, Appendix B, 53)

> Let's try to live our lives at home as much as possible. If there is no obligation, let's not go out. If we go out for work or to meet our needs, let's prefer places with low density. We should absolutely follow the mask and distancing rules. Let's warn those who relax these measures or act as if there is no risk. We have the right to do it. In our workplaces, we must demand that an environment be created in accordance with the rules necessary for our health. We must encourage our institutions. We even have to improve our suggestions. Controlled social life is where responsibility is shared in the fight against the epidemic. Strong stability is what we need to ensure at this point in the struggle against corona. (Koca, 13.05, Appendix B, 54)

> It is also very important not to go out and mingle with the crowd unless it is absolutely necessary. (Erdoğan, 18.05, Appendix B, 54)

Transparent communication is explicitly presented as an important component of the pandemic response by Erdoğan and Koca.

> We are carrying out all our work in a transparent manner. The relevant ministers, institutions, and scientists are sharing the developments with our people moment by moment. (Erdoğan, 27.03, Appendix B, 56)

Koca's late-night press conference announcing the first case significantly emphasized the point, with the press conference itself being presented as a testament to the transparency of the government:

> The reason why I am here at this moment is the transparency we have shown … until this time and the assurance that this will continue. (Koca, 11.03-1, Appendix B, 57)

> Now, I- I have tried to take this process up to date in a transparent manner and I could have explained it at this time today, tomorrow morning, or I could have explained it in the evening. There was a reason for my announcement at this time of the night. We felt the need to explain this within the framework

> of being transparent. Therefore, it was a sentence that I specifically emphasized. I believe in patient privacy and I believe that it is not right to keep a province or a region or a hospital on the agenda during this period. I am expressing it to you very clearly. In fact, the information about this will be reported with an international dimension. (Koca, 11.03-1, Appendix B, 58)

In its own framework, the government is responsible for the transparent and timely communication of necessary information. One way this manifests in speech is both speakers frequently prefacing their speeches with detailed updates on the state of the pandemic in Turkey and the world. At certain points during his Address to the Nation speeches, Erdoğan reads off numbered lists of the economic and social policies that were being implemented to counteract the impact of the pandemic. This sharing of minute information creates the impression that the government is being accountable and transparent with the people.

The government was initially applauded by both the people and the academic community in Turkey and abroad as both a divergence from the tendency of JDP to play its cards close to the chest and as an excellent example of health communication (Saynur Derman, 2020; Somuncu, 2020). However, the accuracy of the statistics shared by the Minister and what they referred to would later come into question. Discrepancies in death numbers reported by the Ministry of Health and practitioners were reported by the TMA. It was also reported that if COVID-19 tests were still pending at the time of death, COVID-19 was not listed as the cause of death (Kisa & Kisa, 2020). As such, the official reporting system of Turkey only covered PCR-positive cases (Bayram et al., 2020).

Terminological obfuscation extends to case numbers, which only include cases confirmed by molecular methods and not clinical or epidemiological methods (Pala 2020). Test kit shortages have been pointed to as a barrier to valid and reliable information on case numbers as well (Elbek, 2020). There was also significant

backlash when it was made public that the case numbers provided by the Ministry of Health only included symptomatic positive cases and not all positive cases (San, Bastug, & Basli, 2021). In addition to reporting issues, public sector and medical and scientific organizations also reported issues with the lack of transparency and collaboration from the Ministry of Health, which implemented a system of mandatory application for permission to conduct COVID-19 research in a move that contradicted regulations concerning scientific research (Bayram et al., 2020), and did not make relevant data available to medical and scientific organizations (Elbek, 2020).

Finally, the government is said to be responsible for creating the conditions that will allow the public to adhere to the measures and thus facilitate compliance. This will be discussed in the following sections in conjunction with the broader pandemic response and the roles given to citizens within it.

4.3 Conclusion

In Turkey, as in many other countries, public health communication became an important part of the policy mix used in response to the COVID-19 pandemic. Being a primarily discursive policy tool, public health communication has deep and tangible political implications, especially when deployed by representatives of the government instead of medical professionals.

The main figures at the forefront of the discursive response to the pandemic in Turkey have been President Recep Tayyip Erdoğan and Health Minister Fahrettin Koca. The initial framing of the pandemic was constructed through an emphasis on its externality and the inevitability of contracting the virus while being part of a socially and economically globalized world. Within this context, Turkey's relatively

positive prognosis and strong position are framed as the successful culmination of policymaking by 18 years of successive JDP governments. The role of the government in the pandemic response is framed as providing individuals with guidance and information on what they need to do in the form of determining public health measures.

Throughout its establishment of what the role of the government is, it can be said that the Turkish government has utilized discourse to strengthen its hegemonic New Turkey project. The emphasis on the past services and works of the government as both components of a long-term pandemic preparedness strategy and the fulfillment of state responsibility in the current crisis allows JDP to retain its image as a strong, present, and involved social government while simultaneously passing on responsibility for active pandemic management to be passed along to the individual instead of being treated as a state obligation. At the same time, this is used to defend actions, policy choices, and their underlying rationales. The use of war metaphors is an extension of the nativist, nationalist sentiments cultivated and expressed by the government. Contentious policy choices like city hospitals are presented as being proven righteous by the pandemic. The family-focused care work regime surrounding the elderly is not only a better policy choice than institutional Western alternatives but a sign of the superior moral character of the Turkish people and the JDP government.

Considered in toto, the health communication of the Turkish government is arguably a successful example of the policy tool in use. The desired behaviors (social distancing mask-wearing, personal hygiene, etc.) are communicated in clear and simple terms and repeatedly emphasized. During the first few weeks when restrictive measures were stricter, there is little room for confusion about what is necessary for

prevention. However, the conflicting practices of the reopening are also significant. The rollback of restrictive measures in June began with the opening of malls and hairdressers, venues that are decisively non-essential, while the government urged compliance with social distancing and minimization of non-essential activity. Differing levels of regulation and enforcement for different types of events (eg. stricter regulation of weddings versus funerals) both sends mixed messages about severity and best practices, making it harder for people to understand the exact level of caution necessary and act accordingly, it also casts aspersions on the necessity of the measures altogether by making their implementation and enforcement seem arbitrary.

Throughout the speeches in my data, Koca and Erdoğan present a wide array of incentives for compliance with public health measures. These will be further scrutinized in the following chapter in the context of individual responsibility, ability, and agency.

CHAPTER 5

INDIVIDUAL RESPONSIBILITY

The previous chapter examined how the government has framed its responsibility in the context of the pandemic. Generally speaking, this is a primarily informative and facilitative role. In this framework, most of the responsibility for pandemic prevention is left to citizens. There is a certain logic to this. Since the beginning of the pandemic, the relative powerlessness of states in preventing or mitigating harm has been lamented; while policy capacity and pandemic preparedness have been shown to affect outcomes in significant ways, the compliance of the public with public health measures has been considered influential, if not decisive, in the trajectory of infection rates. However, the way these necessities and decisions are explained and framed has implications for how the government and citizens relate to each other in the policy landscape. In this chapter, I will examine the way individual responsibility is constructed and assigned in official discourses, and discuss their implications in this context.

5.1 Public health communication and responsible citizens

As explained in the previous chapter, the government has undertaken a heavily passive and informative role during the pandemic, leaving the responsibility of the active pandemic response to the public. Compliance with public health measures is repeatedly and consistently pointed to as being the solution to the pandemic and the way to return to normal life. Complementarily, noncompliance is pointed to as the reason for a potential backslide and cause for extension and further tightening of

restrictions. The “dynamic” nature of the policy response is mentioned repeatedly during both phases:

> In the coming days, by seeing the progress in the world and in Europe in this regard, with the will of our President, we will have already brought to the agenda the decisions that can be taken with a dynamic structure (Koca, 13.03, Appendix B, 59)

> For this, we will carry out the next process dynamically depending on the course of the epidemic in the country and abroad. (Erdoğan, 04.05, Appendix B, 60)

> We will carry out the measures we have taken, especially the normalization steps, with a dynamic process that will extend and limit them when necessary. (Erdoğan, 11.05, Appendix B, 61)

This establishes the fluid and uncertain nature of the policymaking landscape and emphasizes the conditional nature of any change to the necessary precautions. Regardless of what measures are currently in place, the responsibility of the public to follow these guidelines is presented as being more important and decisive than the role of the state.

> No health institution, no doctor can prevent the virus from infecting you. You can prevent it; you can prevent it by retreating to your homes. You can prevent it by wearing a mask when necessary. You can prevent it by avoiding contact. (Koca, 25.03, Appendix B, 62)

> However, we need to continue this line downwards and cut the number of new cases as soon as possible. It is up to us as the 83 million to achieve this. … I repeatedly request our citizens to abide by the rules set for their own health, social peace, and the turning of the wheels of the economy. This is a struggle that each of us should especially support and obey the rules; a struggle which we can achieve by maintaining diligence and sensitivity. For the safe future of ourselves and our children, we must embrace this process, in which even a single negligence can lead to serious consequences. (Erdoğan, 18.05, Appendix B, 63)

> Our only request from our citizens is to strictly comply with the warnings from our Ministry of Health, Ministry of Interior, and other relevant institutions to break the chain of the spread of the disease in the coming critical days. Thus, together we can have the opportunity to return to our normal lives as soon as possible. (Erdoğan, 26.03, Appendix B, 64)

In essence, what is expected from the people is compliance with public health measures. In the period under review, these are mainly social distancing, wearing

masks, and staying home/out of crowded places as much as possible. As mentioned above, the government has used a variety of methods to incentivize and legitimize its public health measures. These methods have implications for the broader social and political impact of the discourses they are embedded in.

A provisional timeline, initially specified to be around three weeks to a month, leading to the end of restrictions is offered as a potential reward for strict compliance.

> If precautions are taken and the spread is prevented, life will return to normal. The tighter are the precautions, the weaker will be the threat. (Koca, 13.03, Appendix B, 65)

> If we all carefully observe the announced measures, we can limit the stay at home to 3 weeks. (Erdoğan, 18.03-1, Appendix B, 66)

> We will definitely come out of this process as soon as possible and with the least possible damage, by breaking the spread of the disease in 2-3 weeks with the help of isolation implemented well. Otherwise, it is inevitable that we will encounter more severe consequences and, accordingly, more severe measures, as we see many examples in our environment. (Erdoğan, 26.03, Appendix B, 67)

Complementarily, in May, the relaxation of the measures limiting social life, or the "new normal", is presented as the reward for the good behavior of the past few months:

> My beloved nation, every successful struggle has a reward. As the owners of a success that the whole world is trying to model at the point we are in, we, eighty-three million individuals, certainly deserve to be rewarded for this achievement. (Koca, 06.05, Appendix B, 68)

Although the desire of the public to return to their pre-COVID lifestyles is recognized and validated, both the initial promise of a short period of restrictive measures and the continuation of the new normal social life are made contingent on continued compliance with measures.

> As individuals, we all have the responsibility of making sacrifices for the health and peace of the entirety of society. (Erdoğan, 18.03, Appendix B, 69)

> How long the measures last will be determined by the decisiveness of our public in their implementation. The more we comply with the determined rules, the quicker we will emerge from this quagmire. (Erdoğan, 27.03, Appendix B, 70)

> We are right, outside - we miss the outside life, we want to put our affairs in order. We want to be able to hug our loved ones and kiss the hands of our elders during the holiday. Even small feelings of happiness will bring color to our current life (Koca, 06.05, Appendix B, 71)

These messages are underwritten by warnings about the continuing risk and gravity of the pandemic:

> It is a risk to enter the shopping queues and to get in with the crowd in the marketplace carelessly by suspending the rules that will protect us from the virus. Making compromises in the fight against Coronavirus, unfortunately, is not like breaking the diet with a chocolate or drinking a cup of coffee knowing that it will cause palpitations. We cannot know at what moment, in which environment, and because of whom we will face the risk. A very healthy person who may not show any symptoms can infect you. You can take the virus from him and cause a weaker person to become ill. (Koca, 13.05, Appendix B, 72)

Erdoğan repeatedly touches on the transformative potential of the crisis, and how Turkey can capitalize on it:

> This project will bring a great advantage to Turkey at this time when there are discussions about re-establishing the balance of political and economic power in the world due to the corona virus epidemic. (Erdoğan, 10.05, Appendix B, 73)

> We have already started to make plans for how we can utilize the political and economic climate that will be reshaped in the post-pandemic world in our favor (Erdoğan, 18.05, Appendix B, 74)

He points to the possibility of Turkey emerging into the post-pandemic world in a stronger economic and political position.

> It is imperative for Turkey to stop this spectacle in a particularly advantageous place, to turn it there (Erdoğan, 26.03, Appendix B, 75)

> Hopefully, Turkey will take the place it deserves in the global governance system that will be re-formed after the corona virus epidemic. (Erdoğan, 11.05, Appendix B, 76)

This is presented as a goal and a reward for a well-managed crisis, legitimizing public health measures through reference to a possible future.

Responsibility towards others is frequently emphasized. The fact that younger, healthier people who may not be impacted severely by COVID-19 can transmit the disease to more vulnerable people who are at greater risk is pointed to repeatedly as not only a reason for compliance but also a factor that makes compliance a moral imperative.

> The death rate is low in the corona virus epidemic. It's not as high as you might think. But even if the course of the disease is not that severe, any of us can cause a higher number of deaths than expected. Someone who looks healthy may be the cause of death for someone else. We must not forget that others' lives are as valuable as ours. (Koca, 25.03, Appendix B, 77)

> We are responsible for ensuring that they are not affected by the coronavirus (Koca, 23.03, Appendix B, 78)

> The reason for our sensitivity towards our elderly is not that they infect others, but to prevent them from being infected. For this reason, we must protect our elders, who we hold with high esteem, with love, respect, and diligence. We cannot tolerate even the slightest disrespect that will hurt our elders (Erdoğan, 26.03, Appendix B, 79)

> We do not know at what moment, in which environment, and because of whom we will face risks. A very healthy person who may not show any symptoms can infect you. You can take the virus from him and cause the disease of a weak person (Koca, 13.05, Appendix B, 80)

This is both legitimization through altruism and legitimization through an appeal to emotions, such as guilt. A sense of responsibility is presented as a reason for compliance:

> Dear friends; the fight against the coronavirus is a struggle that requires extensive participation, it is not only a struggle of the ministries and the state organization with which our ministry cooperates and it should not be so. It is a struggle in which this sense of responsibility will turn into energy in all departments and it should be visible. (Koca, 23.03, Appendix B, 81)

> Going out without a mask, keeping your nose or mouth open when you wear a mask is incompatible with responsibility. (Koca, 13.05, Appendix B, 82)

A range of other sensibilities and emotions besides responsibility and guilt are appealed to as reasons to comply with public health measures. There are many instances of Koca appealing to common sense or rationality:

> Fear of sickness and death is natural. But fear is not a strategy to manage danger and risk. None of our warnings rely on fear. Our warnings point to organizing common sense as a society. Our warnings, requests, and suggestions focus on the reasonableness of the behavior in the face of the epidemic. (Koca, 13.05, Appendix B, 83)

> There is a truth which our emotions and habits are finding hard to accept, but the mind says I have to take it into account. The world does not know the exact date when we will be free of the virus. Experts cannot make such an assumption. If this were predictable, we would wait for the fight against this great risk to come to a complete conclusion rather than re-plan life. (Koca, 20.05, Appendix B, 84)

While many of these appeals call for the prioritization of reason over emotion or sentiment, emotional and sentimental appeals are also present.

> I implore our elders to take heed of my words. This society needs your life experience. Your families need you. Your children need the advice you will give them on their journey through life. Your grandchildren need your love and attention. You can't do these when you're sick. Think about how many things you want to do but you could not get to yet. You cannot do them when you contract a serious disease. (Koca, 03.23, Appendix B, 85)

> Do not let early hopes make measures insignificant. Don't forget that thousands of our doctors and healthcare professionals are still unable to hug their children when they return home. (Koca, 20.05, Appendix B, 86)

Some instances appeal to a sense of agency through the use of empowering language.

> It is not difficult for us to accept the situation. In the face of the coronavirus, we have the will, we have the will to shake hands or not. We have the will to come together with our friends or not. We have the will to go or not to go to visit others. We have the will to get into the crowds or not. We have the will to go out or not. We have the will to stay away from contact or not. We have the will to use hygiene as a shield against the virus. The success of our fight against the Corona virus depends on each and every one of us, one by one, on an individual basis. (Koca, 25.03, Appendix B, 87)

> No health institution, no doctor can prevent the virus from infecting you. You can prevent it; you can prevent it by retreating to your homes. You can prevent it by wearing a mask when necessary. You can prevent it by avoiding contact. (Koca, 25.03, Appendix B, 88)

Koca's role as a medical professional and his positioning at the forefront of official communication is in and of itself a legitimation tactic. Other expert voices, including more nebulous references to scientists or doctors as a whole, are also used in a similar manner.

> Scientists agree that hygiene is the most effective measure against the COVID-19 virus (Erdoğan, 18.03-2, Appendix B, 89)
>
> Look, I'm a pediatrician, you should follow my advice. (Koca, 03.25, Appendix B, 90)

There are also appeals to religion:

> In addition to having a clean heart; body hygiene, hygiene in the house and in the environment are of great importance both in our belief and in our culture. Following the advice that cleanliness comes from faith, a person who washes his hands, face, arms, head, and feet five times a day is the person who performs the most ideal cleaning, both in Islam and medically. (Erdoğan, 18.03-2, Appendix B, 91)
>
> This is what befits the ummah of a Prophet who advised not to go to a place where there is an epidemic, and not to leave the place if there is an epidemic. (Erdoğan, 04.05, Appendix B, 92)

The use of these tactics has implications insofar as they frame the issue of compliance and non-compliance with public health measures as a matter of responsibility and morality. In a vacuum, the mobilization of such a wide variety of incentives for compliance is a positive in the health communication effort. It allows for the message to reach a broad public, and the particularly evocative references to responsibility towards more vulnerable members of society or religion or human agency can be effective mobilizers. However, in the context of a political economy that places constraints beyond willingness on compliance with public health measures, these references can have deleterious effects for the very same reason.

With compliance and non-compliance being treated as a moral decision made on the basis of being a good versus bad member of society rather than acts that are constrained by material realities, the conditions making it difficult for otherwise willing people to comply with public health measures and the plight of people who are in these conditions are erased. This is amplified by the use of strong accusatory statements which directly implicate people who cannot comply with measures in the pandemic conditions continuing:

> Those who go out without having truly imperative business, who create unnecessary crowds on the street, on public transportation, in open and enclosed spaces are feeding the virus with their own hands. (Erdoğan, 11.05, Appendix B, 53)

In a general sense, the emphasis on individual responsibility is not necessarily unreasonable. The best practice for managing the pandemic at the time, when there was neither a cure nor a vaccine available, was to prevent further infection. This is made possible by the measures that were practiced globally during the outbreak, which were more or less the same as those in Turkey: social distancing and wearing masks. However, the extent to which the responsibilization of individuals in a public health crisis is tenable and its broader social and political implications are contingent on the social policy context in which it occurs.

5.2 Agency and ability

While there are many parallels to be drawn between public health response to the pandemic and new public health practices, the COVID-19 pandemic is distinct from many of the health issues that can be discussed in relation to the latter. At the time when these measures were put into place, there was no vaccine, cure, or treatment for the illness. This places limitations on what the government can provide to the public. The ability of healthcare systems was limited to testing, contact tracing, and providing care to those who became ill. Turkey's initial response in these terms, including the co-option of some services from private hospitals, was relatively successful, but could not be effective in halting the pandemic on its own.

With the goal being the prevention of further infection, the measures implemented by nearly all governments have been the same – social distancing, masking, and the reduction of social contact to the bare minimum. While some governments have backed these measures with strict lockdown policies others have

been completely laissez-faire. Turkey's approach to the enforcement of these rules can be characterized as somewhere in the middle, with long-term curfews being implemented for those under the age of 20 and over the age of 65. More widespread curfews were also implemented on the weekends in metropolitan areas and during times like Eid when high mobility and social contact could be accepted. Outside of this, compliance with stay-at-home guidelines was more or less voluntary, and the enforcement of social distancing and mask-wearing was spotty at best. While the strict enforcement of a total lockdown for all but the most essential workers is imaginable, it is arguably unfeasible, for reasons ranging from economic needs to the social and political paradigms surrounding rights and liberties. In this context, the deployment of communicative strategies to persuade individuals to comply with necessary public health measures is not inherently or necessarily problematic. Things become more complicated when health communication is removed from its purely discursive vacuum.

The gap between the agency ascribed to people and the actual agency they have in following the guidance of the government merits closer scrutiny. As seen in the quotes above, individuals were given serious responsibility in dealing with the COVID-19 pandemic. This was backed by a litany of references that, altogether, placed a high moral premium on compliance. However, the actual ability to comply with measures is hardly ever mentioned. To be able to social distance, especially to the extent necessitated by shelter-at-home orders, people need to either be able to continue their work remotely, have the necessary financial stability or continued income to cease working if this is not possible, or have their workplace ensure safe working condition if they work in "essential jobs", meaning jobs which cannot be done from home but are deemed vital enough to continue despite strict lockdowns. It

has been demonstrated that the ability to work from home is highly dependent on social class and employment status, with white-collar high-income earners being much more likely to be able to continue in gainful employment while low-income workers are more likely to become unemployed or placed on (often unpaid) leave, which is compounded by the fact that low-income workers are more likely to be working informally and thus ineligible for many benefits or protections (Aytun & Özgüzel, 2020; Dingel & Neiman, 2020; Saltiel, 2020). Additionally, many essential workers (food delivery workers, supermarket workers, healthcare workers) work in environments where it is either difficult or costly to ensure safe working conditions.

In this context, earnings and their continuity are major factors shaping the ability to comply with public health measures. In Turkey, a variety of policy measures have been put into place to address this, including bans on terminating employment, freezing social security payments to lower employment costs, a social assistance program offering around 1000 Turkish liras to families, and providing wage support in amounts less than half the minimum wage to unemployed or informal workers. There have also been workplace safety regulations, including mask mandates and social distancing rules, put in place with fines levied against violators. Much of the economic measures have been essentially business-friendly. Overall, a stimulus package amounting to two percent of the GDP was implemented but mostly offered relief through postponements of employer obligations like taxes and insurance premiums (Kemahlıoğlu & Yeğen, 2021).

This is recognized to some extent by the government in its explicit recognition of its duty to facilitate compliance with public health measures:

> Individuals are required to follow the mask plus one and a half meters social distancing rule. It is the duty of all institutions to make it easier for you to comply with these measures. As the Ministry of Health, we are working intensively with all relevant ministries. (Erdoğan, 20.05, Appendix B, 93)

However, there is no recognition that material constraints for many households, such as their need to earn money to make ends meet, may still present a barrier to compliance with public health measures. Rather, in many of the announcements related to social security matters, the cost of economic and social benefits packages to the government is enumerated, implying sufficient and comprehensive social aid packages provided at great cost to the government.

> With a package we call the economic stability shield, we are putting into use a resource set of 100 billion liras in total in order to reduce the effects of the COVID-19 epidemic. (Erdoğan, 18.03, Appendix B, 94)

> We have prepared support programs for all segments affected by the measures that have been taken. The amount of financing and social support packages we have put into service has exceeded 200 billion liras. (Erdoğan, 04.05, Appendix B, 95)

The steps taken by the government to prevent economic harm to workers and small businesses are mentioned in speeches, emphasizing the comprehensiveness of the government's policy packages.

> Our prerequisite for the companies that will benefit from the opportunities in the package which we will announce shortly is that they do not generate unemployment. (Erdoğan, 18.03, Appendix B, 96)

> We have implemented and are implementing many economic measures focusing on the protection of employment, covering all segments from wage-earners to tradesmen and craftsmen. (Erdoğan, 27.03, Appendix B, 97)

> We provided additional cash benefits to those who are entitled to benefit from social benefits. With the first two social support programs, we provided a thousand lira cash aid to 4 million 400 thousand citizens. We are working on all these with a much more comprehensive third social support program. (Erdoğan, 04.05, Appendix B, 98)

Despite the large sums mentioned, the sufficiency of these support packages for individuals in the face of job loss, loss of income, inflation, and increased cost of living is not substantiated. The adequacy of these measures, especially for informal or unemployed workers who were entitled to benefits equating to around half of the

minimum wage, was called into question by unions (DİSK, 2020; HAK-İŞ, 2020) and the opposition party (CHP, 2020).

There is no significant mention of the possibility that there are people who are unable to comply with social distancing, shelter-at-home, or mask-wearing mandates due to economic inability. Capability, agency, and willingness are flattened into a homogenous thing that all individuals possess, with the latter being given the most prominence:

> It is not difficult for us to accept the situation. In the face of the coronavirus, we have the will, we have the will to shake hands or not. We have the will to come together with our friends or not. We have the will to go or not to go to visit others. We have the will to get into the crowds or not. We have the will to go out or not. We have the will to stay away from contact or not. We have the will to use hygiene as a shield against the virus. (Koca, 25.03, Appendix B, 99)

The Turkish government, through this messaging, gives individual citizens a great deal of responsibility in protecting the right to health of themselves and of others without accounting for whether or not they have the capacity or agency to fulfill this responsibility.

The role given to citizens and the disregarding of their ability to fulfill this role have implications in terms of marginalization. People who have the most difficulty complying with public health measures are those who are most marginalized and impoverished. ‘Essential workers’ who remained mobile and at high risk were, with the exception of healthcare workers, almost all minimum wage workers like cashiers; most other low-income jobs are not suitable for remote work, and many people in these categories ended up facing decreases in income as a result of being put on unpaid leave against their will. Unemployed people and informal workers had to subsist on sub-minimum wage incomes as well (V. Yılmaz et al., 2020). After mandatory lockdowns ended, those in these groups who were able to

return to work had to remain mobile and enter spaces where social distancing was difficult, if not impossible, like crowded public transportation. Unhoused people were specifically vulnerable to the virus and unable to comply with shelter-at-home orders, as they have no home to take shelter in. While price controls were placed on masks after the unsuccessful attempt at government distribution, if disposable masks were to be changed at the suggested frequency, their cost was still not insubstantial to the lowest earners.

Shifting responsibility to the individual also allows for the shifting of blame. Blame avoidance has become part of the structure of democratic politics – naturally, elected officials will want to avoid responsibility to ensure their reelection. The kind of responsibilization addressed in this study can also be understood as a strategy deployed by the government when faced with its own limitations (Garland, 1996). The responsibilization of individuals, especially through messages relying on appeals to morality or religious beliefs or similar emotionally and politically charged ideas in this context can have pernicious results by creating an "ungrievable", "lose-able" and "destructible" underclass who "can be forfeited, precisely because they are framed as being already lost or forfeited; they are cast as threats to human life as we know it rather than as living populations in need of protection from … pandemics" (Butler, 2009, p.31). The positive framing of compliance through the use of concepts like altruism, moral goodness, or responsibility necessarily implies the negative framing of non-compliance. There are also instances of outright condemnation:

> Albeit an invisible virus, no enemy is stronger than the unity, solidarity, strength, and resilience of our people. These days are the days where the Cains and the Abels are told apart, where the volunteers and the calculating make themselves known, and when the differences between the selfish and the altruistic are revealed. We trust that our people will choose the auspicious of these traits. (Erdoğan, 26.03, Appendix B, 100)

In this example, religious, moral, and nationalistic sentiments are called on all at once to drive the point being made home. Non-compliance is a selfish and calculated, deeply amoral act, not one that might be the result of need or desperation. When considered together with the use of war metaphors and hero discourses discussed in the previous chapter, this creates a framework wherein those who suffer or die are either heroes and martyrs who valiantly sacrificed in the name of the greater good or reckless and irresponsible who not only brought their fate upon themselves but also put others at risk in doing so, regardless of their capability to follow guidelines. At no point is the government to blame for the outcomes at hand.

Butler's previous quotes from *Frames of War* (2009) are salient in other contexts that are worth mentioning. Although not persistent or consistent enough to be definitive, war metaphors were used to frame the pandemic and the response to it in the first few weeks. In this framing, the pandemic is an "attack" (Koca, 13.05, Appendix B, 101) that is being met by the public and the "health army" (Koca, 06.05, Appendix B, 102) who have come together in a "war effort" (Erdoğan, 03.26, Appendix B, 103) against the "enemy" (Erdoğan, 19.05, Appendix B, 104). After the first "fight" (Koca, 16.03, Appendix B, 105) against the virus at the "national border" (Koca, 16.03, Appendix B, 106) was waged and lost, the weapon in this ongoing battle became compliance with public health measures. The use of similar framings has been observed widely during the pandemic, and broadly speaking their function is to call upon the instilled nationalist sentiments to mobilize the public against the pandemic. Strong, forceful language and emotionally charged metaphors are used to engender feelings of unity against a common enemy, an existential threat, and incite the will to keep up the good fight despite the individual hardships involved. This

function has been recognized by Bakır (2020) as a strength of the communication policy of the government during the pandemic.

This use of military metaphors in this manner provides an example of both the practical implications of political communication in the context of crises and health communication and the pitfalls present in the responsibilization of individuals in a public health crisis. The framing of healthcare workers as members of an army within the context of war metaphors deserves special attention. Like many other countries, Turkey imposed certain restrictions upon the rights and liberties of healthcare workers during the pandemic. During the first few months of the pandemic, the most prominent of these measures was the ban on taking time off work and resigning (Türk Tabipler Birliği, 2020; Yener, 2020). Placing these kinds of limitations on rights can be an acceptable measure in times of crisis, as is recognized by international human rights law as long as it is the most effective and least transgressive option[6] (Gostin & Lazzarini, 1997). However, when healthcare workers, or other high-risk professional groups, are militarized as heroes in a public discourse that is steeped in conflict metaphors, it serves to naturalize their precarious conditions by framing them as soldiers, and in worse case scenarios, martyrs (Whitham, 2022). While symbolic acts like clapping for healthcare workers were being led by government representatives, demands from the Turkish Medical Association for better working conditions and for COVID-19 to be considered an occupational hazard went unanswered (Demir, 2020), and many physicians expressed feelings of frustration due to a lack of personal protective equipment and other necessary equipment while working under stressful and insufficient working

[6] It can be argued that there were other policy options which would have constituted a less drastic imposition on the rights of healthcare workers; however, the presentation of rather than the choice of policy is in question here.

conditions (Ergür et al., 2020). Similarly to the citizens who, when responsibilitized with “defeating” the pandemic “in valiant battle”, without being provided with the necessary tools, are made ungrievable, the suffering and death of healthcare workers are naturalized and made ungrievable, if in a different manner.

Differentiation in the level of regulation and enforcement depending on the nature of events also functions to impose an ideal, government-sanctioned social order. Stricter regulation or outright banning of social events like concerts when religious gatherings are allowed and more loosely regulated can create a hierarchy of activities, where certain modes of socialization are permissible and worthy actions, where other types of gatherings carry similar risks are not. This, again, creates a category of ungrievable persons who become ill as a result of participation in frivolous, unsanctioned socialization.

In a broader sense, these discourses also point to a tendency towards a more neoliberally-slanted, where rights are understood on individualist foundations rather than positive, collectivist ones. This type of framing also strengthens the links between these rights and responsibilities, making it clear through implication or outright statements that responsibilities are the precondition to the satisfaction of rights. This is made explicit at points:

> The phrase "health comes first" includes everything that deteriorates in the face of the epidemic. Investments in health in our country are well-timed. Our health security, for which we are primarily responsible, is an eminent right. Health investments are the requirements of social welfare. (Koca, 20.05, Appendix B, 107)

In the context of the role of the government and neoliberal restructuration, the “We are Self-Sufficient, Turkey” campaign presents an interesting example of JDP’s attempts to decrease the government’s obligation regarding public welfare and wellbeing while maintaining, or even increasing, actual and discursive control over

it. At the end of March, Erdoğan announced We are Self-Sufficient, Turkey, a donation campaign organized and conducted by the government.

> In conclusion, with every precaution we take we have shown that our state stands by its citizens. We know that our non-governmental organizations are also trying to support those in need within the framework of their possibilities. Since we realize that the state should take the lead in this matter, we are launching a national solidarity campaign, saying "We are Self-Sufficient, Turkey". For this campaign, our Ministry of Family, Labor, and Social Services has opened a charity account whose information is currently displayed on the screen. In addition, donations can also be made through the text message numbers that appear on the screen (Erdoğan, 30.03, Appendix B, 108)

This was framed in terms of the state becoming a leader to civil society:

> Since we realize that the state should take the lead in this matter, we are launching a national solidarity campaign (Erdoğan, 30.03, Appendix B, 109)

At the time this campaign was launched, the local governments in many provinces were running active social assistance programs, funded both by the municipalities themselves and through donations from the public (Aydın-Düzgit, Kutlay, & Keyman, 2021). The most visible were run by metropolitan municipalities won and held by the Republican People's Party, JDP's main political opposition, after a contentious election cycle. These campaigns gained widespread public approval but were blocked by the Ministry of the Interior the day after the announcement quoted above on the basis that municipal governments were not legally authorized to collect donations from the public without the proper permits and permissions (Cumhuriyet, 2020). Gülseven (2021) argues that shutting out local governments and their leaders, particularly Mansur Yavaş in Ankara and Ekrem İmamoğlu in Istanbul, from the social dimensions of the pandemic response in this fashion was an attempt to restore the government's ontological security against the threat of its role as the protector of the nation being eroded by the active presence of political rivals in this space.

The name chosen for the campaign is a continuation of the self-sufficiency rhetoric favored by the government. It also undermines the activities of other non-

government (or non-government-supported) entities who are trying to be active in the civil society and social aid space during the pandemic by implying that actors with similar goals operating outside of it are not a part of the “we” that is Turkey. In this context, it is interesting to note that the actors in question were demonized by representatives of the government, such as the interior ministry comparing their actions to the actions of terrorists (Gülseven, 2021).

The use of charity in such a way is an example of the cohesiveness of JDP’s neoliberal and conservative-religious identities. The substitution of charity for government support and the subversion of positive social and citizenship rights is desirable to neoliberal agendas (Coşar, 2012). In this framework, this subversion is achieved through the encouragement and stewardship of moral and/or religious values, allowing the state to both pass on responsibility and obligation to the individual but still retain control over the distribution of charitable, voluntary donations.

5.3 Conclusion

In brief, the discourse of the Turkish government during the initial phase of the COVID-19 pandemic, while being a fairly successful example of public health communication, becomes more complicated upon further scrutiny. When viewed through the lens of political communication, the discourse surrounding the pandemic serves JDP’s hegemonic nation-building project. In terms of rights and responsibilities, it frames the roles of the government and the citizens in ways that are potentially pernicious to the well-being of citizens. The role of the government is minimized while citizens are responsibilitized with little regard to their ability to participate in the pandemic response. A state-run donation drive to satisfy the needs

of impoverished people during the pandemic is an expression of national solidarity rather than the government replacing state responsibility with private charity. The facilitative role of the state being considered satisfied through its past actions also means that the actual ability of citizens to comply with public health measures is disregarded. Compliance with public health measures is framed as being morally virtuous and non-compliance is explicitly condemned and demonized without regard to nuance concerning the motivations or ability of those involved.

The strongly individual responsibility-focused public health messaging deployed by Turkish government officials dovetails with neoliberal tendencies that seek to lessen government responsibilities and obligations in the provision of social and human rights. In contexts where need satisfiers are easily accessible and individuals are empowered with the necessary agency, this type of health promotion is not necessarily problematic; however, the social and economic support provided by the government during the pandemic makes it necessary to acknowledge that the enactment of desired public health measures, such as shelter-in-place orders, may not be a possibility for all citizens, and that the government bears more responsibility in creating amenable conditions. In the absence of these conditions, the use of emotionally and morally charged messages to mobilize the public into compliance, while an effective use of health communication, can lead to the demonization of people who are unable to comply and shift the blame from the government onto the individual. In the conclusion to this text, I will make an argument for why this points to the need for a rights-based and holistic approach to health and healthcare.

CHAPTER 6

CONCLUSION

The COVID-19 pandemic has led to the production of an inordinate amount of discourse and discussion. This is to be expected: in the unusual and frightening conditions created by the global pandemic, social, political, and economic life was, at least for a while, profoundly changed. Such rupture events naturally necessitate and lead to acts of meaning-making. They create spaces for discursive creation, production, and contestation. In the case of the COVID-19 pandemic specifically, discourses were important not only as a way to make sense of the events and circumstances that we found ourselves in but also as a policy tool used to mitigate and prevent harm.

The cloud of misinformation and political maneuvering surrounding the pandemic has brought critical approaches to the social into the spotlight. Above, I wrote that populism and the pandemic have been greatly discussed for good reason; a large part of this discussion has been centered around how political actors use and manipulate discourses to further their political aims, even when they are telling blatant lies. Nevertheless, lying is not the only discursive tool that is deployed as a political tool during crises. Seemingly sensible discourses using innocuous facts can also be used in ways that may escape conscious notice to strengthen political positions and identities.

During the first period of the pandemic, the institutional and political context was arguably largely in favor of the Turkish government being able to respond well to the pandemic. The government rapidly recognize the severity of the pandemic and the centralization of power and decision-making facilitated rapid responses. The

large capacity of the healthcare system, widescale health insurance coverage and relatively young and resilient healthcare workforce made for a more robust healthcare system that was more resistant to being overrun than most of its counterparts elsewhere, allowing for an easier situation when dealing with ill and hospitalized people. The reopening period in the spring saw a relaxation of restrictive measures and staggered reopening of social venues where government messaging continued to urge individuals to comply with public health measures such as social distancing and shelter-at-home practices.

In Turkey, one function of the government's discourse surrounding the pandemic has been to establish and bolster the role of the JDP government as a strong political actor and the creator of a robust state. Prevalent themes of nationalism and nativism have arisen in response to the global spread of the virus. The sufficiency of pandemic responses has provided a convenient arena for any and all matters of past and present political acts to be relitigated. By framing the pandemic in terms of a foreign threat, JDP has been able to capitalize on the crisis to deepen its own brand of nationalism and its nativist appeal. Within this framing, the prevalent use of war metaphors has been used to both mobilize people to comply with public health measures and to naturalize the adverse and dangerous working conditions of healthcare workers and other essential workers.

The government has also heavily relied on its healthcare reform, and ex post facto rebranded it as pandemic preparedness. Accomplishments ranging from contentious city hospital projects to extraordinary volume of intensive care unit bed capacity developed due to privatization were pointed to as evidence of the government's role in pandemic prevention. By creating a framework where the government can point to past accomplishments and imply or outright declare its work

to be done, this creates a space for the responsibilization of individuals in the public health response to the pandemic. The role of individuals in mitigating the impact of the pandemic by complying with public health measures like social distancing, mask use, and shelter-at-home orders is treated as being more important and effective than that of any measure that could be taken by the government.

The role of individuals in mitigating the pandemic is large in the government's discourse. Indeed, the use of health communication or other health promotion strategies that appeal to individual responsibility as part of the policy mix is not inherently problematic. However, health promotion and other similar new public health approaches and tools operate on the assumption that the targeted individual has the capacity and agency to implement the change being presented. This assumption is not always founded. For example, for compliance with shelter-at-home, having a stable income, a job that allows work-from-home, and safe shelter are the first conditions that come to mind. If the government cannot ensure individuals have the means to satisfy their basic needs during the pandemic, treating individuals as responsible for the outcome is neither fair nor correct.

While the Turkish government deployed a sizeable stimulus package, the total value of economic and social benefits offered lagged behind other OECD member states and was not sufficient to meet the needs of those who were most disadvantaged during the pandemic**.** The economic and social support packages have a strongly business-focused nature. The protection and continuation of employment, albeit at lower wages and fewer hours, was prioritized, with much of the stimulus package being focused on postponing employer expenditures to assure continued employment. Cash benefits and social aid payments given to the poor, the unemployed or informal workers, and those placed on unpaid leave by their

employers did not rise to minimum wage levels. Facilitating debt (access to credits) through mandating or encouraging better conditions rather than providing aid was also a significant part of the early approach, both towards businesses and individuals. This leaves many individuals without the ability to take total responsibility for their health and the health of others.

Despite an auspicious beginning, the situation in Turkey has deteriorated as the pandemic continued. Although Turkey had a strong enough healthcare system and comprehensive enough health insurance coverage to provide for the healthcare needs of people who got COVID-19 (with varying degrees of success), the insufficiency of the rest of the social security infrastructure has arguably been the chink in its armor against the pandemic. The swiftly-implemented lockdowns and curfews were unsustainable because the available social security infrastructure was neither built nor able to support a long-term break with business-as-usual where need satisfiers are commodities exchanged on the free market and the state is tasked with providing only for those who are unable to partake in productive labor.

It is important that one of the only points at which the right to health was clearly articulated was in the context of praising the government's healthcare investments while simultaneously emphasizing personal responsibility. This implies that the right to health is being understood in isolation, with access to healthcare services (which, in the Turkish context, are predominantly hospital-based secondary or tertiary curative healthcare services) being the means of satisfaction. The holistic approach to health that has been developed to include its social determinants such as access to healthy and safe food and housing, or the fulfillment of social and psychological needs makes it clear that if understood as a positive social right, the

right to health cannot be understood in such a way. This has been made painfully clear during the pandemic.

Since the 1970s, neoliberalism has been a guiding force shaping the paradigms of healthcare and public health. This is visible in the rise of new public health approaches, which give prominence to health promotion and lifestyle change – tools that target individual behavior and encourage (or force) individuals to take responsibility for their health. In a context where individuals are empowered and given the agency to do that, this is fine. In contexts where the commodification of basic needs is met with a social security system that leaves people vulnerable to risks that they cannot reasonably shoulder, it is not.

To be healthy, one must have a nutritious and balanced diet, participate in physical activity, get around eight hours of quality sleep, avoid extreme stress, be mentally and psychologically healthy, and reside in a safe built environment – and this list is only the basics. During the pandemic, we have all been deluged by expert advice telling us to make sure we're getting our vitamins, keep active even if we can't leave our homes, pay attention to our mental health, and on and on. Being healthy is not something one can achieve by seeing a doctor regularly. It takes work, and access to healthcare services is only the start – or perhaps, ideally, the end of the process.

In this context, the right to health gains new meaning. Human rights are inextricably interdependent, and where one aspect of the whole is left unprovided for, all aspects suffer. The analysis here also indicates that human rights must be understood and practiced holistically for their provision to be meaningful.

This also provides insights into how deeply these rights need to be accounted for. Ideally, the pandemic would have occurred in a system where it was possible to

cease all production, all social and economic activity, and stay at home until the virus died out or vaccinations were available. This is obviously not possible. However, if our welfare states were designed with an eye towards the consistent and sustainable provision of our need satisfiers rather than as last-resort residual systems meant to fill the gaps left by the labor market and commodity exchanges, it would have been possible to truly minimize social life to the bare minimum for longer periods. Turkey's relatively strong healthcare system and comprehensive coverage meant less than it could have because the other legs of the social security system were not up to the task of supporting the population in a crisis, and the result was an individualized pandemic response instead of a social one, and a failing performance in the long run.

This is arguably a result of trends in the direction of neoliberalism. If basic needs were provided for on an essentially and more purely rights-based basis rather than a needs-based one (as in targeted social programs instead of comprehensive social security and protection), the overall toll of the pandemic could have been lessened. With systems built to consistently provide for these needs, sudden changes to life could be more easily absorbed and more efficiently dealt with.

The analysis of these discourses also points to methodological and ontological considerations for public health communication and the analysis of discourse within the field. Fairclough (1992; 1995) insists upon the introduction of non-semiotic elements into analysis. This has been proven to be for good reason. In a vacuum, the public health communication of the Turkish government is a successful use of the tool. Except for the transparency issues that have become more pronounced over time, communication has been clear, consistent, and effective throughout the dataset. However, the empowering framework of responsibility and agency constructed at the onset of the crisis does not mesh with the reality of

citizens' ability to comply with public health measures and employ the level of agency they are given in public discourse. Health communication is, by its nature, a tool that aims to impact individual behavior and mobilize individuals to take action to benefit their own health, and through this collective health. However, this does not necessarily make it a tool that divests the government of responsibility by passing it on to individuals. Such implications depend on the policy context public health communication is introduced into. Public health communication is a valuable policy tool that must not and cannot be considered outside of the material constraints that contextualize it.

On a more ontological level, the findings point to a tension born from the conjunction of political and health communication. Public health communication, especially when used in response to crises, is mired in layers of political context and consequence. The political nature of public health and health, in general, makes it an inherently political act, as does the fact that it aims to prescribe and change behaviors. However, the exigencies of crisis add a more immediate and problematic layer. Part of successfully managing a public health crisis is informing the public about the situation and potential solutions, and if conditions allow mobilizing individuals to take actions that will mitigate the crisis and its impact. In my data, there are many instances of very strong emotions and beliefs being called upon to produce compliance, ranging from religious appeals to accusatory statements blaming individuals for the continuing pandemic. From a results-oriented perspective, the use of these tactics can be seen as positive. They drive the message home and anchor it with strong sentiments, be they positive or negative. However, these are the very instances that lead to some of the most fraught implications. When such strong sentiments are aroused around compliance with measures in a material

context that does not empower everyone to the point where their decisions are guided by choice rather than necessity, they may lead to the further marginalization of people who are already in precarious positions.

This is made more complicated by the blurring of lines between political and health communication throughout the pandemic. As stated above, part of the duty of the government during a public health crisis is to inform and guide citizens. However, when public health information is delivered through political channels, and particularly when it is delivered by political actors, the existing political complications surrounding health communication become further amplified, regardless of whether these actors are attempting to capitalize on the political potential provided by the crisis or not. This problem is mitigated but not solved by pointing to subject matter experts as sources of information; any source vetted and endorsed by the political establishment as an "official" source of information carries similar political associations.

This is a significant complication for the practice of risk communication in the modern era where communication technologies have made it easier than ever to provide and contest information, regardless of authority or verification. The overwhelming amount of information and misinformation available makes it imperative to communicate clearly and concisely the facts of the crisis. However, clear and concise public health communication can lack the nuance that political communication benefits from.

While better health communication practices, including better delineation of political and scientific/medical institutions, are one way to mitigate these issues. Another is more and higher quality analysis and criticism of public communication; however, due to the problems arising from a crowded discursive space, these

analyses may end up being more voices in the crowd on their own. A large contributor to the political issues arising from public health communication is the same as with the proliferation of misinformation and conspiracy theories. Many adults are not empowered to critically assess public discourse or parse messages for their scientific, practical, and political implications. This is a problem of low scientific and communicative literacy, as well as a lack of training in critical thought. Providing individuals with the resources, both in terms of legible data and the necessary skills, to be able to interpret public speech in its holistic context is a vital issue with implications for policy studies, health and science communication, and politics.

How we understand and internalize political messages has very real consequences for our existence in society. Socially accepted narratives defining the amount of risk and responsibility that can reasonably be passed on to individuals in crises influence the distribution of duties and rights in day-to-day life by shaping policy choices and political action. These discourses legitimize the withdrawal of the state from the provision of services and the retrenchment of welfare. By doing so they risk undermining our social rights by moving the needle on their conception further away from positive conceptions of rights and duties toward negative ones.

APPENDIX A

TABLE OF SPEECHES

Tag	Speaker	Date
Koca 11.03-1	Fahrettin Koca	11 March 2020
Koca 11.03-2	Fahrettin Koca	11 March 2020
Koca 13.02	Fahrettin Koca	13 March 2020
Koca 16.03	Fahrettin Koca	16 March 2020
Koca 17.03	Fahrettin Koca	17 March 2020
Erdoğan 18.03-1	Recep Tayyip Erdoğan	18 March 2020
Erdoğan 18.03-2	Recep Tayyip Erdoğan	18 March 2020
Koca 19.03	Fahrettin Koca	19 March 2020
Koca 23.03	Fahrettin Koca	23 March 2020
Koca 25.03	Fahrettin Koca	25 March 2020
Erdoğan 25.03	Recep Tayyip Erdoğan	25 March 2020
Erdoğan 26.03	Recep Tayyip Erdoğan	26 March 2020
Koca 27.03	Fahrettin Koca	27 March 2020
Erdoğan 27.03	Recep Tayyip Erdoğan	27 March 2020
Erdoğan 30.03	Recep Tayyip Erdoğan	30 March 2020

Erdoğan 04.05	Recep Tayyip Erdoğan	04 May 2020
Koca 06.05	Fahrettin Koca	06 May 2020
Erdoğan 10.05	Recep Tayyip Erdoğan	10 May 2020
Erdoğan 11.05	Recep Tayyip Erdoğan	11 May 2020
Koca 13.05	Fahrettin Koca	13 May 2020
Erdoğan 16.05	Recep Tayyip Erdoğan	16 May 2020
Erdoğan 18.05	Recep Tayyip Erdoğan	18 May 2020
Erdooğan 19.05-1	Recep Tayyip Erdoğan	19 May 2020
Erdoğan 19.05-2	Recep Tayyip Erdoğan	19 May 2020
Koca 20.05	Fahrettin Koca	20 May 2020
Erdoğan 20.05	Recep Tayyip Erdoğan	20 May 2020
Erdoğan 21.05	Recep Tayyip Erdoğan	21 May 2020

APPENDIX B

ORIGINAL DIRECT QUOTATIONS (TURKISH)

1. Bu cümleyi bu toplumun sağlık Bakanı olmak yanında bir hekim olarak da kurmak istiyorum. Corona virüsle mücadelemizde bugün ilk kez bir hastamı kaybettim. Toplumu temsilen, onu en yakın takip eden kişilerdenim.

2. Sağlık çalışanlarımızın maske ve eldiven başta olmak üzere yeterli malzemeden yoksun olduğu ileri sürülüyor. Bu iddia küçük örneklerin kasıtlı olarak genelleştirmesidir. Kesin bilgi şudur: üniversite hastanelerimize, tüm hastanelerimize bütün malzeme sağlanmaktadır ve sağlanmaya devam edilecektir.

3. Hastanın virüsü Avrupa teması üzerinden aldığı bilinmektedir.

4. …virüsü yurtdışı üzerinden alan hastamızın ...

5. …yurtdışı temaslı ilk vakanın …

6. Bulaşmanın Avrupa üzerinden gerçekleştiği durumdan sonra …

7. Yurttaşını dışarıdan gelecek tehdide karşı koruyacak sıkı tedbirleri aldı.

8. Bu durum sadece virüsün ülkemiz sınırlarına girdiği anlamına gelir. Bu yüksek bir ihtimaldi ve gerçekleşti.

9. Dün bir pozitif vakayla karşılaştık. Bir veya birkaç vaka salgın değildir. Bu durum sadece virüsün ülkemiz sınırlarına girdiği anlamına gelir. Bu yüksek bir ihtimaldi ve gerçekleşti.

10. Eğer dünya ile ilişkimizi tümden kesmiş olabilseydik, şu an karşınızda olmazdım.

11. Ne dünya ne Avrupa'nın ger- geri kalanıyla ilişkileri tümden kesmek imkan dahilinde değil.

12. İnsanlık bu tablonun içindeyken tüm dünya ile yoğun ilişkileri olan Türkiye nin kendini tümden yalıtması imkan dışıydı

13. Türkiye’nin fiziki mesafeye riayet, sağlık sistemini güçlü tutma, gıda ve temizlik tedarikiyle kamu güvenliği başlıkları etrafında topladığımız salgınla mücadelesi başarıyla sürüyor. Ancak, sadece bizim salgının üstesinden gelmemiz yetmiyor, küresel düzeyde etkili olan bu salgın tehdidinin tamamen ortadan kalkması sorunun tüm dünyada çözümüyle mümkündür. Oysa bazı ülkelerde salgın daha yeni hız kazanmıştır. Türkiye olarak yıllarca sınırlarımızı dışarıya tamamen kapatıp, günlük hayatı tümüyle durdurup salgının bitişini

bekleyemeyiz. Öyleyse yapmamız gereken, hayatımızı salgın gerçeğine göre yeniden düzenlemektir.

14. Özellikle son 17 yılda ülkemizin temel hizmet alanlarında ve altyapısında gerçekleştirdiğimiz büyük dönüşüm sayesinde hamdolsun Türkiye bu sürece olabilecek en hazırlıklı şekilde yakalanmıştır.

15. Ülkemizi son 18 yılda eğitimden sağlığa, ulaşımdan enerjiye temel hizmet ve altyapı yatırımlarıyla getirdiğimiz seviyenin önemini son iki ayda bir kez daha gördük

16. Türkiye bu sürece son 17 yılda dünyanın en güçlü ve yaygın genel sağlık sigortasını hayata geçirmiş, dünyanın en modern hastanelerini inşa etmiş, bir milyonu aşkın sağlık personeliyle en yüksek standartlarda hizmet kalitesine ulaşmış ülkesi olarak girmiştir.

17. Bu süreçte sağlık alanında 18 yıldır büyük çabalar ve mücadeleler sonucunda ülkemizi getirdiğimiz yerin önemini hep birlikte çok daha iyi görüyoruz. Yurdun dört bir köşesine binlerce hastane inşa ettik, bunların içlerini en modern cihazlarla donattık. Sağlık çalışanlarımızın sayısını bir milyonun üzerine çıkarttık. Dünyada eşi benzeri olmayan genel sağlık sigortası sistemiyle tüm vatandaşlarımızı 88 liradan başlayan katkılarla sağlık hizmeti güvencesine kavuşturduk.

18. Son yıllarda ekonomimize hedef alan saldırılara karşı verdiğimiz mücadele sayesinde küresel türbülanslara, özellikle söylüyorum, güçlü bir bağışıklık sistemini geliştirerek, biz oraya hedefimizi koyduk ve yolumuza böyle devam ettik.

19. Geçmişte bu tür kriz dönemlerinde dünyadan yardım isteyen bir ülke durumundaydık. Bugün ise dünyanın 69 ülkesi Türkiye'den yardım talep etmiş, bunların 17'sine de imkânlar nispetinde gereken malzemeler gönderilmiştir.

20. Bu bizim için yeni bir açılımdır, bu yeni açılımla beraber Türkiye bu noktada sağlık üssü olma görevini yapacaktır. Hani geçmişte Türkiye'den Cleveland'a gidiyorlardı ya, inanıyorum ki bundan sonra da İstanbul'a gelecekler ve şehir hastanelerimizle zaten hamdolsun nam saldık.

21. Dünyanın büyük kısmında tablo bir salgın tablosudur. Türkiye'deki tablo diğer ülkelerdeki tabloyla özdeş değildir. Pek çok ülke kontrolü kaybetmiş durumda. Açıklanan yeni vaka sayıları yüzlerle ifade edilmektedir. Artık pozitif tanılardan çok kaybedilen hasta sayıları öne çıkmaktadır. Biz genel tabloya kıyasla şanslı durumdayız.

22. Türkiye Avrupa ve Amerika'ya kıyasla bu hastalığın yayılmasının üstesinden gelmeye en yakın ülkelerden biridir

23. Türkiye olarak süreçte büyük bir başarı gösterdik. Komşu ülkeler, Avrupa ülkeleri bizim aldığımız sıkı tedbirleri almadılar. Bizimse

salgına karşı yürüttüğümüz strateji ve disiplinli eylem planında direncimiz hiç azalmadı kat kat arttı

24. Gelişmiş ülkelerin çoğunun dahi bu başlıklarda kontrolü sağlamakta zorlandığı bir [durumda] Türkiye, hamdolsun devleti ve milletiyle örnek bir mücadele ortaya koymuştur.

25. Hastalığın tespiti ve tedavisi konusunda kendi özgün modellerimizi geliştirip uygulamaya geçirdik. Bu sayede hem ölüm oranımızı çok aşağıda tuttuk, hem de hastalığın yayılma hızının önünü başarılı bir şekilde kestik.

26. Hastalıkla mücadelede önem taşıyan test kiti, maske, eldiven gibi ürünleri kendimiz üretebildiğimiz için bunlar konusunda da herhangi bir sorun yaşamıyoruz. Bunların olumsuz dedikodusunu yapanlar var, sakın bunlara aldanmayın.

27. Gelişmiş devletlerin dahi çaresiz kaldığı salgın sürecini Türkiye olarak kendi ihtiyaçlarımızı karşılamanın ötesinde dostlarımıza da destek vererek, yaşadık

28. Her işin başı sağlık cümlesi, salgın karşısında gerileyen her şeyi içerir. Ülkemizde sağlığa yapılan yatırımlar büyük bir isabettir. Başta kendimizin sorumlu olduğumuz sağlık güvenliğimiz yüksek bir haktır. Sağlık yatırımları sosyal refahın şartıdır.

29. Türkiye'nin salgın krizini yönetmedeki başarısı başta bilim adamları olmak üzere herkesin ilgisini çekmiş durumdadır.

30. Sekiz haftasını geride bıraktığın corona virüsle savaşımında dünyanın sana hayranlık duyduğunu bilmelisin. Saldırının başlangıcından bu yana izlediği strateji, tedavideki yenilikçiliği ve tedbirleriyle Türkiye dünya toplumunun gündeminde. Türkiye'nin bilim insanları başarılarıyla İtalya'dan, Amerika'ya, dünyay- dünyada bilim insanlarının ilgi konusu.

31. Gerek toplum hasta ölüm oranımızın düşüklüğü, gerek vakaların temaslarını takiple hastalığın yayılma hızını kontrol altına alma sistemimiz, gerekse yenilikçi tedavi yöntemlerimiz takdirle takip ediliyor. Ülkemizin bu konudaki başarılı çalışmaları dünya çapında bir model olarak kabul edilir hale gelmiştir.

32. Ülkemizin uyguladığı dengeli politikalar bir yandan özel sektörün üretim gücünü desteklerden, diğer yandan eğitim, sağlık, sosyal güvenlik gibi alanlardaki hizmetlerin kamu garantisiyle kesintisiz sürmesini sağlamıştır. Batı ülkeleri ise yıllarca tüm temel kamu hizmetlerini görünüşte özel sektöre terk ederek, ama aslında başından savarak vatandaşını adeta sahipsiz bırakmıştır. Daha düne kadar liberalizmin en hararetli savunucusu olan kimi Avrupa ülkeleri, bugün hastaneleri ve diğer kimi temel hizmet kurumlarını devletleştirmeye başladı. İnsan hakları savunuculuğunu kimseye bırakmayan kimi

ülkelerin de salgını kendi haline bırakarak, ölen ölür, kalan sağlar ile devam ederiz anlayışıyla hareket ettiğini görüyoruz.

33. Kimi Avrupa ülkelerinin dezavantajlı grupları, özellikle de yaşlıları adeta gözden çıkartan anlayışlarına asla katılmıyoruz. Tam tersine, bizim kültürümüzde yaşlılarımızı el üstünde tutmak, dünya ahiret saadetinin temel şartlarından biri olarak kabul edilir, bunun için yaşlılarımızı koruyacak ve kollayacağız.

34. Koronavirüs salgınında özellikle Batı ülkelerindeki en büyük dramlar maalesef yaşlı bakım evlerinde yaşanmıştır. Türkiye olarak elbette kimsesiz tüm vatandaşlarımız gibi yaşlılarımıza da sahip çıkıyoruz.

35. İnsan hakları savunuculuğunu kimseye bırakmayan kimi ülkeler.

36. Gerçekten çok modern bir sağlık tesisi olan şehir hastanelerimiz özellikle bu evsaftaki standartlarda 600 yataklı Okmeydanı Hastanemiz, o da bugün itibariyle hizmet vermeye başladı. Burayı daha önce Eğitim Araştırma Hastanesi olarak planlamıştık, fakat öyle bir evsafa sahip oldu ki, dedik ki biz burayı süratle şehir hastanesine dönüştürelim ve bugün şehir hastanesi olarak açılışı yapıldı. Yine şehir hastanesi statüsündeki bin 150 yatak kapasiteli Kartal Hastanemizi de bir süre önce hizmete sunmuştuk. İkitelli Şehir Hastanemizi ise 520'si yoğun bakım olmak üzere 2 bin 682 yatak kapasitesiyle Mayıs ayında hizmete açmayı planlıyoruz. Ülkemizin en modern hastanelerinden biri olacak bin yataklı Göztepe Şehir Hastanemizin inşasında da sona yaklaştık, inşallah onu da Eylül ayında hizmete veriyoruz. Böylece Türkiye sağlık altyapısında zaten güçlü olan yerini daha da sağlamlaştırmış olmaktadır.

37. Açılışını yaptığımız Başakşehir Çam ve Sakura Şehir Hastanesi bu mücadelemizde bize büyük katkı sağlayacaktır

38. Devlet bu mücadelede yaptırım gücü olan bir kılavuz. Mücadeleyi organize eden güçtür. uygulama bize bağlıdır. Hiçbir sağlık kurumu, hiçbir hekim virüsün size bulaşmasının önleyemez. Bunu siz önleyebilirsiniz

39. Bakanlığımız bugünlerde kontrollü sosyal hayatın muntazam uygulanması için girişimlerde bulunuyor. Yeni dönemin pandemi açısından bazı standartlarını belirlemek, riskleri önlemek için Kültür ve Turizm Bakanlığı, Sanayi ve Teknoloji Bakanlığı, Ticaret Bakanlığı ve Ulaştırma ve Altyapı Bakanlığı, Adalet Bakanlığı ve içişleri bakanlığı ile ortak çalışmalar yaptık.

40. Maske takmadan dışarı çıkmayalım

41. Kalabalık yerlerde maske kullanımı ve fiziki mesafeye riayet ile temizlik kurallarıyla ilgili titizlik devam edecektir

42. Bunun için sosyal mesafeye dikkat edilmesini, yani diğer insanlarla aramızda hastalık bulaşmasına imkân tanımayacak mesafe bırakılmasına özen gösterilmesini istiyoruz.

43. Maske ve sosyal […] mesafe birbirlerini tamamlayan iki tedbirdir.

44. Tedbirlerde anahtar kelimemiz bildiğiniz gibi on dört gün.

45. …on dört gün kurallarımız olduğunu biliyorsunuz…

46. … vatandaşlarımıza 14 günlük karantina kuralına uymalarını tavsiye ettik

47. Koronavirüs tedbirlerimizden daha güçlü değildir

48. Koronavirüs, alacağımız tedbirlerden daha güçlü değildir

49. Hiçbir virüs bizim birliğimizden, beraberliğimizden, kardeşliğimizden daha güçlü değildir

50. Salgına dönüşmesi dünyada olduğu gibi ülkemizde de ihtimal dahilinde olan ve ciddi riskler içeren bu hastalığa karşı set çekmenin yolu tedbir almaktır.

51. Tedbir zorunludur. Çünkü tehdit devam etmektedir. Virüsü taşıyan insanların tamamının hastanelerde veya evde izolasyon altında olduğunu düşünmek büyük yanılgıdır. Virüs, şu anda öngöremeyeceğimiz bir dönem boyunca dünyada, bu toplumda aramızda dolaşmaya devam edecektir. Virüs konuk olduğunuz yerde, bindiğiniz asansörde, gittiğiniz berberde beklediğiniz otobüs durağında, alışveriş yaptığınız markette, kalabalığına karıştığınız caddede karşınıza çıkabilir. Bunu tam olarak bilemezsiniz. Hiç tanımadığınız bir taşıyıcıdan hastalığı kolayca alabilirsiniz. Salgın kontrol altına alınmıştır ama virüsle ilgili gerçekler değişmemiştir. Eviniz virüse karşı halen en güvenli ortam olmaya devam etmektedir. Bu gerçek elbette virüse karşı mücadele ederek kazandığımız serbestliklerden vazgeçmek anlamına gelmez.

52. Yüz doksan sekiz ülkede hayatı tehdit eden, bugüne kadar dört milyon üç yüz yetmiş üç bin insanın yakalandığı, iki yüz doksan dört bin insanınsa ölümüne neden olan, ekonomisi çok güçlü, hayat standardı yüksek ülkelerde toplumsal düzeni dize getiren böylesi bir salgın hastalıkla mücadelede sekiz hafta kısa bir zamandır. Bu saldırının yirmi birinci yüzyılın tarihine geçecek, insanlığın hikayesinde yeri olacak büyük bir olay olduğundan artık çok eminiz. Böylesi büyük bir hadisede sekiz haftalık bir mücadele uzun ve yorucu değildir. Her günü kritik, yarını bugününden önemli bir mücadeledir.

53. Gerçekten zaruri bir işi olmadan dışarı çıkanlar, sokakta ulaşım araçlarında açık ve kapalı mekânlarda gereksiz kalabalıklar oluşturanlar kendi elleriyle virüsü besliyorlar.

54. Hayatımızı mümkün olduğu kadar evde sürdürmeye çalışalım. Zorunluluk yoksa, dışarı çıkmayalım. İşimiz veya ihtiyaçlarımız için dışarı çıkmışsa, yoğunluğu az yerleri tercih edelim. Maske ve mesafe kuralına mutlaka uyalım. Bu tedbirleri esnetenleri veya risk yokmuş gibi davrananları uyaralım. Buna hakkımız var. Işyerlerimizde ise sağlığımız için kurallara uygun ortam oluşturulmasını talep etmeliyiz. Kurumlarımızı teşvik etmeliyiz. Hatta önerilerimizi geliştirmeliyiz. Kontrollü sosyal hayat, salgınla mücadelede sorumluluğun paylaşıldığı hayattır. Corona mücadelesinde bu noktada sağlamamız gereken şey güçlü istikrardır.

55. Zorunlu olmadıkça dışarı çıkıp kalabalığa karışmamak da çok önemlidir.

56. Tüm çalışmalarımızı şeffaf şekilde yürütüyoruz. İlgili bakanlarımız, kurumlarımız ve bilim insanlarımız gelişmeleri anbean milletimizle paylaşıyor.

57. Bu an burada olmamın nedeni … bu saate dek gösterdiğimiz şeffaflık ve bunun devam edeceğinin teminatıdır.

58. Şimdi ben- ben şeffaf bir şekilde bugüne kadar bu süreci götürmeye çalıştım ve bugün bu saatte, yarın sabah da açıklayabilirdim, akşam da açıklayabilirdim. Gecenin bu saatinde açıklamanın bir sebebi vardı. Şeffaf davranma çerçevesinde bunu açıklama gereğini hissettik. Dolayısıyla özellikle altını çizerek ifade ettiğim bir cümle oldu hasta mahremiyeti ve bu dönemde bir ili veya bir bölgeyi veya bir hastaneyi bu anlamda gündemde tutmanın doğru olmadığına inanıyorum. Ben bu kadar net size ifade ediyorum. Zaten bununla ilgili bilgiler uluslararası boyutuyla da bildirilmiş olacak.

59. Önümüzdeki günlerde bu anlamda dünyadaki ve Avrupa'daki seyri görerek dinamik bir yapıyla alabileceğimiz kararları Sayın Cumhurbaşkanımızın iradesiyle zaten gündeme taşımış oluruz.

60. Bunun için önümüzdeki süreci salgının yurt içinde ve yurt dışındaki seyrine bağlı olarak dinamik bir şekilde yürüteceğiz.

61. Aldığımız tedbirleri özellikle normalleşme adımlarını da gerektiğinde genişletecek, gerektiğinde sınırlandıracak şekilde dinamik bir süreçle yürüteceğiz.

62. Hiçbir sağlık kurumu, hiçbir hekim virüsün size bulaşmasının önleyemez. Bunu siz önleyebilirsiniz, evinize çekilerek önleyebilirsiniz. Gerekli durumlarda maskeli takarak önleyebilirsiniz. Temastan kaçınarak önleyebilirsiniz.

63. Halbuki bizim bu çizgiyi aşağı yönlü olarak sürdürmemiz, yeni vaka sayısını en kısa sürede kesmemiz gerekiyor. Bunu başarmak 83 milyon olarak bizim elimizdedir. … Vatandaşlarımızdan hem kendi sağlıkları hem toplum huzuru hem ekonominin çarklarının dönmesi

için belirlenen kurallara uymasını tekrar tekrar rica ediyorum. Bu her birimizle özellikle destek vermemiz gereken, kurallara riayet etmemiz gereken, dikkatini ve hassasiyetini koruması halinde neticeye ulaşabileceğimiz bir mücadeledir. Tek bir ihmalin dahi ağır sonuçlar ortaya çıkartabildiği bu süreci, kendimizin ve evlatlarımızın güvenli geleceği için hep birlikte sahiplenmeliyiz.

64. Vatandaşlarımızdan tek ricamız, önümüzdeki kritik günlerde hastalığın yayılma zincirini kırmak için Sağlık Bakanlığımızda, İçişleri Bakanlığımızdan ve diğer ilgili kurumlarımızdan gelen ikazlara harfiyen uymalarıdır. Böylece hep birlikte mümkün olan en kısa sürede normal hayatımıza dönme imkânına kavuşabiliriz.

65. Tedbir alır, yayılmayı önlenirse hayat normale döner. Tedbirleri ne kadar sıkı tutarsak, tehdit o kadar zayıflar.

66. Açıklanan tedbirlere hep birlikte hassasiyetle riayet edersek, evde kalma süresini 3 haftayla sınırlı tutabiliriz.

67. İyi bir izolasyonla hastalığın yayılma hızını 2-3 hafta içinde kırarak bu süreçten olabildiğince en kısa sürede ve olabilecek en az hasarla mutlaka çıkacağız. Aksi takdirde çevremizde pek çok örneğini gördüğümüz şekilde daha ağır sonuçlarla ve buna bağlı olarak daha ağır tedbirlerle karşılaşmamız kaçınılmazdır.

68. Aziz milletim, ciddi başarı gösterilen her mücadelenin mutlaka bir ödülü vardır. Bulunduğumuz noktada tüm dünyanın model alma çabası içine girdiği bir başarının sahipleri olarak seksen üç milyon bu başarının ödülünü almayı elbette hak ediyoruz.

69. Toplumun tamamının sağlığı ve huzuru için bireyler olarak her birimizin fedakârlıkta bulunma sorumluluğu vardır.

70. Tedbirlerin ne kadar süreceğini halkımızın uygulamadaki kararlılığı belirleyecektir. Belirlenen kurallara ne kadar sıkı riayet edersek, bu cendereden o kadar çabuk çıkarız.

71. Haklıyız, dışarıda- dışarıdaki hayatı özledik, işimizi düzene koyma isteği duyuyoruz. Sevdiklerimize sarılabilmek, bayramda büyüklerimizin ellerinden öpebilmek istiyoruz. Küçük mutluluklar bile şu anki hayatımıza renk getirecek.

72. Virüsten korunmamızı sağlayacak kuralları askıya alarak alışveriş kuyruğuna girmek, Pazar yeri kalabal- kalabalığına tedbirsiz karışma risktir. Corona virüste etmelerinden ödün vermek, bir çikolatayla rejimi bozmaya çarpıntı yapacağını bile bile bir fincan kahve içmeye maalesef benzemiyor. Riskle hangi anda, hangi ortamda, kim baskısıyla karşılaşacağımızı bilemeyiz. Çok sağlıklı belki de hiç belirti göstermeyecek biri size hastalık bulaştırabilir. Siz virüsü ondan alıp bünyesi zayıf birinin hastalığına sebep olabilirsiniz.

73. Koronavirüs salgını sebebiyle dünyada siyasi ve ekonomik güç dengelerinin yeniden oluşacağının konuşulduğu bir dönemde bu proje Türkiye'ye çok büyük bir avantaj kazandıracaktır.

74. Salgın sonrası dünyada yeniden şekillenecek, siyasi ve ekonomik iklimi nasıl kendi lehimize değerlendirebileceğimizin planlarını şimdiden yapmaya başladık.

75. Türkiye'nin bu fotoğrafı özellikle kendi içinde avantajlı bir yerde durdurarak oraya bunu döndürmesi şart.

76. Koronavirüs salgını sonrası yeniden oluşacak küresel yönetim sisteminde Türkiye inşallah hak ettiği yeri alacaktır.

77. Koronavirüs salgınında ölüm oranı düşük. Sanıldığı kadar yüksek değil. Ama hastalığı ağır geçirmesek de herhangi birimiz hiç ummadığımız kadar ölüme yol açabiliriz. Sağlıklı görünen biri başkası için ölüm sebebi olabilir. Başkalarının hayatının bizim hayatımız kadar değerli olduğunu unutmamalıyız.

78. Onların koronavirüsten etkilenmemeleri konusunda bizler sorumluluk sahibiyiz

79. Yaşlı büyüklerimizle ilgili hassasiyetimizin sebebi, onların diğerlerine hastalık bulaştırıyor olması değil onlara hastalık bulaşmasının önüne geçmektir. Bunun için başımızın tacı olan yaşlılarımızı sevgiyle, saygıyla, ihtimamla korumalıyız. Büyüklerimizi incitecek en küçük bir saygısızlığı dahi tolere edemeyiz

80. Riskle hangi anda, hangi ortamda, kim baskısıyla karşılaşacağımızı bilemeyiz. Çok sağlıklı belki de hiç belirti göstermeyecek biri size hastalık bulaştırabilir. Siz virüsü ondan alıp bünyesi zayıf birinin hastalığına sebep olabilirsiniz

81. Değerli arkadaşlar koronavirüsle mücadele çok geniş katılımı gerektiren bir mücadele, sadece bakanlığımızın işbirliği içinde olduğumuz bakanlıkların, devlet organizasyonunun verdiği bir mücadele değildir ve öyle olmamalıdır. Bu sorumluluk duygusunun tüm bü-birimlerde enerjiye dönüşeceği bir mücadeledir ve belli olmalıdır.

82. Dışarıya maskesiz çıkmak, maske yarı açık şekilde kullanmak sorumlulukla bağdaşmaz.

83. Hastalıktan, ölümden korku doğaldır. Fakat korku tehlikeyi riski yönetecek bir strateji değildir. Uyarılarımızın hiçbiri korkudan medet ummuyor. Uyarılarımız toplum olarak bir sağduyu örgütlenmesine işaret ediyor. Uyarılarımız, ricalarımız, önerilerimiz salgın karşısında davranışın akla uygunluğu üzerinde duruyor.

84. Duygularımızın, alışkanlıklarımızın kabullenmekte zorlanacağı ama aklın bunu dikkate almak zorundayım dediği bir gerçek var. Dünya

virüsten tam olarak kurtulacağımız tarihi bilemiyor. Uzmanlar böyle bir varsayımda bulunamıyor. Eğer bu öngörülebilir olsaydı, hayatın yeniden planlanması yerine bu büyük riske karşı mücadelenin tam olarak sonuçlanması beklenirdi.

85. Büyüklerimizden sözlerime kulak vermelerini istirham ediyorum. Bu toplumun sizin hayat tecrübenize ihtiyacı var. ailelerinizin size ihtiyacı var. Hayat yolculuğunda evlatlarınızın vereceğiniz tavsiyelere ihtiyacı var. Torunlarınızın sevgi ve ilginize ihtiyacı var. Bunları hastayken yapamazsınız. Yapmak isteyip daha yapamadığınız kaç şey olduğunu düşünün. Onları ağır bir hastalığa yakalanmışken yapamazsınız.

86. Erken umut, tedbirleri önemsiz kılmasın. Hala binlerce doktorumuz ve sağlık personelimizin evlerine döndüklerinde çocuklarına sarılamadıklarını unutmayın.

87. Durumu kabullenmemiz zor değil. Coronavirüs karşısında ise biz irade sahibiyiz, tokalaşıp tokalaşmamakta iradeye sahibiz. Dostlarımızla bir araya gelip gelmemekte irade sahibiyiz. Misafirliğe gidip ge- gitmemekte irade sahibiyiz. Kalabalık içine girip girmemekte irade sahibiyiz. Dışarı çıkıp çıkmamakta irade sahibiyiz. Temastan uzak durup durmamakta irade sahibiyiz. Temizliği, virüse karşı kalkan gibi kullanmakta iradeye sahibiz. Koronavirüse karşı verdiğimiz mücadelenin başarısı tek tek bireylere, tek tek her birimize bağlıdır.

88. Hiçbir sağlık kurumu, hiçbir hekim virüsün size bulaşmasının önleyemez. Bunu siz önleyebilirsiniz, evinize çekilerek önleyebilirsiniz. Gerekli durumlarda maskeli takarak önleyebilirsiniz. Temastan kaçınarak önleyebilirsiniz.

89. Bilim insanları COVID-19 virüsüne karşı en etkili tedbirin temizlik olduğu konusunda hemfikirler.

90. Bakın ben çocuk doktoruyum, tavsiyelerime uymanız gerekir

91. Hem inancımızda, hem kültürümüzde, kalp temizliği yanında vücut temizliği, hane temizliği, çevre temizliği de çok büyük önem taşır. Temizliğin imandan geldiği öğüdüne uygun şekilde günde 5 vakit elini yüzünü, kollarını, başını ayaklarını yıkayan kişi İslami olarak da, tıbbi olarak da en ideal temizliği yapan kişidir.

92. Salgın hastalığın olduğu yerde veya olduğu yere gidilmemesi, bulunulan yerde salgın hastalık varsa oradan da çıkılmamasını tavsiye eden bir Peygamberin ümmetine yakışan işte budur.

93. Bireylere düşen maske artı bir buçuk metre sosyal mesafe kuralına uymaktır. Sizlerin bu tedbirlere uymanızı kolaylaştırmaksa tüm kurumların görevidir. Sağlık Bakanlığı olarak konuyla ilgili bütün bakanlıklarla yoğun bir çalışma yürütüyoruz.

94. Ekonomik istikrar kalkanı adını verdiğimiz bir paketle COVID-19 salgının etiklerini azaltmak için toplamda 100 milyar liralık bir kaynak setini böylece devreye alıyoruz.

95. Alınan tedbirlerden etkilenen tüm kesimler için destek programları hazırladık. Hizmete sunduğumuz finansman ve sosyal destek paketlerinin tutarı 200 milyar lirayı aştı.

96. Birazdan açıklayacağımız paketteki imkânlardan istifade edecek firmalar için ön şartımız, istihdam kaybına yol açmamalarıdır

97. Ücretli çalışanlardan esnaf ve sanatkârlara kadar her kesimi kapsayan istihdamın korunmasını merkeze alan pek çok ekonomik tedbiri hayata geçirdik, geçiriyoruz

98. Sosyal yardımlardan yararlanma hakkı olanlara ilave nakdi yardımlar yaptık. İlk iki sosyal destek programıyla 4 milyon 400 bin vatandaşımıza biner lira nakdi yardımda bulunduk. Çok daha kapsamlı olan üçüncü sosyal destek programıyla bütün bunlarla ilgili çalışmalarımız sürüyor.

99. Durumu kabullenmemiz zor değil. Corona virüs karşısında ise biz irade sahibiyiz, tokalaşıp tokalaşmamakta iradeye sahibiz. Dostlarımızla bir araya gelip gelmemekte irade sahibiyiz. Misafirliğe gidip ge- gitmemekte irade sahibiyiz. Kalabalık içine girip girmemekte irade sahibiyiz. Dışarı çıkıp çıkmamakta irade sahibiyiz. Temastan uzak durup durmamakta irade sahibiyiz. Temizliği, virüse karşı kalkan gibi kullanmakta iradeye sahibiz.

100. Velev ki gözle görülmeyen bir virüs olsun, hiçbir düşman milletimizin birliğinden, beraberliğinden, gücünden, dirayetinden daha üstün değildir. Bugünler Habil'lerle Kabil'lerin ayrıştığı, hasbilerle hesabilerin kendini belli ettiği, bencillerle diğerkâmların arasındaki farkın ortaya çıktığı günlerdir. Biz tüm bu hasletlerin hayırlı olanını tercih edeceği özellikle bu konuda milletimize güveniyoruz.

101. Saldırı

102. Sağlık ordusu

103. Seferberlik

104. Düşman

105. Mücadele

106. Ulusual sınır

107. Her işin başı sağlık cümlesi, salgın karşısında gerileyen her şeyi içerir. Ülkemizde sağlığa yapılan yatırımlar büyük bir isabettir.

Başta kendimizin sorumlu olduğumuz sağlık güvenliğimiz yüksek bir haktır. Sağlık yatırımları sosyal refahın şartıdır

108. Velhasıl, aldığımız her tedbirle devletimizin vatandaşının yanında olduğunu gösterdik. Sivil toplum kuruluşlarımızın da imkânları çerçevesinde ihtiyaç sahiplerine destek olmaya çalıştığını biliyoruz. Bu konuda da devletin öncülük etmesi gerektiğini gördüğümüz için milli dayanışma kampanyası başlatıyoruz, "Biz Bize Yeteriz Türkiyem" diyerek, başlattığımız bu kampanya için Aile, Çalışma ve Sosyal Hizmetler Bakanlığımız tarafından şu anda bilgileri ekranda gözüken bir yardım hesabı açıldı. Ayrıca yine ekranda gözüken kısa mesaj numaraları üzerinden de bağış yapılabilecek

109. Bu konuda da devletin öncülük etmesi gerektiğini gördüğümüz için milli dayanışma kampanyası başlatıyoruz

APPENDIX C

PANDEMIC MEASURES TAKEN IN TURKEY

Table C1. Economic, social and public health policies implemented in Turkey from January to July of 2020.

January 10	Scientific board established by MoH
January 24	First COVID-19 guide published by scientific board
March 9	14-day quarantine mandated for all incoming international travelers
March 11	First positive COVID-19 case announced Contact tracing implemented
March 14	COVID-19 consultation line launched by MoH
March 16-22	Non-essential stores closed Teaching at schools and universities suspended Mass gatherings and activities by national and international organizations banned Religious services, legal proceedings and sports events suspended Concert halls, theatres, cinemas, cafes, restaurants, sports facilities closed Hairdressers and barbers closed Policy rates cut by Central Bank Stimulus package announced – deferrals of tax, debt and premiums, increase in minimum retirement pension, Credit Guarantee Fund expanded, cash aid provided to low-income

	families, allowance for unpaid leave and short-term work allowance implemented, social security premiums postponed (March 18th) All hospitals designated "pandemic hospitals"
March 23-29	Recruitment of additional healthcare workers and national production of ventilators announced Distance learning implemented for K-12 and universities Civil servants to work from home or in shifts Public transportation restricted to 50% capacity #StayatHome campaign launched 14-day shifts implemented in nursing homes Monthly wage support provided to employers, evictions from workplaces prevented, tourism sector taxes postponed Intercity travel restricted
March 30- April 5	National Soldiarity Fund (biz bize yeteriz?) launched Domestic flights suspended Masks mandated in public spaces; Travel to 31 cities (30 metropolis cities and Zonguldak) banned; Treatments taken into scope of SGK coverage and reimbursements increased; Social sciences board established; Parliament suspends work
April 6-12	Sale of masks banned Scope of SGK coverage for emergency services extended to cover all communicable diseases
April 13-19	Personel protectice equipment, diagnostic tests and medications made free by presidential decree

	Layoffs banned for 3 months, short term work allowance rules revies, unpaid leave support provided Life Fits into Home (HES) app launched for contact tracing and monitoring
April 20-26	Policy rates cut by Central Bank
May 4-10	Ban on mask sale lifted
May 11-17	Shopping malls reopen Hairdressers and barbers reopen Mandatory guidelines for businesses published by the MoH
May 18-24	Health tourism is resumed
May 25-31	Suspension of religious services relaxed
June 1-7	Intercity travel and domestic flights are resumed Daycares reopened Civil servants return to work, administrative leave made available for vulnerable groups Remaining stores reopen Capacity restriction on public transportation lifted 14-day shifts in nursing homes ends Parliament resumes work
June 8-14	Mandatory 14-day quarantine for Turkish citizens returning from abroad lifted Football season starts
June 15-21	Wedding venues halls and other cultural venues reopen Legal activities resume Masks mandated in Istanbul, Ankara and other cities

June 22-28	Suspension of religious services lifted
June 29-30	Short term work allowance extended

Table C2. List of curfews implemented during the COVID-19 pandemic in Turkey from March to July of 2020

March 22 – June 9	Ages 65 and over Relaxed starting May 10th
April 4 – June 9	Ages 20 and under Relaxed starting May 13th
April 11-12	31 provinces
April 18-19	31 provinces
April 23-26	31 provinces
May 1-3	31 provinces
May 9-10	24 provinces
May 16-19	15 provinces
May 23-26	81 provinces
May 30-31	15 provinces
June 20th , 27th and 28th	Daytime lockdown in all 81 provinces

The information in Tables C1 and C2 has been compiled from Aydın-Düzgit, Kutlay, & Keyman (2021) Kemahlıoğlu & Yeğen (2021), and V. Yılmaz et al. (2020).

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