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Covid-19 Pandemic, Health Policy and the Question of Legitimacy in Turkey

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For Weber, the concept of an ideal type is a fictive construction which is useful for comparative studies. The idea is to understand how the world and the people within it actually function. Portes explains that by 'rubbing the ideal type against reality', one can 'establish whether theoretical expectations — implicit in the concept — actually hold' (2010: 3-4). In other words, through ideal types, the researcher can investigate whether the assumptions are realized or not in real life. However, anthropologists are not satisfied only with the analysis of the actual life on the ground but they want to go further and see the 'imaginary' of the state or other institutions in their attempts to govern the social. This idea is eloquently explained by Prato who stated that 'in order to grasp how a system actually works it is not enough to investigate the functional, or utilitarian, aspects of action; we need to understand what ideal of society and political system individuals aim to accomplish when they, for instance, bring to life a new political organization or advocate new forms of political action' (2019: 32).

While the former approach — to see how the public react to the policies and practices — might be explained as one of the basic and conventional concerns of anthropology, the latter points out an emergent anthropology of experts in which the practices, institutions and knowledges of experts have become the anthropological concern (Boyer 2008: 39). Recently, we have been witnessing a widening discrepancy between the decisions of experts and actions of the public deviating from these decisions. Today, the confusion between what is legal and what is legitimate may be more than ever. New policies and practices are being enacted under the pretext of 'state of emergency' without having the consent of the public but under the disguise of experts (Prato 2020:8). This brings us to the question of the difference between legality and legitimacy which address different issues: what people see as legitimate in their everyday lives may not be legal, while, at the same time, what remains outside the borders of law can be considered as legitimate (Pardo 2000; Pardo and Prato 2019: 7).

This short piece is a reflection of my ethnographic study on health policies during the Covid-19 pandemic in Turkey, which was presented at the Workshop on *Legitimacy: The Right to Health* organized by Italo Pardo and Giuliana B. Prato in the summer of 2021. Here, my goal is to provide a brief explanation of my fieldwork in conversation with other contributions. The workshop aimed to analyse ethnographically the ways in which the right to health is addressed by authorities and is experienced by the people on the ground. My research has also tackled with the questions of what legitimacy or illegitimacy is attached to health policy in the public, and to what extent health policies that are imposed in the name of the common good are received as il/legitimate at the grassroots. The emergency situation that appeared with the outbreak of Covid-19 has made the health policies messier than usual, and the case in Turkey illustrates how new Covid-19 medicine policies introduced in the country have widely been

accepted by the public but without having met the legitimacy criteria.

From the beginning of the pandemic, Hydroxychloroquine (hereafter HCQ) has emerged as the most controversial medicine for the Covid-19 treatment in the world: despite the lack of evidence for its efficacy and the scientific evidence of side effects, several countries have insisted on using it. After WHO stopped recommending HCQ for the treatment of Covid-19 in July 2020, the enthusiasm for the drug rapidly declined and the countries that used to be offering the drug to their patients eventually stopped using it. Interestingly, Turkey remained one of the countries that insisted on using the drug — time-wise longer and quantity-wise more than any country in the world. On 15 April 2020, Turkey's minister of health underlined that this standard treatment approach was unique to Turkey.

No other country used the drug Hydroxychloroquine in the initial treatment of all suspected and positive cases (of Covid-19). We stocked one million boxes of the drug before we even had our first case. Also, no other country uses the drug Favipiravir, which is imported from China, in the way we use it (Koca 2020).[1]

The Ministry of Health established tracer teams with the goal of screening the chain of contact in the infectious disease, reaching people infected by the coronavirus, monitoring them and isolating the diagnosed for treatment. However, as the Covid-19 cases drastically increased in the country, the teams' purpose has turned out to be dropping a bag of drugs at the door of the Covid-19 patients.[2] What is so striking is that not only the Covid-19 patients who had positive PCR tests but also their contacts were given drugs. In other words, infected patients as well as people who had contact with patients were prescribed these drugs even if they had a negative test result.

Turkey's persistent use of HCQ has constantly been questioned by national health organizations to no avail. Until the first week of May 2021, the government continued to use HCQ for all Covid-19 patients and their contacts, which, according to my calculations, accounts for more than 5 million people. There have been so many issues to investigate ethnographically the legitimacy of the Covid-19 drug practices in Turkey: how is HCQ treatment received at the grassroots? What tensions exist, if any, between the government health policies and the public response regarding the HCQ treatment? How do the patients as well as the doctors react to the use of HCQ in the treatment of Covid-19? Do the patients consider the use of HCQ legitimate or not? These were the questions I sought to answer.

What is specifically relevant for the purpose of this *Supplement* is the question of how a medicine, which is internationally neither legal nor scientifically legitimate for the Covid-19

[1] Koca, F. [@drfahrettinkoca]. 2020. Türkiye tedavide farklı bir yaklaşıma sahip [Turkey has a different approach to treatment] *Twitter*, 26 April, https://twitter.com/drfahrettinkoca/status/1250318172957208576 Accessed 1 July 2021.

[2] They were short of time and missing the sufficient number of personnel. The original team, which was supposed to comprise epidemiology investigators and tracers, was later on replaced by *muhtars* (heads of local governments), teachers and other public employees (see https://www.evrensel.net/haber/431209/etkili-filyasyon-yok-filyasyon-sadece-aile-icine-indirgenmis-durumda).

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treatment, has gained any sort of legitimacy in a country. When scientific studies have raised serious safety issues of the drug, many countries in the EU banned the use of HCQ for Covid-19 outside of clinical trials.[3] And, scientifically speaking, there is no substantial evidence that HCQ has been effective for the treatment of Covid-19. Atalay (2019) argues that the decisions of international institutions such as EU and IMF might operate beyond the borders of nation states and effect local citizens and create problems of legitimacy. But what if we are witnessing an opposite situation here: the health policies of a country are in direct opposition to the international public health authorities, and the entire country becomes a clinical trial place by the hand of its own legitimate.

As discussed, and ethnographically demonstrated by many contributions to this *Supplement* (Arnold 2022, Mollica 2022, Prato 2022), the pandemic did not hit everybody indiscriminately. There are many differences and areas of inequalities in accessing health care in several countries, which have led to other inequalities. However, the drug policy in Turkey adopted by the government has been pretty egalitarian since the Ministry of Health has provided the same drugs to every citizen. At this point it is useful to make a distinction between the right to health care and the right to health, which was one of the basic questions discussed in the Workshop. With its generous supply of drugs, the Turkish government provided health care for everybody but this did not necessarily mean that the medicated patients were truly treated, bringing out the point that the right to health care does not automatically lead to the right to health. The government was trying to leave a positive impression on the public that the country had the sufficient infrastructure as well as vital skills to manage and control the pandemic. Its presentation of the drug as effective and necessary for the treatment of Covid-19 was an attempt to legitimise the drug and promote the view that the government has been well-prepared for a disease that has, in fact, no treatment.[4]

In Turkey, an alternative mode of healthcare based upon the western medical system is developed and introduced by the government — not by individuals and communities — and put into operation for the entire population. In this *Supplement*, we see the opposite examples coming from below, such as cancer patients in Greece (Varelaki 2022), food and health sovereignty movements in Mexico (Olson 2023); folk medicine in South Korea and Israel (Sarfati 2022). The alternative treatments in these communities are neither perceived as legitimate medical treatments nor supported by the government, but they are still widely practiced by millions of people who trust them. In Turkey quite the opposite has taken place. The officially legitimate medical policy of the government was not trusted by the public;

[3] See https://www.ema.europa.eu/en/news/covid-19-chloroquine-hydroxychloroquine-only-be-used-clinical-trials-emergency-use-programmes

[4] Armstrong and Rosbrook-Thompson's (2022) ethnographic analysis of the public health programmes in the area of violence in London vigorously illustrates how people were sceptical of these programmes but they were united on the belief that the model could *demonstrate* success. They argue that the public health approach had the ability to *demonstrate* success, despite underlying questions as to its adequacy and legitimacy. Similarly, the Turkish government has combined the goal of *demonstrating* success with the goal of filling the vacuum in the treatment of Covid-19.

patients were sceptical about the drugs and hesitant about taking them, yet my fieldwork illustrated that, paradoxically, many took the pills despite their lack of trust, though they first consulted their doctors, friends, relatives or neighbours, or did research on the internet.

Rather than the drug's actual effectiveness (which nobody mentioned during my fieldwork), for some patients what mattered was the drug's ability to give a sense of control over the uncertainty of the pandemic and to offer a sense of peace of mind in their fight against Covid-19. As Channa suggested, in a situation of uncertainty, the legitimization of something is also associated with the desire of the sufferers for some kind of solace or support.[5] Several patients decided to take the drug after self-monitoring their health conditions. For example, a middle-aged female informant explained that when she and her daughters became sick, at first, they did not take the pills that had been delivered to them. They kept self-monitoring. When one of the daughters, who had asthma, got worse, she started taking HCQ, while the other daughter stopped taking the pills half-way through the course, when she felt better. They were the main actors in monitoring and managing their health risk, both prior to taking the pills and while taking them.

In brief, none of the patients whom I have met have uncritically or unconditionally accepted the drugs handed to them by the government.[6] The consent given to HCQ was always very partial and conditional (Rosbrook-Thompson 2019: 42). It was partial because the patients were doubtful about the efficacy of the drug as promoted by the government; it was conditional because the patients were ready to quit the drug as soon as they felt better. Therefore, the government's scientific legitimation of the pills was not automatically trusted and approved by the public.[7] The 'legitimacy' of the HCQ has not necessarily emerged from trust in the government; rather, it has depended on the daily life assessments, judgements and beliefs of patients in their struggle with Covid-19. This situation has created a discrepancy between practical acceptance and legitimacy; people might accept something even if they do not see it as legitimate and, as in this case, they do not trust the efficiency of the treatment.

Legitimacy is a very complex issue. As Pardo and Prato argue (2019), its borders are changing overtime along with the changes and expectations of the society. My ethnographic research in terms of how Covid-19 patients react to the government's policy of HCQ in Turkey also brings out another aspect of the complexity of legitimacy. Even though the political decisions are imposed from the top, this does not necessarily mean that they would be entirely accepted at the grassroots. As discussed by Pardo (2022) in this volume some official, legal source of information about what is legitimate says one thing; at the grassroots, the view of what is legitimate says another thing, based on people's lived experience.

[5] I would like to thank Subhadra Mitra Channa for this comment about my paper when it was discussed during the Workshop.

[6] This is similar to what Spyridakis (2019) found in his fieldwork in Athens; he showed how the poverty programmes were seriously questioned from below in terms of policy and how citizens acted based on their own understandings.

[7] Krase and Krase (2019) and Kürti (2019) address the point raised by Pardo (2000) that democratic states need authority and must rely on citizens' trust in order to rule; however, in the Turkish case, we see that the citizens comply with the health policies of the government without trusting them.

References:

Amstrong, G. And J. Rosbrook-Thompson. 2022. Interrogating the Public Health Approach: Lessons from the Field of Urban Violence. In I. Pardo and G.B. Prato (eds), *Healthcare and Public Health: Questions of Legitimacy*. Special issue, *Urbanities-Journal of Urban Ethnography*, 12 (Suppl. 6): 79-85.

Arnold, J. 2022. Long Covid/Long View: Searching for Legitimate Care. In I. Pardo and G.B. Prato (eds), *Healthcare and Public Health: Questions of Legitimacy*. Special issue, *Urbanities-Journal of Urban Ethnography*, 12 (Suppl. 6): 58-64.

Atalay, Z.N. 2019. Legal but Not Legitimate: The Changing Practices of Financial Citizenship in Turkey. In I. Pardo and G. B. Prato (eds), *Legitimacy: Ethnographic and Theoretical Insights*. New York: Palgrave Macmillan.

Boyer, D. 2008. Thinking through the Anthropology of Experts. *Anthropology in Action*, 15.2: 38-46.

Krase, J. and Krase, K. 2019. Undermining Governmental Legitimacy at the Grass Roots: The Role of Inflated Expectations of Community Accountability. In I. Pardo and G. B. Prato (eds), *Legitimacy: Ethnographic and Theoretical Insights*. New York: Palgrave Macmillan.

Kürti, L. 2019. Trust and Legitimacy in Hungary. In I. Pardo and G. B. Prato (eds), *On Legitimacy: Multidisciplinary Reflections.* Special issue, *Urbanities-Journal of Urban Ethnography*, 9 (Suppl. 2): 119-133.

Mollica, M. 2022. Managing Public Health in a Fragile Consociation: Lebanon between Wars, Explosions and the Covid-19 Pandemic. In I. Pardo and G.B. Prato (eds), *Healthcare and Public Health: Questions of Legitimacy*. Special issue, *Urbanities-Journal of Urban Ethnography*, 12 (Suppl. 6): 78-84.

Olson, E. 2023. *Health Sovereignty in West-Central Mexico: Legitimacy from the Grassroots*. In I. Pardo and G. B. Prato (eds), *The Legitimacy of Healthcare and Public Health: Anthropological Perspectives.* New York: Palgrave Macmillan; forthcoming.

Pardo, I. and Prato, G. B. 2019. Ethnographies of Legitimacy: Methodological and Theoretical Insights. In I. Pardo and G. B. Prato (eds), *Legitimacy Ethnographic and Theoretical Insights*. New York: Palgrave Macmillan.

Pardo, I. 2022. Illegitimate Rule Harms Italians' Health and Safety. In I. Pardo and G.B. Prato (eds), *Healthcare and Public Health: Questions of Legitimacy*. Special issue, *Urbanities-Journal of Urban Ethnography*, 12 (Suppl. 6): 16-23.

Portes, A. 2010. *Economic Sociology: A Systematic Inquiry*. Princeton, NJ: Princeton University Press.

Prato, G. B. 2019. On the Legitimacy of Democratic Representation: Two Case Studies from Europe. In I. Pardo and G. B. Prato (eds), *Legitimacy: Ethnographic and Theoretical Insights.* New York: Palgrave Macmillan.

Prato, G. B. 2020. Introduction: Pandemic Emergency, Solidarity and Brutus Tactics. In G. B. Prato (ed.), *City Life and Beyond in Times of Pandemic.* Special Issue, *Urbanities-*

Journal of Urban Ethnography. 10 (Suppl. 4): 3-13.

Prato, G. B. 2022. Healthcare Ethics in Urban Europe: Between Charity and National Welfare. In I. Pardo and G.B. Prato (eds), *Healthcare and Public Health: Questions of Legitimacy*. Special issue, *Urbanities-Journal of Urban Ethnography*, 12 (Suppl.6): 8-15.

Rosbrook-Thompson, J. 2019. Legitimacy, Urban Violence and the Public Health Approach. In I. Pardo and G. B. Prato (eds), *On Legitimacy: Multidisciplinary Reflections*. Special issue, *Urbanities-Journal of Urban Ethnography*. 8 (Suppl. 2): 37-44.

Sarfati, L. 2022. Legitimizing Spiritual Healing: The Right to Folk Medicine in Contemporary South Korea and Israel. In I. Pardo and G.B. Prato (eds), *Healthcare and Public Health: Questions of Legitimacy*. Special issue, *Urbanities-Journal of Urban Ethnography*, 12 (Suppl. 6): 39-45.

Spyridakis, M. 2019. Legitimating Poverty: The Minimum Guaranteed Income Pilot Case. In I. Pardo and G. B. Prato (eds), *Legitimacy: Ethnographic and Theoretical Insights.* New York: Palgrave Macmillan.

Varelaki, F. 2022. Legality and Morality in Cancer Care-The Right to Choose: Constructing 'Otherness' in Medical Pluralism. In I. Pardo and G.B. Prato (eds), *Healthcare and Public Health: Questions of Legitimacy*. Special issue, *Urbanities-Journal of Urban Ethnography*, 12 (Suppl. 6): 31-38.