RETHINKING STATE AND CIVIL SOCIETY RELATIONS IN TURKEY: AN ANALYSIS ON MIGRANT HEALTH

A Master's Thesis

by
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Ankara
July 2018

To My Siblings;

Kübranur & Başaran

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The Graduate School of Economics and Social Sciences
of
İhsan Doğramacı Bilkent University

by

OĞUZ CAN OK

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ANKARA

July 2018

I certify that I have read this thesis and have found that it is fully adequate, in scope and in quality, as a thesis for the degree of Master of Political Science.

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ABSTRACT

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July 2018

This thesis aims to investigate what kind of functions can civil society organizations serve in states that have historically created unfavorable structural conditions for them. For this purpose, a political ethnography study was conducted for over 3 years. Within the scope of this study, laws regulating the access of migrants to health services were examined, in-depth interviews with 29-people conducted, and participant observation was carried out in 8-places. This study theoretically argues that civil society organizations may challenge the structural boundaries determining the limits of their activity at the time of crises. Depending on the content and size of these crises, even historically statist states may have to make room for civil society. Within the empiric case of this study that analyzes civil society and state relations under migrant health field in Turkey, this thesis argues that the recent migration wave was the window of opportunity to gain a temporary space in the field for

civil society organizations in Turkey, which are weak due to being under the tutelage of the state, originating from the statist tradition. Civil society has filled this area with positive contributions to all migrants; but the strong statist understanding of the state causes this circumstance to recede in the long-run. Given the findings of this thesis, it is concluded that the state needs to allow for civil society in the field of health while at the same time maintain fulfilling its inspection and coordination roles in that area.

Keywords: Civil Society Organizations, Civil Society-State Relations, Migration, Migrant Health

ÖZET

TÜRKİYE'DE DEVLET VE SİVİL TOPLUM İLİŞKİLERİNİ YENİDEN DÜŞÜNMEK: GÖÇMEN SAĞLIĞI ÜZERİNE BİR ANALİZ

Ok, Oğuz Can

Yüksek Lisans, Siyaset Bilimi ve Kamu Yönetimi Bölümü

Tez Danışmanı: Dr. Öğr. Üyesi Meral Uğur Çınar

Temmuz 2018

Bu tez, sivil toplum örgütlerinin kendilerine tarihsel olarak olumsuz yapısal koşullar üreten devletlerde hangi tür fonksiyonlar sunduğunu incelemeyi amaçlamaktadır. Bu amaçla üç yılı aşan bir siyasi etnografi çalışması yapılmıştır. Bu çalışma kapsamında, göçmenlerin sağlık hizmetlerine erişimlerini düzenleyen yasal mevzuat incelenmiş, 29 kişiyle derinlemesine mülakat yapılmış ve 8 mekânda katılımcı gözlem çalışması yürütülmüştür. Bu çalışma teorik olarak sivil toplum örgütlerinin faaliyetlerinin sınırlarını belirleyen yapısal sınırlara kriz anlarında meydan okuyabileceklerini iddia etmektedir. Bu krizlerin içeriğine ve büyüklüğüne bağlı olarak, tarihsel olarak devletçi devletler bile sivil toplum için yer açmak zorunda kalabilirler. Bu çalışmanın ampirik vakası olan Türkiye'de göçmen sağlığı alanında sivil toplum ve devlet ilişkileri bağlamında bu tez iddia etmektedir ki yaşanan son

göç dalgası, Türkiye'de devletçi gelenekten kaynaklı olarak devlet güdümünde olan sivil toplum için sahada geçici bir alan kazanmasını sağlayan bir fırsat penceresi olmuştur. Sivil toplumun bu alanı tüm göçmenlere pozitif katkılar yapacak şekilde doldurmuştur; ama devletin güçlü devletçi anlayışı uzun vadede bu durumun geriye dönmesine neden olmuştur. Bu tezin bulgularına göre, devletin sağlık alanında sivil toplum için yer açması ve aynı zamanda bu alanda denetim ve koordinasyon görevlerini yerine getirmeye devam etmesi gerektiği sonucuna varılmıştır.

Anahtar Kelimeler: Göç, Göçmen Sağlığı, Sivil Toplum-Devlet İlişkileri, Sivil Toplum Örgütleri

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CHAPTER I

INTRODUCTION

> "Civil society is like the nerve endings of this system. When there is a change, first we detect, first we react. Yes, we have to contact the state in some way. However, the blindness in state reduces and slows down the response of the state against the changes taking place." *(Participant #9)*

The quote above is taken from interview with a doctor working at a civil society organization. The metaphor the doctor uses, namely "nerve ending", symbolizes the crucial role civil society is believed to fulfill in democracies. The participant, whom quoted, thinks that the civil society received the first warning in the migrant crisis and gave the first response. For him, this role is undertaken by civil society, which makes civil society a vital part of the field. We can categorize these civil society organizations in terms of their respective roles in migrant health: direct healthcare providers (who serve in their own associations with one doctor, who serve in their own clinics with multiple doctors), who are collaborating with private clinics, who are directing migrants to healthcare centers, who are providing consultancy for accessing healthcare, who are paying migrant healthcare costs to other clinics, who are providing education in the field of healthcare to migrants.

The civil war, which began in Syria in 2011, caused millions of people to leave their country and live in other countries. Turkey is one of the target countries of this migration wave. Today, more than 3 million Syrians are under temporary protection within the borders of Turkey. Apart from these people, there are thousands of people under different statuses. For example, in 2017, more than 112 thousand international protection applications were made in Turkey (DGoMM, 2018). In total, this position shows that high numbers of migrants live in different statuses in Turkey. The mass migration after 2010 came along with many demands and needs. These people need a lot of things, from accommodation to healthcare and in particular the wave of migration through Syria has reached large numbers in a short period of time has made it difficult to meet these needs. The fact that migrant status has not been clearly defined in Turkey has made this wave of migration a kind of crisis for the state. You can find a more detailed discussion of the extent of the migration wave and how the state was unprepared for the needs in Chapter 3.

The State being caught unprepared against the demands paved the way for the search for an ad hoc solution. Meeting the needs of healthcare in particular is crucial as to prevent migration crisis from turning into a humanitarian crisis. Therefore, we see intensive activities of civil society in the field. There are various studies on the different services offered to immigrants (Erdoğan, 2015; Kutlu, 2015; Paksoy, 2016). In the field of health, which constitutes the subject of this study, an increase in the actions taken by civil society is observed. Yet historically, considering the relationship between civil society and Turkey, this situation kind of area gaining action is a different and unusual case for Turkish civil society, which has come to the brink of

extinction due to military coups (Keyman & Gümüşçü, 2014). In that, according to the literature, civil society and state relations in Turkey are under state authority based on the statist tradition. The expansion and narrowing of civil society is directly related to the policies of the state in the relevant period of time (Burak, 2011; Keyman & Gümüşçü, 2014). For the Turkish civil society, where the historically quite new, state support is rather low and in a weak position, the analysis of actions taken in the migration crisis has significant importance as it reveals a new case out of the classic paradigm. Therefore, the role of civil society in the migration crisis in the health field takes this issue beyond the measures taken against the humanitarian crisis and presents a new material for civil society and the state relations debate.

The rate of civil society organizations operating in the field of health is 2.24% among all civil society organizations. The field of health before the migration crisis was one of the weakest areas of civil society. However, with the migration crisis, civil society organizations working in the field of health have appeared even in the media (Milliyet, 2016). Thus, civil society organizations providing health services to migrants constitute a new and unique case in terms of classical civil society and state paradigm in Turkey. One of the aims of this study is to examine the ad hoc changes in the classical state civil society paradigm with the demand for health services experienced during the migration crisis.

There are diverse discussions about the roles of civil society and how it will take over. While several studies describe the roles of civil society as significant roles such as leading grass-root actions (Ndegwa, 1994; Toepler &

Salamon, 2003; Tusalem, 2007), others claim that civil society can only take minor roles in a society such as monitoring of state (Carbone, 2005; Encarnación, 2003; Orjuela, 2003). Beyond these studies, there are various studies on the question of *how civil society proceed to take action on current issues* (Petrescu, 2000; Racelis, 2000; Sze & Ting, 2004). These studies often tell us that the structure of the state plays a decisive role as well (Lewis, 2013; Sundstrom, 2003). For example, certain studies assert that civil society in democratic countries determines the area in which it wants to work on (Johansson & Kalm, 2015), on the other hand, some studies claim that the activity areas of civil society within authoritarian states are directly determined by the state itself (Carbone, 2005; Cohen & Arato, 1994; Lewis, 2013). From this point of view, the relationship between the level of authoritarianism of the state and the freedom of civil society is one of the areas in which the literature makes an intensive effort (Abdel-Samad, 2017; Giersdorf & Croissant, 2011; Helliker, 2012; Hsu, 2010; Lewis, 2013; Ziegler, 2016). The main argument of a significant part of research on this subject is that the borders of civil society are parallel to the political culture of that society (Carbone, 2005; Heinrich, 2005; Somers, 1995), and these structural differences of states, naturally, determine the activity areas of civil societies in different countries (Lorch, 2017; Shrestha & Adhikari, 2011; Wakeman, 1993).

There is a significant number of studies examining the structural boundaries of civil society in Turkey. In this regard, part of studies makes parallel claims for civil society in Turkey, such as the state's attitude towards civil society organizations is simply statist, and this status has made civil society even more fragile and unable to operate in all areas (Burak, 2011). The common

point of the mentioned studies is that they all look at the development of civil society in Turkey through a historical understanding and read the level of activity of civil society in different periods in line with historical changes. Many of these studies conclude that civil society in Turkey is always within the structural boundaries, despite the changing historical process (Keyman & Icduygu, 2003). According to these studies, civil society is getting much more active as the states elites motivate civil society in the same direction with their needs. Therefore, these studies often bring out increases in the number of civil society organizations in Turkey along with changing policies of the state, for example the European Union harmonization process (Diez, Agnantopoulos, & Kaliber, 2005; Ergun, 2010). Corresponding to this reality, these studies claim that civil society organizations are increasing quantitatively, but there are still substantial problems when it comes to the qualitative qualification of these organizations. The changes in the field of activity are irrelative to the need for them to work in one area, but on the other side the structural boundaries allow them to work in that area. This makes it difficult to examine the civil society of countries such as Turkey in terms of the *'kind of society neither the state nor the market nor the family where action is needed'* approach, which is one of the basic definitions of civil society by reason that the strong state tradition draws the boundaries of civil society with structural constructions that defined, again, by state (Keyman & Icduygu, 2003). The common view of existing studies is that the structural boundaries eventually determine the activity areas of civil society in Turkey and it is difficult to change this situation (Keyman & Gümüşçü, 2014). On the other

hand, there is also a little debate about whether certain specific events will stretch these structural boundaries (Özerdem & Jacoby, 2006).

In this context, this study theoretically argues that civil society organizations may challenge the structural boundaries that identify the limits of their activity at the time of crisis and, depending on the content of these events, states respond to this and make room for civil society even though historically statist states can do this. The main example for this argument is the mass migration event that Turkey faced after 2011 and the changes that took place with it. Millions of people crossing borders and coming to Turkey has created a high amount of need and there are numerous studies on the roles of civil society in satisfying these needs (Kutlu, 2015). It might be argued that the actions taken by civil society in this mass migration phenomenon are mostly within structural boundaries. However, if the actions taken by civil society are examined at the micro level, it might also be observed that reality is separated from theory and argued that civil society challenges structural boundaries in times of grand crisis events in contrast to the general claim. One of the most prominent areas of this is the civil society organizations working in the field of health. In Turkey, the rate of health-related civil society organizations is around 2.24% compared to all civil society organizations (DDB, 2018). Based on this figure, the number of organizations serving in this area remains quite small compared to the civil society organization population overall Turkey. The reason why the ratio above is low might be explained as the area requires expertise and there are countless regulations. Since organizations which aims to serve in this area are directly subject to the regulations of the Ministry of Health, also have to deal with an extra number of criteria in addition to the

criteria for establishing a civil society organization, as the criteria of Ministry of Health for setting up new clinics for example. However, since the mass migration event has been on the agenda, civil society organizations are actively involved in migrant health issue no matter how small the numbers are (Zencir & Davas, 2014). Apart from those which are officially organized, groups of people from within the civil society participated in these activities without any official organization. Furthermore, it is also known that organizations that have not worked in the field of health also start to produce services in this particular area (this issue will be discussed in more detail in the following chapters). The main reason beyond this situation is related to the demands of migrants where the millions of people from Syria have demanded a large number of services. Health services are one of the areas of this demand. It is not just one of the areas where people demand service on the very first day they arrive to the border, but it is also one of the areas that demand intensive service even today. Therefore, the state has allowed civil society to be enrolled in this field. The state has provided this by reducing regulations and controls, and also granting new permits. This change, which led to the provision of direct health services by civil society, meant a field gain for civil society in Turkey. Therefore, it is substantial to examine one of these rare changes for civil society in terms of the relations between civil society and the state. This study examines these changes and the results of these changes. Based on this present reality in the field of migration health in Turkey, in this thesis, I will investigate the answers to the question of *what kind of functions can civil society organizations serve in states that have historically created unfavorable structural conditions for them?* as a centrical

enquiry. In line with this central question, I will also seek for answers to the sub-questions of *How do civil society make use of "windows of opportunities" created by contingent factors such as the migrant crises in Turkey? How does the state react to the more activist role assumed by the civil society in such conditions? and How are migrants affected by such a context?* Within the empiric case of this study on civil society and state relations under migrant health field, this thesis argues that the recent migration wave was the window of opportunity to gain a temporary standing in the field for civil society organizations in Turkey, which appear to be weak due to being under the tutelage of the state originating from the statist tradition, and civil society has supplied this area with positive contributions to all migrants. However, the strong statist understanding of the state causes this situation to go backward, as I will demonstrate in this thesis.

In this study, I will firstly make an overview of how migrants access healthcare services in Turkey. Health services that migrants can receive through civil society and the state will be examined based on their legal background. Thereby, the official positions taken by the relevant actors in the field will be explained. In the following chapters, the relationship between civil society and state in the field of migration in Turkey will be examined to the extent of each actor. First of all, the roles of civil society in this relationship will be analyzed and based on these roles, roles that differ from the traditional relationship between civil society and state in Turkey will be discussed. In this way, it will be understood how civil society uses the window of opportunity in this area and in the other chapter, the reaction of the state against these roles will be examined. Besides, the attitude of the state towards the changes in these

relations will be examined as well. This chapter will also discuss the standing of civil society and state relations in the long term. Finally, the way how the changes in these relations reflect to migrants will be discussed. Thus, the importance of the role of civil society and the outcomes of the reaction of the state to this changing role will be discussed.

1.2 Methodology

This research has an interdisciplinary position as required by the empirical case studied. This study, which has a relationship with Political Science, Sociology and Anthropology in terms of literature, theory and methodology, is functioning in gray areas among different academic disciplines. Civil society, state and migration studies naturally require interdisciplinary work. Due to the different levels of analysis, taking only one of these scientific fields into hand would have left this study incomplete. This study spares extra effort to ensure that each one of the state, civil society and migrant actors speak enough. In this way, this study aims to provide a better analysis of this multidimensional field. However, trying to ensure that each actor's voice is heard separately and interacts with each other makes the methodology of this study much more difficult. Therefore, in this study I tried to benefit from the methodologies of all the disciplines mentioned above at an optimal level so that an interdisciplinary study was produced between Sociology, Political Science and Anthropology in terms of content, case studies, data, theory and literature.

During this study, I seek answers for questions through the methodologies of political ethnography. In this context, fieldwork and in-depth interviews have been conducted. This study is based on over 3 years of empiric field study.

This field study was conducted between October 2015 and May 2018. In this context, civil society organizations which are providing healthcare services directly to migrants or providing training/counseling services on healthcare, and state institutions were visited. I completed participant observations in 8 institutions providing health services to migrants, and I conducted in-depth interviews with 29 people in total. In-depth interviews took between 60 and 90 minutes. Participants were selected from people working in the field of migrant health such as doctors, health workers, managers, academicians, or volunteers in civil society or state. The age range of the participants is from 26 to 63. Sixteen of the participants were male whereas thirteen were female. Interviews were conducted with the institutions providing directly healthcare or education/consulting services to migrants and individuals working in Istanbul, with only two exception made. Due to the time and material limitations, this study could not be repeated in other cities, and therefore it was endeavoured to be studied in depth in Istanbul sample as much as possible.

Snowball sampling method was put to use when selecting the interviewees. For this purpose, in the first stage, 20 people were reached by telephone and e-mail, and 8 people were directly interviewed. After the interviews, thematic analysis was performed with the data obtained, and 11 more interviews were carried out with the names suggested by the participants as there was a need for new data on several issues. As a result of thematic analyses, the 3rd round of interviews was decided to be conducted. This once, interviews with 7 more people were conducted and the interviews were terminated as the data obtained began to iterate. Finally, the study was extended as a participant observation proposal was received from a civil society organization, and

participant observation was made in every 2 weeks at this institution for 2 months. In this context, additional interviews were carried out with 3 of the employees of this organization. The data obtained from this additional study is included in the main data group. In order to carry out these interviews, two Ethics Committee approvals of Bilkent University Ethics Committee were received. The reason for receiving permission from the two Ethics Committees was that this study started as a preliminary field research in 2015, and then when it became clear that the field was available for a more in-depth research, the research was transformed into a master's thesis research and the process of obtaining permission revived again in 2016.

During the study, people were asked to sign an informed consent form. If allowed, the interviews were voice-recorded. The names of the participants and institutions in the study were kept anonymous, especially through the concerns of the people working in civil society organizations. Independent numbers were given to each institution and person as the main objective here was to protect the participant. Although all participants were older than 18, the number of interviews with migrant participants has been limited, and extra sensitivity has been shown in interviews with migrant participants compared to other interviewees. No in-depth interviews were conducted with migrants other than the ones working in civil society organizations. The underlying reason for this is that in-depth interviews (especially in the field of health) with people who might join vulnerable groups, such as migrants, require specialized skills and training (Gabriel, Kaczorowski, & Berry, 2017). Based on this ethical concern, additional attention has been paid during the selection of migrant participants. I met and talked to migrants who did not work in civil

society organizations during the participant observation at the waiting rooms. No in-depth interviews were conducted with these people since the main reason here is the ethical concerns. Instead, I was involved in the conversation of migrants in accordance with the permissions I received from them. By this way, I benefited from such environment as an opportunity where people already shared their views about the system. The data received from these people are not included in the main data set, and this data set has been analyzed by itself. The methodology of this data which I collected by contacting the migrants was mentioned separately at the entrance of chapter 5 where this data was used.

In addition to this field study, laws regulating the access of migrants to health rights in Turkey were scanned, and content analysis was made on such laws. Several organizations have not been reached due to their activity outside Istanbul or the lack of access to gatekeeper during the research process. Secondary sources were scanned to gather information on the activities of these civil society organizations as well. In this process social media accounts, websites, printed and visual materials, service promotion advertisements, and educational content of these organizations were scanned and analyzed separately for proper use if needed. Information about 8 different organizations from this group was collected in this way.

1.3 Theoretical Framework

1.3.1 Civil Society and Civil Society Organizations

Working through civil society literature is kind of a challenge on its own. There is no consensus on the concept of civil society. There are various discussions

about the definition of civil society and who will be involved in the concept. Even if one of these concepts is chosen and studied, we may encounter different pictures when the theory turns into practice. For example, dynamics of civil society organizations can change according to the political system of the countries in which they are carrying out their operations (Anheier, 2014; Edwards & Foley, 2001; Foley & Edwards, 1996). Consequently, before examining the relationship between civil society organizations and the state, one should define how civil society and civil society organizations are handled in this study.

Discussions on the understanding of civil society might also be found before the 1980s, but the 1980s is a noteworthy era in terms of the systematic use of this concept in the literature and its popularization (Edwards & Foley, 1998). This concept was welcomed as a positive and popular concept, especially in Europe, to balance against central institutions after the authoritarian regimes of Eastern Europe (Howard, 2002). A quick sympathy for this non-state actor concept, which stands out against authoritarian regimes, has risen instantly. However, the lack of a common definition of this concept has caused the studies to expand the field of use of this concept until the 1990s. Therefore, every single new study in the relevant period of times has named a different community as civil society, and the area the concept was used within has been enlarged (Kew, 2016). This confusion has gone on until the 2000's and has sparked fluctuations in the interest of studies against this concept. However, these fluctuations, in the long run, did not diminish the power of this concept but only revealed the need for a much more clear definition.

During this study, civil society will be conceptualized as the society in which active voluntary citizens are gathered and is neither the state nor the market nor the family (Gellner, 1994). Therefore, fewer groups will be excluded from this definition before defining the civil society organization (Talas, 2014). As mentioned in the previous sections, the number of organizations working in the field of health in Turkey remains very limited compared to all civil society organizations. If a very selective criterion is used in the definition of civil society, the number of organizations might be called the civil society organizations remains very limited in Turkey. One of the main reasons for this is that civil society organizations in Turkey remain minor and undeveloped for various reasons. Since this study is among the preliminary studies on civil society organizations working in healthcare, it has chosen to give an in-depth and wider picture of the field. The extent of the field has been kept as wide as possible in order to learn more about it. As a result of Gellner's definition, a wide range of civil society and civil society organizations have been introduced, so that a wider field study could be carried out. Neither the state nor the market nor the family characteristics of civil society can be affected by the systemic characteristics of the countries (Sievers, 2010). These changes show itself mainly in civil society organizations, because civil society organizations might be defined as organizations established by voluntary individuals in this social field (Sievers, 2010). In multiple cases, an entirely independent social space can be created, but in some countries, civil society may have to engage in compulsory relations with these actors. However, the critical point here is that civil society should not be funded directly by them nor should not be under their sovereignty or be accounted for them. They should

be fully autonomous as one of the key characteristics of these organizations (Kim & Jeong, 2017). It is important that they should be as much independent as possible. Otherwise, in such a civil society, as both Tragdh and Witoszek mentioned, it is quite possible to have formations such as government-organized non-state organizations, party-organized non-state organizations, and business-organized non-state organizations (as cited in Wismar, Greer, & Kosinska, 2017a). The main difference between such organizations from civil society ones is that they do not have the required autonomy. That is why these organizations become parts of the state or profit-making companies (Wismar, Greer, & Kosinska, 2017b). Therefore, while examining civil society and civil society organizations, the political context in which they are involved should not be ignored

1.3.2 Civil Society and State Relations

In the literature many contexts in which the relations between civil society and the state are examined are encountered (e.g., education, rights of minorities, etc.). Especially in the literature of democratization, it is possible to find many studies that measure the effects of civil society activities and the relationship between civil society and state on democratization (Fioramonti & Fiori, 2010; Beichelt & Merkel, 2014; White, 1994). In addition to such theoretical discussions, there is a wealth of literature on how civil society deals with the state in such matters of the provision of direct education services (Cave, 2017). Also, in recent years, issues such as aid to migrants have become popular areas in which the relationship between civil society and the state has been discussed (Mayblin & James, 2018; Nunnery & Dharod, 2015; Odmalm, 2004). However, there is a limited amount of discussions on the relationship

between civil society and the state over healthcare. The detailed studies on this subject usually look at a very narrow area or appear as a result of non-social-science field studies such as medicine and public health (Baum, 1997; Borzaga & Fazzi, 2014; Doyle & Patel, 2008; Filc, 2014). Studies in social sciences generally examine this subject from the perspective of public policy, although it is observed that these studies do not discuss the relationship between state and civil society in depth. Moreover, there is a limited number of studies on the relationship between civil society and the state in healthcare services to be provided to various migrants (Blas et al., 2008; Crush & Tawodzera, 2014). In general, these limited number of studies discuss the areas in which civil society might contribute positively. According to these studies, civil society is involved in areas where the state cannot take action quickly, finds action inefficient, and does not want to take action as well (Wismar, Greer, & Kosinska, 2017b). In these studies, it is stated that the services provided by civil society are supportive of the services provided by the state and that only very few services may be substituted for the services provided by the state itself (Wismar, Greer, & Kosinska, 2017a). These studies show that civil society has taken the most frequent action, especially in the fields of providing counseling and awareness-raising on migrant health. In addition to that, there are examples in which civil society provides direct health services (Aygün, Gökdemir, Bulut, Yaprak, & Güldal, 2016). However, in order to protect universal health standards, it is observed that civil society does not provide all services and that the state does not withdraw from the field altogether in any case (Wismar, Greer, & Kosinska, 2017a). For that, the health field where the state is no fully withdrawn creates a good opportunity

for the long-term study on civil society and state relations, as civil society and state are both required to take part in the same field.

1.3.3 Civil Society in Turkey

In the context of Turkey, civil society and state relations are frequently handled in terms of the literature on democratization (Keyman & Gümüşçü, 2014). Within the scope of this literature, civil society is positioned as a key actor with regard to Turkey's democratization and adoption of participatory democracy. Based on this literature, it is possible to sort the roles of civil society under four main themes as following (Talas, 2014);

1- Create public opinion, and make the demands of the social groups they represent visible

2- Play a balancing role against the dominant market or state understanding and to create a pluralistic society

3- Ensure the settlement of pluralistic culture in the society and politics

4- Produce projects as parallel or alternative solutions to state policies on the social and economic life

In addition to the role of civil society organizations within the system, there are also discussions on which groups might be considered as civil society organizations in Turkey. In this context, few studies have perceived the foundation (vakıf) culture as a civil society tradition and claim that the history of civil society in Turkey is quite old (Cihan & Doğan, 2007; Kuzmanovic,

2012). Other studies claim that the concept of civil society has just begun to develop in contemporary Turkey by taking the western understanding of civil society as the central basis (Talas, 2014). In parallel to this debate, the discussion of which organizations are and are not civil society, is also included in the literature.

There are several studies on how the relationship between civil society and the state is shaped in Turkey. Most of them have looked at this relationship in a historical manner and have been studying the process since the early days of the Republic. The main argument here is that political culture shapes the relationship between civil society and state (Mardin, 1969). The literature says that the statist mentality of the Republic established and the historically statist policies to date directly shaped civil society and state relations (Kalaycıoğlu, 2004). In these studies, it is claimed that the historically strong state with statist understanding takes its own responsibility in most policies. It makes quite a little room for other actors, such as civil society. If there needs to be an action taken, it is considered to be the first state to do it. After the 1980s, it was claimed that the rise of civil society also depended on the initiative of the state (Keyman & Gümüşçü, 2014). It is one of the arguments in this literature that the state, especially seeking to establish relations with the West, forces civil society to revive in order to portray itself as a provider of participatory democracy (Burak, 2011). In fact, some claim that the state elites portrayed civil society compatible with their needs and benefited from civil society as instruments (Keyman & Gümüşçü, 2014). While these studies aim to understand that the civil society has been revived at different dates, they claim that the state is the driving force here. In particular, when civil society is

needed to be active, such as introducing the European Union, civil society has been revived by the state. Thus quantitative increase of civil society organizations did not turn into a qualitative increase. (Doyle, 2017). When looking at these studies as a whole, the historically strong statist state is seen as one of the major reasons for the weakening of civil society in Turkey. The current studies correlate this situation with political culture and also link it with the long-term lack of change in relations between civil society and the state.

In the studies examining the relations between civil society and the state, it was observed that empirical samples selected from various themes were benefited from. These studies examine how state and civil society perceive each other in many aspects from education to economy and in this context, some studies claim that civil society has become increasingly important in Turkey since the beginning of the 21st century (Şimşek, 2004). However, there are also studies that claim civil society has grown in numbers, but these organizations have been emptied qualitatively (Keyman & Gümüşçü, 2014). Such studies claim that this is usually done systematically by the state. The common point of these studies is that the state instruments the concept of civil society and its activities are narrowed down to the interests of the state (Doyle, 2017). However, these studies often examine issues such as democratic participation. Especially, there are few studies that examine the provision of a service by civil society, other than directly from the state itself. However, civil society organizations working in healthcare in Turkey are often out of this literature as the number of civil society organizations related to health is very low among civil society organizations in total. Therefore, there is no debate on whether this contraction is occurring in the field of health or not.

This study will discuss, unlike other studies, how the relationship between the state and civil society has evolved and changed in the field of health.

1.3.5 Migration and Health in Turkey

With the civil war in the Arab Republic of Syria in 2011, millions of people have started to migrate to different countries, and Turkey has faced a critical landmark in terms of healthcare provision which is due to people who escaped from the war that try to access health services as the nature of forced migration (IOM, 2005). It was important to meet this demand because access to healthcare is directly related to the right to life (Chinkin, 2006). Different studies have also discussed the importance of the demand for access to health services of migrant communities (Illingworth & Parmet, 2015).

Looking at the case of Turkey, millions of people generating this demand are quite enough to initiate a crisis and chaos. From this perspective, Turkey is among the countries where Syrians migrated to most intensively after 2011. This has created an intense demand for healthcare, and it has created an environment of disaster (Türk Tabipleri Birliği Merkez Koseyi, 2016). This has created a need for civil society in the field and in this context, there are studies examining and comparing the services provided by civil society and the state to migrants (Dinç, 2017). However, studies examining the relationship between civil society and the state in the field of migrant health remain both qualitatively and quantitatively incomplete. Therefore, one might say that there is a gap in literature in Turkey over the relationship between civil society and the state when it comes to migrant health.

1.4 Actors on the Field

Three actors in the field are the state, civil society organizations and the migrant. The state and civil society are acting as service providers here, and for both of them, the common target group is migrants. In the system, we can divide migrants into two main groups as those who have official status (those under international protection, those under temporary protection, etc.), and those who do not have official status (irregular migrants, etc.). These status differences directly determine their positions within the system.

1.4.1 State

The state is the biggest actor of the system in terms of human resources and monetary power and the position of the state in this system varies according to the way it serves. The answer to the question ‘Should migrants be integrated into the current system or should a special system be established for them?’ has changed at certain turning points and it therefore influenced the role of the state in the field. Until the wave of migration from Syria to Turkey, the general policy of the state was none of these two options. The lack of regular migration policy has led this question to be ignored. The wave of migration in 2011 required both the establishment of a regular migration policy and the questioning of this dilemma. At this turning point, the state began to produce ad hoc solutions and only served with a special system for migrants in the borderland where the crisis was experienced. After a while, the Syrians began to live in other cities, and this caused the state to change its position. It was difficult for the state to establish a special system for the Syrians who started living in Turkey and in addition, these people were called

‘guests’ by the state when they first arrived. The idea here was that the guests would leave in a short time, and therefore the investments for special services would be inefficient. However, the duration of the stay has been extended, and thusly the needs have increased steadily. For this reason, special structures were set up for migrants, such as migrant health centers.

1.4.2 Civil Society Organizations

Civil society, on the other hand, is a comparatively weak (in terms of humanpower and money) but stable (in terms of continuity and sustainability) actor in the field, even though the state could not achieve stability in the field. Civil society organizations in the field of migrant health before 2011 were active with small numbers. With the wave of migration from Syria to Turkey, they continued to provide healthcare to migrants in the border regions and then in cities. Several organizations involved in this area provide direct health services by conducting joint projects with private healthcare institutions. The volunteers of numerous organizations are health workers, so they provide health services within their institutions. Besides, some organizations employ doctors (Turkish or foreigners) to provide direct health services. There are also civil society organizations that do not provide direct health services but provide training/consultancy services in the field of health.

1.4.3 The Migrant

Migrants might access free healthcare through the state, if they have a status, i.e., they are under international protection or temporary protection, and they can also receive services from civil society organizations. If migrants do not hold such status, it becomes much more complex for them to exist in the

system. These people are unable to access the health services provided by the state free of charge, in exception for emergencies. For them, the services provided by the civil society become even more important. The fact that migrants have these options on paper during their access to the system does not guarantee that it will be the same in practice. The content of communication between actors and their attitudes towards each other might also influence the practice as well.

CHAPTER II

ACCESSING THE HEALTHCARE SERVICES FOR MIGRANTS IN TURKEY

In this chapter the phenomenon of migration in Turkey in terms of quantitative and legal aspects will be discussed. Following the analysis of the history and legal status of migration to Turkey, we will discuss how the migration phenomenon after 2011 has affected the current migration law paradigms. Thus, the process leading to the paradigm shift between civil society and the state will be better understood. In addition, formal and theoretical discussions on how health services are offered to immigrants will be examined and in this way before examining the reality of the field, it will be understood what kind of a system is actually set up on paper. In this way, the difference between the foreseen processes and the application might be observed more smoothly.

2.1 Migration and Turkey

The Republic of Turkey has been subjected to a variety of mass migrations throughout its history. In addition to these migrations, it is known that small groups or individuals come as migrants to the Republic of Turkey. In Table 1, You can find the mass migrations received during the period of the Republic of Turkey. It is seen that the majority of mass migrations until 30 years ago were made up of individuals with Turkish ethnic identity. These people are usually Turks who settled in the Ottoman Empire back in time and stayed outside the state borders when the Turkish Republic was established. The

vast majority of the migrations experienced by these people are based on various agreements made between the state of the New Republic of Turkey and other countries (Erdoğan & Kaya, 2015). Accordingly, these migrations are separated from the migrations that Turkey is facing today.

Table 1: Mass migrations accepted during the period of the Republic of Turkey[1]

When	From	# People
1922-1938	Greece	384.000
1923-1945	Balkans	800.000
1933-1945	Germany	800.000
1988	Iraq	51.542
1989	Bulgaria	345.000
1991	Iraq	467.489
1992	Bosna	20.000
1999	Kosovo	17.746
2001	Macedonia	10.500
2011-2017	Syria	3.000.000

Since the second half of the 1980s, one might say that the individuals who moved to Turkey were not only of Turkish origin but also composed of individuals with other ethnic identities. Especially during the Gulf War period, half a million Iraqis were taken under protection in Turkey (Özdemir, 2016). However, nowadays, Turkey is faced with much more intense, large and different waves of migration.

The Syrian Civil War, a pillar of the Arab Spring wave, was a new and difficult experience when looking at the migration history of the Turkish Republic. By reason of the Syrian civil war in 2011, millions of Syrians were displaced from their homes and had to seek asylum in different countries. Because of its geographical position, Turkey became the target country of the majority of asylum seekers. Today, according to official figures, there are 3.579.254

[1] Adopted from: http://www.goc.gov.tr/icerik/goc-tarihi_363_380

Syrians held under temporary protection in Turkey (DGoMM, 2018). The number of Syrians coming to Turkey by years is seen in Figure 1. This sudden wave of migration has brought along many up-to-date questions. Some of these questions were: *where will these people settle? How and by whom the basic needs of these people will be met? How will these people access basic services such as health and education? How will these people overcome language problems? How long will they be staying?* It was not easy to find answers to such questions as these people suddenly began migrating and came directly to the borders. There were millions of people waiting at the border, and there was not enough time to make a healthy decision. Therefore, the Republic of Turkey had to make ad hoc decisions on many issues since delays would lead to humanitarian crises. One of the main reasons for ad hoc decisions was that the Republic of Turkey was not ready for such a migration wave. The official department dealing with migration was a small directorate under the police department. The budget for services, human power for intervention, organizational power, and legal foundations were lacking. Therefore, the Directorate General of Migration Management, which is affiliated to the Ministry of the Interior, was established. The purpose of this directorate was to manage the migration processes and make certain of the organization and communication of the related institutions (DGoMM, 2015).

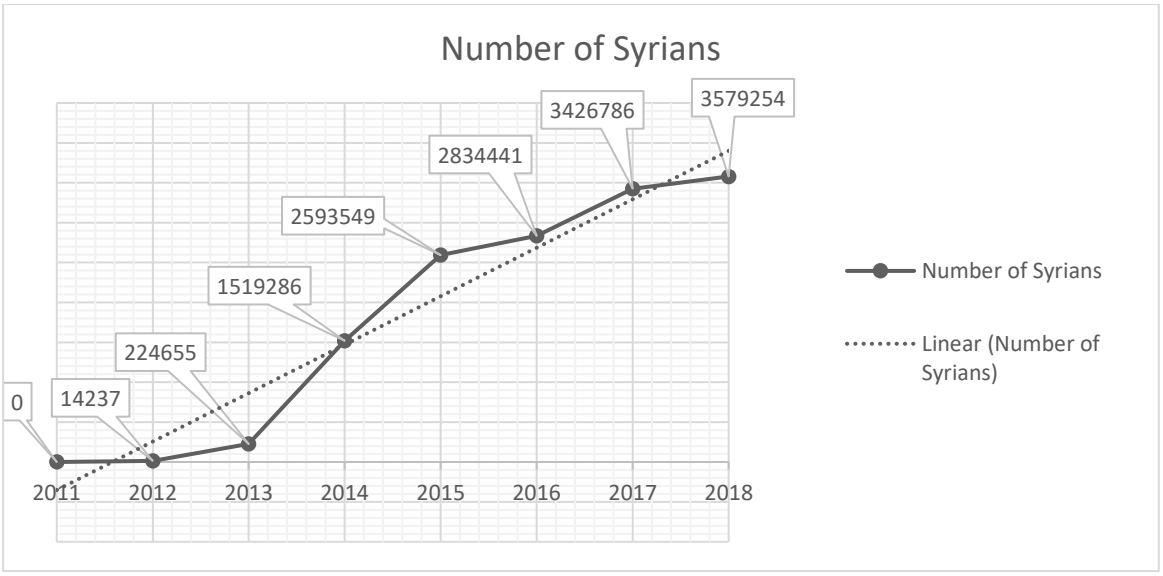

Figure 1: Syrians Coming to Turkey by Years[2]

At this point, we need to start off a separate chapter on international protection. Turkey does not define an inclusive refugee concept in accordance with the laws and the limitations it applies to the agreements to which it is a party. However, the status of international protection has been defined within the scope of the Law on Foreigners and International Protection, which will be elaborated in the next sub-section, especially in order to protect people migrating from countries such as Iraq and Afghanistan. The number of people in Turkey applied to this status is shown in Table 2. Under international protection or applied for international protection, people usually have the same rights as people that go under Temporary Protection. Therefore, they will be referred to as Persons under Temporary or International Protection (PuTIP) when an application refers to the both of these migrant group.

[2] Adopted from: http://www.goc.gov.tr/icerik6/temporary-protection_915_1024_4748_icerik

Table 2: The Number of People Who Applied International Protection[3]

Year	# of People
2010	8.932
2011	17.925
2012	29.678
2013	30.311
2014	34.112
2015	64.232
2016	66.167
2017	112.415

Another crucial point here is the status of people who are not under temporary or international protection. People are called as irregular migrants if they are not under these protection types or in other official statuses. There is no figure on the number of irregular migrants present in Turkey. However, according to the data, the number of captured irregular migrants is known. The number of irregular migrants caught by years is seen in Table 3 and based on this data, the size of possible irregular migrants living in Turkey might be estimated.

Table 3: The Number of Irregular Migrants Those Who Have Been Captured by Years [4]

Year	# of People
2005	57.428
2006	51.983
2007	64.290
2008	65.737
2009	34.345
2010	32.667
2011	44.415
2012	47.510
2013	39.89
2014	58.647
2015	146.485
2016	174.466
2017	175.752

At this point, it might be quite useful to clarify an incident before proceeding to legal processes. In the migration literature, there are different types of

[3] Adopted from: http://www.goc.gov.tr/icerik6/international-protection_915_1024_4747_icerik
[4] Adopted from: http://www.goc.gov.tr/icerik6/irregular-migration_915_1024_4746_icerik

nomenclature and grouping because of the differences between the reasons and processes of migration of the migrant populations (asylum-seekers, refugees, and those under temporary protection) (IOM, 2001). This study covers all the individuals who arrived to Turkey from other countries. Health is one of the most fundamental human rights, so everyone has to the right to access to equal healthcare services without any exemption. Based on this concern, it was thought that the examination of only one sub-group would create a deficiency. This study uses the word “migrant” as an umbrella term and aims to target all migrant populations in Turkey. If the system differs due to the status of the person (e.g., Syrians under temporary protection), a separate and direct title would be mentioned for these relevant groups. Otherwise, it shows that the applications are performed in the same way and amount to all individuals independent of their status. Especially since there is a status-independent coverage of the services offered by civil society, this situation is the one most frequently seen in the services provided by civil society organizations.

2.2 Laws and Regulations

Although the establishment of the Directorate General of Migration Management has alleviated the lack of institutional resources, it took a while for the other major problem to be solved. The problem was the lack of migration laws in Turkey. Turkey had no migration law as a whole until 2013. Laws that are not related to migration directly, such as the housing law, have regulated the stages of migration (Ekşi, 2015). However, these laws just simply define migrants, and there was no regulation on status such as asylum

seekers/refugees. The migrants, which were recognized by such laws, were the people who already had Turkish ethnic identity. When the Turkish Republic was founded, the laws that coded to bring the Turks remaining in other States to the country itself were insufficient and incomplete when it comes to managing the migration processes of other people. Most of the laws referred to migrants directly as Turks (Ekşi, 2015). Such laws put thousands of people who demanded to live in Turkey in a difficult situation. Because of the lack of asylum-seekers and refugee status, many people became illegal migrants, however, since the numbers were too low, this deficiency was not creating an agenda. When in 2011, mass migration was too major to be ignored, and a law was needed. It was impossible to protect millions of people while being under the current laws (Büyükçalık, 2015).

In addition to not defining the refugees in the current local legislation, the situation was much more complicated for the agreements in which Turkey is a party. Turkey is a party to the 1951 Geneva Convention which is one of the principal agreements on how to implement refugee status issues by the Member States of the United Nations. However, the Republic of Turkey has signed this agreement with a geographical limit as one of the latest four countries to apply a geographical limitation to 1951 Geneva Convention. Countries that applied this limitation other than Turkey are Congo, Madagascar, and Monaco (Reservations and declarations to the 1951 Refugee Convention, 1951). The geographical limit here means that people who come from certain geographical locations will only be considered as refugees. In terms of Turkey, only those who come from the events in European countries are suitable to the refugee status on the basis of the

Geneva Convention (Ekşi, 2015). However, there are only a few who can obtain refugee status in Turkey since most of the potential refugees come from countries outside of Europe. The people who came after the Syrian civil war cannot get refugee status in Turkey according to this legal problem (M. Erdoğan, 2015). This status problem has led many Syrians to flee to European countries and also, this status problems directly affected the services that people would receive (Büyükçalık, 2015). For this reason, it was necessary to put the Syrians under a status quickly and therefore, firstly, the Law on Foreigners and International Protection (LFIP) was enacted, and then the temporary protection regulation was published to put Syrians into a status. In this way, the first significant step was taken to determine the status of individuals and to regulate migration processes, but the content of these laws remained very limited compared to the existing need. The Temporary Protection Regulation was issued to express and explain the content of the concept of temporary protection mentioned in the LFIP so that a high number of Syrians gain access to services.

2.3 Accessing the Healthcare Services: The Legal Background

Turkey was faced with a sudden wave of migration, and therefore, the lack of migration policy to meet the needs has led to uncertainties in terms of services provided to migrants. In issues such as health, ad hoc arrangements were made to determine how the process will be implemented. One of the most substantial issues through this situation is how migrants can access healthcare. At this point, we can divide health services as *provided by the state* and *provided by civil society organizations*. Apart from this, a distinction

as *PuTIP* and *non-PuTIP* might be made for those who benefit from health services. Because, whether people are under temporary or international protection or not directly affects access to health services provided by the state.

We can take a look at the pioneer events throughout the history in which legal regulations are designed for migrants. Since from the day one to now, there is a constant change and transformation. There was not a clear portray of access to healthcare for migrants until 2011. The basic principle was that registered foreigners, who are not a PuTIP or irregular migrant, were subject to the “health tourism law” and were able to access the services by paying 8 to 10 times more. These unaffordable payments might cause these people to not receive health services. On the other hand, irregular individuals who do not hold a certain status cannot access these services provided by the state, except for emergencies.

The situation for PuTIPs is somewhat different and systematic, and therefore, it is important to understand their access to healthcare algorithms and the current deployment of the field. The Syrians, who are subject to temporary protection regulations, are placed in a position accessible to health services as soon as they get in the country according to temporary protection regulations (Erdoğan, 2015). According to the relevant regulation, the health costs of migrants under temporary protection shall be paid by the state provided that they comply with the relevant procedure. In fact, this is quite important for the protection of the health rights of migrants. Today, millions of Syrians have free access to health services provided by state. This regulation

also points out that while providing services to individuals, support might be obtained from civil society. Article 27 of the Temporary Protection Regulation outlines how healthcare can be provided as the state may receive external support in services to be provided, and this support will be given in accordance with the “Disaster Relief plan of Turkey” no. 28871, which came into force on January 3, 2014. To shape the support to be received during the services, it is required to make a reference to disaster prevention plan. It might be said that the process is urgent and is parallel to a disaster in terms of content. In the relevant plan, the way how civil society organizations might take their duties is shaped. According to this plan, voluntary civil society organizations will be able to serve under the coordination of the relevant state institutions. It might be said here that the state coordination for civil society service is preliminary or in other words, the role of civil society is created as a supporting actor rather than an independent actor in the field via regulations.

2.4 Healthcare Services Providing by State for Migrants

It is known that the process of access to healthcare for those under temporary protection actually began in the camps first. However, as the numbers are quite high, a significant number of people started living outside the camps. For this reason, Syrians are allowed to receive services free of charge in 10 provinces through the central health system. However, with the increased number of individuals living outside these provinces, the service has become inadequate in the form of presentation. People outside these provinces had to pay when they demanded to get services. With the distribution of temporary protection records and IDs, this restriction was lifted in 2013, and access to

free healthcare services was provided in all over Turkey. However, in order to access these services, people have to be registered to the system. The necessity for registration to healthcare access has played an important role in the registration of millions of Syrians. In this way, a great majority of Syrians were put on the records.

Thanks to this widespread understanding of healthcare, PuTIPs were able to benefit from a number of public institutions that offer healthcare. However, in 2014, an arrangement was made in this common understanding of healthcare. The places where health services are offered might be divided in three steps. The institutions providing first-step healthcare services constitutes the largest pillar of the system. Family Health Centers are examples of these institutions that are providing basic health services. Second-step healthcare service providers are entities that employ specialists such as state hospitals. Finally, university hospitals are providing third-step health services. At first, Syrians could apply to all these organizations however with this change in 2014, migrant patients were required to visit first-step healthcare institutions firstly by notice no.2014/4 of the Republic of Turkey Prime Ministry Disaster and Emergency Management Presidency (DEMP) in 18.12.2014. If the doctor at the first-step healthcare institution decides that there is a need, s/he could transfer the patient to higher units. This obligation was imposed to prevent patients from applying to other steps before applying to first-step healthcare institutions. On this occasion, it was planned to prevent the intensity of the system as even more institutions were located in varied locations in first-step healthcare centers. Simple problems that might be solved at this stage are planned to be solved here. Reducing the

demand for the second-level institutions to lower numbers planned by the state. However, this kind of blocking did not work even on the contrary, it led to a much greater chaos. Because many patients who were not aware this situation, again directly applied to the services of the second step by notice no. 2015/8 DEMP in 15.10.2015. Patients who could not get service caused great problems. Therefore, in 2015, this practice was temporarily stopped and then removed.

The process of access to health services for those under temporary protection is different at every single step. If a person has a temporary/international protection ID card, s/he can receive services from family health centers, but it depends on the initiative of the doctor. Since Syrians are recorded as guest patients, and the decision whether to serve the guest patient or not is directly left to the doctor. The possible consequences of this situation will be discussed in the following chapters. Another primary healthcare access method is migrant health centers. The main target group of these centers, although the name of the center itself includes migrants, is temporarily protected Syrians. These centers, mostly funded by EU and Turkish State funds, provide primary healthcare, such as the family health center. The coordination of these centers is carried out by the Public Health unit of the Ministry of Health. Today, the number of these centers has reached 152, and these centers can be accessed over many parts of Turkey (HaberTurk, 2018). The most important feature of these centers is that foreign doctors can work in these centers whereas there is no such kind of an application in the family healthcare centers. In this way, many barriers are overcame, such as problems caused by differences in language or culture. However, one of the

goals of these organizations is to reduce the intensity and visibility of the Syrians at other steps of healthcare. As Syrians receive free healthcare, it seems that citizens are disturbed by this situation (Alp, 2017). In fact, this situation appears to be used by opposition parties as a means of political propaganda (YeniCag, 2017). Given this situation, it might be commented that the State desires to increase migration health centers to decrease the visibility of Syrians and disturbance level of citizens. Today, the PuTIPs have direct access to second-step health services. As in the first step, the services that people receive from here are provided free of charge by the state. The service depends on demand, apart from exceptional circumstances where the doctor has no right to refuse. By May 2018, 35 million Syrians were given outpatient services where 1.5 million of these patients were treated in hospital, and 1.3 million Syrians were operated. In total, 325 thousand births were delivered in public hospitals (DHA, 2018). In addition to these basic health services, other services are provided by the state on issues such as immunization, health counseling, and education.

3.5 Civil Society Provided Healthcare Services for Migrants

In addition to the systematic services provided within the state, the services provided by civil society organizations are also important for the protection of migrant health. Various legal arrangements express that the services offered by civil society organizations should be under state coordination, as notice no. 39942531 of Ministry of Health Emergency Healthcare Directorate in 25.03.2015. However, civil society organizations serving without the exampled kind of state-civil society organization coordination have also been observed

in the field. At this point, from the perspective of the state, illegality shows up. Therefore, it is very difficult to map the civil society organizations providing health services in the field. In particular, the information that several organizations provide services is spread around people.

Civil society organizations can take part in every stage of the migration process. One of the important characteristics of civil society is that they were already in the field before Syrian migration, but the number of civil society organizations in this particular field was very small. The status of migrants (sometimes lack of status) often has slightly an effect on the services provided by civil society organizations rather than the state. The financing of these services comes from voluntary funds or projects with a variety of institutions. In this way, these organizations can offer free or low-cost healthcare for migrants. However, the size of these funds more or less determines the limits of the activities of the civil society organization. Civil society organizations can provide services at a fixed point and provide mobile health services. Especially in times of crisis, they support the operation in line with the expectations of the state. When the Syrians first arrived, many civil society organizations went to the critical areas and volunteered there. Looking at the services offered by civil society in general, these services might be divided into two as training/counseling and directly healthcare provision. Training and consulting services are the most preferred method due to their low financial requirements. In this context, education and counseling are offered to migrant individuals on issues such as the protection of their health, child care, access to and rights to services provided by other actors. Mostly, civil society organizations provide direct health services to migrants as a first-step

healthcare provider. They respond faster to problems since their structures are much more flexible than the state institutions. During the provision of these services, there are various applications for overcoming the language barrier (for example, running an interpreter and/or foreign doctor or using Google Translate). The services offered are directly proportional to the human power of civil society organizations. Some of these organizations only employ specialists in one area, such as a gynecologist, while larger organizations can provide even more services with wider teams that deal with every single problem existing.

2.6 A Brief Evaluation

Looking at the overall table of migrants' access to health services, 2011 appears a turning point. As in terms of the state, most initiatives have started as of this date and today, it is observed that the state provides a significant portion of healthcare services. However, the coverage of these services is generally aimed to the PuTIPs, who are under temporary protection, and the other migrant groups are still mostly left out of the system. They still have significant problems in terms of access to health services. Civil society organizations have a reputation for being in the field longer than the state. However, due to structural grounds, their services remain limited. The importance of these services is the coverage of migrant groups that are not actually covered by the state. Based on the assumption that Syrian migrants who are currently living in Turkey will remain in the country for a while, extra investment is still made in health services, and efforts are also given to improve the services both qualitatively and quantitatively by state and civil

society. All this information is based on official data. The reality of the field will be discussed in the following sections with the data obtained from the field study conducted within the scope of this research. In this way, the differences in official and practice will be seen. In parallel with this, the way how the relationship between the state and civil society are realized in the field will be seen and how migrants are positioned in this relational system will also be examined.

CHAPTER III

THE CIVIL SOCIETY AND THE MIGRANT CRISIS

In the previous chapters, it is shared that the literature that civil society in Turkey was influenced by the historically statist state mentality and its activities were limited due to this mentality. Based on this assumption, decision-making mechanisms in the process of providing services in the field of migrant health in Turkey will be discussed. In this way, whether this effect in the literature exists in the field of the protection of migrant health or not will be discussed as well.

Today, official records show that there are more than 100,000 active civil society organizations and more than 10 million members of them (DDB, 2018). This means that for a country with a population of 80 million, 1 out of every 8 people is a member of a civil society organization. There are several studies on the anatomy of civil society in Turkey, but compared to the number of organizations, these studies are not sufficient (Keyman, 2006; Talas, 2014; Türk, 2016). Especially, research on the sub-fields where civil society organizations work is very limited. For example, there is no serious studies of the anatomy of health-related organizations with a 2.24% share among all civil society organizations. Based on the fact that official data and other studies leave civil society organizations in the health field in the second place; the importance of political ethnography, which is the methodology of this study, emerges from here. There is a need to know a lot more about civil society

organizations working in this area as we know only quite less about the numbers. The only way to get information about this issue is collecting the narratives of the actors directly.

The answer to the question of why these organizations should be examined is very in line with the empirical material of this study. This study claims that the migrant health field tells us something new about Turkey's civil society and state relations. The migration wave after 2011 brought a lot of needs, and access to the healthcare services of migrants is one of these needs (Türk Tabipleri Birliği Merkez Koseyi, 2016; Zencir & Davas, 2014). It is known that the government prefers a small number of actors that can be controlled in the field of health as a general attitude. This discussion will be approached at the next chapter. The idea of groups such as civil society organizations providing direct healthcare was not a common idea. However, after the wave of immigration, it was observed that the number of civil society organizations actively providing health services in the field has rapidly increased. Few of these civil society organizations were established to provide healthcare before this wave of migration, while a number of them were organizations that had never worked in the field of health before. This information is obtained from my field research. The participants working in civil society organizations, in the migrant health field, work in 9 different organizations. 5 of these organizations were established to serve in the field of health, 3 of them started to provide services in the field of health after the migration wave, and 1 of them was established after the migration wave. The official figures show that the number of health-related organizations has increased by 10% in 2014, the year when the wave of migration peaked (DGoMM, 2018). Although this

increase is the highest of all times, my field study shows that this figure is higher than the official records. Because there are civil society organizations not registered in the field of health but serve in the field of health. Considering this picture as a whole, an assumption might be made at the end. Field of health was not a very preferred area for civil society organizations due to the regulation of the state, and for this reason, this area was not that extensive. However, it is seen that this area began to revive with the wave of migration. At this point, it is seen that because of the strong statist tradition in Turkey, as literature assumes, the way how civil society barely is finding itself a place in the field has started to change. The change in this area and the reason behind it together create a suitable basis for discussion of whether there is a change or not in the paradox of civil society-state relations in Turkey. At this point, the first thing need to be discussed is the motives that push civil society organizations into working in the field of health. In this way, a crucial step will be taken to understand the source of the changes.

Civil society organizations providing healthcare to migrants have taken on various tasks, especially with the migration crisis. Organizations presented these services in various locations listed as in their own facilities, the state facilities and the municipalities' facilities. First of all, it needs to be understand why civil society is involved in the crisis. One of the participants of my study, who is a public health expert and went to border cities to provide voluntary services during the first phase of the outbreak of the migration flow, emphasizes the importance of their work in this regard;

> “In the biggest wave of migration, people were stranded on the border. You'd either let them in, or you'd turn them in to their fate.

> There was an intense war in their country, and the biggest problem for these people was to save their lives. Especially when chemical weapons were used, the number of migrants that came to the border increased. Now you cannot get these people into health check-ups. Unfortunately, there was no possibility of that. It was very difficult for the government to carry out such an operation. That's where we got in. We went to the border zone and voluntarily ran a health check on the people who crossed the border. We have worked in vaccinations for children. Actually, we were all doctors or medical students working in bigger cities. Most of us took a leave of absence from work. Some of our students were absent from their schools. Our common intention was to make a positive difference in the event of this crisis." (Participant #6)

In my field study, I talked to five doctors who volunteered in the border area. The common narrative of them was shared with this participant. They all went to the border as they thought there was a humanitarian crisis there. That is why we can start the civil society's field-taking algorithm from the border areas. The event that motivated them to take part in the border region was that they realized a crisis in the border region. In the following sections it will be seen that in fact this understanding would change their view of the state. So, the state, that did everything, would have a weak position in their viewpoint. Before going on to this issue, the radical change experienced in this area that the state has over-regulated should be examined. Some of these people worked jointly with municipalities, some with the state, and some with the chamber of profession. One of the important details is that some of these people did not receive a medical degree indeed, they were only students. Based on these narratives, the state needed civil society at the time of crisis and provided them with the opportunity to act. This area was initially rather broad that even non-doctors were able to enter. This is a big exception in the health field where normally standards are extremely high. This shows that the state needed a high level of civil society activities. The level of the

need for civil society activities so high that state needed the help of even unprofessional people. This necessity was seen by civil society and this demand was immediately answered. However, all of the participants expressed that this is an exceptional situation. When asked about the source of this exceptional permit, the following response was received;

> “The state had to take action in some way. It could turn out to be a public health problem. That's why we needed everyone's help. Obviously, it didn't matter where this help came from. There was work to do even for people with basic knowledge of health. Only doctors or medical students didn't go there. Other health workers, such as nurses, went there. They all carried out activities within the framework of their competencies. Everyone wanted this humanitarian crisis to end before it became a public health problem.” (Participant #22)

At this point, the perception of civil society workers which claims that the state is vulnerable is important. They exchange ideas about a moment when the powerful state is weak. This participant and the others declare that the state remains incompetent and defenseless in solving the problem. They legitimize the motive behind their entrance into the field due to the weak state. Based on the literature, it is argued that civil society could not be on the field because of the strong state tradition but at this point, it is seen that this paradigm is broken suddenly. The great wave of immigration has shaken the image of the powerful state, which determines civil society-state relations. Civil society, which has never been used to being set free in the field before, tries to legitimize itself and its movements in this changing paradigm. This efforts for self-legitimizing comes from the weakening of the powerful state that has changed the paradigm. In fact, this change does not bring the relations between civil society and state in Turkey to a point beyond comparison in the world. Discussions on the relations between weak state and civil society in

other countries can now be applied to Turkey (Lorch, 2017). The only difference is that this phenomenon only applies to a specific area in Turkey. In other words, the general paradigm between civil society and the state is changing only in the field of migration. The new paradigm is based on the relationship between weak state and civil society. This situation starts to resemble the countries in which civil society has taken the necessary initiative because of the weak state (Lorch, 2017). Civil society claims that it has filled the gap in a certain area due to the weak state and they did it as it is a necessity. In this case, they claim that they have assisted the state in a situation that could possibly turn into a public health problem. At this point, the problem turning into a public health issue was the common concern of individuals participating in voluntary healthcare activities. According to the literature, migrant individuals usually do not start their journey as a patient. On the contrary, healthy individuals actually tend to migrate (Bhopal, 2014; Knipper, 2016). The person who is healthy enough to travel migrates first. However, the migration process, especially the process of forced migration, causes individuals to suffer from various diseases. The places where people stay, the foods they consume, hygiene, etc. are the migration-related threats for the health of the individuals and therefore, they are vulnerable to epidemics. Once these people have reached the border, two main concerns appeared. The first one is a humanitarian concern, as protecting the health of individuals at the border, and the second is the protection of citizens from possible epidemics (Archangelidi, Theodoromanolakis, & Mantas, 2015; Brolan et al., 2017; Carney, 2015). The state, which should have made a decision between its responsibilities towards humanity and citizens, should

have found the optimal solution for the possible problem here. This is the moment when civil society tests the power of the state. Looking at this situation, they develop discourse that the state is weak and that they have to be on the field. One of our participants explains the attitude of the state towards this incident as follows:

> “In such a situation, you only have two options. First of all, you're going to check every migrant's health. You will allow the transition of healthy people and start treatment of unhealthy people. The second option is to get everyone across the border. You will then ensure that migrants have access to health services inside. These two options had both advantages and disadvantages. The first option might produce bigger humanitarian problems. Yes, the process was healthier, and you would have carried out this process in proportion to the human resource you had. But the process was unbelievably long. Similarly, I believe that the image of the state will be bad. Think about it, in the press, there are millions of refugees on the border, and people on the other side of the border are miserable when you let them in one by one. In such an option, while people are waiting in poverty on the other side of the border, they are in a more open position against diseases, especially epidemics. The biggest problem with the second option is that you need a great human power as soon as you let that people in. The current number of healthcare workers in the region was not enough to cover this. If you do not perform the necessary scans as you get in, you are at risk of epidemics. That's why our help was incredibly important. Our work was the biggest contribution to prevent the problem from growing.” (Participant #1)

As in interview with this participant, the common view of volunteers in the border region is that the role and responsibility of civil society have prevented the crisis from growing. They identify themselves as the key actor of the system. While civil society organizations are positioning themselves in this way, their main reference is to the weakening power of the state. They are aware that the state's weakness is an opportunity for them and right at this point, "window of opportunity" comes from social movements and public policy literature. According to these literature, "window of opportunity" is used as a

gap for other actors in the process of policy change after an event (Kingdon, 1984; Snow, Soule, & Kriesi, 2007). It is not known who will cover this area and how long it will last, but what is only known is that there is a and inadequate policy, and after a certain event it is much easier for actors who have difficulties to take action in this area to actually take action by benefiting from this opportunity in the process of change. When the occasion serves, actors come up with a solution proposal, and by the size of the window, these solution proposals actualize. In this study, the huge migration wave and the needs incidental to it have become a "window of opportunity" for the civil society in the field of health policies. In this way, civil society organizations, which were difficult to find a place in health policies, had the chance to find proper positioning for themselves. I call it the window of opportunity, due to the characteristic of this situation, because civil society is aware that there is an opportunity to take action within. However, they have no idea about the time and boundaries of this opportunity. Instead of learning it, they take action quickly and take advantage of this opportunity as they all have a common vision that the opportunity environment will be gone one day. In fact, this is a sign that civil society organizations are conditioned to deliberate within the structural boundaries. Also, civil society is very conscious about the dynamics of this change in relations. In particular, they reveal that the state pays regard to its image as well as humanitarian concerns. They consider the state's decision-making mechanisms are independent of themselves. It seems that the state makes a decision towards its own interests. They believe that if the state had not fallen into such a weak position, then it would not have

responded to the demand of civil society to help the state. In fact, from this perspective, civil society is quite aware that the state instrumentalizes them.

Apart from the civil society organizations and volunteers at the border, civil society organizations and volunteers who provide structured health services, especially in bigger cities, have a similar view. They believe that civil society has a key role in the access of migrants to health in bigger cities. They claim that in the absence of their assistance, migrants living in the cities could generate a public health problem. This shows that the changing paradigm has not only affected civil society in the areas of crisis even, on the contrary, there has been a similar change in the whole country in this field. It might be said that there is a general change of understanding in civil society working in the field of migrant health. In terms of civil society organizations, this crisis was actually spread, and the weakness of the state was perceived throughout the country. In this regard, another participant, who works in an institution that provides voluntary health services in Istanbul, stated as follows:

> "Civil society is like the nerve endings of this system. When there is a change, first we detect. First we react. Yes, we have to contact the state in some way. However, blindness in us will reduce and slow down the response of the state to the changes taking place." (Participant #9)

Although many participants talk about the significance of their service in different ways, the concept of "nerve endings" used by this participant is, in fact, a substantial use of metaphor in terms of understanding how civil society organizations comprehend themselves as part of the system in terms of migrant health. Not only those who serve in cities, but almost all civil society volunteers are similarly proud to be the first responders to the problem. The

point in which they are positioned is out of state bureaucracy in terms of functionality, although they are connected with the regulations of the current system. They are conscious of the fact that staying out of the bureaucracy flow lets them to be as fast and sensitive as much to take action. However, they are also aware that they are not completely independent and outside the central system. In the next chapter, it will be argued that the state considers civil society as a supporter rather than a partner. Looking at the relationship between civil society and the state from the perspective of civil society, civil society does not identify itself as neither a complete alternative to the state, nor accepts a passive role in support. They see themselves on the field as a necessity, on contrary to the state. That is why civil society underlines the importance of their position. They also benefit from this situation to prove their legitimacy in the field. They often connect the emergence of their services to the failure of the state to produce solutions in that area. After this point, a new question is faced, w*ill the changing paradigm return to its original form?* Civil society expects that this window of opportunity will not be closed again. However, as mentioned before, they are aware of the likelihood of this scenario. The state is actually developing on weak issues and is returning to its former strong position. In the next chapter, the re-strengthening of the state in this area and the possible effects of this will be discussed. The empowerment of the state at this point might mean a turn back for civil society to its former passive role, seen as an output of the strong state tradition in the literature. At this point, it is seen that civil society organizations are positioning themselves around several themes in order to protect the paradigm shift in the weaknesses of the state and civil society relations. These themes are the

actions of civil society that the state cannot execute on the field. The themes identified as a result of the interviews are *overcoming the language barrier, working with migrant doctors, and better communication with migrants*. Civil society, expecting that the state will be weak in the long run, believes strongly in these themes and the change in the paradigm of civil society-state relations will be permanent.

4.1 Overcoming the Language Barrier

The solutions produced by civil society organizations to overcome the language barrier are a source of pride for almost all of them. Most of them carry out joint projects directly with people who speak the respective language. Civil society organizations aim to provide services covering many different languages, especially in Arabic and Kurdish. Our participant explained the importance of the efforts to overcome the language barrier as follows:

> “If you want to get the right health service, first you have to tell the right problem. Think about it; you're in a country where you do not speak their language, and you have to tell them what's wrong. Sometimes in our mother tongue, we cannot tell our own problem in the right way. It is not difficult to predict the challenges these people face. That is why we provide translation services here. People here who provide volunteer translation support with us are usually bilingual people. In other words, they both speak Turkish and Arabic very well. There is no such possibility in public hospitals. People often barely express their own problems. That is why our doctor friends in public hospitals sometimes try to diagnose them through 1-2 words. Young generations speak both Turkish and Arabic, but this causes a different problem. For example, women come with their children. But the Mother wants to talk about women's illnesses. However, sometimes the Mother feels uncomfortable talking about it next to her child. Therefore, it may seem easy to overcome the language problem, but the important thing here is not to create new problems. There may be people who feel uncomfortable about the context and provide incomplete information. That is why people are more comfortable

> if someone they are not familiar with is translating." (Participant #2)

This statement of the participant appeared in my interviews with other civil society organization workers as well. In general, they find the solutions produced by the state insufficient or inadequate. Especially in this area, they hold the view that the weakness of the state continues. A similar picture is encountered during the participant observation study in one of the migrant health centers. During my study in 2015, migrant health centers were quite new. Therefore, it was kind of problematic to recruit doctors to work there. During this observation, the efforts given for newly graduated doctors to serve at a migration health center in Istanbul were also a great deal of chaos. Barely two doctors were trying to handle migrants in an open examination room. Since both migrants and doctors did not speak the same language, they tried to communicate with the repeated words in the language of the two sides several times. When these attempts failed, the doctor transferred the patient to another hospital. As civil society workers said, people brought their children to serves as bridges in communication. The statement of a doctor who worked for a short period of time at migrant health center is as follows:

> "Communication, big trouble. There is no clear system for people who are working in these centers. I usually think that state prefer especially certain groups of people like those who speak Kurdish, but I do not have complete knowledge. If you do not speak Arabic, it is a temporary madness for you because you do not know what to do. They say things out loud in their own language, and you respond the same way. Sometimes the patients used to make phone calls to their neighbors or relatives who speak both Turkish and Arabic. We were trying to negotiate via a phone that moves from hand to hand. When I was working there, I often transferred patients to hospitals that had interpreters. I have prepared papers with hospital addresses. After a while, I did not even try to communicate with the patient anymore if there was no one who speaks Turkish. I was providing them with the papers and sending

> them to the hospitals. Because the interpreters were working in these hospitals, which was much easier for them to communicate." (Participant #27)

This shows that the narratives on the language barrier of civil society workers demonstrate the similarities between my participant observations and narratives of doctors who had previously worked in migrant health centers. The claims that civil society organizations were strong, and that the state was weak were confirmed in the field as there was such a weakness of the state in the field. In the following chapters, even how this makes civil society more preferable for migrants will be discussed. However, this research was carried out in 2015, when the system was brand new in those years. It should be said that this situation is recently changing. The language barrier is easily overcome as several related institutions (e.g., migrant health centers) are now working with Syrian doctors, and similarly, translation support is now provided to these institutions. However, despite the developments, civil society is still addressing such problems in the system. Few of these people claim that these changes are insufficient. At this point, the civil society finds a proper position due to their direct services to migrants. In the participant observation studies carried out in related civil society organizations, the intensity was observed. Although several civil society organizations were near migrant health centers or hospitals that had interpreter support, there were still migrants applying to these civil society organizations. In fact, this meant that the positioning of civil society on the field was desired and reinforced by migrants. Because, although the services they provide often parallels the services offered by the state, some of the migrants still preferred the civil society organizations. It is certain that it would be a mistake to link this reality

only to the overcoming of the language barrier. Because it is realized in the observations that the language barrier was not the only reason why migrants preferred to receive services from civil society organizations rather than the state. However, this indicates that the language barrier is an important factor that civil society draws on to legitimize itself in the system. Even though there are alternatives to the services provided by them, their services are demanded by migrants. Through this reality, it is observed that civil society continues to assert that the state is still weak in this area. However, the narrative produced here is separated from the narrative given in the first place. After this point, civil society, which claims that the state's response to the humanitarian crisis is weak at first, realizes a weakness in the quality of the state's services. This might be read as an attempt to expand the window of opportunity by the civil society. Prior to mass migration flow, civil society organizations could not claim that the quality of healthcare given to any person by the state was inadequate and could not begin to provide healthcare. Yet the window of opportunity is opened to the end together with the humanitarian crisis that raised the question of how qualified is the state's services considering its power? This here presents that civil society organizations have started to use this window of opportunity to expand their field of maneuver. Contrary to the claims in the literature, political culture and the understanding of strong state are not the only determinants for civil society structures of countries. A possible window of opportunity can be a maneuver field of these organizations, and the paradigm that breaks from one point might cause a chain reaction towards other fields.

4.2 Employing Migrant Doctors

Employment or support of migrant doctors is a substantial action applied by civil society organizations since day one. Although many civil society organizations stated that migrant doctors were not employed due to legal problems, the observations showed that the support of migrant doctors was actually greater than these claims. Migrant doctors who examine the patients directly usually did this with a Turkish doctor. Even though the Turkish doctor appeared in official records, migrant doctors played a major role, especially in terms of overcoming the language barrier. A civil society worker expresses the importance of the presence of a migrant doctor in the institution;

> “At first, the migrant doctor creates trust in the migrant patient. He knows the nuances of the same culture as himself, speaks the same language. Patients are not afraid to be misunderstood when they talk about their problems. This is an important application especially for people who do not speak Turkish at all. Yes, many places work with interpreters, but how healthy can these services be through the third person? Migrants have a fear of whether they can properly express their problems to the doctor or not. That is why they want to tell them as much as possible. If the doctor is a migrant, there is a less painful process.” (Participant #24)

The expression "painful" in this narrative is of vital importance. This group of words, which briefly summarizes a common perception in civil society organizations and is frequently appeared in our field research. In a country where migrants do not speak their language and know about the present culture, it is suffering to get healthcare. In civil society organizations, they act as painkillers in this process. When looking beyond this “pain killer” metaphor, a maneuver is seen in the window of opportunity. This window of opportunity, which opens as compulsory services for migrants, is evolving to provide more

services accessible to migrants. The area of discourse on that the state is weak and that civil society should play a greater role is expanding.

Overcoming the language barrier with people as few as possible is one of the benefits for migrants. This is actually one of the possible benefits of civil society in the literature as well. Therefore, the actor who deals with the situation before the state and responds to it first is the civil society (Alexander & Klein, 2009). Civil society has more of a flexible structure than the state in terms of problem detection and finding a solution to it (Sending & Neumann, 2006). In fact, this is the case where the role of civil society in the literature reaches reality in the field. There is a wide range of ethnic identities of employed migrants in these organizations. It is observed that the Iraqi, Somalian, Syrian and Afghan migrant doctors have been involved in providing health services within these civil society organizations. Recently, foreign doctors started working in state institutions and migrant health centers. The beginning of such a process might be read in different ways. First of all, this action, which has been carried out by civil society for many years, will now be carried out by the state, and this represents the success of the implementation. For many years, the state was particularly reluctant to employ Syrian doctors but today it is seen that this concern has been overcome, and it has begun to be implemented as a good practice within the state. However, from another perspective, this action, which is one of the main reasons that civil society legitimizes itself in the field, will begin to be provided within the state. Based on this fact, another instrument in the field, which civil society has made itself legitimate, is devolved on to the state. This may be another indicator that the state's window of opportunity for civil society is now getting

closed. The origins of this attitude of the state will be discussed in the next chapter.

4.3 Better Communication with Migrants

One of the most frequently used arguments when explaining why civil society organizations are in the field is that they understand migrants better than the state and also share their concerns. The definition of concerns varies from organization to another. While some claim that they understand the religious concerns of migrants, others claim that they understand the concerns of deportation. At this point, the diversity of civil society actually constitutes such a theme. Most of the civil society organizations interviewed are composed of people gathered around certain themes. These themes might be ethnic identities, religious preferences, common professions, or ideological views. In fact, this diversity phenomenon is one of the qualitative characteristics of the civil society in the literature (Calhoun, 1993; Fox, 1996). Therefore, it might be said that the civil society, as defined in the literature, shows qualitative characteristics in the field of migration health at the expected level. The literature defines the areas where civil society organizations start taking action as areas where civil society expects change (Wismar, Greer, & Kosinska, 2017b) and this situation might be seen in the field of migrant health. Most of the organizations interviewed were not established to provide healthcare for migrants in the first place. According to the participants, most of the participants started working in the field of migrant health as they realized the tough situation in the field and believed it was necessary to come up with something positive. One of the participants, for example, expressed the moment when they decided to serve in the border region:

> “I felt I had to go to the border area. We thought we should do something when we see the refugees on TV. We were one of the first groups to reach the field. After us, people from various civil society organizations came along. The state was caught unprepared; there was a need for human power. That is why we went there.” (Participant #6)

Based on such narratives, it might be said that the window of opportunity opened in the field of health actualizes the founding dynamics of civil society. People who see that the state did not get into action on a subject, they take this action themselves without the support of the state nor the market. It is stated that the organizations that took this action were composed of people who gathered together around different common themes (for example, religiosity, ethnic origin, etc.). At this point, the themes that organizations were established around directly affect the form and the content of services they provide in the field of migrant health. According to these common themes, some groups identify target populations in order to serve. Considering that the resources of these organizations are limited, founding themes are important in determining the target groups. Thus, civil society organizations, which are gathered around different themes, can offer a more diversified scale of service by targeting a variety of groups. For example, a civil society volunteer who provides counseling explains the importance of the services they provide;

> “It is a fact that it was always hard to have some ethnic identities in this country. Moreover, life becomes more difficult for migrants with this ethnic identity. If you are a Sunni Syrian, many doors will be opened for you. Especially if you are a Sunni Turkmen Syrian, it will be easy to get what you want. However, if you are a Kurdish Alevi Syrian, it will be much harder for you to reach your needs. That is where we come in. We have created templates for how to access these people's basic rights and healthcare. We are directing people according to the needs and demands of the people. The place we are directing is sometimes another civil society organization and sometimes state. Our friends provide

> interpreter support for them. We share some of their problems here, so we come in." (Participant #25)

This civil society organization, which considers ethnic identities to be a disadvantage, is performing special studies for individuals belonging to a similar ethnic identity group. The main target of this organization is the migrants from Iraq or Syria. As it might be understood from the statement, this civil society organization considers itself to be a compulsory actor of the system as it shares the same concern with the migrants. If they are kept out of the system, they think that people with whom they share common concerns will be left alone in accessing the services. At this point, it is seen that civil society organizations, which had found a place in the past, expanded their area with the migration crisis. In particular, there is an increase in the number of civil society organizations based on ethnic differences after 2000 and they produce solutions on this issue. However, several studies claim that this increase was based on the state's request, and this increase was not organic. In other words, it is claimed that civil society organizations did not enter this area based on the window of opportunity, but due to the state's policies. These organizations are alleged to be the instrument of the state, and there are doubts about their effectiveness where the organization of this participant might be examined under this category. Until the migration crisis, it could not be said that this organization has a lot of active work. As a result of interviews, it was determined that the active work of this organization was increased with the migration crisis. In other words, the migration wave has become a window of opportunity also for this organization. This organization continues to work on the discourse that the state remains weak in stopping discrimination on ethnic identities in the field of migration. The window of opportunity opened

upon the discourse that the state is weak in the humanitarian crisis here as well has expanded into issues such as the ending of ethnic discrimination.

After our interview with this civil society organization, it was investigated whether there was systematic discrimination in accessing health services or not. There was no systematic discrimination by the state as a result of legal texts and participant observations. At least it was determined that ethnic identities do not make a difference in accessing the health system of the migrants who came from the same country and was registered to the state under the same conditions. However, it was observed that such discrimination was within the civil society itself. The interview with a civil society organization manager who provides direct healthcare might be quoted. It might be said that the unifying theme of this civil society organization is Sunni Islam. During the interview process, the participant continued to refer to the concepts of ansar and muhacir[5]. According to the participants, civil society volunteers are ansar, and migrants are muhacir (emigrants). This civil society organization records all the people it serves to and controls the temporary protection identity cards of people before they start serving. This association, which provides healthcare and provides financial assistance, has reached thousands of migrants. However, the identity control at the start of the service and the control of where migrant is coming from here shows the discrimination. During the participant observation, the civil society manager refused to provide services to a migrant after checking the identity card and the migrant's place

[5] You can find more deeper analysis for using of ansar and muhacir concepts in migrantion in G. U. Goksel's work (2018)

of residence, then sent him back. When asked about the denial of service status, the following response is received;

> “I am particularly looking at the identity of the people and where they are staying. We are here to convey the help of philanthropic people to the needy migrants. That is why it is important to choose the people to whom the aid is distributed. If I do not control those who seek help and spend the money of charity to the wrong person, Allah will ask me for it. At the end of the day, there's a risk of sin. We usually help people from regions where we know who lives. Yes, it is not possible to control one by one, but the place where he lives provides us with clues. In general, when the migrants come to Istanbul, they come to the neighborhoods where their relatives live in. If we know the neighborhood, it is okay. In the region where the woman who just arrived lives, the Kurds live intensively. Now I'll help this person, but how do I know who that person is? What if my help goes to a PKK supporter? I cannot take this responsibility.” (Participant #28)

Without knowing her possible ethnic identity, she was refused to be served on the basis of this assumption. It was not only an assumption of ethnic identity but also a preliminary judgment against an it. I witnessed ethnic identity-based discrimination, as the previous civil society organization stated. However, this discrimination was not from the state, but rather from actors within civil society. As the previous participant claims, ethnic identities might be effective in accessing health services for migrants, but there is a need for deeper studies on the source of this. Previously, the claim of civil society organizations as "we realize their disadvantages as we understand them, and we are destroying these disadvantages” was discussed. However, here and in a few examples, there is a possibility that civil society organizations are among the places where these disadvantages are produced. In fact, this is a good example of the literature that claims there are not only civil society organizations not always have made positive contributions to the system, but also there are civil society organizations with negative effects too (Tusalem,

2007). According to this literature, particularly weak state structures lead to the existence of negative-acting civil society organizations in the system (Tusalem, 2007). This situation actually brings the case of Turkey to its own unique position. In that, as seen, sometimes the state is in a weak position, and these situations lead opening the window of opportunity for civil society to find a place for itself. This might be read as a positive kind of development for Turkish civil society. However, the weakened state, on the other hand, provides the basis for the formation of civil society organizations with such negative effects. What this civil society does is an example here. In other words, there is no such definite fact that the window of opportunity that contributes to the activity of civil society in the field always end up with positive results.

Returning to the case of Turkey, it needs to be emphasized again that this window of opportunity is important for the area expansion maneuvers of civil society organizations. This window of opportunity paves the way for organizations that has negative effects on the system to develop a rhetoric that they have made positive contributions to the system which actually leads to a vicious cycle. For example, in a civil society organization that refuses to provide services because of the migrant's ethnic identity, the argument that civil society better understand migrants reiterates, however, from a different perspective. Besides this civil society organization, there were organizations where the state provided migration healthcare services. The following answer is gotten when the relevant civil society organization manager is asked why he offers healthcare despite this;

> “Migrants who live here are religious Muslims. Now, Muslim people have to pay attention to some things for religious reasons. Like privacy. There was a lot of complaints filing to us that the institution you mentioned didn't pay much attention to privacy. Just because of that, some men don't let their wives to come here. We saw this problem and decided to overcome it. That is why we have found our Syrian doctor brothers; they are the people who have the same Islamic sensitivities as us. Sharing of both the same culture and the same religion have made migrants comfortable. Now they come to us and tell us about their troubles. I am still looking for a female doctor. Let me know if you have any Syrian female doctors you know. Specifically, I am looking for a gynecologist. In this way, our sisters will come and be examined easily. Our state should pay attention to such sensitivities. So, we are on duty.” (Participant #28)

This participant claims that the reason for their entrance into the health field is to complete the field that the state has left incomplete. In parallel with other civil society organizations, they construct their own legitimacy, via claiming that they understand migrants concerns much better than the state itself. As mentioned before, the issue of better understanding of migrants is very relevant to the principles and themes where civil society volunteers gather around the stage of their establishment. As seen here, the concerns of Muslim people justify providing healthcare for this civil society organization. Here again, it is seen that this organization is benefiting from the window of opportunity that has been opened due to the weakness of the state just like other organizations. In particular, several studies suggest that religious civil society organizations are even more comfortable in the field after 2000. It is claimed that the government is in good relations with these organizations and wants them to be active in the field. However, it seems that even though the state is ideologically aligned with the civil society organizations, these civil society organizations are still trying to make new rooms for themselves. Because, even though they play along with the state, the understanding of a

strong state historically prevents these organizations from reaching the exact target area as it appears in the literature. Therefore, even civil society organizations with good relations with the state need a window of opportunity to shine out where the state remains weak.

Finally, the argument that civil society organizations better understand the situation of migration than the state when they are positioning themselves in the field through their relations with irregular migrants might be explained. They underline the fact that they offer healthcare to all migrants, regardless of status and referring to this situation, they legitimize themselves in the field as a necessity. Otherwise, they claim that irregular migrants will not be able to access the services. The story of a volunteer from one of the civil society organizations that provide such services is shared here:

> "We do not get that much Syrians. Different services already exist in different places for them. They can go to the migrant health center and get health services free of charge from the state. However, the real problem is the other migrant groups. Some of them are illegal. Some of them have legal rights but cannot claim them because of the fear of being sent back to their country. Now, these people do not want to receive any services by the fear of being sent back. They are trying to live like they are ghosts. That is why it is important to gain these people's trust and provide them with healthcare. We are trying to serve them in accordance with the fears of people. I think we are doing this right, even migrants who do not live around are coming to us. Some of them apply to receive services from the state firstly. However, some of them who cannot pay the bill is coming to us as a second chance." (Participant #10)

Based on this statement, we can say that this is the most obvious point that civil society is really an alternative service provider right along with the state. Attention has to be paid to the argument that this civil society organization has produced. Because other ones were the arguments they produced to maintain

their position in the window of opportunity. However, this civil society organization is filling an area where it is really hard for the state to provide due to the structural reasons. It is very important to understand the fears of all migrants who are afraid of legal processes and to be provided with healthcare. The state is currently working with migrant doctors and interpreters to overcome the language barrier. These services have advantages and disadvantages compared to the services offered by civil society. However, as in the last example, civil society organizations take responsibility as a solution to a systematic problem. It is systematically very difficult for the state to help a migrant who experiences a fear of deportation. However, these people need to have access to health rights, which are simply fundamental human rights, and they need access to health services in order to protect the public health as well. Perhaps the number of these people is not that high, but this does not reduce the value of this necessity. It seems that the provision of these needs can only be achieved through the hands of civil society. However, the paradox is that the Syrian migration wave since 2011 has been gathering the focus on the Syrians. There is already a lot of civil society activities for Syrians who are more easily accessing services than other migrant groups, owing to the law. At this point, the other migrants here become "others of the others". The number of civil society organizations that targeting these “others of the others” directly is quite low. Thereby, the number of civil society organizations that take on this task, perhaps the most important one that civil society might undertake, remains very limited. At this point, it might be said that the civil society organizations have actually gathered around the opportunity window opened by the arrival of Syrians.

This window allows them to maneuver and expand their workspaces. Therefore, it might be said that civil society organizations are gathering intensively around this migrant group, which is the reason why the window of opportunity is opened. However, the biggest benefit of this window of opportunity for migrants is the formation of a maneuver within civil society organizations that serve irregular migrants. It was a great burden for civil society organizations to provide access to healthcare for migrants who feared that the state would deport them as their work might be proscribed at any time. However, the window of opportunity and diminishing inspections have created an area where these organizations might serve more comfortably. Considering that some of these organizations provided these services before the arrival of Syrians, the change is more effective for the organizations that are already struggling with the paradigm of civil society-state relations.

Looking at this picture as a whole, what motivates civil society to serve in the field of health is the window of opportunity. The possibility of a humanitarian crisis has opened a window of opportunity for changing the paradigm of civil society and state relations in Turkey. For that, the chance of changing the paradigm was born for civil society, which is claimed to be passive in the literature due to structural reasons. It is unknown how much longer this window will remain open and for this reason, civil society organizations are trying to keep this window of opportunity open by setting up their services on site as an important part of the system. They try to do this at the points where the state is weak. As the window of opportunity was opened from a point where the state was weak, civil society organizations are making an effort to find out a way that would keep weakness continuing to be maintained in order

to preserve this paradigm shift. However, when looking at the current picture, the rhetoric about the weaknesses of the state is becoming increasingly different from the weaknesses that have led to the opening of the opportunity window. The weakness that opened the window of opportunity at first was a basis for the humanitarian crisis. Today, it is claimed that there are weaknesses in varied issues such as ignoring the religious sensitivities which consequently displays that the area is getting bigger and bigger. Civil society is now taking action at a point where it believes that the state or the market ignores it, as it is seen in democracies. In other words, they are separated from the passive role assumed by the literature, and now they are taking a more active role. However, it is impossible to say that the paradigm of relations between civil society and state in Turkey is transformed from a state-oriented attitude to a democracy-oriented one. This is because civil society organizations are still referring to the window of opportunity to justify their work, not to democracy. This provides the sign that shutting down the window of opportunity can reset the entire paradigm. At this point, new questions will be *what will be the future of this window of opportunity,* and *will the change in paradigm be permanent?* In order to understand these questions, it is necessary to examine the roles and attitudes of the state in this process.

CHAPTER IV

THE STATE'S REACTION TO THE RISE OF CIVIL SOCIETY ACTIVITIES

In the previous chapter, it is discussed how civil society organizations have a window of opportunity in the field of migrant health, and how they have changed in the paradigm of state-civil society relations in terms of migrant health owing to this window of opportunity. In this chapter, the way *how does the state react to the more activist role assumed by the civil society in such conditions* will be discussed.

It is a brand-new phenomenon that civil society, both in Turkey and around the world, provides services such as healthcare. It is discussed where civil society organizations are able to be positioned to provide health services around the world, such as whether it should provide alternative services to the state or whether it should provide complementary services to the state or not. A group of academics emphasizes that placing civil society into a sensitive issue, such as health, may be risky and considering that it is put in this area, auditing should be kept at the highest level (Wismar & Greer, 2017). Another group of academics emphasizes that the provision of health services is crucial and every effort should be supported and therefore, civil society should take more responsibilities (Sze & Ting, 2004). In this study, it was observed that these two views are substantial. Every positive contribution made by civil

society is an important step towards the protection of human health. However, at this point, if the government removes the control completely, this positive wind can be reversed immediately as the structure of the health field is very suitable for this situation. Abuse of the power will directly affect the health of individuals, whether one is a citizen or not. In this regard, the situation that may occur in immigrant health and the importance of maintaining a certain level of state control are discussed with examples in the last chapter.

Considering Turkey, it is rarely encountered that civil society provides health services directly. Although some civil society organizations, such as AKUT after the 1999 earthquake, have provided health services, it was not a common practice for civil society to provide direct health services (Jalali, 2002; Kubicek, 2002). The main reason possibly for this situation is the controls and regulations on the health system of state. The Turkish economy, which was neoliberalized after 2001, came along with privatization in many sectors. State monopoly has been ended in many service areas and the private sector has been opened up there (Harris & Işlar, 2014). During this period, when the free market economy became increasingly active, it happened to be subjected to a similar change in the health sector. Private health organizations have become increasingly widespread (Yasar, 2011). However, this privatization did not absolve the state regulation on the health sector, even on the contrary, these regulations have increased even more. Here, it might be said that the state's role in regulating health is very clear. The literature claims that historically statist states, as Turkey, restrict areas where civil society might take part where the field of health is actually a more experienced area of this situation. This is because the state regulates the

market even without a civil society at a high level despite neoliberal policies. In the field of health, the situation becomes even more complicated when these regulations are combined with statist regulations for civil society. This is one of the main reasons for the rate of health-related civil society organizations being 2.24% among all civil society organizations since the reasons for the lack of civil society in the literature is doubled in the field of Health. In parallel, the paradigm shift between civil society and the state in the field of migrant health makes it much more interesting. Because when looking at this data, the paradigm shift has to provide very big changes in order to affect this area. One of the participants working both at the private health clinic and the civil society organization during the period of this transformation expressed the transformation as follows:

> “At the end of the 1990s, polyclinics became very popular. The number of polyclinics has suddenly increased. There were no serious obstacles for you to open a polyclinic, some of did not even run by doctors. It was enough to fulfill some basic obligations. In 2014, some criteria were introduced to open polyclinics. These criteria have already affected the working policlinics. With these criteria, many policlinics became medical centers. There were some differences between medical centers and polyclinics. Medical centers were allowed for small surgical procedures, they can provide accommodation for patients up to 24 hours, etc. There were various conditions for continuing to work as a polyclinic, but these were too heavy for many institutions. Most of them couldn't afford it. They would probably become medical centers if they could. Therefore, A and B type polyclinic separation was brought, and revision was made in this regulation. Polyclinics, which cannot provide all of the conditions of being a medical center but can fulfill most conditions, became type-A polyclinics. Their operation continues, owners transfer the institution or move, etc. And there are B-type polyclinics. These are polyclinics that cannot meet most of these conditions. Instead of shutting down the institutions that fall into this group, such an intermediate formula was found. If the owners want to retire or they die, the institution loses its official status. Similarly, owners cannot transfer or replace these institutions. In other words, these B-type polyclinics will be disappeared spontaneously over time.

> The state has only recognized it for a certain period of time. We're B-type policlinics, with two partners. If one of us quits, we have to close it." (Participant #11)

The opening of the health sector to the private sector with more regulations is observed in this statement of our participant. The state, which prepares the ground for the private sector to take a position in the system, regulates these institutions with the same diligence. Against the logic of the free market, the state is going into a vicious cycle in the health sector. As seen from this point, the provision of private healthcare has increased with neoliberal policies, while the control over institutions has increased so much. From the classical neoliberal perspective, such regulations are expected to cause concerns in the private sector (Biglaiser & Danis, 2002). But in this case, on the contrary, the private sector takes much more of a role in the field. Based on the market economy, it might be said that there is a relationship of interest here. However, civil society organizations, described as neither the market nor the state in previous chapters, are indirectly affected by this market-state relationship. These regulations that targeted the private sector directly affected civil society organizations. This is even more difficult for a civil society organization to work in the health field than in other areas. That is why the numbers are incredibly limited. Our participant, whose narratives are shared, owns a private healthcare facility. At the same time, s/he works voluntarily in a civil society organization that provides healthcare for migrants. At this point, if that the way s/he is running these volunteer activities through his own private healthcare institution is considered, the migrants are indirectly affected by this change in the healthcare services. This shows that the relationship among civil society – migrant – state in the field of migrant health is indirectly affected

by different relations. Looking at overall picture with historical perspective, it might be understood that it was very difficult to present healthcare as a civil society activity when there were so many regulations. For this reason, civil society organizations providing healthcare were often very few and were somehow associated with the state. Among them, the Turkish Medical Association and AKUT might be counted in the first place. In particular, these organizations, who were volunteers after major disasters, made direct contact with the state (Özerdem & Jacoby, 2006). Civil society organizations, such as these, provide more local and project-based services that focus on solving the problem rather than long-term and comprehensive services. These institutions were involved in joint projects with the assistance of international civil society organizations in major disasters. At this point, the way to participate in these processes was made for international organizations. Our participant who participated in field works of Médecins Sans Frontières after the 1999 earthquake shares her/his experiences as follows:

> “It's always been hard to practice medicine on behalf of civil society. Now I volunteer for migrants. In the past, after 1999 earthquakes, I participated in joint projects with MSF. It was a very different experience. People always has suspicious eyes on you We felt the skepticism of citizens, other civil society organizations, and the state. When a foreign civil society organization enters to field, the state is suspected that you are working for the intelligence service of the other state, and also other civil society organizations think that you are working for the MIT (government’s intelligence service). That's why we weren't asked to stay at the field for a long time. At first chance, they said, "the government’s institutions are taking care of this" and pushed us out. This point of view has never changed against us. Perhaps this is less against civil society organizations that touch other areas, but it has always been at this level in healthcare.” (Participant #10)

From here, it might be argued that civil society organizations, who wanted to work in healthcare, could not find areas big enough even in times of crisis, contrary to what the state claims. In fact, this is a good example of what the literature says about civil society and state relations. The decision-making mechanisms of civil society organizations that want to exist in the field raise doubts. It is already very difficult for the national civil society organizations to change the paradigm and take part. In addition, it is very difficult to work in Turkey within civil society organizations which already have their own traditions and activities in many parts of the world. Since such an activity is not expected from civil society, it looks at the work done with suspicion as there is a state-independent decision-making mechanism. At this point, civil society was allowed to take part in only a very narrow area. After all, civil society has been removed from the field by being informed that “the government’s institutions are taking care of this”. This gives us a similar picture of the current literature. As a result of the state tradition, there is no room for civil society and at a point where the state is missing, there is only an instant and very limited space. The work done in this open place is being looked at with suspicious eyes. And at the first opportunity, by claiming “the government’s institutions are taking care of this”, civil society is getting sent back to where it should be in the current system. This event, which took place in 1999, is a general assessment of the history of civil society in the field of health. In terms of civil society organizations, it is also seen how national civil society organizations exist within the system. They accuse people they do not know of being from government intelligence. So, while they operate in that area, they try to understand the change they are experiencing because they

are not familiar with the state to make room for them whereas they still cannot think of the weak state. They see what they are doing as a human power support, and they think the state controls it with intelligence activities. So, they do not actually believe that this space is a kind of window of opportunity. While trying to make sense of the situation, the state has already pushed them out of the field with notifying “the government’s institutions are taking care of this”. Looking at this picture together, it is seen why the migration crisis is different today and why it needs to be examined scientifically. This is because today the state has not been able to bring the state back to its former position of civil society with the statist reflex. As mentioned in the previous section, civil society organizations continue to provide health services in the cities as a result of this crisis. In other words, it might be argued that the paradigm of civil society and state relations based on the statist tradition does not change in every crisis. The size and duration of the crisis is determinant for paradigm change.

It is learned that the MSF is faced with a similar view on migration health. The presentation of the participants on MSF's recent efforts in Turkey is as follows;

> “MSF conducts activities around the world to protect migrant health. They even work in the war zone. You know, in the middle of the war, the hospital where volunteer doctors served was bombed. However, MSF is facing problems with state when it tries to carry out projects on direct healthcare services for migrants in Turkey today. There is a negative attitude against this organization that I do not know the motive behind. However, when the goal is good, the MSF does not execute its job under its own name. MSF finances different civil society organizations and carries out projects under their names. In fact, the hard stance of the state sometimes leads to the consolidation and solidarity of civil society organizations.” (Participant #8)

The fact that participants working in partnership with different international civil society organizations making similar comments shows that foreign civil society organizations have a hard time finding a place for themselves in healthcare where it is difficult to provide services. However, civil society organizations seeking alternative solutions try to find different partners and continue their work. Usually, these partners are chosen from organizations whose names are not known. That is to get away from the government's radar as much as they can. This shows us the difference of positions of civil society between today and the other crises. It is not as easy for the state as it used to be to restore civil society today. The view of civil society is the same, but as the situation is different, civil society organizations are now resisting to be on the field. So, the crisis is not a magic wand, and it does not awaken dead civil society magically. In order for crises to change in the current paradigm seen in the literature, civil society organizations must resist to exist in the field which is not always easy. Civil society organizations have to be careful when choosing the methods of resistance. Because, even though there is a change, the state's statist reflexes keep continuing. It has been observed that the political situation of the country has recently become risky in terms of these partnerships. A participant's experiences on this subject are as follows:

> "As civil society, we have to work together. I totally agree with that. We cannot carry out large operations on our own due to both material and human power deficiencies. We need to find partners both domestically and abroad. Especially when looking for funds, foreign-based organizations require multiple organizations to act together. Healthcare is not something to work on with three or five people. You must be a team; you will be wrong if you said you could complete every job without any support. However, there has been a problem for the last year. The failed coup d'état and then the KHK's (executive order) scare us. There's nothing wrong with us; our past is clean. However, you cannot know your

> partner's history. You will be at risk tomorrow if the institution you own a partnership with is shut down via KHK. So many people work here for days. We are spending money. We prefer to do less but clean work than to destroy these efforts." (Participant #7)

In particular, similar concerns have been raised and observed in most of the meetings held after July 15. It is easily observed that the state's operations against some civil society organizations created a common concern in other civil society organizations. Institutions fear that project partners will have problems with the state. The state's easy use of the authority of the KHK (executive orders) has created a mechanism of fear for civil society organizations. They are cautious as much as possible to avoid losing what they have done so far. Some of the participants stated that it was very difficult to perform projects during the OHAL (state of emergency) process. They believe that in case of accidental closure of their organization, they will not be reopened even if they have not committed any crimes. Thus, the institutions that are concerned about the future are taking cautious steps to protect their names from contamination. In this context, the concept of the "contaminated name" comes up very often. Civil society organizations have the opinion that the state's attitude towards them shapes through the names of institutions. Most of the representatives of organizations believe that your name should be known and trusted by the state to execute a joint project. Otherwise, they believe that if your organization's name holds a bad reputation, it is impossible to do joint work or even get funding, even if you come up with a very good project proposal. Based on these narratives, it might be said that some civil society organizations are more appropriate for the state. In fact, this confirms arguments on the paradigm of civil society-state relations in literature which includes that civil society is very dependent on the state. The state regards

civil society as an instrument. State uses these people when it needs them. When the state does not need it or considers them as a threat, it puts pressure on them. In contrast to liberal democracies, this creates distrust in civil society. Civil society organizations, which holds the fear that their work will disappear in a moment, are very intimidated when taking action. The reason they fear that their work will be destroyed because of the disproportionate power of the state. Civil society organizations do not think that the state considers themselves very sensitive and detailed when making decisions about them. This is one of the reflections of how civil society organizations perceive the state's position and take actions accordingly.

Some representatives of civil society organizations who participated in the thesis field study before 2016, were called to me after July 15, and this issue might be seen as another reflection of this fear. In some ways, civil society organizations working out of the state control expressed their fear of being shut down if this is heard. Therefore, participants who previously selected the option of letting their names to be used in the informed consent form wanted to change their preferences. In addition, they asked questions about how to protect their anonymity. At the beginning of this study, the names of institutions and individuals who agreed to disclose their names would be used originally. However, the rise of such a concern was prompting to make all participants anonymous. In this way, participants who experience these fears at a higher level will be invisible in a large anonymous mass.

The skeptical view of the state on civil society is not valid only after July 15. Following is the notes from an interview on civil society organizations working

on migrant health with the participant who had previously worked in both as a public health professor at the university and the public health directorate as a manager position;

> “Yes, the work of civil society on the field really gives us great benefits. They can do what we cannot, especially when it comes to overcoming crises. However, these are temporary solutions. We cannot always expect these people to do something. At some point, we need to engage as a state. There are two reasons for this. First, the operational forces and capacities of these institutions are limited. The budget of these institutions is too small to compete with the state. So, inefficiency will start after a place. The other reason is the difficulty in controlling these people. The number of civil society organizations serving in the field of health is increasing. However, we need to check what these people are doing. It is our responsibility. This is a subject open to abuse. So, at one point we have to say ‘yes, now we have set up the system, thanks for your help, but after this point, you need to stand a step behind.’." (Participant #3)

This interview was the clearest one for understanding the government's stance on civil society that providing healthcare services. It is observed that the state has mistrust against civil society and perceives the role of them in a temporary role. This interview was held while the participant was working as a Senior Manager at the public health institution. Therefore, it might be claimed that the discourse produced by the participant is a reflection of the state discourse. In addition to this interview, a total of 3 another people were interviewed by the relevant institution. Other interviews used parallel expressions with this participant. However, since this participant had the most senior status in the institution compared to other participants, it is preferred to quote the interview with this participant. The state identifies civil society as a supporter in order to find a solution to the problem in times of crisis, as claimed in the first place. However, in the long run, the government senses that it should not be an alternative service provider. This here brings to the

discussion to a statist understanding in the literature. The state tends to execute its jobs if it has power. The state might distribute side roles to other actors, as a director. However, none of these actors might take the leading role. The state is trying to adjust this role distribution in terms of policy. The crisis with migration directly affected the distribution of this role and new head roles have emerged. In order for the game to continue properly, the state, as director, allowed these people to grow into their roles. Shortly, players cannot choose their own roles, they only play the roles that the director sees fit for them during crisis management. However, in the previous chapter, it is seen that civil society wants to take big roles, and they also want to take advantage of this opportunity and expand their role.

In correspondences with the Ministry of Health for field research of this thesis, the reflection of these perceptions has shown itself. We have stated that we want to do a study on the comparison of the health services provided by the state and civil society to migrants and we requested permission to interview in state hospitals. The answer to this request is an important source of data. In our correspondence, the following section draws attention;

> "Health services offered in civil society organizations voluntarily will be transformed into mental health and psychosocial support, physical rehabilitation, awareness-raising activities, provision to groups with disabilities and elderly people and difficulties in reaching service, because primary healthcare services are planned to be presented under the framework of migrant health centers…"

As it might be understood from this part, there is a study to stop civil society organizations from providing health services directly. In this context, it is seen that the state is trying to drive civil society activities into a narrow area. In this

respect, the following basic question comes to mind; *Is health services offered by civil society is not really needed?* he possibilities of these restrictions appeared in this correspondence in 2017 were clearly understood in interviews with relevant people in 2015. As of 2018, it might be said that these restrictions have started. Turkey, where the wave of migration created by the Syrian civil war caught the state unprepared for this point and made room for civil society to meet the important needs of migrants such as healthcare. Once the crisis is under control, this area is shut down again. Officially, this is the biggest sign of it. At this point, it is seen that there is a turning back to the former positions again. The state starts telling civil society where to stop. This is actually the rise of the statist mentality again. As in previous times, the policy of not providing health services by any actor different than the state is still going on except for a private sector controlled by the state. Looking at it from this perspective, it was a policy of opening a temporary space, rather than freeing the civil society in the field.

As a result of the interviews, it is understood that the support of civil society organizations was received in the first stage of the wave of migration from Syria. However, here again, an action produced is seen as a temporary solution to the problem. A participant who is working at a public health institution says that this is a very undesirable situation;

> “Civil society helps us to solve people's problems instantly. However, we have already started to solve the language problem. We want Arabic-speaking staff support from religious affairs. We are at least trying to solve our problems within the state by employing this personnel in part-time to our state hospitals. It is a healthier practice.” (Participant #5)

The expression used by the participant “we solve our own problems within the state” used by the participant is quite important here. This statement summarizes the state's overall approach to civil society in terms of healthcare. The state prefers to solve problems within itself and does not want the help of civil society except for emergency situations. The state expects the problems to be solved within the state itself. The solution produced is parallel to the positive contribution of civil society organizations to the field. In the previous chapter, it is claimed that civil society organizations legitimize themselves around three themes. In this way, civil society organizations were trying to show that their places in the field were not temporary, but permanent, thanks to the actions they received through this window of opportunity. It is understood from the words of the participants that the state has realized these actions. In other words, the steps taken by civil society to find a place for itself have been seen by the state. However, as claimed in this section, the state is gaining power again and wants to return to the former position and paradigm. That is why they are taking their moves against the legitimization of civil society in the field. There is another new question here, *is it really the new actions taken by the government to help migrants provide better healthcare*? Alternatively, *are these actions just to eliminate the legitimacy created by civil society in the field*? For this reason, the examination of the services provided by state is important. When public health experts were consulted about this solution proposal, it turned out that it is not a solution. One of the participants who is a public health expert explains the situation as follows:

> “Interpreting and Health interpreting are very different things. You may speak a language, but you have a great responsibility to be a third person in the transmission of health-related complaints.

> You need to understand the person's problem correctly and communicate it to the doctor. You're a bridge. You have to make the right judgments; you have to be objective. Taking over this job by people who do not have experience and competence in health translation can cause major problems. The number one hazard to diagnosis and treatment is communication. A healthy and correct communication needs to be made. Yes, it is better than nothing right now, because we have very little human force stock on health interpreting. However, we need to solve this urgently via proper way.” (Participant #2)

Based on this argument of the participant, it is a temporary and unhealthy solution for the state to receive staff support just because they speak Arabic from religious affairs. It might be helpful in terms of the crisis situation, but it is a problematic action for the long term. So why is this action done? If the state wants to remove non-qualified civil society workers and organizations from the field, why does the state again propose incompetent people as a solution? The answer is again hidden in the participant's statement, “we solve our problems within the state.”. If there are two alternatives in the health sector, the state always chooses the option that produce solutions within itself. This is a parallel understanding with a statist understanding. If the state is serving in an area, it is expected to be preferred. Looking at the literature again, this understanding is actually one of the main reasons why civil society remains weak in Turkey as the state decides on which level of service will be served in which areas.

In addition to overcoming the language barrier, employing migrant health workers is shown as one of the positive contributions of civil society organizations in the field. However, similarly, it is seen that civil society is slowly being pushed out of the system. Instead, Syrian doctors began working in the state at migrant health centers. On this occasion, the state produces

alternative policies in an area where civil society legitimizes itself in the field. In this context, the state claims to employ Syrian doctors. In light of these data, when the statement “Health services offered in civil society organizations voluntarily will be transformed into mental health and psychosocial support, physical rehabilitation, awareness-raising activities, provision to groups with disabilities and elderly people and difficulties in reaching service, because primary healthcare services are planned to be presented under the framework of migrant health centers…” of the Ministry of Health is read, the policy of the State against civil society becomes even more clearer. At first, the state received assistance from civil society in addressing the needs in times of crisis. This situation is named the window of opportunity for the civil society because they had the opportunity to enter an area that was difficult to get in before. Then, with the decline in the severity of the crisis, the state has introduced substitution services to the services offered by civil society. Thereby, the state began to gather civil society back from the field. In this way, it is seen that the changing of the paradigm over civil society and state relations in favor of civil society has started to go backwards to where it started again. The paradigm shift could not be permanent. At this point, the basic questions are; *Will the action of removing from this field continue?* Alternatively, *will civil society continue to serve among these last lines?* Because, the state can take civil society out of this limited number of services in the next step. It is too early to answer these questions however, the present findings show that even though civil society continues to serve in these areas, they will continue to be under intensive regulation and supervision. The window of opportunity opened by the migration from Syria to Turkey is now

getting shut down. The regulation and controls that have become flexible are returning to their former position. The state does not regard civil society as a partner in the provision of health services. The state identifies civil society as only a supporter in the time of crisis. Migrant health centers are opening up and trying to get out faster from the crisis situation. However, since the crisis is not over, some of the regulatory policies that were stretched in the first place are still in progress. In this respect, the healthcare worker who provides voluntary service expresses the situation as follows:

> “There's no way that the state does not know that we are providing medical services to migrants here. Yes, we mostly serve properly, but sometimes there are cases where there is a risk of being deported. However, I am a doctor, and I have to defend him. Therefore, for ethical reasons, we also serve in some cases in improper ways. Now there is no such thing as being known. You know you came here. It is very familiar. However, it is not a problem for now. I think the government deliberately ignored us. As a result, we serve on a matter of importance. In the event of a lack of our services, major problems will arise. I think that is why the government is ignoring us. I do not know how much longer this goes.” (Participant #29)

As a result of the interviews with other participants who provide direct health services, it might be said that civil society organizations and volunteers are aware of the state's view towards them. They believe that their activities are now permitted just to support them because of the need. They are aware that in the long run, this motion field will be narrower. Some of them have already experienced this contraction one to one. One of the participants informed that s/he received an offer from the relevant authorities to transform the policlinic as state’s migrant health center. S/he has rejected the offer at the moment however, s/he has no idea what will happen in the long run. S/he is aware that today's official offer does not guarantee that there will be no forced conversion

tomorrow. Based on these narratives, it might be said that civil society organizations are aware that this window of opportunity will be closed slowly. As a result, they know that the state considers themselves in a more supportive role rather than a partnership role, and they know that the state is going to try to solve problems within itself.

It shows here that civil society cannot take a stand against the return paradigm, and they start waiting for what is going to happen. In fact, from this point of view, it is seen that the changing paradigm does not change in the minds. As already claimed in the literature, state tradition has been determining the relationship of civil society with the state for many years. This situation is now structurally internalized by civil society organizations. Steps are taken to protect the changes in the paradigm, but it remains limited. Since civil society knows that once the state wants it, it is possible to go back to the former statist understanding. This shows that this internalization makes it difficult to spread the paradigm changes between civil society and the state to all areas. Perhaps this might be why big crises are needed to change paradigms in a certain area. Because civil society organizations are aware of their own roles. It seems difficult for civil society organizations to start a major change in all areas, even about preserving the paradigm changes.

At this point, there is a new question*. How did this paradigm shift (and return) in this small area affect the migrants as a target group*? Yes, the paradigm shift in favor of civil society might be welcomed positively however, what is important here is that the implications of this paradigm shift. In terms of outputs, this paradigm shift might be discussed. Alternatively, through

positive/negative contributions made by civil society to the field as a result of paradigm change, it is worth discussing what would the field possibly gain and lose if the paradigm change returns back to its starting point. It is one of the main topics to discuss in the next chapter, particularly in how the themes of civil society, which are trying to legitimize themselves in order to be in the field, affect migrants.

CHAPTER V

THE MIGRANTS BETWEEN THE STATE AND CIVIL SOCIETY

In the previous chapters, how and why the civil society and state paradigm in Turkey has changed in the field of migrant health was discussed. How civil society, which is claimed to be weak due to the state tradition in the literature, found a window of opportunity along with the wave of migration was discussed as well. Then it is claimed that the state's reaction to this issue, and that the paradigm had begun to return to its former position. In this chapter, how the relationship (and changes) between civil society and the state affects migrant life in the provision of current and future health services will be discussed. All actors claim that they are on the field to create an environment where migrants are more easily protected, and their rights are protected. Through all of the interviews, the expression “for migrants” was mentioned in the statements about the service. The main target group was migrants, both in the service provision of all civil society organizations and the state. At this point, there is a need for new questions. For example, *do the actions taken really touch the lives of migrants as claimed? Do the actions taken by the actors to support the legitimacy of their presence in the field make a difference in the lives of migrants? Did the window of opportunity for civil society organizations to expand their sphere of action actually have created a significant change for migrants? In the long run, how much will the state plan*

to restore the paradigm of civil society-state relations that affect migrants?

The answers to these questions will be sought for in this section.

5.1 Methodology – Additional Notes

At this point, precautions were taken in addition to the general methodology of the study, because the focus has been switched onto the sensitive groups. Since migrants can get in vulnerable groups, conducting a direct in-depth interview with migrant individuals, especially those demanding healthcare, might pose ethical problems since it is very likely to trigger their various traumas as they go down to their experiences. Not damaging the participants is among the duties of every researcher who works qualitative (Mackenzie, McDowell, & Pittaway, 2007). In-depth interviews with migrants working in civil society organizations were conducted on a voluntary basis, instead of those who demanded healthcare. Although they are the providers of healthcare, their observations about other migrants have been nourishing for this study. In addition to a limited number of in-depth interviews, participant observation during the study was another important source of data. In public areas of healthcare institutions, participant observation studies were carried out. Therefore, problems or dissatisfactions of migrants were observed reflected in the public sphere during their access to healthcare services. During this study, the method of “observer as a participant” was applied. Adler and Adler define the researcher's role as “peripheral membership” in this kind of an observation method. According to them, with this kind of positioning, the researcher has the opportunity to observe, understand and interact directly with the actors involved in the activities of the observed group, without participating directly in the activities (1994). Waiting rooms are also one of the important areas that

provide this data. It was allowed to participate in their conversations in the waiting rooms, and sometimes the voluntary translation services were provided. In this respect, the participant observation has gained a depth even though it is not an in-depth interview. Answers were sought to the question; *how migrants see themselves in changing healthcare and civil society-state relations paradigm?* in these conversations without putting people into risk. Unlike in-depth interviews, in this type of methodology, the researcher is not a researcher who directs the conversation. On the contrary, the researcher is a third person-observer who observes the current conversation from the outside. During this study, the biggest problem was the language barrier. When met many different groups of migrants in the waiting rooms, it was naturally challenging to find a common language with most of them. However, when it was stated that I was there for such a study, they translated their speeches into Turkish or English as far as possible. Migrants from various African countries continued to speak English. Sometimes the migrants themselves, who speak Turkish, conveyed the context of the conversation to me by volunteering. For this reason, I would like to thank these migrants who have participated in the observational studies and shared their conversations. In this context, 23 migrant individuals agreed to share their experiences with us.

5.2 Migrant and State Relations under Current System

In this section, the relationship between migrants and the state in the current system will be examined. The home country where the migrants come from is directly affecting the service they receive from the state. In parallel, it is very difficult to see migrants other than Syrians in the waiting rooms of state

institutions. Therefore, in order to understand how migrants are positioned in the system, we need to make a sharp distinction between the Syrians and the others. The legal regulations mentioned in the previous chapter directly affect the relationship between services and migrants. Therefore, when talked to government-related institutions, it is seen that workers often use the term migrants. However, when looked at the beneficiaries, the system actually ignores other migrants. In fact, here it might be seen that the state is generating problem-oriented solutions for migrant health. As claimed in the previous section, the state is producing acts on migration wave from Syria to Turkey, which is the area where the state stands weak, and the civil society is legitimizing itself. The main target here is not all migrants. In the previous chapter, the definition of "others of the others" was made for these people shows itself most in state institutions. The biggest fear of these people is being sent back and experiencing irresolvable legal problems. They are afraid to get healthcare from the state even if can afford it. This is especially seen in migrants from African countries where some of them have expired their passport validity. A a lot of people from this group were met in the waiting rooms of civil society organizations. Most of them did not even think being assisted on healthcare from the state. They did not even want to get support from civil society organizations until their diseases has reached a very advanced level. They hoped their problems would be solved on their own. Some of them applied to traditional ways of treatment, and when they could not find a solution, they started looking for different ways. It is observed that the frightening image of the state is pushing these migrants further out of the

system. These are some of the notes taken in the participant observation on this subject:

> “Two men are waiting; they're between the ages of 25-30 and black. One foot of one of them is naked. That foot is swollen and you can see from the man's face that he suffered. They both speak Turkish. The other plays the role of a bridge for him. The one with the problem on his foot, his passport expired. […] He hurt his foot when he was working as he mentioned. When I ask where they work, I cannot get a clear answer, and I do not extend it. […] At first, he tried to ease his pain with a variety of creams from the pharmacy. For the first time since his passport expired, he needs medical care. He was taking medical care with his money directly from the hospital. Now, he has been suffering for more than a week because of the fear that he will be deported, and he has not received professional service. […] His friend who has seen the situation and who had been served before from this civil society organization brought him here. […] They were colleagues. He has brought people here before. He was afraid to come here first. One day when he had a cold, he brought him another friend. […] In their own community, the reputation of this place is spreading via ear to ear.” (From Field Notes – 05.2016)

Five more stories have been witnessed, in addition to those notes. One of them was a woman who was only two months away from her birth, and she has never seen a doctor about her pregnancy until that day. The common story share by all of them was afraid of being sent back. Civil society is filling a point that the state cannot. Assuming that the state wants to limit civil society on the field in the long run, it is not difficult to predict that the situation will get worse for these people. Even though the government agencies assure equal healthcare for everyone in their discourse, there is no reality for migrants. Just the fear of being deported does not keep them out of the system. Those who are legally entitled to reside in Turkey cannot access free health services due to their status. Due to health tourism law, these people can access health services by paying 8-10 times more than normal prices. During the interviews, it is seen that most of them do not know what kind of

process they are going to follow, even if they want to get healthcare from the state by money. For that, the state should first realize these groups in order to reach the status of equal healthcare provider to all the people as it claimed in different places. The state needs to pave the way for access to universal human rights healthcare. Without this, limiting civil society on the field will not destroy this problem but will make it even more visible and stronger. On the other hand, the problem itself will keep going on. This was the migrant story that is very shocking .;

> "A Bengalese patient, a hepatitis patient. He wanted to be treated by the state. A total of 45,000 Turkish liras have been spent on Drugs. It is too expensive for him so that he could not pay. He encountered this NGO. The technical staff here found out that some patients brought the drugs used by the State for this treatment from Asian countries. This patient got into these networks and provided these drugs. All the drugs that cost $ 500 in total." (From Field Notes – 01.2018)

This patient officially had the right to receive healthcare. However, since he was not under international protection, he had to pay for his own healthcare costs. The cost of this was to get him away from these services. However, this civil society organization was at the right place to put this barrier away.

The situation varies for PuTIPs where in the process of getting healthcare from the state of PuTIPs, all the steps of the system have been opened to them. The current system is based on the state's mentality of providing an equal and standardized service to all ill PuTIPs. Thus, the state has taken a variety of action plans. However, the system does not have the same homogeneity in migrants' understanding during the meetings in the waiting rooms, and it was problematical in terms of functionality. First of all, the biggest share of primary healthcare services is in family health centers.

PuTIPs in almost every neighborhood has the right to benefit from these centers and examination fees are paid by the state within the scope of the insurance they are subjected to. However, in 2014, it is learned that migrants should first apply for primary care services in order to access other healthcare levels, but subsequently this was removed. The question to be asked at this point is *why migrants are trying to access the second step, not the first step in the healthcare system*? As a result of talks with migrants, access to primary healthcare services is not as easy as the state claimed. Family health centers can only examine when migrants registered them. Moreover, this recording is done through the doctor's decision. According to information from migrant patients, many doctors refuse to register patients. The following reactions on this subject were gotten when a family doctor was met in Ankara:

> "Yes, I am not recording the Syrians who came to me. I am already looking at dozens of patients a day. There's a line at the door. When Syrians arrive, we cannot communicate because of language. It is a waste of time. It is not helping me. There is also a performance system which is another reason. For example, I record the patient, and then she has a baby. The system wants me to follow the baby. I cannot find this patient again. These people are on the move. Then my performance score drops, so the money I get is affected by it. I was looking at the records when I got here first, and now I have to use the right to refuse." (Participant #12)

The testimonies of these doctors in fact reinforced the claim of migrants that some doctors did not register themselves. This doctor denied these practices for his reasons, it was especially a problem in the performance system implemented by the state since the migrant patient would be disadvantaged for him in the long run. At this point, the debate here is about the reality of the role of the state in providing equal health services to all. Since doctors think they are doing a favor to migrants, it is not a mandatory duty. Services offered

at this point are not systematic and accessible to everyone. It is becoming a system left to the initiative of individuals. In case of increasing the number of doctors as the doctor interviewed, it might be claimed that the system that is working on paper is, in fact, may lead to bigger problems. At this point, it might be said that the state is inadequate as a substitute for what civil society has done but it is not possible to say that the services already produced by the state do not meet exactly what civil society has done. Therefore, the appeal on “there is no need for civil society” is a system-based discourse rather than a reality-based one. At this point, the state wants to restore the paradigm between civil society and the state quickly. The state claims that civil society is no longer needed. However, the policies produced are not as efficient as they are claimed. Yes, there has been widespread and accessible services for migrants. However, for some migrants, civil society is still a substantial option by producing policies against areas where civil society makes itself legitimate. In addition to this, some of those who registered and have access to health services complain about the misconduct of doctors. Especially xenophobia is the important problem of the system. This is why some patients prefer to go to centers that are quite further from them. The bad memories they experienced earlier create a question mark in their minds of migrants to get healthcare from the same unit again. It is observed that migrants who live in regions where the migrant population is frequently crowded face this problem. Following notes are from the waiting room of a clinic where I observe this subject is observed;

> "About 6 women are waiting in line. They were Syrians, except one. He came to serve as an interpreter with a Syrian. She is a 55-year-old woman. three young Syrians met on the internet and

> came here. They had a group on Facebook. In that group, someone asked them what she could do if the doctor did not record. Someone suggested this clinic. These three people have become friends through the comments of that Facebook post. These three people have become friends from the reviews. They all have similar stories, complaining about doctors ' bad behaviors. Especially one who was pregnant said she was taking her chances in two different places for taking healthcare, but she cannot find any doctor in state institutions due to registration problems." (From Field Notes – 12.2015)

This story actually shows how a system well-functioning on paper might produce problems in practice. Especially the story of the pregnant woman is probably parallel to the reasons that the doctor previously shared his views on. The doctors she went probably thought they could not follow her up and this situation will affect their performance score. Another important point here is that people have set up their own network. In fact, from this point of view, a new area of civil society is emerging from common concerns. The problems experienced by individuals directed them to seek a common solution. The common concern here is bad behaviors of health workers.

The source of these behaviors is not just the doctors or health workers. Citizens living in the region might also produce these behaviors. Citizens who did not want to receive healthcare in the same place as them (migrants) were met in the field observations. Sometimes, complainings and shouting at migrants were observed. They were yelling that 'migrants were getting free services, and it was not fair'. A doctor who serves both Turks and other migrants tells the situation as follows:

> "One day, two Turkish women were waiting in the waiting room. Two African patients have arrived. They started to wait. First, Turkish patients started grumbling. Then another African patient came. A Turkish woman said, "I had no idea these niggers were always coming here. We were coming here to be treated, but now

> we are at risk,”. She said aloud to the other. They packed up and left. Among African patients, there were those who speak Turkish.” (From Field Notes – 03.2016)

Misconduct such as these hurts migrants and bothers them about getting healthcare. Several migrants said that they were afraid of being beaten by racist people. For example, a female migrant has experienced such an event before. That is why she told that she goes everywhere with her husband beside her. There is a different narrative of each migration related to the bad behavior of health workers. Some migrants complain that doctors send them to other hospitals without even listening to their problem and some of them complain about the doctors’ rudeness to themselves. In this regard, the language barrier caused bad behavior and migrants are looking for a solution to this event in the field. The notes gotten at the immigration Health Center on this subject are following:

> “3 women and 2 men are waiting. One male and one female speak Turkish. We are starting to talk about whether they are having trouble with language. A woman took out her smartphone from there and Google Translate has opened. She showed the application and said she could deal with the doctors on it. Even if it was not very efficient, I opened Google Translate and tried to deal with it. Basically, it was clear what he meant.” (From Field Notes – 03.2016)

Creative solutions such as these are produced by migrants to handle the problems. People who do not want to be exposed to bad behavior as they cannot properly communicate, produce this type of solutions. However, their common point is that such behavior creates new barriers to migrants' access to healthcare. Syrian patients, whom talked to in places where civil society organizations provide healthcare, often expressed that they came to this institution since they were faced with bad behaviors in government

institutions. They expressed that civil society workers understand themselves better. The narrative of a migrant is in this way;

> “Although I speak Turkish, there are times when I have difficulty while communicating. When that happens, doctors do not want to take care of us. They are right too; there is many people in line. However, I have to find a solution. There are fewer people here. Besides, the doctors here are not sending us anywhere until we understand our problem. That is why I can tell them my problem without panicking.” (Migrant #5)

At this point, it is useful to open a parenthesis. I have been on the field for three years for this work. Migrants’ statements about the bad behavior they experienced during the services they received from the state actually have declined slightly. One of the reasons for that may be the revision of the state's services. Migrant Health Centers, for example, have undergone major changes. At first, these centers, which were not very systematic, have become critical centers for Syrian migrants, owing to the revisions as Syrian doctors began to work. In fact, these centers were not different from the family health centers since the doctors who worked at first had no control over the issue. The only difference between the two types of centers was that doctors at migrant health centers could not refuse to register migrants. During a meeting with a doctor from a migrant health center in Istanbul in 2015 (in the early stage of migrant health centers), the following statements were included:

> “I suddenly found myself here. It was not my choice. I am here temporarily. However, the problem is, I cannot monitor patients because the system is not suitable for long-term records of migrant patients. I do not speak Arabic; I cannot communicate with people. I have stopped fighting now, and I direct patients directly to the nearest hospital. This is how it goes until my time here is over. Doctors before me left small notes. They wrote some basic Arabic phrases about what we should do. I wish there were an education on this subject, or a material that we could use. Only Arabic written posters are coming. They say the vaccination

> calendar or something. It does not make any sense for me." (Participant #18)

This narration received from the doctor, and the stories that the migrants shared were very similar at first. Most patients complained about being transferred directly. Some even stopped making an effort because they doubted that they would be sent somewhere else again. However, at the end of this study, it is understood that the situation is different from the past in some aspects. Many migrants now consider it an advantage to have Arabic-speaking people in these centers. The system has become a center of attraction for migrants. Actions taken by the state to improve these centers are significant. It is a great success that every action has been taken as a positive development on the part of the migrants. However, a question pops up here, *have these centers really reduced the need for civil society to narrow its field?* The most important example of this issue is that these places, called the migrant health centers, are not equally open and free for all migrants. The improvement in migrant health centers cannot be ignored, however, this improvement will be insufficient until the other migrants are covered which takes the issue back to the same point. Actions taken by the state in the field of migration health were associated with the migration crisis. Instead of an inclusive system, a problem-oriented system is designed. Instead of solving the problems of all migrants, the problems created by the crisis are trying to be solved.

5.3 Migrant and Civil Society Relations under Current System

In this section, the relationship between migrants and civil society within the current system will be examined. The nationalities and status of individuals in

civil society organizations do not constitute an obstacle to access the service as much as it is in the state. However, it might be said that the Syrians are targeted when shaping the services of most of the civil society organizations. However, some civil society organizations target migrants and serve them in particular, apart from Syrians. During the study, a participant observation study is conducted in civil society organizations targeting both Syrians and other migrants. In particular, one of these civil society organizations opened its doors to all migrants at an equal level, and the waiting room resembled the United Nations. The claim of civil society organizations to reach the migrants that the state cannot reach was conveyed in the previous chapters. As a result of the studies carried out with migrants in the waiting rooms of various civil society organizations, it might be said that migrants perceive these activities in the same way. Many migrants travel from a quite far distance to these civil society organizations. Some of them even came from different provinces.

When asked why they got here, the answers given were different. In the process of this participant observation and analysis made thematically, the common answers gotten about why migrants prefer civil society organizations they go to were compiled (Figure 2-3-4).

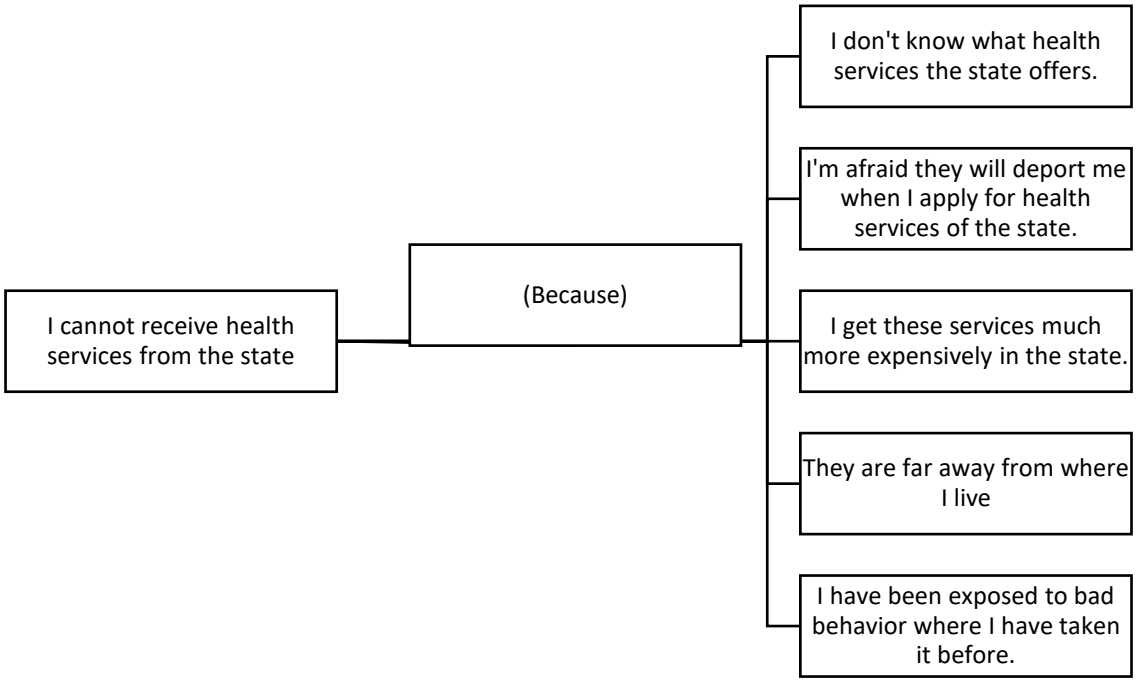

Figure 2: Why migrants prefer civil society organizations – Thematic Network 1

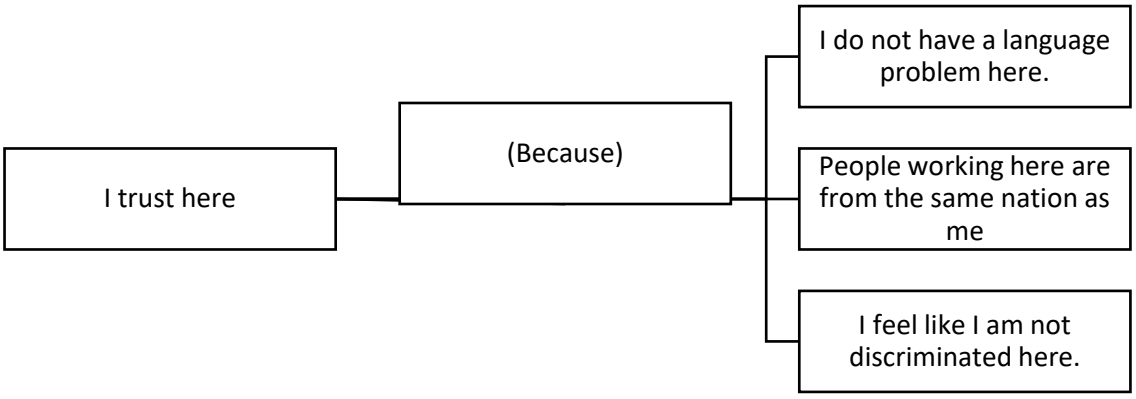

Figure 3: Why migrants prefer civil society organizations - Thematic Network 2

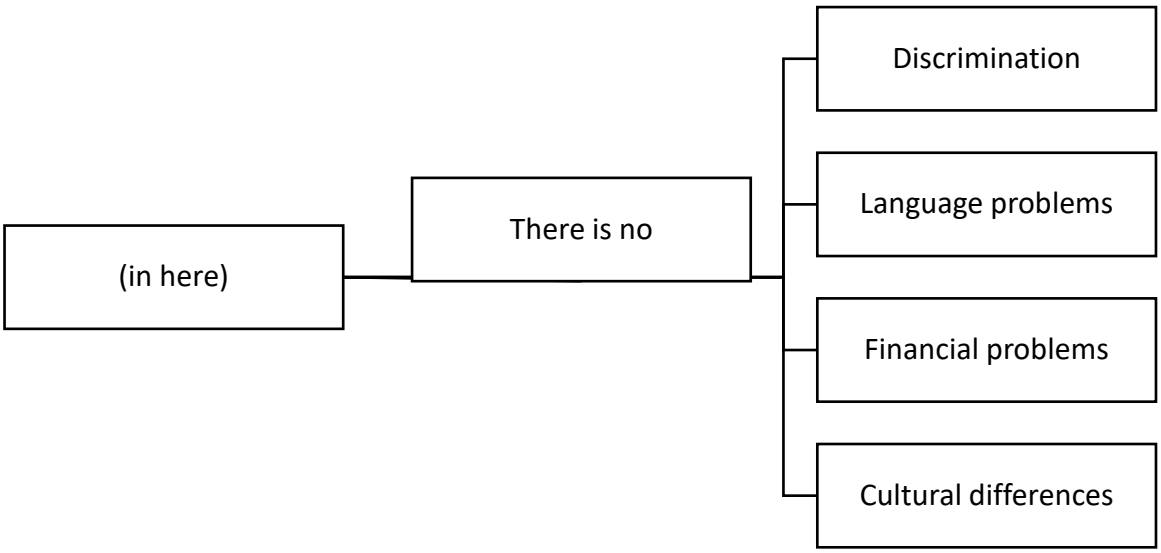

Figure 4: Why migrants prefer civil society organizations - Thematic Network 3

These thematic maps have been derived from conversations with migrants. Every migrant was asked the question that *why do you prefer the health service provided by the civil society organization*? The answer to these questions was noted and they were added as a result of the observations made on them. They were all grouped as thematic, and these three main themes were obtained. In this way, a basic algorithm has been developed on why migrants prefer civil society. There were many different answers to the question of *why do you prefer the health service provided by the civil society organization*? in the narratives of the migrants. It is also determined how these narratives have become a reality in the field through participant observations. The most important reason here was that civil society organizations did not have an upper organization to transfer the patient to. All of the problems had to be solved within the institution as much as possible. If

the problem could not be solved within the institution, the patient was directed to the services offered by the state. The necessity of solving the problems within the institution brought other obligations. It is observed that these organizations are more concentrated in dealing with problems such as language barriers. Most civil society organizations were running a bilingual person, or they had contact information for interpreters if needed. It is even observed that civil society organizations were seeking solutions with Google Translate where communication is urgent. This type of communication is open to discussion whether it is healthy or not. Most of the time, civil society organizations themselves have expressed this. Most of the civil society organizations are aware of the very few options of non-PuTIPs patients, and they are trying to do their best. Otherwise, these organizations are aware that these people could not apply to the service provided by the state for several reasons and their health could be negatively affected.

The field research showed that the effort of civil society was appreciated by the migrants. In fact, civil society organizations exhibiting these efforts have become popular among the migrants. As a result of the studies carried out with the migrants, nearly half of the migrants have received services from the state before, however now they have come here on the advice of their friends who have been satisfied with their services in the relevant civil society organization. The fact that civil society organizations are more familiar with some cultures and more sensitive to related cultures is the reason why migrants prefer them. Many civil society organizations have learned about the cultural practices of migrant groups that come to them intensively, and they act accordingly. This leads to the improvement of the sense of trust in

migrants. This sense of trust makes civil society organizations preferable to migrants. Some of the migrants said that they came to these organizations as they did not like the diagnosis they had in state clinics. Even if the same diagnosis was made, the number of migrants who relied on the diagnosis of the civil society organization was surprisingly quite high. However, whether all civil society organizations have the same sensitivity to all migrants or not is also a matter of debate. At this point, it might be said that the common feelings and themes that bring civil society together are important. For example, a civil society organization gathering around Islamic ideas becomes much more sensitive to Islamic concerns than other civil society organizations. This is why migrants with similar concerns prefer this civil society organization. Civil society organizations based on common ethnic identity are much more successful in understanding the cultural concerns of individuals with the same ethnic identity. This is why migrants who have ethnic identities are first knocking on the door of these organizations.

The services of civil society organizations that do not provide direct healthcare for migrants but carry out educational activities receive much more demand among migrants. 8 of the migrant women shared their experiences about the child care and health training courses provided by these civil society organizations. In particular, they believe that these trainings are useful in terms of correcting what they know. When it was mentioned that the state had made such information if it was requested at the family health centers, most of the migrant women had no idea or were afraid of the language barrier. Despite this new information, they said they would still prefer training by civil society organizations. For them, civil society is “the people we speak the

same language”. Thus, it might be said that there is a tendency to choose a civil society in similar services. At this point, it might be said that civil society organizations have become social spaces for migrants. Most of the people in the waiting room knew each other. It almost became the meeting place of a group of people sharing common concerns.

Finally, it is needed to be looked at this picture from the other side. Although civil society is welcomed as positive in healthcare, it should not leave an extensive area for civil society. In the previous chapter, it was claimed that civil society organizations could be the source of discrimination with field data. Until now, civil society has the control over one of the largest areas on the field. However, the state control and regulation are still in progress with a certain amount. Despite these controls and regulations, there are consequences for discrimination. In addition, the system is capable of giving rise to greater problems due to its nature. Therefore, while it might be read as positive that the state reduces its power over civil society, the state should not be withdrawn entirely from the field on this issue due to the field reality. It is observed that some services that are not in the required standards are being provided and they are carried out by avoiding state control. As the focus of this study is on civil society organizations, illegal or under-the-counter/under-stairs clinics are not included in the study. However, these types of institutions have often come across. Parallel to this, it is reflected to the media where people who do not have the necessary level of knowledge provide clinical services. Some of the institutions interviewed have shared stories about patients who applied to them after malpractice applications from these kinds of illegal institutions. In particular, they said that the practices of people who

are not qualified for abortion are frequently observed. For example, a participant shares a narrative as following;

> “There are women who come here to have their babies aborted. This is an area of expertise, as I am not authorized to do it here. It must be under special standards. You must have the infrastructure to defend against a setback. They argue that people are doing it somewhere else. We say that this is the problem of the other institution, and we cannot do it. They tell me about the work done at the other institution, and they come to me. Instead of sending them back, I am directing them to where they can do it. On the other hand, I feel ethically uncomfortable. What if they leave here to another place that's been wrong? However, there's nothing to do. A couple of women came here with bleeding complications due to the wrong treatment. I mean, women go to these different institutions, and by whatever they are doing, they hurt these women.” (Participant #21)

As seen from this statement, lack of total control in the field of health can lead to major problems. In this way, a lot of parallel narratives were conveyed by other participants, so it is not unique, it is an application that is spread in the field. At this point, the state should maintain its role as a regulatory and control authority without hindering or stopping civil society. Because at the end of the process, health services are likely to emerge far from the required standards. This increases the likelihood of abuse in different areas as far as organ trafficking. Although the state has made room for civil society to protect the health of individuals at this point, the state must also supervise, control and regulate the civil society to protect the health of individuals. In other words, the change in the relationship between civil society and the state in favor of civil society should not mean unlimited freedom. From the opposite perspective, the dominance of the state over civil society is not entirely hazardous to the actors in the system. The paradigm shift should be evolving into another position rather than a war in which the actors try to become more

powerful, and the distribution of power and duties among actors should be at the most beneficial level for the people. Therefore, while the state keeps its basic functioning, it shares the power with civil society at the right level.

As a result, the services provided by the state and civil society are substantial for migrants. In the previous chapters, it was discussed that civil society claims that the state is weak in some matters to preserve its legitimacy in the field. If these themes are examined, in fact, civil society has made positive contributions to the health of migrants in these areas. However, it is open to debate whether these services are indispensable as it is claimed. Because the state is starting to serve in these areas, and thereby, the role of the dominant actor, civil society, is becoming rapidly diminished. While migrants have a lot of problems in the field, the state takes action only on certain issues. These are the areas where civil society legitimizes itself. Here it might be said that the state is looking for ways to return to the former paradigm again. However, this war over the paradigm does not make a great contribution to migrants. The roles of civil society in parallel with the paradigm shift have led to positive changes for migrants. Due to the size of the problems experienced in the field, the state here needs to take actions as well. However, the actions taken by the state are still insufficient to solve these problems. In other words, changing the paradigm in favor of civil society does not eventually make a big difference for migrants. Also the actions to restore the paradigm do not make a big difference for migrants, too. From this perspective, the immigration health issue and the crisis play a key role in changing the paradigm between state and civil society. However, this change does not lead to radical changes in terms of migrants. The biggest benefit of

civil society is for non-PuTIPs. Other services might be provided on the stateside, but the service for non-PuTIPs is structurally the most important part of civil society. However, civil society organizations are struggling to prevent the window of opportunity that opens with the migrant crisis. That is why they are focusing on the group that causes this window to open, so they produce projects for the PuTIPs, especially for Syrians. This situation causes the most significant difference they can create on the field to remain limited. In the current situation, civil society is a network composed of people who are not satisfied with the services provided by the state. Civil society began its adventure as a second actor alongside the state's service delivery. Now, this adventure continues to play the role of insurance at the points where the state is gone missing. In fact, from this point of view, an ideal civil society image is drawn in the field of health. Because, as mentioned in the literature, it would be impossible and unhealthy for civil society to realize all the operations in the field of health. Such an insurance role is one of the most fundamental roles that civil society is achieving within the system. Moreover, now civil society seems to have reached this position.

Looking at the state, another picture comes up. During the past period, the state has created positive changes for migrants. However, most of the changes that were created were in parallel with the tasks that civil society has already taken. This brings the issue back to the state's attempt to undo the paradigm shift. The efforts here are incomplete, and some groups still prefer civil society organizations. The state, in fact, which desires to reduce the role of civil society in the field, is imposing different roles on civil society,

unintentionally. Those who cannot access or are not satisfied with the service provided by the state are directed to civil society organizations.

Looking at the whole picture, it might be said that civil society uses the window of opportunity and makes positive changes. However, these changes are addressed on a micro-scale and a very small group compared to the whole number of migrants. Therefore, the paradigm shift did not cause a major change for the entire migrant population, it only has forced the state to take action on this issue. However, these actions seem not that motivating to make an intensive system for the whole of the migrants. Actions against civil society did not cause a major change for the migrants. In the general table, migration crisis is only prevented from becoming a public health and humanitarian crisis. However, the solutions produced are not sustainable for the state nor civil society. If the common target groups, as claimed, are migrants, they should come to the table and decide on how to share the areas and form a common action plan and thus, the system produced can be sustainable. As it stands today, it is entirely a reflection of a war situation in which the paradigm between civil society and the state will change.

CHAPTER VI

CONCLUSION

During this study, civil society and state relations were examined in the field of migration health. Historically, civil society remains weak in Turkey as a result of strong statist understanding, and also it has been observed that this is even more complex in the field of health due to structural reasons. As a result of the field studies, it is observed that the mass migration from Syria to Turkey after 2011 has become a window of opportunity for civil society. Therefore, this window of opportunity has led to a paradigm shift in civil society-state relations for civil society organizations working in the field of health. Civil society, which works on the borders after the opening of this window of opportunity, is carrying out similar activities all over the country today. It was observed that while civil society was taking a solid place in the field for the first time using this window, the main argument was that they were in the field to prevent the migration crisis from turning to a humanitarian crisis. However, when the level of migration crisis was declining, civil society began to offer different grounds to protect its area. These reasons create the source of their legitimacy for them to be on the field. In this study, these new legitimacy sources were identified and listed as overcoming the language barrier, working with migrant doctors, and better communication with migrants. These reasons were not based on any fundamentalist issues, such as the reasons at the beginning. In other words, the argument based on the weak position of the

state and the possible humanitarian crises has started to be established on the lack of qualitative quality of the services provided. This shows that civil society organizations want to expand their area through the window of opportunity with different maneuvers. On the other hand, it is understood that the role of civil society has never been seen on a long-term basis by state. It has been determined that state institutions are aware of this window of opportunity, and also state has made room for civil society in order to prevent the crisis experienced from becoming a humanitarian crisis. However, the role of civil society in this area is perceived as a support that must be applied to at the time of crisis. This situation brought actions with it to close the window of opportunity in the long run. The state now stands at the point that the crisis is declining, and that civil society should remove from the field. This means that the paradigm is being reversed, and the state is trying to turn back to the moment of crisis with the statist reflex. However, the arguments produced by civil society today to justify itself are realized by the state. In order to eliminate the situation created by these arguments, the state produces services against it. However, the services produced are deficient in many aspects because they are only aimed at reducing the legitimacy of civil society in this area. It was determined that the basic motivation behind these actions was the “state would provide it if a service is needed”, which parallels an understanding of a statist state. In terms of migrants, this paradigm shift has made a positive contribution, but it has not been able to solve the problem as a whole. Civil society and the state both take various actions to get out of the classic relationship paradigm and turn back to the older one. The migration crisis has become a battleground for them and that is why Syrians are becoming the

main focus of these actions. This puts the solution for the problems faced by other migrant groups, who have not any international or temporary protection, in the second place. While civil society regards the situation as a problem of being in the field, the state regards it as the problem of losing its power there. In spite of this situation, the actions are favorable for the PuTIPs, but additional and more substantial actions are needed for other migrants. The state's attempt to return to the former paradigm has the potential to produce end up with results for all migrant groups.

Considering all the findings in terms of contributions to the literature, in this study, it was observed that civil society-state relations, which are seen as rigidly depended on political culture as literature mentions, may change via significant events. A sufficiently large crisis is a window of opportunity for civil society to enter the field in that area and therefore the civil society, which is directed by the state, has gained more of a free space. While civil society can actually take actions without state guidance, the state can systematically expand the area of civil society. Therefore, possible changes in civil society and state relations in Turkey should be examined from the perspective of the window of opportunity, in the long term. In addition to these, they need new legitimacy areas to protect where civil society has won. In this case, the statist reflex which is seen in the literature is trying to return to the former paradigm again. In addition, the health field is an important area for civil society studies, especially on the migrant health. They have their own dynamics in this respect compared to other areas in which civil society studies are carried out. However, the number of work done in this area is quite low. This study has shown that the literature should now focus on more specific and unique areas,

such as health, instead of repeating itself in other areas. It might be said that this migration wave and the earthquake back in 1999 are suitable cases to open the window of opportunity discussion in the health field for civil society. Finally, the paradigm of civil society and state relations should not be looked at as the war they fight to achieve the maximum power the actors might gain. Although this paradigm change is seen as positive for both civil society and migrants, this study argues that these changes can end up in the opposite direction after a point. The health area is vulnerable to abuse in cases where there is not a proper control. For this reason, the health field where there is no control at all is open to producing irreversible problems for people. Therefore, discussions on civil society for the provision of services in the literature should be revised to cover these concerns of these areas. This study sets forth that since the nature of each area is differing, the boundaries of the free spaces that civil society might take will also be different.

Based on my research, it is found that it is best if the state transfers power to civil society without approaching it with distrust at the outset. The state can routinely audit and inspect such institutions and provide coordination between state and civil society institutions instead of taking over all roles assumed by the civil society.

At the end of this research, it might be said that there are a lot of issues that needed to be investigated by social scientists in the field of migrant health. In particular, the different experiences of migrants should be explored when they benefit from health services. Especially, the position of women migrants in the health system needs to be examined. Because in the stories of female migrants, it has been observed how gender roles are reproduced through

these services. This was not one of the subjects of the research, so it was not included in the thesis. However, the need for studies on how gender roles are reproduced through health services on female migrants has shown itself during the field research of this thesis. On the other hand, as a result of this study, the necessity of working on how civil society state relations should be in the long run has emerged as well. In this study, it was observed that the regulation prevents civil society from gaining space due to the state's excessive statist attitude and this situation eventually has negative consequences for civil society and migrants. However, this study has also been observed that in cases where civil society is extremely independent, there is also an open path leading to illegal activities. It has been observed that the increase in the illegal and under-stairs clinics, operations by non-professionals, the use of incomplete and inadequate materials can also adversely affect the health of migrants. In this context, it is open to debate and new research at what level civil society should be independent and at what level the state should be withdrawn from the system. Because, this study has shown us that an option in which the state is completely withdrawn could create new problems in the long run. New research is needed on the determination of these possible problems and possible solution proposals. Thus, new policy proposals for the role of civil society and the state in the field can be made, and these policy proposals can be beneficial for all actors in the long run.

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