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## TURKEY

### Governing the Unpredictable through Market Imperative

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The unprecedented nature of the COVID-19 pandemic has taken both governments and citizens by surprise. With no prior experience on how to contain the virus or implement appropriate countermeasures, governments learned from each other and adopted what they perceived as successful measures in other countries. They also followed the recommendations of international institutions and experts. Even though international practices mattered, the response to the pandemic has been shaped by the limits of domestic politics. Leadership style, the design of political institutions, the strength of the health system, government, trust, and most importantly government capacity have all determined how countries adapted and attempted to counter the catastrophic effects of this global crisis.

These domestic factors that shaped governments' responses evolved during the past decade through the uniquely rapid ascent of various populist leaders into positions of significant power worldwide (Devinney and Hartwell 2020). This populist wave not only eroded accountability and institutions, but it also deepened political and social polarization, resulting in low levels of trust in leaders and political processes with pernicious consequences for democracy (McCoy, Rahman, and Somer 2018). Turkey is a prime example of how populism in power reacted to the crisis (Balta, Kaltwasser, and Yagci 2021).

Since 2002, Turkey has been ruled by a populist political party (the Justice and Development Party [AKP]) with a strong religious-conservative leaning. Although the AKP followed a more liberal approach in the first decade of its rule, the party's key discursive strategy increasingly shifted toward a classic populist Manichean discourse as it tightened its grip on power. The party engineered an "us vs. them" divide, referring on the one hand to the people and on the other hand to the "republican elite," who represent the "establishment" embodied in

the main opposition party (Aydın-Düzgit and Balta 2018). The AKP was tremendously successful in achieving electoral dominance and political control, securing parliamentary majorities in 2002, 2007, 2011, 2015, and 2018, and local election victories in 2004, 2009, and 2014. These successes were consolidated through a tight grip on the media; a punishment system relying on a co-opted judiciary; and a deeply rooted patronage system that redistributes state revenues and manipulates economic rules (Demiralp and Balta 2021).

The COVID-19 crisis first hit Turkey in March 2020. By May 2020, Turkey already had the seventh largest number of confirmed COVID-19 cases per 100,000 people and was frequently cited as having the fastest-rising infection rates in the world (McKernan 2020). Two more waves followed: in October 2020 and around March 2021. Although Turkey became a COVID-19 hotspot in all three waves, the rapid spread of the infection did not overburden the health-care system and cause its collapse, in contrast to many other countries. This enabled the government to frame its handling of the crisis as a success story (Balta and Özel 2020a). In what follows, we analyze Turkey's handling of the crisis as it relates to Turkey's regime type.

### Populists in power confront the COVID-19 crisis

According to Benjamin Moffitt (2020), crisis performance is key for populist political actors. Rather than reacting to an external crisis, populist actors actively perform *a sense of crisis* to affectively divide population into “the people” and “the enemies of the people” while presenting themselves as strong leaders that represent the voice of people. Yet the COVID-19 crisis was not a typical crisis that the AKP government could control discursively and elevate to a level for further populist consolidation. In fact, for populists in government, a discursive framing of a genuine crisis is bound to fail. Eventually, what mattered was the performance to maintain electoral support. Indeed, having been in power for nearly two decades, healthcare provision and economic management were seen as being an exclusive achievement of the AKP. Thus, failing to deliver during a genuine health crisis could not be externalized as easily as other social and political crises.

Furthermore, the COVID-19 crisis has been unlike any other. After 16 years in power that firmly established the AKP and its cadres as the new power elite, the party's antagonism toward “the corrupt elite” was increasingly defined in reference to a global cabal of international institutions, foreign governments, and undefined external forces that conspire against Turkey and/or Muslims (Çelik and Balta 2020). However, in this case, the government could not skillfully re-frame its management of the crisis as a burden inflicted by external actors on “the people.”

Health sector restructuring was a major cause of the AKP's initial political success and the consolidation of populism in Turkey (Powell and Yörük 2017). The old social security system operated through three main institutions serving different occupational groups and was neither universal nor equally accessible to

all citizens, as it offered the best protection to civil servants while significantly curtailing access to state-subsidized health services for the lower classes and the urban and rural poor (Buğra and Candaş 2011, 520). In 2008, the government combined the three social insurance funds with a declared aim of providing equal access to healthcare and enable the inclusion of marginalized segments of the population (Günel 2010). In actual fact, between 2002 and 2008, Turkey's health spending did rise significantly and rapidly (World Bank 2021), but then it began to decline sharply. Even though the AKP government followed a neo-liberal privatization scheme in the health sector, by eliminating the boundaries between occupational groups, and relatively strengthening coverage for low-income groups, it was able to claim to represent the people.

Thus, the health system's ability to cope with the COVID-19 crisis was very important for the AKP government and its claim to legitimacy. Throughout the crisis, health provision for COVID-19 patients remained free of charge, expansive, and quite centralized. A system based on neighborhood provision of primary health services was used to track COVID-19 patients and provide primary care for all. Home visits by COVID-19 teams and frequent phone calls by family practitioners assigned to every Turkish citizen prior to the pandemic made the health system more effective. Patient data were also kept centrally while quarantine compliance was monitored through an application called Life Fits Home, specifically designed for the COVID-19 crisis. Every citizen received a unique code which was mandatory for using public services and transportation. This relative success, specifically in terms of preventing the collapse of the health sector, vastly increased the confidence of the Turkish government.

However, what mattered was not only the structure of the health system which responded to the needs of the people who already had COVID-19. To be considered successful in handling the pandemic and to keep the tourism sector running, the government had to minimize the virus' prevalence and the number of infections. This required strict measures like full lockdowns, which were then deemed unacceptable and unsustainable for the economy. Thus, the government's main strategy to keep the prevalence low was to keep the workforce active as much as possible and simultaneously removing nonworkers from social life. Two measures were crucial in this regard: age restrictions and school closures—both of which had significant short- and long-term negative consequences on certain age groups.

## Containing the virus

Throughout the crisis, the government used various strategies to contain the spread of COVID-19. The first group of measures, which the government promoted as the major pillar of its pandemic response, included a mask mandate, social distancing, and hygiene behaviors (*maske, mesafe, hijyen*). Health Minister Fahrettin Koca constantly urged everyone to observe social distancing measures, follow hygiene guidance, and wear masks (Yener and Karaaslan 2020). Indeed,

this was labeled as *the new normal*, which enabled the government to gradually shift responsibility for controlling the pandemic from the state to the citizens. Government officials continuously upbraided citizens for ignoring protective measures, shared images of non-compliers, and accused the *society* of spreading the virus. Fines for not wearing a mask were very high, and TV screens were filled with images of police officers punishing or fining non-compliers.

The second group of measures was border closures. Turkey was among the first European countries to close its borders to travelers coming from China (on February 3, 2020) and from Iran (February 23). Despite stopping flights to China and Iran, Turkish pilgrims were allowed to travel to Saudi Arabia on an *umrah* visit (Muslim pilgrimage) coordinated by the Religious Affairs Directorate, and returning groups were quarantined rather haphazardly. Faced with growing criticism, the government closed all borders to everyone except for returning residents. In time, the policy became less strict. Turkey even allowed visitors coming from high-prevalence departure points, provided they were in possession of a negative PCR test taken within the previous 72 hours. Flights were occasionally suspended for certain departure points, such as Brazil, UK, and South Africa, amid rising cases of a variant of the novel coronavirus. In short, to protect Turkey's tourism industry, the government followed a relatively liberal border policy and used border controls haphazardly.

The third group of measures was limitation of mobility within Turkey, such as lockdowns and banning public gatherings. However, the government rarely used full lockdowns, opting instead for partial lockdowns, such as weekend and night curfews, to curb the economic impact of the pandemic while keeping the workforce active. The longest full lockdown of 17 days was imposed in May 2021 amid rising case numbers, which would result in Turkey being red flagged as a travel destination. The most unique and longest-lasting measure, however, was age-based restrictions on mobility. In the early days of the pandemic, the government banned all nonessential movement by people over 65 years old and people with comorbidities. This policy was later extended to include people under 18 unless they were employed. People over 65 were not allowed to go out at all for months; and when people of both age groups were allowed out, it was only for a limited number of hours per day. This ban clearly indicated that the government prioritized keeping the workforce on the production line in the middle of a deepening economic crisis. Some labeled this strategy "class immunity" in mocking reference to the concept of "herd immunity." The policy had long-lasting adverse physical and psychological effects on youth and the elderly.

Furthermore, to flatten the curve, the Turkish government continually opted for school closures—a measure which most European countries rejected in the second wave, arguing that it would be detrimental to the children's future (Eddy 2020). Although some grades, such as primary schoolers, occasionally received face-to-face education, starting on March 23, 2020, the country's 18 million students followed classes online and on TV. Turkey experienced one of the longest school closures in the world (Yıldırım and Öztürk 2020) and displayed the

worst education disruption among the Organization for Economic Cooperation and Development (OECD) countries (UNICEF 2021). Here, we also need to note that every attempt to open the schools created a backlash among parents and teachers' unions, claiming that reopening schools would risk students' and educators' health.

As for the institutional design, initially all containment measures were announced with reference to the newly established scientific committee. During the early days of the pandemic, President Erdoğan rarely took center stage to announce figures or government measures. Instead, the health minister, Fahrettin Koca, acted as the spokesperson for the scientific committee. Even though President Erdoğan later began to directly address the population more frequently when announcing measures and restrictions, the health minister and his references to the scientific committee continued to remain visible.

Apart from institutional and social measures related to public health, one of the most important aspects of COVID-19 measures was economic. The economic performance of populists in power is almost as important as their ability to contain the virus and significantly account for fluctuations in electoral support and approval. Opinion polls noted that support for Erdoğan declined significantly amid the population's growing economic concerns due to COVID-19 restrictions (Sözcü 2021). As elsewhere, the Turkish government announced fiscal, monetary, and financial measures to boost its approval ratings. It provided emergency credit to industry and partial relief to families impacted by the economic slowdown. However, most support was channeled through businesses and no expansive relief package was announced to decrease the burden for families hit by the pandemic (Tank 2020). Direct income support was provided to families as cash payments, unemployment payments, and part-time working allowances, albeit to a very limited amount. Various changes to worker rights were introduced, such as granting administrative leave to all public sector employees, banning the dismissal of employees, and publicly funding sick leave wages for workers who tested positive for COVID-19 (Tanca et al. 2020). However, because of the limited level of economic support, heeding the "stay home" call was only practical for the upper and middle classes who could work from home (Jurich and Işık 2021).

### **Opting for measures and reporting figures**

The Turkish government needed to show some success in containing the virus to boost its approval ratings, which were already declining before the COVID-19 crisis hit. It had to revitalize its already collapsing economy, which was particularly vulnerable to the pandemic-induced global recession (Tanca et al. 2020), and to reopen its borders to tourism, one of the main engines of Turkey's economy. The competition for international prestige has also been waged through statistics. The success story was dependent on the case numbers, and the government not only opted for containment measures to keep the cases down but also used various methods of data manipulation to portray a continuing success story.

During the first wave, the government only reported cases with positive tests, whereas it excluded patients who tested negative but were diagnosed as having COVID-19 based on computer tomography images and clinical findings. Later, although testing capacity increased as the pandemic spread, an extensive and aggressive testing policy was never put in motion and testing protocols constantly changed. During the summer of 2020, reports were leaking from hospitals about testing protocols having changed to prevent physicians testing the asymptomatic contacts of their COVID-19 patients. It also became almost impossible for an ordinary individual to get tested unless they had significant COVID-19 symptoms (Demir and Kılıç 2020).

However, the most unique and controversial strategy was a change in terminology in reporting figures. From July 29, 2020, the Health Ministry's daily COVID-19 briefing no longer referred to cases, but only to patients. Initially, only a few people noticed this change. However, irregularities began to emerge. Specifically, the proportion of deaths and critically ill patients in the overall figures was rising.

As pressure intensified, Fahrettin Koca revealed on September 30th that the official figures released since July 29 excluded those who had tested positive for the virus but were showing no symptoms. Koca further explained that all figures since then referred to patients not cases (Aydın-Düzgüt and Balta 2020). In other words, after July 29, 2020, the government completely altered its reporting without informing the Turkish public and did not list positive test results if the patient was believed to be asymptomatic. In relation to WHO's figures, this reporting change meant that Turkey had fewer daily cases than Austria, Hungary, and Serbia, which were reporting much higher infection rates despite having much smaller populations. Yet, most other countries were reporting asymptomatic positive cases, based on WHO guidance, which defines a confirmed case as "a person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms" (World Health Organization 2020).

This change in methodology and terminology and the ensuing irregularity made it impossible to reliably track the spread of the pandemic in Turkey or to compare it with other countries. On November 25, 2020, as the virus spread uncontrollably, Koca finally decided to announce the "true" number of cases rather than only symptomatic patients. This was followed by stricter measures, such as night curfews and weekend lockdowns, although these belated measures were more limited than those imposed during the first wave. For example, although schools and restaurants were closed, malls and mosques remained open. Under these conditions, in under a week, Turkey went from being a success story to having the world's highest number of reported cases. Turkey's response to the pandemic is thus a perfect example of post-truth politics in which the reality is disconnected from factual details and twisted to accommodate political interests and economic expediency (Balta and Özel 2020b).

The government's lack of transparency in reporting the figures and its haphazard application of measures generated a lot of criticism from civil society.

However, the government saw this criticism as a hostile effort to discredit its pandemic policies. Devlet Bahçeli, the leader of the junior partner in Turkey's ruling coalition, even accused the physicians' professional organization (Turkish Medical Association [TTB]) of spreading unfounded and panic-inducing accusations and demanded its closure (CNN Türk 2020a). Such a demonization of critics, specifically of doctors calling for transparency in figures and public debate around measures, have become one of the hallmarks of Turkey's pandemic response. Although the government set up its own scientific team and discourse and referred to scientific information to frame its pandemic response, scientific recommendations were listened selectively. Alternative information was alleged to be detrimental to the "national interest" and the regime silenced those who contradicted its response.

Another problem was the egregious double standards that gave the wrong signals to the population. For example, despite a ban on large public gatherings and significant fines for ordinary people, the government organized large public gatherings such as the ostentatious inaugural Friday prayer at Hagia Sophia on July 24, 2020, to mark its conversion back into a mosque. Some 350,000 people from all over Turkey gathered in and around the mosque, and this may well have contributed enormously to the nationwide spread of the virus as the participating faithful returned to their provincial towns and villages (CNN Türk 2020b). In March 2021, as the third wave began, thousands of AKP members gathered at the party's fully packed convention. Despite the country being in full lockdown, President Erdoğan and the AKP cadres attended the funeral of AKP Mayor İsmet Yıldırım's father, who died from COVID-19. This caused public frustration, especially for the relatives of others who had died during the pandemic who were forbidden to observe the customary rituals (Duvar English 2021).

Perhaps even more importantly, there was a complete lack of coordination between the central government and the Metropolitan Municipalities. The opposition scored a dramatic success in the 2019 municipal elections against the ruling AKP, which lost control of major cities, including Ankara and Istanbul (Demiralp and Balta 2021). The COVID-19 crisis provided the opposition mayors with a golden opportunity to demonstrate their capacity to govern competently.

Knowing this, as early as March 2020, the Metropolitan Municipalities of Izmir, Ankara, and Istanbul, all led by Republican People's Party (CHP), announced donation campaigns to foster social solidarity among their denizens and contribute financially to the fight against COVID-19. However, one day later, the Ministry of the Interior issued a ministerial decree blocking all coronavirus emergency donation accounts. President Erdoğan then announced the "Milli Dayanışma Kampanyası" (National Solidarity Campaign) with the slogan "Biz Bize Yeteriz Türkiyem" (Turkey, we are enough for Ourselves). The campaign asked the public to donate to combat the virus (Tanca et al. 2020). Throughout the pandemic, the AKP has sought to centralize control over countermeasures, while rarely collaborating with local governments so as not to promote their public visibility. However, this has severely hindered Turkey's battle against the

pandemic (Tank 2020). On the pretext of fighting terrorism, the government banned municipalities from collecting donations and distributing provisions. President Erdoğan also accused local governments of forming a “parallel state” and using “terrorist” methods to undermine the national government’s efforts, emphasizing that all measures must be taken by the central government (Buyuk 2020).

## Making sense of the response

The COVID-19 pandemic was an unforeseen exogenous shock that presented a unique opportunity for political leaders and governments to forge certain narratives (Gülseven 2021). According to Lasco (2020), some common populist responses to COVID included simplification of the pandemic by downplaying the virulence or severity of the outbreak and promising quick fixes; dramatization of the crisis through the language of conspiracy; forging division by emphasizing threats coming from migrants, foreigners, and elites; and making false or incomplete assertions about the virus. Populists everywhere have heavily relied on conspiracy theories while using the pandemic as a pretext to increase their efforts against elites, whether domestic or global (Eberl, Huber, and Greussing 2021).

Turkey’s political regime exhibits the main features of populist competitive authoritarianism (Demiralp and Balta 2021). However, competitive authoritarianism rather than populism per se has been the primary driver of Turkey’s response. The key features of Turkey’s response to COVID-19 were neither apparently denialist nor overwhelmingly conspiratorial. The government took the crisis seriously, and introduced strict measures that included severe fines for noncompliance. Under constant pressure from the opposition as well as declining approval rates, Erdoğan’s leadership was dependent on a success story. Under these circumstances, the crisis provided the ideal context for the government to show its commitment to deliver and for the opposition to make its case for the government’s incapacity to do so. Structural features of the Turkish health system, a family based welfare regime and demographics (a relatively young population), enabled Turkey to handle the treatment of the COVID-19 cases relatively well (especially in the first wave) and protected the health system from collapse.

However, as this chapter has shown, double standards, extensive data engineering, a lack of transparency, and suppression of dissent have become characteristic features of Turkey’s handling of the virus—all of which point to an authoritarian style in the management of the crisis. An international environment that focuses solely on case numbers as a measure of success rather than the quality of the measures also made these strategies rewarding. The statistical figures ended up as the (almost only) reliable references to objectively measure success. Thus, they turned into the arena where the political battle is taking place and a symbol of the country’s polarized politics. School closures and age-based



restrictions on movement as major violations of basic rights almost disappeared from public discussion.

As Altıparmakı et al. (2021) show, both the effectiveness of the measures and the public's approval of these measures depended strongly on trust in the government and were adversely affected by political polarization. In other words, political systems featuring high levels of polarization tend to undermine both the effectiveness of the measures and their level of acceptance as opposition voters almost never trust the government. In a significant way, Turkey began its struggle against the pandemic in a very disadvantageous position due to the presence of extreme levels of political and societal polarization (Aydın-Düzgıt and Balta 2018). Citizen attitudes to political and economic issues and their responses have been largely shaped by partisan identities as well as historical fault lines (Çelik, Bilali, and Iqbal 2017) and even success has become a polarized issue. The evaluation of the government's performance was based on partisan alignments rather than the reality on the ground.

To conclude, we would like to assert that the COVID-19 pandemic has clarified Turkey's governing logic. Stuck between two imperatives, to promote life or to promote the market, the government shut down the public space to everyone except those who were already in the workforce. Minimal economic protection was offered to those who are economically vulnerable, and the bulk of the economic support went to business. Parks remained closed throughout the first three waves of the pandemic, while malls, as the major hallmarks of AKP's developmental model, mostly remained open. Journalists were arrested for their reporting on the pandemic and hundreds of citizens were detained for discussing the issue on social media. As we have stated throughout this chapter, the neoliberal market imperative and the absolute prioritization of the economy/business are ultimately what shaped the policy choices of the Turkish government. In the process, in all but its polarizing, nativist discourse, the government's choices, particularly its obstructionism toward municipal administrations, undermined its material populist credentials.

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